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No. I.

THE ZINC SALTS.

C. M. Boger, M. D., Parkersburg, W. Va.

A realization that actual curing necessitates the calling forth of inherent reactive forces, is gradually gaining a more general acceptance. It has always been the view of genuine homœopaths, although not invariably acted upon. That curing is inevitably homœopathic has not always been fully grasped even among professed homœopaths. Their knowledge has not always been broad enough to see how this must be so, whether accomplished by means of the similarly acting remedy or some other like procedure. A fuller understanding of these factors not only aids the prescriber but clears the way for seeing how cures do occur without the help of our traditional remedies.

Looking further afield encourages us to make new provings, so that some former procedure may be simplified or shortened or some hitherto intractable disease be brought under better control. Medicines are mainly useful in proportion to their well-proven effects, for empiricism has left us pitifully few things worth perpetuating, in spite of its countless experiments. When, however, we attach remedies to disease names we thereby weaken their relative as well as inherent flexibility and radius of action.

In the absence of a good reaction we are accustomed to call to mind certain remedies which serve us in one way or another to remove this deficiency. Zincum belongs prominently in this list, while its compounds, such as the Cyanide, Iodide, Sulfate, etc., all share this property very decidedly. Moreover, experiments have conclusively shown that the radical Zinc accentuates and intensifies the curative action of its acid component. Thus Zinc arsenate is much more active than Arsenic alone, and so on down the list. Of all the iodides Zinc iodide relieves the sense of inward pressure, so distressing in goitres of all sizes, most effectually, as well as acts

curatively upon the goitre itself. In fact stenosis, wherever found, is powerfully affected by this drug; be it in the veins, the valves of the heart, the larynx, etc.

In contradistinction to the rather slowly acting Kali bichromicum, Zinc chromate acts rapidly, notably in coughs excited by tickling in the throatpit, where there is a loose rattle, yet the patient is compelled to swallow the expectorate. This is a very suggestive indication. When the Zinc oxide patient says he feels as if he were growing smaller or shrivelling up, he is in his own way expressing a cardinal Zinc attribute—the tendency for Zinc symptoms to move inwardly, hence eventuate in the chronic disease. By the full use of oxide of Zinc ointment, the traditional school noting but little of how real cure proceeds, helps to fasten upon and augment serious internal disorders. This piece of folly shows but little abatement in our day.

When there is general muscular soreness with neckache *Phytolacca* usually comes to mind first, however, by its rapid and satisfactory action Zinc salicylate outclasses it greatly.

Still other experiments have pointed out the suitability of *Viburnum opulus* to the asthma of childhood, which actual clinical experience has now abundantly confirmed. This led to trying it for the asthmatic phase of hay fever with equally satisfactory results. The relief in both forms has been prompt and long-lasting, although I do not as yet feel that it can be permanent without a subsequent dose of Sulphur, in spite of the fact that relief in one case has lasted a whole year from a single dose of *Viburnum opulus* 50m.

CARE OF THE NORMAL EXPECTANT MOTHER.*

Guy B. Stearns, M. D., New York City.

The primordial unit of life is unknown. Whatever its form, it was endowed with intelligence. The amoeba is the prototype of all organic life, and is considered a simple structure. Cytological study of the amoeba, as well as of all unit cells, reveals them as very complicated structures. Every cell is composed of numerous units, controlled by a central unit, that carry on the processes of life

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

in the cell. These units, in turn, appear to control still smaller and simpler units.

Intracellular activities are performed with a superlative degree of intelligence, consisting, as they do, of complex chemical reactions purposefully directed toward the tearing down of the molecular structure of heterogeneous material and re-combining the molecules into the molecular structure of cell protoplasm. The protoplasm molecule is one of the most complicated and least understood in organic chemistry.

Part of the intracellular function has to do with chromosome cell-body cleavage in the process of reproduction. Here cell intelligence so divides the elements in the cell as to reproduce two new units like the original.

Cell intelligence expresses itself extra-cellularly in the building up of organic life. Consider the marvelous ingenuity exhibited in the construction, through the intelligence of the cells, of a butterfly; it being first in the form of an egg; then, a caterpillar; then a chrysalis and finally, the butterfly; in these different stages, the cells reconstruct, from the material of the previous form, each of the new successive forms. Complex indeed is the metamorphosis of the unattractive caterpillar substance into the beautiful butterfly.

What does the foregoing have to do with the care of the normal expectant mother? Simply this: When the progenitive mammalian cells began the environmental adaptation of organs that resulted in man, the function and mechanism of reproduction were developed in exquisite harmony with the whole structure. The body cells that have to do with reproduction have inherited the intelligence inherent in the whole succession of cells from the beginning of life, and we should be very humble when we enter into partnership with Nature's architects. The cell is the seat of all intelligence. The intelligence which constitutes our consciousness is but an infinitely small fraction of that which is inherent in the cells and, unless we use it with due humbleness and caution, our efforts may be only well-meaning meddlesome ignorance. The most that we should attempt to do is to learn the environment to which Nature has best adapted the expectant mother, and to learn if any factors are present that will interfere with the normal course of pregnancy or labour.

First comes the history, which should be complete as regards all functions, past diseases and heredity, with special reference to

miscarriages, previous pregnancies, labours and family characteristics regarding childbirths.

Then comes the physical examination, which should be complete. This should include special examinations regarding measurements of the pelvic framework, a complete urinary examination, and the taking of blood-pressure. Unless absolutely sure of the family health, a Wasserman should be taken. Find out if the husband has had gonorrhœa. Examine particularly the teeth and tonsils, as they may be the seat of focal infections. All vaginal examinations should be made with sterile rubber gloves and no more should be made, either before or during labour, than are absolutely essential.

The patient should be seen, the blood-pressure taken and the urine examined every month for the first five months; afterwards, every two weeks; and towards the end, every week, and even more frequently if symptoms arise.

The position of the baby should be determined by external manipulation. The fetal heart-beat should be obtained, if possible, and its location noted. If there is any doubt as to the position of the child, an X-ray picture may be made.

Hygiene.

It is claimed that the size of the baby before birth can be somewhat controlled by diet. At any rate, a diet should be given that is rational for any healthy individual. It should be low in proteins and, if animal protein is taken, it should not be at more than one meal a day. Something raw, in the shape of fruit or salad, should be taken with each meal. Whole grain products should be eaten instead of processed cereal foods. The water in which vegetables are cooked should never be thrown away but should be used in soups, sauces, etc. The bowels should be kept free by means of diet, never by means of cathartics. The expectant mother should take moderate exercise, particularly breathing exercises, and be as much as possible in the open air.

The expectant mother should be assured that she is going through a normal physiological process and that the expectancy for life of both mother and child, in normal individuals, should be one hundred per cent. All fears that are due to meddling advisors should be dispelled by rational explanations, so that labour is approached with happy expectancy instead of dread.

Precautions.

The physician should keep in mind the conditions which most frequently cause trouble. The patient should be instructed to notify him at once of any dizziness or disturbance of vision or headache or any swellings or difficulty in passing urine or of any nausea, or any bleeding, or if, after life is felt, the movements stop.

Sepsis should be guarded against by absolute cleanliness and sterilization of all materials coming in contact with the patient during examinations, delivery, etc.

The foregoing is the most important hygienic and precautional background for the normal expectant mother. Even in an apparently normal case, not infrequently slight disturbances occur that give a hint regarding a needed constitutional remedy.

When taking the history, all constitutional reactions should be obtained, such as to cold, heat, weather, time of day, seasons, etc. Information should be obtained regarding all functions—the digestive function, the appetite, cravings, aversions, thirst, bowel condition; in the sexual sphere, the regularity, quantity and character of the menstruation as well as general feeling before, during and after the menses; the character of the sleep, dreams, etc.; skin function, particularly with reference to coldness or heat of the extremities, local or general perspiration, etc.; the general temperamental makeup. These are the constitutional characteristics from which often a remedy can be selected in the absence of any specific symptoms. Just as important are the tendencies in the families of both of the parents of the expectant mother.

It is only in the sphere of remedy selection that the homœopapist differs from other physicians and, in order to obtain the full value of the homœopathic method, he must be well versed in constitutional characteristics and how to obtain them.

AN IDEAL HOMŒOPATHIC MATERIA MEDICA.

Radnikanath Banerjee, Benares City, India.

I have been studying homœopathic materia medica since 1888. I have gone through varieties of it, which are either written, collected, contributed or translated in the English language. During the course of my studies, I have come across many shortcomings

in my own way, which I could not find out anywhere. In order to acquire an idea about the gist of even the most prominent of polychrest medicines, one would have to go through the books of many authors and then collect bit by bit in a fragmentary way, which none but the most patient, eager and diligent student can understand the difficulty of attaining the end or aim. I shall here present an outline of the ideal of our homœopathic materia medica which struck me during the pursuit of sufficient light to elucidate the subject matter in question.

- (1) Name of the medicine with synonyms in various languages;
- (2) Root meaning;
- (3) English pronunciation with accent;
- (4) Hints about the mode of preparation;
- (5) Origin or source;
- (6) Change of epithet;
- (7) Habitat;
- (8) Natural order;
- (9) Relations:
 - (a) Chemical,
 - (b) Botanical,
 - (c) Biological;
- (10) Chemical properties—with analysis and formulas;
- (11) Physiological actions—on the system;
- (12) Laboratory provings on animals;
- (13) Toxic effects—when taken for suicidal purposes or taken by mistake or in any other way;
- (14) Morbid anatomy or autopsy;
- (15) Provings on the healthy human body;
- (16) Day books of the provers, with special directions or mentions of actions appearing in serial order part by part, *viz.*, affecting mind or central nervous system, spinal column, ganglionic system, glands, mucous membrane, head, mouth, etc., stomach, intestinal canal (digestive system), cutaneous system, lungs, heart, extremities, etc., etc.;
- (17) Results of the chemical and microscopical analysis of the urine, stool, sputum, blood, other secretions or excretions—such as menstrual blood, leucorrhœal discharge—pus from ulcerations, etc., and the conditions of lung, heart, liver, kidney, etc., in accordance with up-to-date clinical methods during the course of proving or under clinical examina-

tions during the treatment or during the actions of toxic effects;

- (18) Psycho-physiological explanations as far as possible or available with the help of allied sciences, which are at present in existence, at least about the main or prominent characteristic symptoms;
- (19) Therapeutic hints for clinical purposes;
- (20) Symptoms arranged in schema form with at least short notes about the source of collection;
- (21) Characteristic and pathogenetic verified symptoms in distinguishing feature—as by asterisks, capital letter, etc., etc.;
- (22) Best selected corroborative reported clinical cases—arranged in analytical and synthetical order in full—as far as possible;
- (23) Modalities;
- (24) Duration of action;
- (25) Remedies follow well;
- (26) Are followed well by;
- (27) Compatible or inimical remedies;
- (28) Antidotes to bad effects caused by toxic and potentized doses;
- (29) Comparisons with allied remedies, with pathogenic, clinical and pathognomonic hints;
- (30) Psychological phenomenal influence or changes due to physiological actions;
- (31) Effects of reflex actions in the system;
- (32) Use as prophylaxis;
- (33) Use for exciting causes;
- (34) Actions of the drugs upon the healthy human body, giving especial attention to the elective affinity of drugs for the various tissues and organs of the body and the classification of these drugs into the therapeutic groups;
- (35) Clinically verified symptoms separated from other symptoms;
- (36) Curative symptoms;
- (37) Empirical use;
- (38) Practical use in other systems of treatment, such as allopathic, unani, ayurvedic, etc.

The materials of our materia medica should be collected from any source, which can be useful in any way. Although we should depend mainly on the provings of the remedies on the healthy human body including males, females and children of different temperament of every grade of civilization of every nation, yet we should not neglect to take up practical hints even from empiricism. It is very difficult to secure the perfect, healthy individual for proving purpose, so the word healthy may include an individual whose health is tolerably well, and who has nothing to complain of, *i. e.*, any peculiar, uncommon or particular painful condition.

In order to explain my plan with an example, I have selected "*Opium*" to serve my purpose; because, during the course of my lifetime, as a private individual and physician, I have come in contact with many opium smokers, eaters, drinkers, and a few poison cases in which the drug had been taken with suicidal intent. Among the habituated smokers in my native district, I had a number of most intimate acquaintances. So I had the opportunity to study their mental and physical characteristics, with which I shall deal later on.

Opium.

Botanical: Belongs to Papaveraceæ—papaver somniferum. A milky juice called latex, from the poppy capsule of papaver—when dried, constitutes opium. It is a complex mixture of a very large number of alkaloids, resins, proteids, mineral salts and organic acids.

Chemical, etc.: The more important alkaloids are:

| Alkaloids. | Per Cent. | Alkaloids. | Per Cent. |
|--|-----------|--------------|-----------|
| Morphine | 10 | Thebaine | 0.3 |
| Narcotine | 6 | Narceine | 0.2 |
| Papaverine | 1 | Meconic acid | 4 |
| Codeine | 0.5 | Lactic acid | 1.25 |
| Morphine C ₁₇ H ₁₉ Nb ₃ —H ₂ O | | | |

It consists of albumen, fat, sugar, salts of ammonia, calcium, magnesia, seventeen or eighteen alkaloids, two natural substances, meconic acid, etc.

Synonyms: Ahiphen (Sanskrit), Aphim (Bengalee), Aphim (Hindi), Affim (Arabic and Persian), Bhin (Burmese), etc., etc.

Habitat: India, China, etc.

Common names: Opium, white poppy.

Preparation: Tincture from inspissated juice.

Toxic and physiological actions: It acts upon the cerebro-spinal and the sympathetic nervous systems. It profoundly affects the cerebral tissues. The cerebral vessels and sinuses are distended with blood of a dark color, which extravasates into the substance of the brain, and sometimes large clots of coagulated blood have been found in the substance of the brain. Thus it produces sopor and coma.

Action upon the digestive system: It diminishes secretion from the whole canal; dryness of the mouth and throat; excites thirst; lessens hunger; checks the digestive process; in some cases it excites vomiting; diminishes the liquidity of the stools. This action is caused by its paralyzing influence, through the cerebro-spinal system, upon the capillary vessels of the whole alimentary canal. It has a great influence upon the muscular coat of the bowels, as well as on the mucous coats.

Upon the sexual organs, it produces lascivious fancies, nocturnal emissions; and in the female spasmodic labor pains, etc.

Upon the bladder, it paralyzes the muscular fibres of the fundus, rather than the sphincters.

Sopor with delirium; depression of the lower jaw; dilated pupils; and general symptoms of paralysis of the brain. Extreme drowsiness and coma, with stertorous breathing—complete loss of consciousness. The face is purplish and swollen, with soporous sleep. stertorous breathing and vomiting. Profoundly comatose—pupils greatly contracted, or widely dilated, and insensible; face puffed with dark red or cherry-brown appearance, pulse full and labored, or slow and feeble. Twitching, trembling of the head, arms and hands, now and then; jerks as if the flexors were overacting, body cold, warm perspiration on face.

The full effect of opium is pure narcosis—that is, depression and paralysis of the whole functional activity of the nervous system.

The sensory nerves may first lose their power, and dull aching pains may accompany the process. But the brain itself soon shows it first; it may be in a low, muttering delirium, but then in the supervention of that condition which at its height is called "coma." Coma is intensification of a natural sleep. It is not sleep at all, but a stupor, from which the patient may for a time be readily roused, going off again directly, but which ultimately deepens into entire unconsciousness. With these conditions of sensation and ideation, the motor powers are equally abolished; the respiration also becomes weaker, and the heart's action slow, until finally death ensues from the failure of the former function. Opium does depress the sympathetic from the very beginning of its action.

In order to serve practical purposes the symptoms should be arranged in schema form, separating each part of organs or limbs, etc.—with differentiation by mentioning the source—*viz.*:

- (1) Toxicological effects—on human beings and animals;
- (2) Pathogenetic symptoms produced on the healthy human body;
- (3) Laboratory provings on animals;
- (4) Clinical symptoms;
- (5) Curative effects;
- (6) Symptoms produced by external applications;
- (7) Seriatim appearance of the symptoms affecting the organs, step by step, during the course of proving or in the cases of poisoning—from day books of the provers or medical reports or jurisprudence;
- (8) Pathognomonic peculiarities;
- (9) Pathological changes, such as functions of organs; increase or decrease of secretions or excretions, *viz.*, stool, urine, sweat, blood, sputum, menstrual blood, leucorrhœal discharges sputum etc.

General action of opium: Cutaneous, circulatory, mental, spinal, and gastric functions, seriatim.

Region—Mind, senses, respiration, digestive tract.

Modalities—Worse: Emotions (fear) alcohol,

(fright) sleep;

Suppressed discharges; during or after sleep; while perspiring; receding eruptions; heat;

Better—Cold; on moving; great susceptibility to cold air, but
> uncovering head; > constant walking; drinking water;
> dryness and cough; bed feels hot > by cold < from heat; labored breathing > cold air.

In the following schema form only a few of the characteristic symptoms have been mentioned as an example.

Mind—Thinks nothing ails him; imbecility of will; nervous and irritable; vivid imaginations; exaltation of mind, etc.

Sensorium—Great sensibility to sound, light, odor; congestion of blood to the head; vertigo; dull, stupid, as if drunk, etc.

Head—Headache < on moving the eyes, etc.

Eyes—Obscuration of sight; pupils contracted, later dilated; insensible to light; staring look; red, half-closed eyes, etc.

Ears—Acuteness of hearing, etc.

Nose—Loss of smell, dry coryza, etc.

Face—Bloated, dark, red, hot; muscles of face relaxed, lower lip hangs down, etc.

Lower face—Foam at the mouth, etc.

Tongue—Black; paralysis of tongue, difficult articulation, etc.

Mouth—Dry; mouth twitches or hangs down, etc.; ptyalism, etc.

Throat—Dryness; inability to swallow, etc.

Desires and aversions—Violent thirst or no thirst; desire for sweets; aversion to food, etc.

Nausea and vomiting—Hiccough; vomiting of food, fecal-smelling substance; green, bitter, feces, etc.

Stomach—Heaviness, inactivity, etc.

Hypochondria—Swelling of spleen, etc.

Abdomen—Hard, bloated, tympanitic abdomen; distended with flatus; bowels seem absolutely closed, etc.

Stool—Hard, round, black balls, watery black; fetid; involuntary; offensive, thin; costive from inactive bowels, etc.

Urine—Involuntary urine; retained; bladder full, etc.

Male organs—Excitement of the sexual organs, and violent erections; impotence, etc.

Female organs—Menses profuse; violent colic, urging to stool, etc.

Pregnancy—Violent movement of the fetus; cessation of labor pains, coma, retention of stool and urine, etc.

Larynx—Hoarseness, with dry mouth and throat, etc.
 Breathing—Deep snoring breathing with wide-open mouth, stertorous breathing, etc.
 Cough—Dry, tickling < at night, etc.
 Lungs—Great oppression; heat in the chest; sputa, frothy, containing blood and mucus, etc.
 Heart and pulse—Pulse, full and slow, with snoring; quick, hard, imperceptible, etc.; burning about the heart, etc.
 Neck—Swollen veins on the neck; back bent backward, etc.
 Upper limbs—Paralysis of the arms, twitching movements of the arms and hands, etc.
 Lower limbs—Twitching movement of legs; numbness and paralysis of the legs, etc.
 Limbs in general—Trembling of the limbs, coldness of the extremities, etc.
 Position—Must lie down.
 Nerves—Twitching, trembling of head, arms, hands; numbness and insensibility; paralysis, etc.
 Sleep—Heavy, stupid sleep, with red face; sleepy but cannot go to sleep; coma vigil; stertorous breathing; hot sweat, etc.
 Time—< at night and morning; > during day, etc.
 Temperature and weather, etc.—Bed feels so hot she can hardly lie on it; better from cold; worse from heat; susceptible to cold air, etc.
 Fever—During chill stupor or sleepy, thirst; heat—with sleep, headache, bilious vomit, sweat over the whole body, which is burning hot; cold sweat on the forehead, etc.
 Attacks—Nightly attacks, etc.
 Sides—Right.
 Tissues—Plethora; dropsical swelling; suppuration; painless ulcers, etc.
 Contact—< touch, etc.
 Skin—Dryness of the skin; troublesome itching all over; fine pricking, etc.
 Stages and states—Suitable for children and old people; child with wrinkled skin; looks like a dried-up old man, etc.
 Antidoted by—Strong Coffea; oxygen inhalation; Kali perm, Camph. Potencies: Bell., Nux, Ipecac, etc.
 Antidotal to—Bell., Dig., Nux, Strych., Merc., etc.

Followed by—Acon., Bell., Bry., Nux, Ant. T., etc.
 Compare—Lack of vital reaction—Psor., Chin., Laura. (chest), Val., Carbo V., etc. Spasms in infancy after fright of mother: Hyos.; from anger: Cham., Nux. Apoplexy with convulsions: Bell., Hyos., Lach. Constipation with inertia: Alum., Plumb. Tympanitis: Carbo V., Lyco., Raph., etc.
 Delirium tremens: (Opi, terror, animals start from corners; if sleep stertorous); Lach., sees snakes; sensation in throat as of choking after sleep; Stram., starts from sleep in perfect horror, tries to escape, visions of animals coming from every corner of room; Ars. a., fear of death; won't be left alone; Calc., the moment he closes his eyes he gets visions, which compels him to open them again (in typhoid), etc.
 Causation—Fear, anger, shame, etc.

Alcohol, lead, sun, etc.

Peculiar sensations—As if flying or hovering in air; as of a stone in abdomen; as though anus closed; as if sand or dust in eyes; as if intestines would be cut to pieces, etc.

It is neither theoretically nor practically feasible to fix the line of demarcation or divide the symptoms between primary and secondary effects of the drug-action, which is in reality the combined result of the actions and reactions or counter-actions of both the outside element entering the system and the life principle interlinked with the physical nature, or in other words the immaterial together with the material body serving the course of destruction, preservation and construction. It is better not to be guided by such notions in prescribing, during illness. Opium has both costiveness and diarrhea in its pathogenetic symptoms. Both these contrary conditions can be cured by the use of higher potencies indiscriminately, in some cases at least which have these alternate states, the one following the other. The alternating states of stimulation and sedation, numbness or anæsthesia and hyperæsthesia, heat and cold, stupor and sleeplessness, restlessness and utter prostration, nervous irritation and apathetic condition, etc., can be marked in the course of drug action and illness. Opium can take effect indiscriminately, both in constipation and diarrhœa, coma or stupid, heavy, sleepy condition and sleeplessness—abnormal painlessness or painfulness—when properly used according to indications agreeing with other characteristic symptoms too.

While on the one hand it is a very dangerous remedy in crude form for children, which causes inertia, comatose sleep, quietness, etc., on the other hand in potentized form it is one of the chief remedies for the excessive foetal movements in pregnancy. It causes at first exhilaration, then depression, stupefaction, etc. "It may mean its irregular distribution and fitful discharge; it may imply an unbalanced activity from withdrawal of the control of the higher centres or a diminished resistance to reflex excitation; but in none of these cases is any exalted functional vigor present."

Regarding its use, or rather abuse, in crude form and big doses as a pain-killer, with the delusive idea of cutting short the course of suffering, it has been unmistakably denounced by the illustrious founder of homœopathy, Dr. Samuel Hahnemann, Dr. Farrington and a host of others—to which I add my feeble protest. All I can say is, that during the course of the last twenty-eight years, I have alleviated many kinds of excruciating pain with the help of properly selected indicated remedies without in the least resorting to that malpractice of using opium in crude form for this purpose. I am therefore of the opinion that those who use it in a general way, either do not take pains to find out the properly indicated remedy in earnest, or have not sufficient faith in the law of cure with well-chosen potentized remedies. Dr. Hahnemann in the preface of Opium in his *Materia Medica Pura* stated thus: "No medicine in the world has effected more illusory relief, more deceptive concealment and suppression of the marked symptoms, with consequences more disastrous than the original disease. No medicine in the world has done more harm (with preliminary apparent relief) than this Opium."

The late Dr. Farrington in his *Clinical Materia Medica* contradicted this misconception with cogent reasons. A few years ago I came across a case which was suffering from complicated excruciating pain in the brain, owing to the ill effects or after effects of the use of injection of Morphia in order to suppress an abdominal colic pain. Many similar cases may be cited in corroboration of this.

Really in most cases, but especially in chronic ones, instead of curing the pain it merely benumbs the sensation of suffering in order to renew it with more vigor—as I have repeatedly marked in its use in alleviating the sufferings of deep-seated cancerous and other affections.

Now, I shall state here the results of my experience as a physician and intimate acquaintance of habitual smokers of opium and of some of its ingredients such as acetate of morphia, etc.

I invariably observed that most of them, a few hours before the usual or regular habitual time of smoking, drinking or taking opium, became morose, lethargic, and quite unfit for doing any business; and suffered from yawning, lachrymation, incarcerated flatus, etc.

On awaking from sleep, generally late in the morning, with a quantity of gum in canthi, they would smoke tobacco in order to excite the system to produce the usual motion for passing stool. Now, they generally used to smoke hard and pass with exertion, much loud flatus, sometimes very fetid too. On returning from the toilet and washing the face and hands, their first business was to take the usual dose or quantity in whichever form they have been in the habit of using it. As regards dose or quantity, I have seen from the fractional part of a grain to six drachms at a time. Many years ago I met a lean and weak man of stunted growth, who was accustomed to take raw opium weighing nearly six drachms. During the course of a railway journey, we saw him in the morning after ablution, stick in his upper palate, one by one, nine long rolls of raw opium, measured out of that total quantity; then he began to suck them gradually. We were surprised at the uncommon spectacle and eagerly asked him about his habit. He assured us that he had been in the habit of taking daily, eighteen drachms in two instalments, morning and evening. He decreased this quantity later on to twelve drachms. On swallowing the whole portion, he took a little quantity of almonds, raisins, pieces of sugar candy, etc. We inquired about his usual diet; he satisfied our curiosity by assuring us that he used to take at dinner a little quantity of rice, besmeared with clarified butter, some vegetable curry, and a quantity of thickly prepared milk boiled out of two sheers or four pounds. He used to drink this in all, ten pounds of milk in condensed form. He used to eat a few pieces of wheat cakes soaked and fried with clarified butter, during his supper at night, together with vegetables such as potato, cauliflower, etc., and four pounds of thickly boiled milk.

There are varieties in the manner of taking opium. Some would take or eat it in the raw state; some would inclose their usual quantity in a little piece of cotton wool and slowly mix this in water

and drink the portion; some would flavor the drink with rose water, etc., while others would smoke a little quantity at a time, with the help of a red-hot piece of vegetable coal, or preparation of it with some other substances; some would take it only in the morning, some twice, morning and evening, or more often to suit their whims. They would smoke tobacco now and then, as an auxiliary stimulant. As the action of the intoxicating property grows on and on, they become merry and jovial and a smile appears in their facial expression. Then they would talk humorously and sometimes with wit too. Those who are artisans would then take up their work in real earnest. The singer would sing, other kinds of musicians would play on their respective instruments with consummate or rare skill, while others become more imaginative and even poetical. The power of self-expression becomes more vivid, with an artistic touch. Those who live idle lives, doze and smoke tobacco in the interval and gently scratch some part of the body now and then, or engage in some sort of merrymaking. Some would not hesitate to lie with the appearance of truth in order to joke at the expense of others. During the short sleep, or rather nap, they generally snore, with flapping of the muscles of their cheek. Some one would awake as if startled from a dreamy state, and then smoke tobacco, keeping the pipe or tube inside the mouth. Some of them would pass the greater part of the night in this manner and would fall asleep heavily at the latter part and awake at daybreak with amazement or with some sort of lame or sorry excuse or complaint. During the short nap some have the sense of hearing intact.

Some of them, in order to prepare themselves for partaking of a sumptuous feast, as if to sharpen their appetite, would increase the quantity of the habitual dose.

I know two habitual smokers who were bitten by a most poisonous cobra snake. One of them, being assured of the fact, increased the usual quantity of the dose and slept a good deal more than the usual length of time. But the other, who was a smoking shop-keeper, did not care a fig for it, but went on smoking hard and more than usual and slept later than his usual hour at night. In the morning the snake was found out to be dead, on the outside of the cottage. It may be inferred from these facts, that opium may neutralize the virulent snake poison or the opium eaters may get an immunity to its poisonous effects. Therefore opium may be tried as an antidote to snake poison.

I have come to know a few cases of habitual smokers or eaters, who died on being attacked with bloody flux or dysentery, at the latter part of their lifetime. The odor of the stool was very offensive, even putrid or cadaverous. They had had a few milder attacks, before the final attack and then were cured on taking a proper medicine.

I knew some of my acquaintances, who were addicted to the habit of taking opium with the hope of acquiring retaining power during sexual intercourse. At first it helped them to a certain extent, by benumbing the centre of ejaculation, but ultimately it caused impotence. Some began to use it in order to check chronic diarrhoea, and others to digest or tolerate milk, which had caused fooseness of the bowels.

In some cases I noticed that the opium habit acted on both their mental and intellectual planes. Some of them, on taking the usual dose, could think over business matters, applying reasons calmly and considering the pros and cons about the matter in hand, but most of them became dull and useless for active purposes of business. Some of them became peevish, fretful and began to yawn and had lachrymation, during the decrease of their intoxicated condition, and calm, quiet and jolly during the period of intoxication.

In case the habitual opium eaters fail to take their usual dose at the appointed hour, they become utterly prostrated and useless and suffer from pain in the limbs, incarcerated flatus, yawning, stretching of the limbs, lachrymation, total loss of appetite, lethargy, drowsiness, etc.

Among my acquaintances most of the habitual smokers were very fond of sweetmeats, at least preferred such articles of diet, while the liquor drinkers were, on the whole, fond of meat or fish, or at least preferred animal food. Opium eaters are generally docile in our country. Some of them even are moral cowards, some intriguers or rogues, or thieves or pilferers, for want of money. Spirit drinkers, on the whole, become militant and in the dens of opium smokers' shops they enter by force and eat their articles of food. The smokers are afraid of them and are generally taken by surprise, owing to the sudden entrance of the drunkards with military spirit. Opium eaters are generally fond of milk and other preparations made of it, such as cream, etc., except butter-milk, which, owing to lactic acid, may neutralize their intoxicating reverie.

In our boyhood, in order to have fun, we played as rope-twisters, crossing the street in front of the habitual smokers, who used to come back before nightfall from the smoker's shop after taking their usual dose. On coming near us they really took us for rope-twisters and bent their heads, in order to avoid coming in contact with the rope against their foreheads. As we laughed at their attitude or gestures, they called us ill-names, becoming angry on being fooled. They were easily deluded about illusions or false visions. I have many times noted that the habitual smokers would quarrel with each other for a long time, calling each other ill-names, using abusive words and making motions as if they would come to blows, but seldom coming to actual blows. While the spirit drinkers would hit each other and make themselves black and blue, or even bleed to the point of fainting.

I have marked it again and again, that in the normal state of being, we may keep down the animal within us; but that in intoxication, whether with opium or alcohol, our powers of control are relaxed, and the lower nature of animalism asserts itself over the higher faculties, which yield to the narcotic influence, if not trained to higher standards of morality. One of my intimate acquaintances became very charitable under the influence of liquor and used to expend lump sums of money for charitable purposes, on being led to do so by the good advice of his associates, but in his normal condition he would hesitate to pay even a fourth of the amount. While a cousin of his would become very miserly and try his best to hide the keys of his cash boxes. Another, otherwise very jolly and fond of music, would invariably, when under the influence of liquor, become very passionate and search for a female companion in order to satisfy his animal appetite. These substances excite or cause to come into play not only the animal feelings or impulses, but the spiritual feelings too, according to natural tendencies. While some descend to beastly passions, others go forward to the Godhead and concentrate or regulate their subconsciousness to adoration, or worship the spiritual deity with earnestness of prayers and devotions, but with a complete aversion to animalism.

In the beginning of my practice, I went to consult with an experienced homœopathist, who had been an habitual opium eater. On hearing the symptoms of the patient from me, he took up a copy of the *Materia Medica* and began to read it, afterwards, on closing his eyes, he went on snoring, with flapping of the muscles of the

cheeks. I thought that he was sleeping, but actually he was thinking in a subconscious state. After a short while, as if on waking, he went on putting questions about the case as a sequence of his former statements. This seemed to me a peculiar attitude.

Habitual opium smokers can bear hunger with equanimity, at least in comparison with spirit drinkers. I knew some of those who, on taking the usual dose, used to drink a cup of tea with a little quantity of milk and cream and take a few pieces of cakes or crackers and then go out to attend to their daily business until the evening. On coming back they would take their usual dinner or full meal of the day. Laborers, who are addicted to opium, can perform their daily work patiently and steadily, for a long stretch, without feeling much tired; while the spirit drinkers, though they can act with more vigor and energy at the outset, become fatigued in a comparatively short time.

Among my acquaintances those who were well-to-do and could afford to take a sufficient quantity of thickly boiled milk, cream and clarified butter, did not feel costiveness at all, but rather had their daily motions as though in a normal condition. While those who were poor and could not afford to take such kinds of diet, became costive and strained hard to pass hard balls of stool.

I have noted that some of them were afraid to bathe in cold water during the winter season. But one was an honorable exception to this fear. He bathed twice in the river, in midday and evening, even in the coldest part of the season. He twice became insane. He used to smoke *Cannabis Indica* too, besides large quantities of opium. Some of them used to mix both hashish and opium for smoking, in order to get more rapid toxic action.

Some of my female Mohammedan acquaintances used to administer a very small quantity of opium to their children in order to produce sleep and keep them quiet, so that they could perform their household duties or domestic business without interruption from their babies. They would increase the dose gradually until their little ones attained the age of six or seven years; then they would gradually decrease the quantity up to total abstinence. This is a pernicious practice, but selfishness, ignorance or convenience made them blind to the injury inflicted on their nearest and dearest ones. Even the animals, such as birds, monkeys, mice, etc., when they are addicted to the opium habit, become similarly affected like human beings. I was told by an excise officer that some rats and mice in

an opium shop used to drink the water mixed with the refuse of opium left after straining the opium to refine it. But it happened that the shop was closed for a few days, and on the day of reopening these creatures were found dead. A parrot, on getting the habit from his keeper, used to fly away and come back at the appointed time. A monkey, on getting the habit served like a servant to his keeper or master.

Toxicological effects: "Absolute unconsciousness, complete muscular relaxation; pupils contracted to a pin-point aperture; turgid, bloated, very red or bluish face; stertorous breathing; pulse slow and full. Death takes place by asphyxia, the heart continuing to beat after breathing has ceased."

Laboratory proving: It is stated that "Opium causes tetanus in frogs, but has no effect whatever on birds." So we should take in the results of laboratory provings on animals with reserve; because the same substance may affect the different animals in different ways, and as the nervous system of human beings is much more developed in comparison with the lower animals, so the effects on animals cannot be applied to men in a similar way, even though we may get some hints or facts for reflection.

Clinical.

I have treated many cases of opium eaters with indicated potentized remedies. They act charmingly in acute cases in making radical cures but generally palliate in long-standing chronic cases. It is an hazardous task to advise patients to give up the habit suddenly. It may endanger life to do so. Those who were in the habit of taking a small quantity, fared well on gradually giving up the habit, during the course of treatment. In one fatal case in a patient of old age, I could not even check the bloody stools nor the putrid odor by applying well-selected remedies in different potencies—such as Lachesis, Carbo Veg., China, etc.

In one case of an habitual opium eater, suffering from abdominal colic with constipation, who was passing hard black balls of a very offensive odor, Opium in higher potency took effect, by giving relief for a number of times, but failed to cure.

In one case of opium habit suffering from renal colic with ineffectual urging for stool and urine, and of a constipated habit, Nux

Vom. in potencies produced a marvelous effect. I have thus observed in many cases that Nux Vomica suits well cases of opium habit when properly indicated.

In intermittent fever of the quotidian type, with chill predominating and patient lying in a sleepy condition during the paroxysm, with constipation, Opium 30 and later on a dose of the 200th potency gradually caused the attacks to completely subside.

In cough < at night, dry and spasmodic with a tickling sensation in the larynx, Opium acts well.

In threatening paralysis of the lungs, with superficial respiration and occasional deep breaths, it checks the condition.

In constipation from inertia of the bowels, especially of the rectum, with no inclination for stool, which is in black, hard balls, it acts with promptness in the higher potencies.

In retention of urine, especially resulting from fright or following parturition, it acts favorably.

In colic with great tympanitis, especially with constipation and with other characteristic peculiarities of the remedy, Opium acts well.

It is valuable in intestinal obstruction with fecal vomiting and violent colic.

It is specially homœopathic in apoplexy, when there is stupor with cold extremities, stertorous breathing, red face, hot perspiration, etc.

In cholera cases, when tympanitis prevails, owing to the accumulation of secretions in the intestinal canal, which cannot get out on account of a paralyzed condition or inactivity, it relieves promptly.

Empirical Use.

In chronic diarrhoea, sexual weakness, intolerance of milk as a diet, intermittent fever of the periodic type, as tertian, etc. Externally in case of inflammation of submaxillary glands, toothache, earache, etc.

Explanation.

I have noted that opium eaters or smokers generally eat sweets during the intervals of smoking; even the poorest of them would drink at least a sip at a time, prepared by means of a small amount of sugar or even of molasses dissolved in a small quantity of water. It seems to me, that as the taste of opium and its smoke

is bitter enough, so the beginners, in order to mitigate this disagreeable taste, begin to take sweets and thus they acquire a habit which becomes second nature. I was told by some of them, that sweets help to protract the intoxicating sensation to a certain extent.

Opium is clinically applied, for the after-effects of fear. It produces hallucinations, delusions of fancy, illusion of vision by affecting the intellectual faculty, which is the guiding principle of reasoning power. We may mark that in a dreamy state, the mind generally acts in an unbounded way without the proper control or guide of the intellect. Under the circumstances, the mind makes mountains of mole-hills. It displays fearful visions all of a sudden. It may be that opium, by its congestive effects in the brain, depresses the intellectual seat of the brain, as if by stunning it and producing a stupefactive effect and thus the mind gets abundant scope to play tricks without rhyme or reason. If we analyze the fear in a psychological process, then we can find out that it is generally based upon or caused by a false conception of danger or of injurious effects on account of some visionary ideas prevailing in the mental plane, without the power of discriminating with the help of the reasoning or intellectual faculty. Many ghost stories are concocted in this way among ignorant and illiterate people, who believe in evil spirits, with a blind faith. As for example, I observed in a moonlight night, a withered small tree appeared to be a woman with a white cloth or cloak on. Now, if any one is fanciful enough to believe in ghosts, then he or she will see a vivid, lifelike apparition as long as the imagination, intermingled with ignorance and fear, plays the prominent part, but no sooner does one take courage or heart and approach the delusive object in view, one finds out that it is nothing but a tree with withered branches and leaves. Sense organs will mislead us or play false with us in case of ignorance, which is the root cause of delusive nature, produced by the wrong interpretation of actual facts in accordance with the whims and caprices of the mind, devoid of proper control by the reasoning power, scientific knowledge, etc.

Stool: Offensive smelling, hard black balls. Probably owing to torpidity of the action of the liver, want of normal portal circulation, engorgement of venous blood, want of normal secretion of bilious coloring matter due to inactivity of the portal nerves, etc.; decomposition in the intestinal canal, due to want of the secretions

which have antiseptic properties, in order to prevent decomposition of food particles.

In order to prepare an ideal homœopathic *Materia Medica* of this sort, it requires the united and concerted action of many learned and experienced men and women, belonging to the medical profession and to other allied sciences—such as physicians, surgeons, specialists in different branches, chemists, physicists, botanists, biologists, psychologists, physiologists, etc.

It is a grand task which requires not only the cooperation of learned scientists, but of the sympathetic public at large, both rich and poor, noble self-sacrificing men and women of varied experiences. Now, it is for you to take up the work in earnest to perform this gigantic task.

As I have been suffering from heart disease and at any moment may take leave of this field of action on earth, so you may take this as an old man's last prayer to you, to uplift our noble profession for the good of humanity.

With an old adage, "United we stand and divided we fall," and a quotation from the sages of hoary antiquity, I bid you good-bye. "The mind is higher than the senses, and above the mind is the thought, and above the thought is the mighty spirit, and above the mighty one is the unmanifest.

"But highest above the unmanifest is the 'Purusha' who pervadeth all and one, hath no sign nor feature. Mortal man knowing Him is released into immortality."—*Kathapominshad*, 7 and 8, Second Part, Third Chapter.

SYPHILIS—A CASE REPORT.*

Eugene Underhill, Jr., M. D., Philadelphia.

Mrs. J. M., April, 1920.—Perfectly well as far as she knew until two months ago. When lifting a heavy washtub of water she felt a sharp stabbing pain in left side of neck just above collarbone. After that was continually conscious of something there but no more real pain. In a few days noticed a swelling.

At time of examination the swelling was about the size of a fist, located just above the left clavicle at a point about the junction of

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APIS IN BURNS.

D. T. Pulford, M. D., Toledo, Ohio.

In looking over several standard homeopathic books for the treatment of burns, the writer has noticed that Apis is not mentioned. Neither does he recall having seen it mentioned in any of our periodicals. Perhaps its symptoms, both local and general, are so indicative that it was hardly thought necessary to give it special mention. If the latter has *not* been the case the writer would like to call attention to it so that it may be further verified by others and later added to our books.

One naturally would think of Apis, for it has burning and stinging, discoloration, and is ameliorated by cold. The nephritic condition accompanying severe burns would also make us think of this drug. My small experience with it in burns, has been confined to those produced by drugs.

The first case occurred while interning at Middletown State Hospital in Middletown, N. Y. An attendant was operated upon for tonsillotomy. He took ether badly and chloroform was resorted to. During his struggle in the early stage of anaesthesia considerable chloroform was spilled on his face and a large area of burn resulted. The physician who did the operation was quite alarmed and worried, especially so because the superintendent would stop all tonsillotomies if he should see this burn. The tonsillotomy was done on Saturday, and the service this patient was on was to be inspected on Monday. The burning, stinging and amelioration from cold, caused Apis to be given. On Monday the patient was seen by the superintendent, who merely said that he had a slight chloroform burn which would soon disappear. Thus the reputation of both surgeon and anaesthetist was saved. The writer had administered the chloroform.

The second case was that of a workman who had had a wrench slip and strike the right side of his chest. To "draw out the pain" his sister advised him to paint the injured part with Iodin, that war paint which helps modern man to work off his American Indian complex. He followed the advice, but the Iodin was too strong and a large burn resulted. There was redness, burning, stinging and aggravation from heat, also many blisters of various sizes, which exuded serum. Apis cleared this up in a few days, with much desquamation and more itching. Patient has decided to

sit tight and keep his original hand and not try for any more "draws."

The third case was one of the writer's father. A young woman had had an ulceration of the conjunctiva near the cornea. For some unknown reason her oculist applied Iodin. The conjunctiva and part of the cornea were burned. He was much perturbed and was afraid the eye was done for. Acting upon the hint, as well as upon the indications, the writer's father gave her Apis, with a happy result for the three of them.

All the above cases received the 30th. This paper has been written to call attention to Apis in a condition in which it appears to have been neglected.

"THREE LEG" PRESCRIBING.

Alfred Pulford, M. D., Toledo, Ohio.

Let us not forget for one moment that: The unfolding of homeopathy is *NOT* completed; when it is completed it will be, as Boeninghausen said, "a complete system of medicine within itself"; if Hahnemann had stopped with the proving of Cinchona the limitations of homeopathy could have been more easily defined than now. Therefore, we shall display more intelligence in not trying to define the "limitations of," the "sphere of" or the "place of" homeopathy in modern medicine, especially since it is a semi-unknown quantity in its present state of development. What is supposedly incurable today, will be found readily curable tomorrow, if we but continue to go ahead proving the vast amount of yet unproven remedial agents.

It behooves us to spend our valuable time in digging up the valuable gold and diamonds which lie hidden in our own backyard, that we are now spending in continually sorting over the junk in the allopath's backyard. Of course, it means work.

Until the unfolding of homeopathy has been completed, it is the duty of each and every homeopath to find the simillimum in any way he possibly can, whether it be through the "characteristic," "red strand" or "keynote" method, the "three leg" method or the only really true method—"the totality and repertorial route." This is not to condone any irregular method of finding the simillimum, but until the unfolding of homeopathy has been completed we are justified in using any method to find it, for we must neither lose our patients through lack of facilities nor through death.

The late Henry N. Guernsey was an exponent of the "keynote method" and where was there a better prescriber than he, or who has written more reliable obstetrical hints than he?

The late Constantine Hering and James B. Bell were both exponents of the "three leg method" and who was a better prescriber than either, or who has written a more classic and more reliable monograph than Bell, who said under Croton tig.: "The yellow watery stool, < after eating or drinking, coming out like a shot, form a trio that will render success certain and brilliant." So you see there are clear precedents, that under existing conditions, those irregular methods are permissible; if not, how could the appended case have been prescribed for?

The case was that of a young married woman of about 23 years of age. While on a visit to relatives on a farm, and after a hearty dinner, she went out to play croquet. Shortly thereafter she became ill and had to be taken home. Next day we were called in and found her suffering from cramps above the navel > heat, pressure and bending double, with a slight tendency to diarrhoea, no tenesmus. It looked like Coloc. so we left a few doses of the 30th, expecting that to be the last of it, but it was not. Two days later we were called again and we found the patient with pallor and great weakness, brown stools, inclined to be dysenteric, after the stools there were chill, thirst and a marked tenesmus which was only relieved by leaving the vessel and lying down. Here the repertory failed us and we prescribed Merc. c. 30x. During the forty-eight hours, under infrequent doses of Merc. c., hot sweat developed, also high fever, the stools changed from brown to looking like shreds of membrane, often mixed with dark clotted blood, coming every twenty to sixty minutes. After the stools there was thirst and after drinking a marked chill. The prostration increased. Persistent nausea and vomiting appeared. The appetite disappeared. Tender over the hypogastrum. The tenesmus allowed neither rest nor sleep. The repertory again failing us, we tried Caps. 30x. After forty-eight hours of Caps. the symptoms were all intensified, the anus stood open, the stools constant, the prostration alarming. The temperature shot away up, but the pulse remained the same and weak. Here again the repertory failed us. Something had to be done and that quickly. Here we cast the repertory aside and resorted to Hering's method. The Coloc. colic had failed us. The Merc. c. tenesmus had failed us. The Caps.

thirst and chill had failed us. For leg No. 1 we picked out the *pernicious vomiting*; for leg No. 2 the *disproportion between pulse and temperature* and knowing that these two legs hardly ever flourished on other than a *septic* basis, we took this latter as leg No. 3. On this trio we based our prescription, giving three doses an hour apart of the C potency and placebo for the rest of the day. Evening found the lady on the highway to recovery. A placebo caused her to sleep twice that night, only waking once to get a drink and turn over. Morning found her strength and appetite rapidly returning. One dose more and placebo. Two weeks later she returned, the picture of health, to bring us a new patient. Of course you have all divined the remedy by this time. Now tell me, what *Materia Medica* will give a graphic picture of that case or which repertory covers *all* the symptoms or how could we have gotten at the case in a better way than by using Hering's "three leg method"?

If you have not divined the remedy, we will simply state, that we decidedly agree with Dr. Aguilar, of Albany, New York, that the homœopathic profession is overlooking one of its best bets, when it fails to take up and prove *Pyrogen* thoroughly. In intestinal troubles it is of inestimable value and one of, if not the most important, of our remedies.

ABSTRACT HOMŒOPATHICS.*

J. W. Waffensmith, M. D., H. M., Guilford, Conn.

We are living in a period of materialistic excess, of caustic cynicism toward all, which fails to be measured by its specific yard stick.

It is my intention to recognize and accept basic and rational facts proven by time and experience. On the other hand, there are shades of difference in relationship, which brings us to the activity of the individual. This becomes an important characteristic in health and disease.

Man finds an environment of increasing social complexities. It becomes a matter of adaptation rather than correction under artificial conditions of living, in some cases environmental fatality. Powerful natural desires and aversions under such conditions form

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a perverted expression of function. Varying forms of heredity, and acquired disease activity form deep habit grooves. These must be modified and made as far as possible to fit in the environment, without repeated shock to the organism.

Habit expressions often become our characteristic symptoms, the red strand of the case, the persistent expression of one or more of the three miasms. To interpret these properly for the selection of the indicated remedy, requires more than the mechanical routine of study. All of that plus an enlarging degree of skill in analyzing, differentiating and determining shades of value in an orderly approach toward the solution of the particular problem under consideration. There should be freedom and originality in thinking, an unbiased perspective, and a masterful use of the various planes of drug action at our command.

Homœopathy, in its larger application, cannot be confined within the narrow limits of any formula, which it may not oppose as far as it goes, but reaches out to utilize in its constructive work all the many finer and subtler combinations of the human mind. Though unclassified, these naturally fall into their logical place in the process of developing the indicated remedy. It ever acts as a stimulus to the individual mind seeking its abstract truths, opening new avenues of approach toward the remedy.

The monotony of routine practice is removed, giving a greater breadth of perception by directing toward the study of basic constitutional states.

There is a simplifying process of thought set in motion. Essentials assume the larger values and secondaries recede to the proper place.

Instead of frequent change, one remedy is selected with confidence and permitted to do its work. Orderly repetition of varying potency, to secure all the remedy will do, is more clearly understood.

In fact, under such handling of the patient the record becomes a work of art, clearly defined and readily grasped.

The inspiration of the single dose given plenty of time to act, becomes a gratifying practice, performing its cycle of healing undisturbed.

One often observes a capacity to interpret in advance the subsequent remedy, the orderly series to fit the case. All of which brings satisfaction, and confidence in endeavoring to solve future disease problems.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

THE HOMŒOPATHIC SITUATION IN UTICA, N. Y.

MORE CORRESPONDENCE.

As this Department was devoted in December to the publication of correspondence about the Homœopathic Hospital crisis in Utica, N. Y., it seems fitting to follow it up this month with a report from Dr. Breen of what occurred at the meeting held at the hospital to consider the proposed change of its name. It was pleasant, at the beginning of the New Year, to learn that the physicians of Utica had paused to listen to the protest and appeal presented by and through the efforts of Dr. Breen and his colleagues to save the Utica hospital for homœopathy, and that they have laid their destructive and ill-considered motion on the table for further consideration before taking final action.

It remains to be seen whether or not those whose consciences have been pricked by the protests against surrendering the honorably distinctive name of their hospital and destroying its individuality will have the moral courage to stand firmly, resisting to the end, when the time for final action comes.

If they do so stand and the motion to change the name of the hospital is lost, the agitation and discussion will have served a useful end in awakening dormant interest in homœopathy and, perhaps in stimulating renewed efforts to make their personal and collective practice conform more closely to homœopathic principles. In that case congratulations and encouragements will be in order. Utica and its homœopathic hospital will gain by the increased efficiency of its public and private medical service, and honor and credit will redound to homœopathy.

If they do not so stand, but haul down the banner of homœopathy which has floated so long over their hospital, they will deserve the obloquy which will ultimately fall upon them. They will be

made to realize that they have been recreant to the principles they have professed; that they have surrendered their birthright for a mess of pottage and joined the ranks of those whose medical lives are governed by the destructive principle in nature.

DEAR DR. CLOSE:

250 Genesee Street, Utica, N. Y.
December 1, 1926.

I should have written long 'ere this informing you as to the result of the Utica Homœopathic Hospital meeting on November 18th, regarding the change of the name of the institution.

At the outset, I want to sincerely thank you for your earnest, forceful letter. It was good of you to spend so much time and thought on the subject. At the same time I wrote you, I also wrote Dr. William A. Pearson, Dean of the Hahnemann Medical College of Philadelphia. A copy of his reply is enclosed herewith.

Your letter and Dr. Pearson's, together with a strong personal resentment against the proposed change on my part, furnished my ammunition. I was strongly opposed to the move, and was imbued with a conviction that it was sacrificing our birthright for a mess of pottage. Reinforced with these letters, I interviewed several of the physicians on the staff.

I asked them to read the letters and tried to ascertain how they felt about the matter. I was pleasantly surprised to find that many of them were at heart strongly opposed to the change but one and all felt it was a hopeless cause, as "the wheels were greased," and the matter was going through. They regretfully viewed it as useless, for they saw the majority was for the change.

At the different meetings which they had attended individually but not collectively, they voiced their disapproval, but they did not get enough support to make it seem worth while to fight against such odds. The trouble is that over three-quarters of the men on the staff are surgeons, and the proposed change of name was received with more or less welcome by them.

One of the sponsors for the change of the name of the hospital took the stand that "Homœopathy had succeeded in the world of medicine; had become recognized as successful and that it was not necessary now to maintain the sectarian name, which would only act as a barrier to the unification of the two schools of medicine."

He cited the fact, "that in the World War, the Allies won over Germany, not in the way we expected, namely, by entering Germany, burning their bridges and blowing up their buildings, but they won without doing these things, and so had homœopathy."

Another sincere, ardent supporter of the change said it was a matter of cold calculation, and that if we would use pen and paper, we would see that the present homœopathic graduates in this country were so few that it would not be long before there would be no homœopaths to man the hospitals, and the Utica Homœopathic Hospital would get a very small number, if any, in the years to come.

They maintained that the change of name did not mean a change of policy in practice; it was merely getting away from the narrow-minded sectarianism. I took your letter and Dr. Pearson's to several outside the profession, but who were members of the board of directors and board of managers. Most of these had gathered the idea (from one side of the fence only) that the medical and surgical staff were unanimous in their approval of the change.

I informed them that there was a strong submerged sentiment against the change, and that all we who were opposed to it wanted, was the passage of a motion to lay the matter on the table for future consideration; that it was too important a step to rush through without realizing that there was a divided opinion on the matter.

Nearly all of the lay members thus approached were broad-minded enough to hesitate on voting for the change without giving those opposed to it a chance to show reasons why the name should remain as it is at present. They had the interest of the hospital really at heart, but as before mentioned, had been misinformed as to the staff being united in their attitude.

Some of them wondered, and they were more or less justified in wondering, why those who did object to the change had not come right out as a body and said so, but never were all the members of the staff present at any one staff meeting to be able to do so, either from neglect or stress of duty.

I am running into a lengthy discussion of what took place, and must needs be more brief or I will sorely try your patience. At the meeting itself we won out, and *the matter was placed on the table for a further consideration by a vote of twenty-one to six.* There was much discussion pro and con, and those who had spon-

sored the change were keenly disappointed and surprised that there were such a large number opposed to it.

It did put several members of the staff in a peculiar light, for a few of them who had given their consent to the change, voted for the motion to lay the matter on the table and reconsider it. It was a great victory and, if you will recall, your letter did not reach me until the Monday preceding the Thursday meeting. In three or four days, the plan to change the name (which had been worked on for a year and was to be railroaded through) was at least derailed, or should I say, sidetracked.

Thanks to the co-operation of the handful of physicians who are still loyal homœopaths at heart, and the ardent assistance of the wife of one of these physicians, the banner of homœopathy still floats from the walls of this little hospital up here. The good lady above mentioned, worked tirelessly among the lady members of the board, and it was surprising to see how quickly most of them responded; for they had really been adverse to it from the first, but thought that as long as the doctors themselves viewed with favor the change, they would do whatever was the consensus of opinion. As one member of the board (he is our County Judge) expressed it, "he was from the first sentimentally against the change."

Let it be clearly understood that there are some wide-awake homœopathic physicians up here. Such men as (four names mentioned) are examples of some of the staunchly homœopathic physicians here in this city.

Sincerely and fraternally yours,

(Sgd.) R. T. BREEN.

P. S. Enclosed herewith is a copy of what I read at the meeting, in addition to your letter. I owe an apology to Dr. R. F. Rabe for stealing some of his editorial thunder in the September 15, 1926, issue of the HOMŒOPATHIC RECORDER. I also apologize to Dr. Clarence Bartlett of Philadelphia for using some of his statements in an article printed in the HOMŒOPATHIC RECORDER of April 15, 1926, which was read before the Homœopathic Medical Society of the State of New Jersey, May 14, 1925.

The facts and arguments advanced therein respectively, together with figures taken from an article by Dr. Lucy Stone Hertzog in

the November 26th issue of *The Central Journal of Homœopathy*, seemed so apropos of the situation here that I used them almost word for word.

Letter From Dr. W. A. Pearson, Dean, Hahnemann Medical College, Philadelphia, Pa.

DEAR DR. BREEN:

I am very glad to have your letter enclosing a printed notice of the meeting called for the purpose of changing the name of Utica Homœopathic Hospital to the Utica Memorial Hospital.

I had a talk with Dr. at the meeting of the New York State Homœopathic Medical Society last spring in regard to this very same problem and at that time strongly disagreed with him that the name should be changed.

Homœopathy is a refinement in the practice of medicine which gives patients an added advantage. The modern homœopathic physician is certainly better prepared to treat the sick because he not only has an intimate knowledge of all the subjects given in the regular school of medicine, but he has in addition a knowledge of the Homœopathic Materia Medica and Therapeutics, which has proven so valuable in hundreds and thousands of cases.

The Hahnemann Medical College and Hospital of Philadelphia now has an endowment of over one million and a half dollars and a property worth three million and a half dollars. This does not indicate that homœopathy has been a handicap to this institution. The new Homœopathic Hospital at Providence, Rhode Island, is one of the best institutions I have ever visited and I am happy to say that the word "Homœopathic" is cut in cold stone on that splendid institution.

Almost every day I receive letters from patrons of homœopathy who are anxious to have homœopathic treatment.

I am quite sure that many people in Utica and vicinity prefer homœopathic treatment and do not hesitate to use it.

Homœopathy has always had a dignified and intelligent following, and I can see more clearly from day to day that the trend in scientific medicine is in perfect accord with the principles laid down by Samuel Hahnemann one hundred and twenty-five years ago.

I will be very glad to have you read this letter at the meeting and to have you state unqualifiedly that I am thoroughly convinced that the proposed change of the name and of eliminating the word "Homœopathic" is not only undesirable, but an injustice to the homœopathic physicians in your vicinity and more especially to the homœopathic patrons.

Very sincerely yours,

(Sgd.) W. A. PEARSON,
Dean.

Address by Dr. R. T. Breen, Utica, N. Y.

The principal argument made against retaining the name "Homœopathic" for this hospital is not that homœopathy lacks value; nor that it has not contributed much to the health and longevity of humanity; but rather that the name is "sectarian"; that it fosters a division in the medical profession. Now that is absurd. Sectarianism is not a crime unless it is accompanied by bigotry and intolerance. An Episcopalian can be a Christian; a Republican or Democrat can be a loyal American, and a Homœopath can be a Physician in the broadest sense of the term. If I should call Americanism sectarian, you would smile. But recall that the **Ameri-**canism and extreme internationalists so regard it. Sectarianism has been of great worth in the world. It has fostered principles sincerely held by their devotees. The spirit of sectarianism held by all of us fosters improvements not only constructively, but also by competition. I am rather inclined to think that the definition of sectarianism is much like that of orthodoxy. If you agree with me, you are non-sectarian, liberal and orthodox. If your ideas are in disagreement with mine, you are sectarian, bigoted and heterodox.

Now consider a few facts about the homœopathic situation.

Queen's University at Belfast and Charing Cross Hospital at London have asked for lectures on homœopathy. There is a big effort on foot to create a homœopathic college in London.

One of England's prominent homœopaths has been appointed physician to the Prince of Wales.

A new homœopathic hospital of 100 beds is now assured for Montreal, Canada.

During the year 1925 "The National League for the Diffusion of Homœopathy in France" gained 223 new members, bringing the total number to 505.

The popularity of homœopathy is increasing fast in India, where there are several hundred homœopathic practitioners and several schools. The people are flocking to the homœopathic clinics and hospitals in large numbers.

The dream of years—of adequate homœopathic post-graduate work—is now materialized in the splendid courses at the Homœopathic Foundation in Washington, D. C., and at the Graduate School on Welfare Island in New York City. The University of Frankfurt and the University of Berlin, Germany, have established chairs in homœopathy. The Prussian Parliament has recently passed a bill to this effect.

The Pittsburgh Homœopathic Hospital has a new million dollar addition, containing 100 beds, dedicated in October, 1926.

The Legislature of the State of Prussia, of which Berlin is the capital, passed a law in 1925 which provided for the establishment of two chairs for the teaching of homœopathy at two different universities.

Dr. Bier, of Berlin, the leading allopathic surgeon and physician of Germany, has become convinced of the truth of the law of similars by his scientific investigations, and is courageously continuing to hunt for further proof. The chief interne of his hospital is at present studying and working at the Stuttgart Homœopathic Hospital, and the interne from the Stuttgart Homœopathic Hospital is working at Dr. Bier's hospital. That is what we may call "the open mind."

We, in these United States, dearly love noise and show. We are much given to hysterical fervor and exuberance, almost on a par with the old-time Methodist Camp Meeting. We are fond of fooling ourselves and of being fooled.

You propose changing the name of this hospital and its articles of incorporation so as to eliminate all reference to homœopathy. "This is done," some of you say, "in a broad-minded, liberal manner, in order to keep pace with progress." You intend publicly to disrobe yourselves of all that is homœopathic in name but not privately in deed. You hope thus to make it easy for men of the dominant school, prominent in our local professional and social life to accept our invitations of welcome into our midst. I suppose

you would then pat yourselves, or each other, vigorously on the back for the glory of your achievement. But, honestly, do we really achieve anything worth while by these press agent methods? Does all this diplomatic tom-foolery bring us anywhere? Isn't it killing our individuality? Do we want to become such "good fellows," applauding so rapturously every compliment thrown at us in our eager running after the glittering chariots of the old school, that we shall end by divesting ourselves of such shreds of principle as are left to us?

Our attitude and organization in this hospital remind me of the methods of the three-ringed circus with all its vociferous side-shows; the tail is wagging the dog, and the poor animal is threatened with an incurable palsy.

Latest Correspondence.

A letter from Dr. Breen, dated December 8, 1926, gives the latest news about the hospital situation in Utica. Dr. Breen marked his letter "Personal." He probably will not thank me for making it public, but it seems to be proper under the circumstances to complete the record. The subject and the situation, as they concern homœopathy, have far more than a local or personal bearing. A local crisis like that in Utica is only part of a general crisis in the affairs of homœopathy taking place throughout the world.

Personalities have no place in the discussion of such matters and none is permitted to appear in the record as it appears in this department of THE HOMŒOPATHIC RECORDER. No names have been or will be mentioned except those of the city, the hospital and the reporters, for verification of authority. But THE HOMŒOPATHIC RECORDER, this department and its Editor would be untrue to their principles if, when such a situation is brought to their notice, they did not deal with it fearlessly, fairly and frankly. They could not do otherwise and play their legitimate part in the great movement for the reformation and rejuvenation of homœopathy now going on all over the world.

If a disgruntled individual, in the heat of the controversy, chooses to refer to THE HOMŒOPATHIC RECORDER as "The Pill Box," he is at liberty to do so. "It is to laugh!" THE HOMŒOPATHIC RECORDER is a "Pill Box"—filled to the brim with pills of the most potent dynamic qualities. As a rule they are pills of

"sugar," but on occasion they may be and are medicated with "mother tinctures" which are acrid and bitter; for gross, terminal pathological conditions sometimes require crude medicines in tangible doses, since no other form of medication corresponds homœopathically with the low vibratory plane of action of the patient. But always, as far as possible, the remedies are selected according to the principle of symptom-similarity and administered singly, in minimum dosage.

Dr. Breen's latest letter follows:

December 8, 1926.

DEAR DR. CLOSE:

I thought it would interest you to learn of the latest news in regard to the Utica Homœopathic Hospital controversy.

Last evening at the staff meeting the matter under discussion relative to the proposed change of name of the hospital was taken off the table and voted upon. The ultimate decision is to be brought up at the January meeting of the staff, board of directors and board of managers.

Last night's meeting was a meeting of the staff and an endeavor on their part to take some definite action on the matter. Thirteen out of a possible eighteen were present. Some of the very men who expressed themselves at the other meeting as opposed to the change of name of the hospital, when called upon to face their fellow staff members backed down and took the stand that the name should be changed.

As one older homœopath said, "As long as the majority of the staff desires this change I am willing to submerge my personal desires in the matter in favor of the majority so as to make the action taken by us a unanimous, united one." He wanted to be loyal to the staff, he said.

High pressure methods were attempted to rush the matter to a vote without discussion, fearful that a discussion would lead to delay and possible defeat.

Unnecessary personal, sarcastic remarks and insinuations, unbecoming of any gentleman, were indulged in. One of the members insinuated that for a young member of the staff I "had been given too much rein at the last meeting," and had used material from "The Pill Box" in my arguments that night.

There was a visible dragging to the meeting of each and every one in favor of "the change of name propaganda," so that this time they would make sure of rallying to their support a majority. It resembled the polls at election day.

An attempt to introduce proxies for two of the members absent from the meeting, but in favor of the non-homœopathic name for the hospital, were ruled out by the president.

It was all quite melodramatic. The vote stood ten to three in favor of eliminating the word homœopathic and all that smacks of homœopathy. Only three, including myself, voted against the measure.

The matter was finally made unanimous, so that peace of mind might be enjoyed by those who feared the January meeting might be a repetition of the last meeting, in which their plans to rush the matter through were frustrated.

As one of their own members said in despair, "we want a guarantee that this thing will not happen again."

Naturally now at the January meeting the board of directors and the board of managers will be influenced by the action of the staff.

And so endeth the little drama up here as it has ended in other homœopathic hospitals, for which I am sincerely and unselfishly sorry.

Whether one shall call it a tragedy or farce comedy depends upon each individual's power of discrimination.

With kindest personal regards, I am,

Sincerely and fraternally yours,

(Sgd.) R. T. BREEN.

The course taken by the physicians who desire to change the name of the Utica institution is probably consistent with their real motives. They really want and are trying to be honest with themselves and with the public; but either from timidity, or from a failure to analyze their feelings to the bottom, they have not made their motives clear, even to themselves. The fact probably is they are more or less aware that they are not practicing the methods nor living up to the principles of homœopathy. The perception of this fact makes them uncomfortable. They feel that it is inconsistent for them to call themselves homœopaths, or to be publicly con-

nected with an institution bearing this distinctive title. Feeling thus they take the easiest of two alternatives, which seems obvious; namely to change the title of the institution with which they are connected. That removes the "label" and leaves them free to continue unchanged the easy-going therapeutic methods they have practiced under the specious claims of "liberality." No one then, they think, can charge them with inconsistency or hypocrisy, which might be truthfully said if the name were retained without reforming their practice.

The remaining alternative is not so obvious nor so easy. It is to face the whole situation frankly, fearlessly acknowledge their shortcomings and take a decided step in advance; to set vigorously and systematically about the task of mastering the theory, principles and technic of homœotherapeutics and bringing their practice up to standard. There is no escaping the fact that the average homœopath simply *does not know how* to make a scientific homœopathic prescription. What is needed by these and hundreds of nominal homœopaths like them is a *thorough going post-graduate course of study and training, under competent teachers* (such a course, for instance, as is being given by the Foundation for Homœopathy in Washington), and a firm resolution to put it in practice. Lacking the formal school instruction, the requirements could be approximately met by a course of intensive reading and study under the guidance of any one of a considerable number of recognized experts in homœopathic technology.

If either of these courses were pursued and individual practice were brought up to standard, there would be no questions and no controversies about retaining the name of homœopathy in any institution so denominated with which they might be connected. Nay, more: If this were done and those who did it once experienced the thrill of pleasure and satisfaction which comes from the personal demonstration of technical mastery and the witnessing of curative results of such prescribing, the progress of homœopathy and the increase of its institutions would be so great that we should have to establish a special factory for supplying the banners needed to float from their walls.

Meanwhile:

*"The Moving Finger writes; and having writ,
Moves on: nor all thy Piety nor Wit
Shall lure it back to cancel half a Line,
Nor all thy Tears wash out a Word of it."*

case? Is it not fair to assume, that such a case would not do as well upon one of the classical remedies and might even be lost?

The homœopathic prescriber must, therefore, fit his remedies to patients, and not attempt to mold his patients to his conception of necessary remedies. He must divorce his mind from diagnosis to the extent that each patient presents a symptom picture, whose counterpart is to be found in that of some remedy. In short, he must individualize each case, regardless of diagnostic label, and such individualization must conjure before him the one remedy fit to play the part. This is the art of homœopathic prescribing, without which no man can be said to be upon the road to successful homœopathic curing. And as Hahnemann so aptly said, "The physician's highest and only mission is to heal the sick."

Danger of Mercury.—"Stock had been suffering for twenty years from various disturbances regarded and treated partly as neurasthenia, partly as chronic catarrh of the nose and sinuses. Restlessness, irritability, impairment of memory, predisposition to colds and tonsillitis, headaches, pyorrœa and tremor diminished his ability for work. His coworkers complained of similar symptoms. At last, by a specially sensitive test, he found mercury in his and their urine and in the air of their laboratory. The patients improved slowly after good ventilation was installed and after they learned to handle mercury with greater caution. He believes that chronic poisoning is possible in people working for a long period in a room in which a thermometer has been broken and the mercury remains on the floor—and that may happen in any home; also that dental fillings of amalgam may cause chronic poisoning. Air aspirated from a mouth in which are such fillings may contain considerable amounts of mercury. The amalgams are especially dangerous in the presence of other metals (gold crowns, etc.), because of the electrolytic action of the galvanic current passing between the different metals. This issue of the *Medizinische Klinik* contains the discussion which followed Stock's lecture before the Berliner medizinische Gesellschaft. Joachimoglu points out that the mass experiment teaches that amalgam fillings are harmless. He does not doubt that a chronic poisoning may occur if large amounts of mercury are handled in badly ventilated rooms, but a chronic cold is not a characteristic symptom. Hahn believes that idiosyncrasy may play a rôle. As a rule, no poisoning

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EDITORIAL NOTES AND COMMENTS.

Homœopathic Therapeutics.—To the beginner in homœopathy the selection of the appropriate remedy, in any case, is always a particularly difficult matter. Whether he comes from an old school medical college or not, his studies in pathology and clinical medicine have taught him to think in terms of diagnosis; instinctively almost, he labels each disease he meets, with its name and the latter, as a rule, is strongly suggestive of the therapy to be applied. If he is at all in doubt, the standard textbooks on practice will relieve his uncertainty and point out the proper path of therapeutic procedure. In large measure the practice of medicine is in this manner made easy, standardized as it were, usually in accord with the dicta of eminent professors who fill the university and college chairs.

Small wonder then, that the homœopath and especially the novice in Hahnemannian medicine, feels the necessity of relying upon a therapeutic guide and turns for help to one or more of the numerous excellent works on homœopathic practice. In this search for help he runs, however, the risk of becoming a mere routinist, he courts the danger of attaching remedies to diseases, of thinking of a small group of medicines for certain illnesses and he is very apt to fail to see, that almost any remedy may be indicated homœopathically, in almost any disease. Thus it is, that in the treatment of pneumonia for example, *Aconite*, *Bryonia*, *Phosphorus* and *Sulphur* are so commonly used and so frequently regarded as the classical remedies for this dread disease. So they are and justly too, but what about *Iodin*, *Kali carbonicum* and *Sanguinaria*? Suppose that one of these three should be the needful remedy in a given

occurs even with the considerable amounts used in inunction treatment. Umber agrees with this and quotes the case of a young girl who four years ago attempted suicide by intravenous injection of 2 cc. of metallic mercury. She had symptoms of mercurialism in the beginning, but never since, although there is still a roentgenologically demonstrable 'pond' of mercury in the right ventricle and many mercurial emboli in the lungs. She has gained 12 Kg. in weight so far and recovered from a severe influenza. Hahn believes that neurasthenics may have an increased sensitiveness to mercury. Ritter ordered an examination of the urine of persons employed in dental laboratories of schools, which use the worst (copper) amalgam. No mercury was found with Stock's method. In spite of this, he has started in his clinic a special department for investigation of mercurial poisoning, especially in research workers."—*J. A. M. A.*

All of which is interesting and well to remember. *Hepar* and *Kali iod.* are, homocopathically speaking, the usual antidotes, but *Mercurius* itself, in high potency, is likely to be required. The effects reported by Stock, verify the symptoms of our homocopathic provings.

Vitamin A in Cheese.—"Young rats suffering from vitamin A deficiency recovered rapidly from the usual eye disease and made normal growth in addition to their diet of 0.5 Gm. daily portions of California cream cheese (Cheddar type), or of Limburger cheese (from New York). These cheeses appear to retain in an unusually concentrated form the vitamin A of the milk from which they are made. Under similar circumstances, 0.5 Gm. doses of Swiss cheese (from Switzerland) did not cure ophthalmias or restore growth. With 1 Gm. doses, growth was normal, but eye disease persisted to some extent. Morgan suggests that the deficiency of this cheese may be due either to the relatively long heating and curing processes used or to selective bacterial action."—*J. A. M. A.*

These rats must have had strong constitutions to stand Limburger cheese from New York, which presumably came from East Houston Street, in the ghetto. We have seen such cheese almost walk across the polished surface of an East Side restaurant table, while the skippers performed acrobatic feats upon its odoriferous surface. In competition, Swiss cheese would, of course, have no chance and, as we see, was therapeutically of no value; but then

it came from Switzerland, where everyone and everything is mild. In the good old days, before these United States of America had a real diplomatic service, it was customary to reward political party faithfulness by the award of consular and other offices. To the victor belonged the spoils! One such faithful henchman who had about as much knowledge of consular duties as a Tennessee legislator has of the Darwinian theory, was sent to an important post of duty in one of the Swiss cities. To his friends who inquired concerning the character of his duties, a wag remarked, that these consisted in cutting out the holes of Swiss cheese. Perhaps here lies the explanation of the loss of vitamins from this otherwise delectable lacteal preparation.

Misuse of Cathartics.—"Dewis emphasizes these points: It is dangerous to prescribe cathartics in acute or painful conditions of the abdomen; it is wrong to administer them before abdominal operations; it is injurious, habitually, to give them in constipation; and bad practice to order purgatives without knowledge of their various physiologic effects, or to recommend them for patients when not sure of the ailment."—*J. A. M. A.*

Probably no people is more firmly in the grip of the cathartic evil than the American. We Americans, especially of late years, have undergone an oleaginous education. What with oil scandals in high governmental places and gallons of dexterously advertised oil lubricating our precious *innerds*, we are steeped in oil most of the time. We wish that Dewis' second point would be taken to heart by more of our surgeons, with whom it is almost a holy rite to dynamite the intestinal canal of every preoperative case. Mere mineral oil is to be sure, not so bad, though many a pair of trousers has been ruined beyond redemption, by an insistent oil, eagerly engaged in a marathon race with the normal denizens of a tortuous, but sluggish intestinal canal.

The treatment of constipation demands a consideration of many factors, among which the selection of the homocopathic remedy is most important. The choice of such remedy, however, by no means always depends upon local or rectal symptoms. The patient behind the refractory canal is to be considered. Too often physicians carelessly and in purely routine fashion, give *Nux vomica* or *Sulphur*, but results are rarely obtained in this manner, unless the patient happens to be a Nux or a Sulphur individual. The patient as

a whole is to be considered and in this consideration, diagnosis, diet, exercise, remedy selection and other things have to be taken into account.

Danger in Iodine.—"Jackson asserts that not only may symptoms of hyperthyroidism be induced by the careless use of iodine, but in some instances the condition may become so grave, as the result of the ignorant use of this drug, as to produce a fatal termination. Eight of his patients with adenomatous goitre suffering from these symptoms had been treated by the same physician with iodine and three terminated fatally. Should such a condition be induced, the only hope of benefit is the prompt discontinuance of the drug, prolonged rest and sedatives. So dangerous is iodine that Jackson has no fear in asserting that iodine hyperthyroidism has a higher mortality than any other form of toxic goitre, and in those who are subjected to thyroidectomy he finds that their chances of recovery are diminished, they often remaining delirious for days, suffering a stormy convalescence with an alarming high pulse rate."—*Therapeutic Gazette*.

Well, there you are, but what are you going to do about it? Physicians are often like sheep and will blindly follow some reckless bellwether, over the cliff to destruction. Homœopaths do not have to court the dangers emphasized by Jackson. Hahnemann's method of mathematical dose reduction gives them the ability to adjust their posology to a nicety. Every homœopath knows the value of iodine in the treatment of goitre and what is more, he knows when and when not to give it; he has indications, to be found in the provings of iodine upon healthy humans, knowledge which is exact, hence entitled to be called scientific.

Homœopathy.—"Heubner objects to homœopathy only because of the dogmatic proclamation of 'similia similibus' as a general rule. It is probably correct only in a few cases. Bier's three examples of efficient remedies do not prove anything for the theory. The question of doses would not prevent mutual understanding. Only the absence of scientific methods and the dogmatism are objectionable. He appreciates in homœopaths the early use of stimulation treatment, and the tendency for a limitation of the number of drugs."—*Münchener Medizinische Wochenschrift*, Munich.

Italics ours! Dear old Heubner, he is partly right! Dogmatism should have no place in medicine. Scientific methods we homœopaths have almost entirely failed to use and in this respect, we are justly to blame. Here and there is evidence that we are emerging from this gloom of fanatical idolatry. With Heubner's statement, that Bier's three examples of efficient remedies prove nothing for the homœopathic theory, we disagree. But we cheerfully admit, that much more is required. It is refreshing to be told, that the question of doses would not (or does not) prevent mutual understanding; here at least is a platform upon which we can all comfortably stand. How different from the era of twenty-five years ago, when even the majority of homœopaths were almost ready to shoot the high potency man on sight; those were riotous, stormy days indeed, as many an old-timer will testify. In any event, Heubner's pronouncement serves to provoke discussion and the latter gradually leads to clarification and eventual agreement.

Backache.—"A preoperative and follow-up study made by Lynch of 608 patients following gynecologic operations shows that sacral or sacrolumbar backache constituted a complaint in 48 per cent. of cases, being found in 8 per cent. of ovarian tumors, 31 per cent. of fibroids, 46 per cent. of pelvic inflammatory disease, 58 per cent. of suspensions, 75 per cent. of relaxed vaginal outlets, and 23 per cent. of procidentias. Backache may be ascribed to gynecologic pathology because it remained cured for periods ranging from one to eight years in 87 per cent. of the 48 per cent. of the 608 gynecologic cases that had this symptom. Backache, which was cured by gynecologic operation, occurred in the following percentages of the cases: One hundred per cent. in ovarian tumors, 84.5 per cent. in marked retroflexions; 81 per cent. in extensive vaginal relaxations; 73 per cent. in chronic pelvic inflammations; 68 per cent. in fibroids; and 36 per cent. in complete procidentias. Backache in gynecologic conditions is due chiefly to pelvic congestion. Orthopedic conditions were responsible for between 17 and 23 per cent. of the total number of backaches of the series."—*J. A. M. A.*

These figures are of much interest and we homœopaths may do well to bear them in mind, in a general way at least, when we prescribe for pelvic conditions. Our materia medica is rich in remedies having marked pelvic symptoms and such medicines as *Lithium*

tigrinum, *Sepia*, *Natrum mur.*, *Aurum mur. natron.*, etc., have many times been of the greatest help in our therapeutic efforts. We must not, however, blind ourselves to the fact, that there is such a thing as gynecologic surgery and that such surgery must be legitimately invoked to relieve mechanical conditions, which our remedies can at best merely palliate.

The Treatment of Senile Insanity.—Under this caption, *The Lancet* of London, England, for October 23, 1926, presents an interesting and instructive article. Among other suggestions for overcoming the obstinate sleeplessness of the insane, we find the following:

"Insomnia.—The best hypnotic is alcohol. Hot whisky and water, or brandy and water seem to produce the best results, but well-warmed claret or burgundy may serve."

Praised be a country, to which such liberty has been allotted. Whiskey and water, brandy and water! Claret and burgundy may serve! Indeed! The thought makes us dizzy! Page Mr. Volstead! So there are still physicians who believe that alcohol serves a useful purpose in medicine; of course they cannot be found in the United States, except in the morally degenerate Atlantic seaboard or along the Canadian border. The Empire State has voiced its wet sentiments in the recent elections and at least one of its United States Senators has come out openly for real beer, which shall be non-intoxicating in fact, yet quite capable of satisfying the insistent thirsts of the wicked population of New York. More power to his efforts; should he succeed, his name will be emblazoned in shimmering gold and he will be forever immortalized in New York's Hall of Fame.

"Fifteen men on a dead man's chest,

Yo ho, and a bottle of rum!

Drink and the Devil had done for the rest.

Yo ho, and a bottle of rum!"

This ribald song is credited to the buccaneers of old who roamed the Spanish Main. Today we have the "hi-jackers," who sweep the broad Atlantic in search of valuable alcoholic prey. But the really insane are those who persist in maintaining, that an utterly unpopular and discredited law can be enforced. A little whiskey and water might do them good, as suggested by our British colleagues.

THE HOMŒOPATHIC RECORDER

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No. 2.

SOME CONFIRMATIONS OF THE HOMŒOPATHIC REMEDY DURING SURGICAL CONVALESCENCE.

William B. Griggs, M. D., Philadelphia, Pa.

The thought that has led me to write these confirmations of the homœopathic remedy is due to the fact that a young homœopathic physician, who was associated with me, was severely criticized by a surgeon for not having a case of *carcinomata* operated upon early. When, as the result of surgical excision, the case went acutely bad and the thought came to me, after thirty-two years in the practice of homœopathic therapeutics how often might I have criticized the surgeons for not asking for a homœopathic prescription when their cases went bad, instead of using the common anodynes and narcotics just as the dominant school does. Surely, if the scales of just criticism are to balance evenly on both sides, the surgeon is just as reprehensible for not using the best homœopathic therapeutics as the physician might be, for not calling the mechanic in soon enough to suit his judgment. Now, this has led me to collect a few experiences and I am sure you will agree with me by saying, after surgery had done its best in these cases, the homœopathic remedy, assisted in the final restoration to health. I wish now to quote the case of a female child, six and a half years old, born of great financial wealth and luxury, but of unhealthy parentage. To make a short summary of the case, I will say that at three years of age the patient contracted scarlet fever. The case was a long, protracted illness, being complicated by an otitis media, the drumheads ruptured. About six weeks after, the child was operated on for an acute mastoiditis on the left side and about two months following, the right mastoid had to undergo a radical operation. The wounds did not heal for

nearly seven months and then the ear discharge came back, being temporarily stopped for a few weeks at a time, until I saw the case, which was about three and a half years after the beginning of the illness. The present status of the case was a child suffering with a high grade of malnutrition with marked debility; anæmic, partially deaf, with a stinking, whitish, watery, purulent discharge from both ears, not very profuse. According to indications, as interpreted by me, I prescribed *Arsenic album*, *Hepar sulph.*, *Silicea*, *Sulphur*, *Psorinum*, with improvement of some of the conditions, but the discharge, though much less, continued. But the patient's general condition was much better. After a careful study of the symptoms of the case, which were an offensive odor of the diseased bone, a white, watery, purulent discharge from the ear, deafness, aggravation at night, I prescribed *Asafœtida* 30th. This was April 1, 1923. I raised the potencies from time to time and by June first, there was absolutely no odor, and by July first, we had dry ears and they have been well ever since, now about three years. The child is now enjoying perfect health, with the exception of the impaired hearing, after surgery had done its best.

CASE II. I present in this case a woman of about forty years of age, a mother of five children. She has suffered very severely with varicose veins during her pregnant state. Her trouble dates back nine years, that is, since her last confinement, when from her history of the case, she was kept in bed, at perfect rest, had the limbs bandaged, etc. After a rest of six weeks, she was supplied with long, elastic silk stockings, with little or no improvement. Finally, several veins burst and she was operated upon by a surgeon, who also healed up a small varicose ulcer, but she had been in daily pain and suffering, even since her operation, had lost in weight and was unable to care for her children. The other veins began to swell and became sore and inflamed. One day I was called in to take charge of one of her children, who was taken acutely ill. When it recovered, the mother spoke to me about the condition of her limbs. I told her that I did not think much could be done and I have not enough English words at my command to describe the appearance of her legs, but she pleaded and I prescribed such remedies as *Hamamelis*, *Carbo veg.*, *Carduus mar.*, *Calc fluor.*, *Puls.*, with very little effect so that I was very sorry that I had become mixed up with this case, therefore advised her

to consult the surgeon again. He advised the hospital, which she refused. A practical nurse, who had been assisting in the family for some time, finally got me the following symptoms, which I put together and pictured thus: "Large swollen veins, some bordered by an area of inflammation, extremely sensitive to touch, limbs swollen, of bluish color; foot œdematous and bluish in color; inability to allow the leg to hang down, on account of the intense pain and a terrible bursting sensation." She would look at the limb, thinking it had swelled up two or three times its normal size, because of the awful bursting-full sensation in the tissues, and this always came as soon as the leg was allowed to hang down. After a careful study of this case and of the materia medica, I prescribed *Vipera torva* 30th, with a constant amelioration of all the symptoms. The pain disappeared first, the veins still looked swollen, but the woman does all her housework, the limb is reduced in size, she has no pain, wears her elastic stocking, has gained in weight, takes full charge of her four children, after surgery did its best.

CASE III. A young man sustained a crushed hand in an automobile accident. His left hand was crushed with a traumatic amputation of the little and ring fingers; the others were badly lacerated. He received good surgical treatment at a hospital, but the hand and injured fingers remained swollen for more than three months, with intense pain, necessitating an anodyne regularly each night, in order to get some sleep. After returning to the city, he walked into my office one night, asking me for a prescription for morphia, to give him some sleep. I might say, that he had not taken morphia for some time, but was taking some of the well-known coal tar anodyne preparations. After examining his crippled hand, I told him I thought I might do more than dope him every night, if he was willing to try me out. His case presented a crippled hand with three stiff and deformed fingers, that were full of scars. He complained of intense, lancinating and cutting pains in the fingers, followed by a painful numbness for a while, then severe throbbing and sticking, as though an abscess was ready to break; also, occasionally, paroxysms of pain along the nerves of the arm to the shoulder. At times he was chilly, then would get very hot towards morning. This was his own description. Accordingly, I prescribed *Hypericum perf.*, with slow but a continued relief, so that finally, at the end of three weeks, he was

fairly free from pain, slept well and so far as I know, has needed no further medication of any kind. The last prescription was made in October, 1925, long enough ago to bear out the efficacy of the remedy.

I could give many more cases, illustrating the value of the homeopathic remedy during surgical convalescence or after surgery had done its best, but I believe these three illustrations, though possibly simple in character to the minds of some of the members here, may inspire some others to try out and uphold the value of the homeopathic remedy, as being the most potent medicinal agent which the surgeon has at his command.

SYMPTOMATOLOGY OR PATHOLOGY, WHICH?*

Dr. Jas. B. Brown, Denver, Colo.

The *Organon* tells us, that the physician's high and only mission is to restore the sick to health in the shortest, most reliable and most harmless way, on easy comprehensible principles.

Homeopathy asserts that there are principles which govern the practice of medicine. Allopathy takes the stand that the practice of medicine is based upon experience; on giving medicine to the sick and noting the results. As a consequence, we hear of wonderful cures being discovered today, only to be discarded later when put to the acid test. Not having any fixed law of cure, allopathy deals mainly with pathological and bacteriological studies, searching for that particular germ or germs, which are associated with the various acute diseases, and studying the pathological tissue changes which are the result of disease, recognizing the material man only and sacrificing the immaterial. Pathological and laboratory investigations aid in the diagnosis and are of aid in the treatment of the acute diseases, but of very little help in chronic troubles, which is a very important factor in making a cure. The chronic form of disease, Hahnemann tells us, is a dynamic disturbance and never self-limiting, the immaterial part of man that

*Read before the Colorado Homeopathic Medical Society on October 26, 1926, at Denver, Colo.

must be considered and that this can be recognized only from a symptomological standpoint. Very frequently do we see cases that complain of being ill, yet ambulant; though seldom enjoying good health; they may undergo a thorough examination by the average physician and are told there's nothing wrong, simply hysteria because no pathology is found. These cases are suffering from a dynamic disturbance however, and offer pages of symptomatology and unless treated upon Hahnemannian principles often, when near the prime of life, develop an intractable and frequently an incurable malignant disease. Homeopathy has much to offer in such cases.

The average physician, when confronted with a chronic disease, at best, only palliates; patients are subjected to the various medical, physical and chemical therapeutics with indifferent success, having no definite law of cure to follow and realizing the frequent disastrous results, these physicians resort to surgery. Sixty per cent. of these cases are unnecessary and innumerable lives sacrificed simply from a lack of knowledge of the fundamental principles of the causation of disease and of the medicines that will cure. The rash is suppressed, the cough subdued, and the tumor removed, but nothing done for the soil which produced the condition; the patient is trimmed physically and financially, eventually awakening to the fact, becomes disgusted with modern medical tactics, resorts to the charlatan, or to the various medical cults, or to Christian Science. Any Hahnemannian homeopath will do more for these cases than any other system known, and if he does not cure, which he often does, he will be of great help to these incurable cases and enable them to enjoy a fairly comfortable existence.

Hahnemann studied the chronic diseases eleven years before he gave to the world his miasmatic theory of disease; this theory though given over a century ago, still holds good and can be demonstrated by anyone who follows his law of cure. Diseases are divided into two forms, acute and chronic; we are told that over 80 per cent. of the acute get well without any treatment; this may be true, but a competent physician will reduce the term of illness 50 per cent., and if he treats according to the law of similars, there will be but little systemic disturbance with his patients, whereas, prescriptions based upon pathology call for destructive medicine more or less, and this form of treatment often seriously interferes with nutrition. The chronic diseases, however, never cure them-

selves, nor do we believe that they are ever cured unless in accordance with the law of similars. We all have families which are always more or less ailing; they are subject to digestive disturbances, colds, catarrh, tonsillitis, biliousness, rheumatism, nervousness, etc., and when attacked with the exanthematous diseases, become very ill, and their recoveries are associated with the various sequelæ. For example: Johnny Jones gets the measles, he is taken with a slight fever for a day or so; has a mild cough, eyes inflamed. The second or third day a confluent rash appears, the fever is soon gone, cough disappears, and in a week the patient is convalescent with no ill effects, while Willie Smith's case is entirely different; his troubles commence with an intractable cough, for a week or ten days, with slight fever, malaise, loss of appetite and carache; after a week or more a discrete rash appears here and there, cough intense, fever high, eyes inflamed, throat sore, and often an acute otitis media, or bronchitis or pneumonia develop; in fact, a very sick child. What reason can there be for the difference in these two cases? Colds, some may say; yes, but these cases come without colds; the difference lies in the constitutional make-up and Hahnemann's philosophy explains just what this is and how to treat it. Johnny Jones needs a few doses of *Aconite*, *Bryonia* and *Pulsatilla*, according to their indications, which suffices; while Willie Smith's case will not be cured with these remedies alone; to cure that catarrh, running ear, or bronchitis, he must have an antipsoric remedy or remedies, prescribed in accordance with the symptomatology. He may recover, however, without these antipsorics, but the catarrh, ear discharge, or bronchial cough and weak eyes will emphasize the difference between a recovery and a cure. We find similar conditions in influenza, an infection that has become kaleidoscopic in character; many cases seem moribund in the beginning and unless soon relieved, end fatally. The dyscrasias are paramount in such cases and when the infection fires up this trouble which may have been latent for years, we have a double enemy to fight. There is no time to wait for pathology here, symptomatology gives us all that is necessary, for intelligent treatment. There is no definite pathology in influenza however, and those who work upon this basis to perfect a cure, will be witness to many departures from this "flu" infected sphere. The dyscrasias do not necessarily present a definite pathology, there is usually a disturbance in the vital force, the system is easily disconcerted, they are always ailing,

have a weak resistance, subject to infection, make a slow recovery when ill, and are often left with serious sequelæ. Our acute remedies only ameliorate, the antipsorics must be used to perfect a cure. Modern medicine boasts of preventing smallpox, typhoid, malaria and yellow fever, while cancer, the arch enemy of the human race, is increasing at a rapid rate. No germ has been discovered that has been proved to be the cause of cancer, although some claim that distinction. We firmly believe one or more of the systemic dyscrasias to be the fundamental cause of cancer and the nearest we will ever come to a cure in its broadest sense, is to use the potentized drug administered according to the law of similars, based upon the antisyctic, antisyphilitic and antipsoric history, and administered in the pre-pathologic period.

The same theory pertains to endocrinology; this internal imbalance that is attracting so much attention today among the internists, is only another expression of these dyscrasias, we have verified this assertion many times by prescribing the chronic remedies. In emphasis of this, let me quote the following cases: Mrs. H., *æt.* 30, well nourished, father has heart trouble, mother in fair health; two brothers in good health, a sister who is weakly, she has never been pregnant, nor ill, with the exception of the children's diseases; had been in Colorado five months when she noticed that her heart was palpitating, her menses became scant, finally stopping, very nervous and weak, insomnia developed to such an extent that she could not sleep until 5 A. M., and then only an hour; her limbs were cedematous, appetite good, bowels somewhat constipated, more or less malaise and so weak that she could not sit up. A physician was summoned, there was no relief after two weeks' treatment; when another was called, who also failed in his efforts. When I was called I found a pulse of 150, temperature 99, the throat appeared normal, no bad teeth, pallid appearance, chest clear, no heart lesion, liver normal in size, no tenderness over the abdomen, the urine was scanty, highly acid, and free from albumen and sugar, the uterus was normal in size, complete amenorrhœa, appetite good. A tentative diagnosis was made of *hyperthyroidism*; the pathology indefinite, symptomatology plenty; she had had some of the glandular products from the other physicians, but without benefit. *Arsenicum* was given at first, but very little benefit, a heart stimulant was used without relief. After studying the case more closely, and from a constitutional basis, *Calcarea carb.* 30 and

1 m., was given, a noticeable improvement soon took place in a week's time, the heart-beat came down to 104, sleeping three to five hours, less nervous, and much stronger; the menses appeared when due, but of short duration, in another month they were quite normal, the only trouble now being that she was not yet sleeping well. More *Calcarea* was given, but without further improvement, certain symptoms occurred which called for *Sulphur* 1 m., this completed the cure and she has remained in good health ever since, now one and one-half years since the attack. When we consider that these two remedies used in dynamic form and according to Hahnemannian principles, completely cured this case in such a simple and easy manner, may we not boast of a result that is little short of dramatic? Please bear in mind that the hyperthyroidism was not treated, just the patient.

A singular coincidence happened in this family during the past six months; a sister, *æt.* 32, who lived in the East, was stricken with similar symptoms, amenorrhœa, rapid heart-beat, and loss of strength; she was treated by the physicians in her community, without any improvement; she was taken to one of the large cities in the East and placed under two eminent specialists, who said it was "change of life"; but regardless of all that they could do, death ensued. From reports, this patient had all the modern diagnostic and laboratory technique in use today, and doubtless the family were informed that everything was done, known to science, however, we believe that a little homœopathy in this case would have produced an entirely different story. May we ask, what was the cause of these two women going to pieces at such an early period of life? Modern medicine says, "change of life"; endocrine disturbance, etc.; yes, but these were secondary to a psoric constitution, as the remedies used in the one case, amply proved.

Another case: A little miss, *æt.* 6. An orphan. She had eczema during babyhood and a serious attack of cholera infantum during her first year; she was very delicate and raised with difficulty; she developed into an unusually bright child however, being an adept in music and dancing. In the spring of 1925 she developed a serious chorea; the family physician exhausted his skill without relief, so called a children's specialist, who likewise failed in his efforts and called another child specialist into the case; after four months' treatment and observation and with but very little, if any, results, they informed the mother that everything had been

done that could be done and that she would just have to wear the disease out, if possible. The mother, not willing to give up, decided to try homœopathy and brought the child to me. *Mygale* was first prescribed, but this remedy did not produce any change. After watching the child and noting her physical appearance and the symptomatology, *Calcarea carbonica* 1 m. was given, in less than a week the gyrations had ceased, and in two weeks she was practically well. This case was controlled so easily and quickly that the mother said she could hardly believe her own eyes and wondered if it could be the medicine that did it. There has been no recurrence however.

I mention these cases to illustrate a real cure produced according to Hahnemannian principle. Please note that the other school failed, and we doubt if any other system could equal this cure. Once again let me emphasize the importance of the symptomatology, pathology should always be taken into consideration when treating a case, but should be a secondary consideration, and the homœopathist will not make any great strides nor supplant any other school of medicine, unless he follows this principle.

SURGICAL CASES CURED BY THE HOMŒOPATHIC REMEDY.*

Lawrence M. Stanton, M. D., New York.

1. I am somewhat loath to report a case not yet cured, but the chairman of the Bureau of Surgery requested me to do so and I have little doubt but that the patient will make a complete recovery. The case is one of felon of the distal phalanx of the left thumb, the patient, a Christian Scientist. For six months she had gone from bad to worse until she had come to the end of her "science" rope, only to find herself within an inch of the surgeon's noose. In short, she was in such straits that she had been advised to consult a surgeon and he had recommended immediate amputation. Then it was that she sought homœopathy. There had been a discharge of pus all these months; pain, very pro-

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

nounced, now involving the whole arm; thumb swollen to double its normal size; later a considerable piece of bone was discharged, showing the deep-seated, necrotic nature of the inflammatory process. The patient was without general or local symptoms decidedly indicating a remedy, except for one. The edge of the opening, or ulcer, was as clean-cut, as if punched out. She has had *Kali bi*, in the 1m. and cm. potencies. At this writing the discharge has almost ceased, the pain has gone, the thumb has resumed its normal size. I think that a cure can confidently be predicted. Should operation be eventually necessary, most certainly it will not be an amputation.

Now, a few days before this meeting, I can add with much satisfaction, that healing is complete.

2. The following case of epistaxis, though not strictly surgical, will hardly be out of place in this bureau.

The patient was seized with a profuse nosebleed, which, with occasional remission, kept on for hours and was becoming alarming. Several remedies were given on scanty indications and other measures were employed to stop the bleeding, but to no purpose. Finally the surgeon's help was sought and the posterior nares thoroughly plugged. While this checked the profuse flow, a steady trickle continued for several days. With the increasing weakness of the patient, a tingling numbness now showed itself in the extremities, especially in the hands and feet. *Secale* 500th was given with almost immediate improvement and in a few hours entire cessation of the bleeding. By this time the plugging had become intolerably uncomfortable, but I feared to remove it quite yet. However, I took the hazard and fortunately with no return of the bleeding.

The small but steady flow of blood, together with the tingling in the extremities, were good indications for *Secale*. What a pity they could not have shown themselves earlier, or some other aspect of the drug appeared sooner. As it was, the barn door was closed, only in time to save the stolen horse.

FACTS ABOUT THE COLON OF INTEREST TO THE GENERAL PRACTITIONER.*

Dr. J. A. Holland, New Jersey State Hospital, Trenton, N. J.

The Colon, starting as it does in the right iliac fossa, passes upward, anterior to the right kidney bending at the hepatic flexure rather sharply. From there it passes across the abdomen about the level of the umbilicus to the splenic flexure. Between these points, you remember, it is covered with and is attached to the omentum. From the splenic flexure where the colon is also normally angulated it passes downward in the left lateral gutter, not so far from the left kidney, to a point about the level of the iliac crest. There it is held rather firmly by a reflection of the parietal peritoneum. From that point to the anal ring, the colon is quite loosely bound and forms the normal "S" shaped or Sigmoid Colon. The Rectum of course, as implied by the name, is straight.

Histologically the colon consists of three main coats, the mucous membrane, the muscular and the peritoneal.

When considering the mucous membrane we recognize the type of cell as columnar epithelium and also that the membrane is loose and contains innumerable secreting glands.

The muscular coat consists of longitudinal and circular involuntary muscle fibres controlled entirely by the autonomic nervous system.

The serous, or peritoneal coat, is really a cover and is the means of keeping the colon, as well as other viscera, out of the peritoneal cavity. It is between the two layers of the peritoneum that the blood supply arrives at the colon. It is also in this space that mesenteric glands exist as a part of the lymphatic system draining the gut. These glands are normally not to be seen by the naked eye and are detected only by means of the microscope.

In regard to colonic function the principal facts are the normal daily number of stools and the amount of time required to pass a meal from the mouth to the anus. It has been determined by

*Read before the Semi-Annual Meeting of The Connecticut Homœopathic Medical Society, 1926.

hourly fluoroscopic examination that a normal person, or that person who has no intestinal pathology or symptoms, defecates three times daily, the time of defecation being about one hour after each meal. It has also been determined that the time required to pass a barium meal from ingestion to defecation is about nine to thirty-three hours, depending on the number of stools a day and on the time of meals and defecation.

A safe, practical average may be assumed as nineteen to twenty-four hours. Any meal requiring over forty-eight hours to pass shows pathological stasis.

(It should also be noted that a normal defecation empties the colon from the splenic flexure downward.)

At different parts of the intestine the barium meal arrives at a fairly definite average time after ingestion.

Four hours after the meal enters the stomach it should be in the cecum and part of the ascending colon. Any barium remaining in the small intestine after six hours indicates an abnormal condition either in the terminal ileum or in the colon.

The hepatic flexure is reached between five and eight hours after the meal, the splenic flexure between seven and fourteen hours and the sigmoid between eight and sixteen hours.

The average, again, is as follows: Four hours to the cecum, six hours to the hepatic flexure, nine to the splenic flexure, eleven to the sigmoid and twelve to the rectum.

It will be noted, therefore that the meal spends most of the time in the colon and if this organ does not function properly various illnesses may result.

When patients with abdominal symptoms present themselves to you they should not be dismissed with a simple laxative or cathartic or even with advice about diet and exercise. It is most important to study the individual being and determine from all angles the condition of the colon.

By far the most important examination, next to a very complete history including habits of diet, exercise, employment, defecation, laxatives, etc., is a gastro-intestinal X-ray study. It is most difficult to arrive at an accurate knowledge of the patient's colon without such a series of pictures or fluoroscopic examina-

tions. The principal objection is the cost. Make-shift methods, as the feeding of charcoal and the examination of the feces for its appearance, is of practically no value and should not be relied upon.

If the X-ray shows stasis beyond the normal limits and if the patient does not defecate at regular normal intervals it is quite advisable to treat the colon even though symptoms may be vague and lead you elsewhere in search of trouble.

Briefly describing the abnormal colon, it can be said that the organ is, at times, much longer than normal and is often dilated and constricted at different portions. The constrictions or atresias are caused by bands of tissue known as pericolic adhesions. If not dense and constricting they may be recognized or understood as Jackson's membrane. No one has definitely shown the origin of these membranes but it may be assumed that they are either congenital or acquired through irritation of the peritoneal coat by infectious processes.

They extend usually from the lateral walls to the colon attaching themselves on the mesial surface of the gut. When existing simply as Jackson's membrane they have no harmful influence but when they contract like all scar tissue the gut is rolled over on its long axis and firmly fastened in the lateral gutters and in addition the gut is angulated or kinked.

As partial obstruction takes place there is dilatation above the constriction. As a result there is stasis with absorption of material that should have been excreted, the most harmful of which are the products of protein decomposition.

As pressure on the colon increases, the mucous membrane is destroyed and ulceration begins. Through these openings bacteria penetrate and enter the lymphatic stream as well as the toxins from food decomposition.

These bacteria are intercepted by the mesenteric lymph nodes which become quite large and hard, much the same as lymphatic glands do elsewhere in the presence of infection. Cultures of these glands show different types of colon bacilli and streptococci. In one case live typhoid organisms were found in the mesenteric glands long after the attack.

Finally these glands break down and either become calcified or form scar tissue in the mesentery which adds to the stasis.

A "vicious circle" is formed. The colon is constricted, then it breaks down and becomes infected, toxins and bacteria enter the lymph spaces and to the peritoneum, mesenteric glands intercept infection, they are destroyed, scar tissue develops and the process starts all over again.

All this is of value to the general practitioner as he meets with such patients every day. Colonic sepsis occurs in such a variety of diseases either as the causative or contributory factor, or in association with some other disease, that no attempt is made to name the illnesses. It is sufficient to know that therapy directed toward relief of colon pathology will benefit the patient so much that the treatment of other entities is enhanced to a great degree.

Pathology is only of value when it leads to therapy and in the case of the colon we can offer the patient much hope for relief and ultimate recovery.

After a diagnosis is made the procedure is to give the proper diet, prescribe suitable exercises and then treat the colon locally. In addition to this the patient must be instructed in the proper hygiene of the bowels.

Given a colon case, with X-rays completed and the diagnosis made, the patient should be placed on a meat-free diet. Eggs, cheese and other food rich in protein should be restricted to a minimum.

Carbohydrates should be relatively increased so that the food values should approach the percentages in human milk, namely, protein 1 per cent., fats 4 per cent., and carbohydrates 7 per cent. There is no particular reason for these percentages except that experience shows that people thrive better on such a diet.

The diet should also be bulky containing a large amount of non-absorbable material. This can be accomplished by the addition of various articles on the market made for that purpose. Bran, agar, psylla seeds and so on, are examples. These are not necessary if sufficient vegetables are eaten.

Simple sugars as Maltose, Dextrose and Lactose should be added to the diet. One of the most useful of such products is

Lacto-Dextrin and is quite valuable in changing the contents of the feces.

A simple but useful adjunct to diet, and yet one of the hardest things to impress upon the patient is the use of water. The chronic intestinal invalid simply will not drink enough fluid and when properly instructed replies, "I cannot take water, it makes me sick." Nevertheless, you must insist that your patients drink at least two to four glasses of water in succession after arising and at least two glasses about one-half hour before the mid-day and evening meals. If this procedure is rigidly followed most of the intestinal stasis will disappear.

Physical exercise is most important for the sedentary patient and for this purpose you can use the gymnasium, phonograph records or best of all the radio which brings to you the proper exercises each morning.

Proper hygiene is necessary for everyone whether an intestinal invalid or not. Attempts should be made at definite times each day and at other times when the desire to defecate is present attention should be given immediately to this condition. If the colon is sluggish it is quite reasonable to stimulate defecation by means of suppositories of soap. Defecation should not be hurried and at least fifteen minutes should be devoted to this act if the patient is at all constipated.

In cases where the adhesions are so dense that the colon is badly kinked nothing short of an abdominal section will give results. Fortunately, in private practice, surgery of this sort is seldom indicated. The purpose of the operation is the liberation of the pericolic bands by cutting them down to, but not into the mesentery. In this manner, no raw surface is left and the adhesions should not reform unless the peritoneum is traumatized or infected. Patients having one bowel movement in two or three days have had defecations increased to two or three daily by this procedure. The mortality is practically nil if done properly.

Fortunately, most patients do not need to be placed on the operating table. It is quite possible to treat the colon locally by means of colonic lavage or irrigation. This does not mean simple enemas. It is quite necessary to have the proper apparatus consisting of a

table, receptacles for water, a three-way valve, large rectal tubes and means of disposing of the excrement. Such an apparatus can easily be purchased from regular supply houses.

Colonic lavage should be used two or three times a week for approximately fifteen treatments. No limit is set as the best criterion is the condition of the patient, in regard to weight and general improvement.

Following each irrigation the patient should expel all fluid and then a pint of acidophiliis milk should be inserted in the colon. After this the patient should lie still for two hours.

While water alone is valuable in cleansing the gut it is often better to add medicaments as indicated. At the start a normal or hypernormal saline solution is useful but after two or three treatments a solution of Lactic acid, one teaspoonful to the quart, is better. This gives a more favorable medium for acidophiliis to grow on.

Best results are obtained by starting with the solution at 110 degrees F., gradually cooling the solution until it reaches about 60 degrees F. Colder water can be used but cramps will occur and your patient is likely to go elsewhere.

To summarize, the normal person should have three movements daily; food should not stay in the body longer than thirty-six to forty-eight hours at the most; many obscure pains and aches are the result of colonic stasis and regardless of location of symptoms the colon should be treated in such cases; stasis is the result of pericolic adhesions which should be severed in cases that do not respond to local therapy; the diet should be meat-free and contain little protein and carbohydrates should be increased; regular morning exercise using the radio is quite helpful and finally colonic lavage, properly given, is of utmost importance.

THUJA.*

Louise Ross, M. D., Washington, D. C.

Patient is a male, 28 years old at time of first visit; single; studying law at night and working in an office days.

Sept. 19, 1923: For two years he has suffered with severe headache every day, violent pain. Oculist fitted glasses 18 months ago, without > of the headache.

Family history: Negative.

Personal history: Pertussis, measles, mumps.

Formerly had much tonsillitis, not in recent years.

Slight attack of flu while in France.

Rheumatic pains in damp weather but never lay patient up.

Chest: Negative.

Gait and station: o. k.

Blood-pressure: 128-108.

Denies venereal infection.

Operated in 1922 for varicocele.

Appetite, functions, sleep: o. k.

Drinks much strong coffee.

Headaches: < excitement, irritation (but is not easily irritated).

< effort to control displeasure or irritation.

< middle of afternoon.

< if coffee is omitted or quantity reduced.

Twelve or fifteen years ago patient fell 15 or 20 feet, striking on the sacrum and probably on the back of head, for he was unconscious for a while and fainted two or three times in going from the barn to the house; did not want his parents to know he had fallen. For several months thereafter he had a severe pain in the centre of the lumbo-sacral region on running, stooping down far, or other jar. The sensation was "as if something were hanging loose." Subsequently he indulged in all forms of athletics without difficulty.

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

At this visit *Euphrasia* was prescribed for an acute coryza and action on the chronic condition delayed for further observation.

Oct. 10: Headaches have been much better, daily but less severe, but a cough is present and *Bry.* was prescribed to meet its symptoms as well as of the headache.

Oct. 23: Very severe headache October 21-22. Pain in the temples during the day, in the occiput evenings, shifting about 3 P. M. and continuing until after retiring. Pain always > going to sleep.

Further personal history: Had ptomaine 2 years ago, + very severe headaches. Vaccination: While in high school, was effective, with severe reactions. Vaccinated many times while in the army, without taking. *Thuja*. 50m. I.

Dec. 8: Headaches much less frequent, very much less severity, and of shorter duration, and patient reported that his normal good disposition had returned. Patient was supplied with one dose of *Thuja*. 50m. to be taken p. r. n.

Dec. 18: Patient came for treatment for an acute coryza. He had had no occasion to take the dose of *Thuja*, with which he had been supplied Dec. 8. So instead of prescribing for the acute condition, he was given a dose of *Thuja*. 50m.

Aug. 13, 1924: After a lapse of eight months, patient came in, suffering from an acute coryza, but reported he had had no severe headaches for months. At this time he received *Lac c.* 2c.

May 2 and Dec. 5, 1925, patient received one dose each of *Thuja*. 50m. and reports to date are that he has practically completely recovered from the old trouble.

The second case is a female, 28 years old, married 3½ years, never pregnant. She was never ill in bed a day in her life and never had a doctor till she was 6 years old, when she indulged in a light attack of scarlet fever. She has had measles and chicken pox, both very light. Patient was vaccinated when she started to school, and suffered a very violent reaction.

Dec. 17, 1925: Beginning about 4½ years ago—pain in L. iliac region: sometimes a sensation of fullness, sometimes a sharp, stabbing pain. The pain extends through to the sacrum, with a sore spot in the spine at that level. The first attack came on very suddenly, while waiting for a train. The soreness in the back did not begin till several months later, though the pain in L. iliac had been present < or > all the intervening time.

Patient was thoroughly examined by a surgeon in Louisville last fall, who reports "no trouble at all with tube or ovary; uterus very slightly retroflexed."

Menstrual history: Periods regular; some cramping; occasional clots, without pain. Regularly between periods patient has an attack of leucorrhœa and usually a small amount of blood, especially if the L. iliac pain is severe. These attacks last three days.

Last week, for the first time, patient had pain in the R. iliac region. The attacks of pain are precipitated by nervous shock or fright, though they may and do occur without apparent reason.

Patient has had small polypi removed from the uterus.

Thuja. 50m. I.

Jan. 11, 1926: "My side has felt just real good." "I know I am decidedly better." This is the time in between periods when patient usually feels bad, but has had no discomfort at all, though there is a very slight discharge.

Jan. 12: Patient telephoned that the pain in pelvis had recurred, so she was sent *Thuja*. 50m. I.

In February, 1926, patient had gastric ulcer, and on Feb. 8 she received *Thuja*. 50m. I. Eventually the acute symptoms had to receive attention and these cleared up under *Phis.* 2c, after failure under *Ars.* 2c though it appeared to be well indicated.

May 21: Patient reported that she had been getting along splendidly: "Did not even know I had a stomach." Three weeks earlier,

she had had a permanent wave put in her hair, which was very nerve-trying. Two days later she took a two-day motor ride, covering over 300 miles, and the jarring always caused her severe discomfort to pain. The result has been recurrence of the pain in pelvis, with leucorrhoea, and more pain than usual with period, which began May 17. You will recall that patient stated that the pelvis symptoms were always induced or < by shock or fright.

Thuja. 50m. I.

May 30: No >, so patient received another dose of Thuja. 50m.

June 9: Very much >. Patient reports that she was conscious of immediate reaction from the second dose of Thuja. 50m., given May 30, although later she apparently had some homoeopathic aggravation.

Patient is just leaving for a month's trip through the West, so she was given Thuja. 50m. I, to be taken p. r. n.

The third case is of interest chiefly because it is a pedigreed Airedale that in his old age developed warts about the genitalia which entirely disappeared under Thuja.

PRESCRIPTIONS FOR 100 MENTAL CASES WHICH RECOVERED.*

H. E. Hoffman, Allentown State Hospital, Allentown, Pa.

Papers on materia medica are based largely on the personal opinion of the essayist. To minimize the effect of the personal equation we chose the records of the last 100 women who were discharged from the Allentown State Hospital as having recovered from their mental illnesses. In this way a more or less homogeneous and still somewhat comparable group was found. We have tabulated certain statistical data regarding these people:

| | No. of Cases | Duration Before Adm. | | | Months in Hosp. | Age when Discharged | |
|--------------------------|--------------|----------------------|---------|-----------|-----------------|---------------------|----------------|
| | | Low | High | Ave. | | Low | High |
| Manic Depressive: | | | | | | | |
| Manic type | 25 | 2 da. | 24 mo. | 2 mo. | 1 | 48 | 10—18 64 36 |
| Depressive | 42 | 3 da. | 30 mo. | 6 mo. | 1 | 94 | 10 20 71 43 |
| Stuporous | 11 | 3 da. | 6 mo. | 1 ½ mo. | 2 | 24 | 7 ½ 24 50 38 |
| Mixed and Circular | 2 | 9 mo. | 22 yrs. | 11 ½ yrs. | 6 | 7 | 6 ½ 48 66 57 |
| Dementia Praecox | | | | | | | |
| Catatonic | 3 | 2 da. | 7 da. | 4 da. | 4 | 61 | 24 23 42 31 |
| Alcoholic | 1 | | 3 da. | | 3 | | 46 |
| Psychosis with | | | | | | | |
| Somatic Disease | 2 | 14 da. | 1 mo. | 21 da. | 1 | 4 | 2 ½ 39 42 40 ½ |
| Involution | | | | | | | |
| Melancholia | 4 | 4 mo. | 11 yrs. | 3 yrs. | 5 | 80 | 27 43 50 46 |
| Psychosis with | | | | | | | |
| Encephalitis | 2 | 14 da. | 12 mo. | 6 mo. | 3 | 4 | 7 ½ 25 47 38 |
| Psychoneurosis | 8 | 1 mo. | 10 mo. | 5 mo. | 1 | 22 | 6 ½ 24 64 42 ½ |
| | 100 | | | 7 ½ mo. | | 10 | 40% |

It is seen from the table that 80 per cent. were diagnosed manic-depressive, the depressed cases predominating. At least one of those diagnosed as dementia praecox probably should have been put into the manic-depressive group. In the second column we have tabulated the duration of the mental illness before admission to the hospital. Two of the cases had only a two-day duration, and the maximum duration before admission was twenty-two years, with an average duration before admission of 7 ½

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months. If we eliminate the two cases having duration of twenty-two and eleven years respectively, the average duration is reduced to 3½ months.

In the next column we have detailed the data regarding duration of treatment in the hospital, this being in months. This varied from one to ninety-four months and even including three rather prolonged cases with a hospital residence of 94, 80 and 61 months, the general average stay was ten months. Omitting these three gives an average of less than eight months.

We next considered the age of these patients at the time of discharge and find that it varied from 18 years to 71 years with an average of 40¾ years. This age is slightly lower than the general age of our admissions, for which we usually find an average of between 42 and 43 years. The patients in this group were carried on our books as out on visit for a period of one year before they were recorded as having recovered, so that the age at time of beginning of treatment would average a little less than thirty-nine years.

On going over the recorded prescriptions for these people we find 234 entries. The following list shows the frequency of choice of the various remedies, these all being given as single prescriptions without resort to alternation or combination:

| | | | | | |
|---------------|----|---------------|---|----------------|---|
| Belladonna | 25 | Anacardium | 3 | Abies Nig. | 1 |
| Bryonia | 20 | Baptisia | 3 | Arnica | 1 |
| Cimicifuga | 16 | Hepar | 3 | Actea Spicata | 1 |
| Nux Vomica | 11 | Stramonium | 3 | Ant. Crud. | 1 |
| Gelsemium | 11 | Sanguinaria | 3 | Camphor | 1 |
| Pulsatilla | 10 | Ars. Iod. | 2 | Carbo. Veg. | 1 |
| Cannabis Ind. | 9 | Ant. Tart. | 2 | Calcarea Carb. | 1 |
| Ignatia | 8 | Alfalfa | 2 | Cantharis | 1 |
| Aconite | 8 | Aurum Mur. | 2 | Caffeine | 2 |
| Rhus tox. | 6 | Apis | 2 | Coffea | 2 |
| Arsenicum | 6 | Chininum Ars. | 2 | Collinsonia | 1 |
| China | 5 | Cocculus Ind. | 2 | Fer. Met. | 1 |
| Phosphorus | 5 | Hydrastis | 2 | Fer. Phos. | 1 |
| Phos. Acid | 5 | Ipecac | 2 | Lactesis | 1 |
| Sulphur | 4 | Lycopodium | 2 | Lycopus | 1 |
| Thuja | 4 | Moschus | 2 | Plumbum | 1 |
| Merc. Sol. | 4 | Onosmodium | 2 | Stan. Iod. | 1 |
| Cactus | 4 | Sticta | 2 | Trillium | 1 |
| Caulsticum | 4 | Staphisagria | 2 | Ver. Alb. | 1 |
| Arg. Nit. | 3 | Ver. Vir. | 2 | Xanth. | 1 |
| | | Aloes | 1 | | |

It will be observed that of all the remedies Belladonna was by far the favorite, next in order being Bryonia, Cimicifuga, Nux vomica and Gelsemium. When we studied these various prescriptions for the different diagnostic groups we found the following results:

Manic Depressive, Manic.

| | | | | | |
|---------------|----|------------|---|------------|---|
| Belladonna | 14 | Ars. Iod. | 1 | Mosch. | 1 |
| Bryonia | 10 | Anacard. | 1 | Merc. Sol. | 1 |
| Cannabis Ind. | 8 | Apis | 1 | Onos. | 1 |
| Cimicifuga | 5 | Caffeine | 1 | Puls. | 1 |
| Aconite | 3 | China | 1 | Phos. | 1 |
| Arg. Nit. | 3 | Fer. Met. | 1 | Phos. Acid | 1 |
| Gelsemium | 3 | Fer. Phos. | 1 | Sulph. | 1 |
| Nux | 3 | Hepar | 1 | Staph. | 1 |
| Ignatia | 2 | Ipecac | 1 | Sang. | 1 |
| Rhus Tox. | 2 | Lach. | 1 | Thuja | 1 |
| Ver. Vir. | 2 | Lycop. | 1 | Ver. Alb. | 1 |

M. D. Depressed.

| | | | | | |
|------------|---|------------|---|-------------|---|
| Nux | 8 | Hydr. | 2 | Bapt. | 1 |
| Cimicif. | 7 | Merc. Sol. | 2 | Camph. | 1 |
| Ars. Iod. | 6 | Phos. | 2 | Carbo. Veg. | 1 |
| Gels. | 6 | Rhus. | 2 | Coffea | 1 |
| Aconite | 4 | Sticta | 2 | Collinson. | 1 |
| Cactus | 4 | Sang. | 2 | Calc. Carb. | 1 |
| Puls. | 4 | Sulf. | 2 | Hepar | 1 |
| Phos. Acid | 3 | Thuja | 2 | Ipecac | 1 |
| Alfalfa | 2 | Ars. Iod. | 1 | Ign. | 1 |
| Aur. Mur. | 2 | Aloes | 1 | Lycop. | 1 |
| Belladonna | 2 | Ant. Tart. | 1 | Onos. | 1 |
| Bryonia | 2 | Apis | 1 | Plumb. | 1 |
| Caulsticum | 2 | Abies | 1 | Stan. Iod. | 1 |
| China | 2 | Arnica | 1 | Staph. | 1 |
| Coc. Ind. | 2 | Anacard. | 1 | Trillium | 1 |
| China Ars. | 2 | Act. Spic. | 1 | Xanth. | 1 |

M. D., Other Types.

| | | | | | |
|---------|---|----------|---|------------|---|
| Bryonia | 8 | Gels. | 3 | Hepar | 1 |
| Bell. | 3 | Rhus. | 3 | Lycopus | 1 |
| Ign. | 3 | Stram. | 2 | Merc. Sol. | 1 |
| Puls. | 3 | Anacard. | 1 | Thuja | 1 |
| Cim. | 3 | China | 1 | | |

Diagnoses Other Than M. D.

| | | | | | |
|----------|---|------------|---|------------|---|
| Bell. | 6 | Puls. | 2 | Can. Ind. | 1 |
| Bapt. | 2 | Phos. | 2 | Mosch. | 1 |
| Caustr. | 2 | Ant. Crud. | 1 | Phos. Acid | 1 |
| Cimicif. | 2 | Ant. Tart. | 1 | Stram. | 1 |
| Ign. | 2 | Acon. | 1 | Sulf. | 1 |
| | | China | 1 | | |

The reason for the preponderance of Belladonna among the prescriptions is that it was given fourteen times in the manic cases. Belladonna, of course, in its symptomatology shows the effects of cerebral congestion, has the symptoms of over-activity and increased reaction to stimuli. The frequent appearance of Bryonia was somewhat of a surprise, my preconceived notion being that Can. ind., which was used eight times among the manic cases, would be in a much more prominent position. From the mental symptoms Can. ind. ought to be often prescribed because of its symptomatology of ideas crowding upon each other, the exaggeration of duration of time and extent of space, the loquacity, exuberance of spirits, the uncontrollable laughter, emotional excitement and changeability of mood.

Among the depressed cases *Nux vomica* is the leader with *Cimicifuga* second, and *Arsenicum* and *Gelsemium* tied for third place. *Cimicifuga* is indicated in both the excited and the depressed cases although we usually think of it more in the latter.

When those of my medical friends who read their materia medica walk through the wards and listen to some of the patients they often think we ought buy *Anacardium* by the gallon. It however makes up little more than one per cent. of the total prescriptions. We try to prescribe on the totality of symptoms, taking into account the mental manifestations but not overlooking any of the physical aspects. We are more and more impressed by the uselessness of the attempt to delimit realms of the physical and the mental. The distinction is theoretical because in actuality the two are inseparable, the physical and the mental interacting constantly.

Ars. alb. certainly is a very useful remedy in the depressions, especially when accompanied by restlessness and subjective sensations of burning, and nocturnal aggravation. *Ignatia* at times is useful, especially when the symptoms are inconsistent or con-

tradictory. Pulsatilla we found chosen a total of ten times, but in order to expect any results we must have more than the loquacious weeping blond. It appears to be necessary to have some alimentary symptoms calling for Pulsatilla in order to be reasonably sure that this remedy will produce results.

Statistics, we know, can be produced to prove any desired statement. While we are not members of the American Statistical Association it is incumbent on us to emit more or less statistical data from time to time, and it occurred to the writer that a tabulation of this sort might be worth the time and effort, indicating what our practice has been in prescribing for people whose cases terminated in recovery.

THE NEED OF PERSONALITY STUDY IN THE CARE AND TRAINING OF MENTAL DEFECTIVES.*

Henry B. Ballou, M. D., Mansfield Depot, Conn.

In a brief discussion of the need of personality study in the care and training of mental defectives there will be little opportunity to do more than to mention briefly a few statistics showing the number of children in the school at Mansfield and awaiting admission, the estimated prevalence of feeble-mindedness within the state and elsewhere, point out some of the outstanding characteristics of mental defect, show you by means of stereopticon pictures how we are training the children at the Mansfield State Training School and Hospital, especially the higher grade types, so as to enable all who receive such training to live more useful and happy lives whether they remain in the institution, or improve sufficiently to return to community life.

At the present time we have at Mansfield 684 children, ranging in age from 4 to 76 years (we call them all children regardless of age, for mentally they still remain children no matter how old they may be in years). Of the 684 in the school, 104 are epileptics, and these, with a few exceptions, are mentally deficient as

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well as epileptic. Mentally the children are classified as 438 in the idiot and imbecile groups and 246 in the highest grade, or moron, group. With the opening of the new buildings now nearly ready for occupancy, about 200 more children can be accommodated, bringing the total enrollment to 864, including sixty who are on parole either in their own homes or in a place of employment. But the admission to Mansfield of 200 additional children will not solve the problem for all who are now known to need institutional care for there will remain more than 300 for whom no early provision seems possible. Furthermore, even under the present unsystematic method of registration with our social service department, the known number of the feeble-minded who are in need of institutional care is steadily increasing.

From the result of various and somewhat widely distributed surveys, it is estimated that 2 per cent. of all school children throughout the country are feeble-minded. A recent survey in Massachusetts shows that in that state there are more than 60,000 known mental defectives with only about 4000 cared for in institutions such as Mansfield. On the basis of the surveys which have been made in other states it has been estimated that there are from 16,000 to 18,000 mental defectives in Connecticut, and that one-fourth of this number should have institutional care and training. However, it is well to bear in mind that this estimate of the total number of the feeble-minded refers chiefly to the higher grade types more particularly, the morons, for in comparison to the number of morons, there are relatively few of the helpless, deformed, low-grade idiots and imbeciles, for whom so little can be done except to see to it that they receive good care and are treated kindly.

Therefore, the real problem is with the higher grade imbeciles and the morons. Fortunately it has been found that the majority of these higher grade defectives have good homes, benefit from association with their normal brothers and sisters, can be educated and trained to a certain degree in the special classes in the public schools, never seriously misbehave and that in so far as their behavior is concerned, they successfully become assimilated into community social life. Thus with the present concept as to the cause of mental defect cutting the number of cases probably due to heredity nearly in half, this assimilation into the natural social

life of the community furnishes a brighter outlook for a more satisfactory solution of the problem than formerly was thought possible.

On the other hand, far too many of the higher grade class fail to benefit by the education and training which is open to them in the public schools, develop bad personality traits, indulge in anti-social behavior and lacking the capacity and will for normal achievement, easily drift into pauperism, prostitution and crime. It is for this troublesome class that institutional segregation and training is very essential.

Some of these children are sent to the institutional school because of unsuitable home conditions and not because they have become a community problem, but in considering what we are trying to do at Mansfield, please remember that the great majority of the higher grade class who are trainable to some useful purpose, do not come to us until for one reason or another, they have become troublesome, and that they do not come to us as a rule during that period of their life when children are most susceptible to the right kind of influence and example. For this reason in our effort to train them to make the most of such capabilities as they possess, we not only have to overcome the handicap due to the lack of adequate training, but we have to deal also with the added burden of firmly rooted bad personality and behavior traits which are difficult to eradicate or even to modify.

It is not difficult for anyone to recognize idiots and low grade imbeciles and to appreciate how little we can do for them, but it is not easy for the casual observer to detect the higher grade defectives, and especially those close to, and within the borderline group. Physically, many of this class have few, if any, physical defects to distinguish them from their normal brothers and sisters, while mentally there is no positive dividing line which brings them out sharply into contrast with the normal, one group so merging into the other that often only a trained observer can detect the mental defects and understand the reason back of their failure at home, in school, at work and in society.

There is hardly time to bring to your attention all of the mental defects of this group, but in order to point out better the kind of training and care they require, I should like to mention a few

of the outstanding characteristics which are of such vital importance as to require most careful consideration.

As a class, even the higher grade defectives are sadly deficient in reasoning power and judgment. Their power of attention is poor and no matter what they undertake to do, it is difficult for them to hold themselves to sufficiently close application to make sure of successful accomplishment. They are stubborn, untruthful and deceptive. They have weak wills and to a marked degree, lack the power of self-denial and self-control. Their sex instincts are highly developed and following the path of least resistance, they are easily influenced for the wrong. They possess little ethical sense and not appreciating responsibility, give little thought to the consequences of their behavior. In fact, when left to their own direction, their whole life is characterized mainly by child-like superficiality, and is sadly lacking in ability of accomplishment and in depth of character and purpose. Therefore, since these children are creatures of habit rather than of lessons learned, we must carefully study the personality traits of each individual and direct the training toward the development of those habits which will enable them to live their lives in the best way for themselves and for society.

We must recognize in applying this training that a mentally defective person remains a child in mind and character, that it is useless to try to teach him intellectually more than he is able to assimilate and that it is better to place a greater emphasis upon some kind of unskilled labor in which by constant repetition of performance he can become serviceable and happy. Habits of industry and profitable accomplishment tend to improve his personality traits, to increase his self-respect, to create confidence and make him more amenable to the requirements of social life. Appeals to his artistic sense help to broaden his vision and stabilize his ethics. For instance, John can be taught attention, concentration, cooperation, respect for the rights of others and self-control more effectually in a ball game, specialized dance or dramatic play than in the class room or potato field. Besides, when satisfactorily completed these feats not only give a helpful sense of accomplishment to the participants, but they also provide a source of stimulation and amusement to those less fortunate. We find that with this class of children precepts without practice are

of small avail and that the preparation for a dramatic entertainment brings various emotions to the front and teaches numerous lessons which are unconsciously applied. But it is not necessary to go into further detail, for you will observe in the pictures which I am presenting the variety of ways by which we endeavor to inculcate the much-needed lessons for socializing these children.

While many mental defectives who require institutional care can be trained to do a great deal worthwhile work with their hands and are able to get along very well in the restricted social environment of the institution, we must bear in mind that all this is accomplished only by the patient, sympathetic supervision of the officers, teachers and other employees, who know just how to direct the activities of such children and wisely assist them in quickly adjusting their many difficulties. However, there are very few under institutional care who would be able to get along satisfactorily without the same understanding supervision, for when away from the kind of help which they at all times so urgently need, the characteristics which I have mentioned, together with the discouragement which follows their failure to compete successfully with their normal fellows, lead them to depravity and delinquency.

To meet this need we are building a social service department which will ensure to those children who can be rehabilitated in the community, that measure of continued intelligent supervision and guidance which they require, and in less than three years' time this department, with offices at the capitol in Hartford, has proved itself to be a vital adjunct to the work at Mansfield. During this time in addition to supervising an average of more than fifty children home on parole and visiting many other homes to see if the home conditions were suitable for parole privileges, the social service department has investigated 582 applications for admission; obtained a complete social service history in each case and arranged for the admission of many urgent cases. In a number of instances this work has made possible a satisfactory disposition of the case elsewhere so that admission to Mansfield would not be necessary. The social service department is now at the point in its development when we expect it can greatly broaden the scope of its activities and by means of the permanent supervision which this department will give, we believe that an ever increasing

number of boys and girls who have undergone training at Mansfield, will either return to their homes or be able to establish themselves satisfactorily elsewhere in some form of remunerative employment which will enable them to become at least partially self-supporting, and help them to lead respectable lives.

THE MECHANISM OF DEATH.

Elizabeth Prescott Sherrill, Brookline, Mass.

For many years the process of death has interested me—the more I consider the mechanism of the normal leaving of our earthly bodies the more I see in the method, the birth into another life in a different and more rarified atmosphere.

We are used to the struggle of the new-born babe to learn to use its lungs and breathe our atmosphere—we look upon the child's fight to get its breath as a natural and interesting experience—because we are here in this world and understand the simple act of breathing and know the infant will soon be used to the proceeding and enjoy the results! We surround the new life with love, care and consideration.

The more we observe the processes of nature and meditate upon the laws of the universe, the more we are forced to recognize and admire an all-wise Providence.

There is a marvellously planned sequence of events in nature—the planning is flawless—the flaws have been made by man—in ignorance usually, in laziness often!

We all feel one vital something as the reason for our being—we call it soul and we believe soul to be composed of an imperishable something—some soul substance—not earthly matter from which our perishable bodies are made—but a vital spark which emerges in a body of its own—to live and breathe in a finer atmosphere than that of this, the natural world.

Watch a soul in its usual struggle to leave the body it has been used to—the changing breathing—the little naps for rest and encouragement and beginning to breathe in the next world. Where the life in this world has been a useful and happy life the going often is made easy by the gradual opening of the spiritual eyes—little

glimpses of those who have gone before—then a little restful nap, then a consciousness of this world and the people near—then another sight of the next world—each time the spiritual eyes are opened they are opened longer and each time the passing soul sees and hears less here and for shorter and dimmer periods, it is a process of tuning in with a finer atmosphere.

If we help those leaving this world by being cheerful and telling them the truth when they say "Am I going to die?" Say, "Yes, if you want to." They are pleased and satisfied and willing to go—when they question, they feel the pull of the next world, and you are helping the angels who are working with the soul, to liberate it from this material body.

We can watch and see the changing respiration until it becomes attuned to an atmosphere we are not yet fine enough to breathe nor feel—one our ears cannot now use, but we *know* something has left the body we have known so well.

We enjoy our ears in their ability to hear and when we think of their construction, marvel at its perfection—as receptacles for the catching and carrying of sound—but how often do we stop to realize their even larger use in their protecting quality—their preventing our hearing the myriads of sounds going on all the time in this atmosphere surrounding us and in the atmosphere contained in our air—the radio has brought to our knowledge the tremendous variety of vibration in constant play all around us and if our ears tuned in to their babel of sound, we should be mad in a short time! Our ears are designed for protection as well as for enlightenment! A wonderful combination in our small human ear.

There seems to be every reason to believe our ears tune in to the next world as we are leaving this world—the spiritual ear is opened when the spiritual eye is opened!

Anyone who has watched the changing expressions on the face of the departing and departed has proof enough of the continuance of life—there is a wonderful atmosphere in the room where the great adventure of death is taking place—there is a feeling of power, strength and inspiration, if those present will only think about the departing one and help him pass the earthly door to enter the spiritual life—why make the going slow and painful by trying to keep him here with us when he is really ready to leave?

When will we have the intelligence to refrain from the selfishness of holding the people we love, in this world by imploping them to stay, and not to leave us?

Selfishness keeps souls in this world inhabiting bodies worn out and past all usefulness, simply because the people who say they love the occupants of those sick bodies—when they should be willing for them to go and use the good and beautiful bodies they have been building of soul stuff and are ready to leave the earthly body—with—the soul builds its own body as surely and as definitely as a snail builds its shell, the particles made by a good deed, by a kind thought, by unselfish actions are all soul stuff and go to building the spiritual body and making it beautiful—the less selfishness and more selflessness the more beauty in the body, growing to use in the next world.

Every thrill, thought and inspiration we feel in our soul, the body has no power to feel—it is only a lightning conductor for the soul—and made to make souls visible in this world to our worldly eyes—for limited years and limited abilities—in contrast to unlimited years and unlimited ability to study, learn and truly live.

Let us take death in a normal and understanding way—have an intelligent and unselfish interest in the soul in its second birth pangs—be honest—brave and helpful—take a friend's hand as he struggles and say, "I know what you are doing, you are learning to breathe in that beautiful new strong active body of yours; it's unpleasant for a bit because you are not used to those new lungs—I am with you in spirit and in truth—I understand—have no fear—friends are helping you in the next world—give up and go with them—they understand your needs—even better than I—and I am feeling your experience too—I feel the power and courage of the coming life."

In my opinion death should be allowed to progress in a natural and orderly manner, without the interruption of the administration of oxygen or similar non-curing, mechanical makeshifts.

Everything possible, of course, should be done to cure disease, allay suffering and prolong life—but the deliberate attempt to keep people in this world when they are properly and evidently dying, when we all recognize the propriety and fitness of leaving this world, is another and a very ill-advised matter—help them to go—do not try to retard the decision of Divine Providence.

If anyone in this world who is with a person about to leave it will pray for the passing soul and ask help, he will receive wonderful strength, light and a feeling of elation and *know* that he is near a great and beautiful experience.

If it is possible, go to sleep thinking only of the experience your friend is having and being with your friend to comfort and bear company along the first of the new way—I am *sure* the passing soul has the companionship of the sleeping loving friend—far longer than those who are crying, mourning and keeping their minds on their own little short loss—instead of trying to see, help and understand.

There seems to be a Divine Providence in the fact, that so often the nearest and most loving friends and relations of a departed soul have been nursing and caring for the loved one to the point of personal exhaustion—so they naturally fall asleep soon after their friend goes into the next world and in their sleep may bear him company a short distance along the new way.

Let us all be more understanding and kind to friend Death, who is so much misunderstood.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

IMMUNITY, TOLERATION.

For many years past immunity and toleration have been perennial headlines in medicine. They have been subjects of an immense amount of research, discussion and publicity, all of which have been capitalized, commercialized and made the foundation of a system and an industry which has greatly enriched the manufacturers of drugs, serums and vaccines, and all who are connected with them.

Medical men—and their name is Legion—who are tied to the leading strings of the manufacturers and dominated by the organizations of "official medicine" have also profited by this exploitation. Many of these men know the falsity of the claims made for the system, but are too mercenary or too cowardly to oppose it. They are wilfully blind to its evil results.

Others, probably the majority, in common with the public, have never given the subject serious thought or investigation, but have simply swallowed the whole outfit, bait, hook, line and sinker. These are ignorantly but hardly the less culpably blind, to the evil results of the system.

The ranks of the gullible seem never to diminish.

"What's in a name? That which we call a rose,
By any other name would smell as sweet."

So would a skunk; but there the parallel ends. A rose is beautiful and modest. Its delicate fragrance is scarcely perceptible a few feet away; but one can smell a skunk forty rods away and further, if the wind is right.

The exploiters of artificial immunity take very good care to see that the wind is just right when they enter the field—an easy job because they make it themselves, like the mechanics behind the

scenes in the movie-studio, who turn on a tornado to order, when the picture requires it. Both are fakes, but they make a tremendous impression upon the ever-gullible public.

P. T. Barnum's famous dictum still holds true.

Narrowly viewed, artificial immunity as a product of serology, is not a rose. It is not modest, it is not esthetic and it smells to heaven. It contains almost infinite potentialities for ultimate biological degradation. But of that, nobody seems to be aware. Nobody seems to be observing or investigating the kind, character or extent of the organic and physical changes which take place after the introduction of these protein poisons into the living organism. The medical profession has occasionally been sharply reminded of their dangerous qualities, as displayed in anaphylaxis; but after the first shock of surprise, they have merely modified their technical procedures slightly and continued as before.

Few appear to see the immense biological significance of these phenomena. It does not occur to the exploiters that substances which are so deadly in exceptional cases, must be more or less dangerous in all cases; that danger is a matter of susceptibility and degrees, varying for individuals according to time and circumstances, but always present.

Coming back to the subject of names, which I had in mind when I began this rambling discourse. The substitution of a new name for an old one sometimes makes a wonderful difference in the way a subject is regarded. It makes it possible, for instance, for discredited medical exploiters to resurrect an exploded theory, furbish up their processes and start a new campaign of specious propaganda, by which they may succeed in rehabilitating their tottering institutions, regain their rapidly disappearing power and prestige and replenish their treasures. But at the same time, it affords a new and enlightening point of view for those who have previously given the subject little or no thought. Serological immunity is a case in point.

The title of this paper is "luffed" bodily from a recent newspaper article in the *New York Evening Graphic* by Herbert M. Shelton, a popular writer on health topics, who is gifted with

more than the usual degree of penetration into the medical shams of the day and is not afraid to say what he thinks. He has put the case against artificial immunity so clearly and so forcibly, that I quote him *verbatim*:

"IMMUNITY, TOLERATION

"Medical men talk a lot about immunity. They talk glibly about establishing artificial immunity. They talk learnedly about acquiring immunity by coming in contact with germs and by having mild cases of disease. For the most part their talk is only super-heated air and they do not understand what they say themselves.

"They have never realized that this thing they call immunity is the same thing that is known as toleration. Immunity to a cause of disease in the medical sense, is identical with the thing called toleration, when applied to the body's ability to take opium or tobacco or arsenic or heroin, etc., without producing symptoms of acute poisoning.

"They know that the use of these drugs, even though the body does learn to tolerate them, ultimately wrecks the body. They know that the opium addict can take enough of the drug at one time to kill outright several non-users, and it only produces an apparent well-being in the addict. But they know the final result of opium addiction. The opium kills. Tolerated poisons bring death. The repeated or habitual use of anything that is harmful in itself, will not render its use salutary.

"They do not realize that their so-called immunity leads to death as certain as toleration; that when the body learns to tolerate any cause for disease (acquires immunity) it takes into its vitals the cause of its ultimate destruction. If there was no toleration, there would be no death except from violence."

What an infinite amount of twaddle, of lying, of misinterpretation and misrepresentation, of juggling and forging statistics, of bamboozling, hoodwinking, intimidating and coercing the public, of lobbying and wirepulling in legislative bodies, has been perpetrated in establishing and maintaining vaccination, the granddaddy of modern serology! And what a horrible aftermath of chronic disease, physical degeneration and death!

If anyone doubts or does not know this, let him go to the nearest great medical library and spend a few hours in scanning the voluminous *Report of the British Royal Commission*, which in-

vestigated vaccination for eight years and brought about the abolition of compulsory vaccination in Great Britain.

And while he is in the investigating mood let him call for Crookshank's classical work on *The History and Pathology of Vaccination*, and devote an hour or two to that, regaling his eyes on the horrible but magnificent colored plates and illustrations, portraying the ravages of vaccination and its complications.

If I mistake not, he will go home a humbler, wiser, disillusioned man, as he reflects upon the blindness, obstinacy and perversity of the "learned" profession of which he is a member.

The medical as well as the general public clamors today for the speedy, the spectacular and the startling. It is as willing to pay its good money to the medical men and the drug merchants for temporary, quick relief from its suffering, as it is to pay the movie magnates for an hour's specious relief from the deadly dullness of its sordid life, unaware that the relief afforded, is equally fictitious and deceptive in both cases. It wants immunity from the consequences of its lawlessness without ceasing to be lawless. It demands that the doctor, who has shown the way, shall now become *particeps criminis* with it.

Last Sunday a taxicab driver dashed up my steps, rang the doorbell long and violently and informed me that he had been sent to rush me to the bedside of a woman living two blocks away, who had a "heart attack." My protest that I was not in general practice and did not respond to transient calls, made no impression upon him. He had been sent to get me and that was all there was to it. It was only around the corner and I *must* come. No, he did not know the lady's name, but of course she knew me, or she would not have sent for me.

Somewhat mystified, but always willing to be of service to a lady in distress, especially on Sunday, I allowed my gallantry to prevail over my policy, stepped into the taxicab and was whisked around the corner on two wheels. The lady's husband met me at the door, shook hands with me, mentioned his name and conducted me into his wife's room. Both were strangers to me.

The lady, "fair, fat and forty," in handsome street attire, was lying on the bed. She greeted me with a smile and a polite phrase,

the while her husband moved quickly about the room, disposing of my hat and coat. He then stationed himself beside a table upon which was neatly laid out a bowl of hot water, a clean towel, a couple of glasses and a little case containing a half dozen ampoules of a proprietary preparation of digitalis.

They were all ready for the "hypodermic" and awaiting my immediate use of the needle, with an air of perfect assurance. No explanation, no questions, and none expected from me. Evidently they assumed and believed that the message and ready-made diagnosis of a "heart attack" communicated by a taxicab driver was all that would be required by any experienced physician.

"We have everything ready, doctor," the husband remarked, with a gesture towards the outfit, that suggested haste. The lady looked at me expectantly and began to bare her arm. Both looked surprised when I seated myself and asked her kindly to tell me how she felt and the circumstances under which the attack had come on. (I had already noted that her color was good, her respiration normal and that while she was under suppressed anxiety and excitement, she was quite self-possessed and in no immediate danger.)

After a momentary hesitation, her husband volunteered that while on their way to visit her physician in New York a "heart attack" had suddenly come on; that they had left the subway train, taken a taxicab, rushed home and sent the taxi driver for the nearest doctor. The lady added that she was subject to these attacks frequently and that her doctor had instructed her to carry the digitalis always with her, call the nearest doctor and have him administer it at once.

For them, including the doctor, that was all there was to it. It was assumed that the "nearest doctor" would complacently accept the situation and carry out the routine without question. They were certainly well trained. The legal possession of a hypodermic syringe and perfect readiness to use it at a moment's notice on a ready-made diagnosis, was their ideal of a practitioner of "modern medical science."

I gently insisted on examining the pulse and listening to the heart action with my stethoscope. The pulse could not be felt at the wrist. The heart action was very rapid, but no murmurs were to be detected. It was a very pretty case for a dose of

Aconite, which would probably have relieved her (temporarily) in ten minutes. But back of that, I reflected, must lie a history, knowledge of which was essential to an understanding of the case as a whole and to a course of intelligent treatment, directed to the removal of the causes and cure of the case. That was what interested me. It would be a pleasure to investigate and handle such a case by the homœopathic method, if the patient were willing.

"But no," it was not to be. I stated politely that I regretted to differ with the quoted medical opinion and preferred not to administer the hypodermic of digitalis, but to use my own judgment and examine and treat her according to the homœopathic method which I conscientiously followed. Otherwise I should feel obliged to withdraw from the case.

The lady, in politest phraseology and perfect society manner, replied that digitalis, hypodermically injected, had always relieved her; that her physician had told her that this was the only effectual method of treating such cases; and that she preferred to follow his instructions.

Her husband most considerately assured me, that he would not under any circumstances, have me violate my principles nor act against my better judgment, and that they would undoubtedly be able to find some physician nearby, who would be willing to carry out the prescribed treatment. Enough said!

As I rose from my seat he politely handed me my coat and hat, I bowed myself out to the accompaniment of a sweet smile from the lady and returned to my office, congratulating myself over the elegant and dignified manner in which the episode had been carried through by both parties.

What a pity that a serum or a vaccine for conferring the blessings of "immunity" upon such patients had not yet been discovered! Doubtless it will be eventually. Meanwhile our serological friends still have their "old reliables," digitalis and morphia, with which to comfort their doting "heart patients," besides all the rest of the drugs which confer that temporary "immunity" (from pain) which is quite as real and beneficial (?) as that of the serological species, and not a whit more so.

Members of the homœopathic branch of the medical profession who, like Danæ, have been seduced in their brazen tower

by a shower of gold from Jupiter, have less excuse and greater guilt than their allopathic brethren for adopting the dangerous, degrading and disgusting methods of serology. For they had the original golden principle and method, of which serology is a base and repulsive counterfeit.

The only genuine, safe and lasting "immunity" is that which is gained by "the removal and annihilation of the disease in its entire extent," (which includes latent morbid susceptibility to the as yet undeveloped disease) by means of the homœopathic remedy, plus a sane and wholesome diet and regimen, as taught by Hahnemann.

The follower of Hahnemann has always at his command certain chemo-physical processes by means of which he is able to transform and develop all substances of a medicinal character into true healing agents—when they are applied according to the homœopathic principle of symptom-similarity; and this without producing the slightest degree of toxic action, or bringing about any untoward reaction in the living organism.

Substances thus prepared, are true medicines for body and soul in their disorders. They act in harmony with the laws of life and motion; first, because their rates of vibration correspond with the vibratory rates of the living body; and second, because they are administered by the mouth—the natural channel of peaceable penetration to the interior of the organism and the vital centers. There is thus no shock to the nervous system, no forcible entrance, no breach of the outer walls of defence, no assault upon the citadel of life, as when drugs or serums are administered hypodermically and the blood stream invaded. The organism is permitted to receive, modify and assimilate the needed remedy in its own way, with no impairment of its power freely to accept or reject, the proffered material.

Such medicines heal, because they satisfy the polarity of the organism and restore systemic balance. The material of which they are composed is rendered homogeneous with the material of which the organism itself is composed and is therefore, perfectly assimilable, by the organism, to supply its needs.

Since health is merely a balanced, and disease an unbalanced condition of the organism, the restoration of organic and functional balance, is the restoration of health.

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EDITORIAL NOTES AND COMMENTS.

Rochester, the Magnificent.—To many people, Rochester, New York, is known as the home of the *Kodak* and so it is. To others, the city is known as one of beautiful homes, broad avenues, stately trees and flowers. Its nurseries are justly famous. Twenty-five years ago Rochester was, homœopathically considered, the strongest city in the United States. Those were the days of Biegler, Carr, Grant, Hoard, Schmitt, Graham, Keegan and others. These men, judged by the standards of modern medicine, may have had their failings, but departure from the principles of homœopathy, was not one of them. They believed in Hahnemannian homœopathy and what is more important, practised it without question; they made real cures.

Today Rochester is a still greater medical center, thanks to the munificence of philanthropically disposed millionaires, but it is no longer a homœopathic stronghold; its two homœopathic hospitals have been liberalized and no longer bask in the sunshine of Hahnemannian glory. Their distinctive names are gone and with them the strength of a noble cause. All honor to the brave men who for so many years upheld it. They have gone to well-earned rest and will not be forgotten.

Effect of Heat on Milk.—"It would appear from the investigation made by Magee and Harvey that the retention of calcium, phosphorus and nitrogen by young animals is lower on a diet containing heated milk than on one containing fresh or sour milk, and further that the addition of soluble calcium to the heated milk ration increases the amount of calcium added. It is suggested that

heat has a detrimental effect on the nutritive value of milk, and that one of the important contributing factors is the reduction in the amount of soluble calcium."—*J. A. M. A.*

Our German friends should take notice, likewise those who insist upon the pasteurization of milk. *Clean milk from healthy cows and then kept clean* ought to be the slogan of all health departments. Of course, one does not have to drink milk in Germany; personally, we get the creeps whenever we think of the German custom of serving boiled milk—it is a form of veritable *Schrecklichkeit* to inflict upon an American, who knows what good milk is. England is not much better off than Germany and her milk supply is only now beginning to emerge from the gloom of unsanitary and ancient methods. However, as in Germany, nobody is compelled to drink milk and Gott sei Dank, there are more attractive beverages anyway, for example Burton ale or Münchener Hofbräu, Olympian nectar, which in the land of the free is known no more. New York has had her milk scandal within recent months and the episode furnished considerable political campaign ammunition, before election day, when the dear *peepul* had to be protected at all hazards. Now that election day is over, they are left to their own devices; some of them die by the alcoholic route from poisoned alcohol, which an omniscient authority insists they must use. And so it goes! Life is assuredly a Holbein's Dance of Death, as depicted by that artist of the Middle Ages, in one of Lübeck's celebrated Doms.

A city boy, over on the East Side, when questioned by his teacher, replied that milk in the city comes from bottles, but that milk in the country comes from cows. Poor kid, he had probably never seen the green fields of Delaware County. Homoeopathically considered, the various *lacs* should be studied and used more. *Lac defloratum* and *Lac caninum* when rightly prescribed, are most valuable remedies. Kent knew a few things about *Lac simiaz* and *Lac felinum*. The knowledge which he had and left to us, ought to be amplified. The *lacs* should be more thoroughly proved; Clarke in his wonderfully complete *Dictionary of Materia Medica* tells us much about these lacteal remedies, but there is much more to be known. Who knows what monkey's milk may reveal; of course Tennessee and Texas are *ausgeschossen* as proving grounds for anything even remotely suggestive of the poor simian, but

there are still other states of the Union which are not headed for the Dark Ages. There is so much work to be done in the further development of our *materia medica*, that it is a real pity to see the homoeopathic school, or what is left of it, so supine in the matter.

Drosera in Cough.—This old Hahnemannian standby has recently been very frequently called for in the simple colds—tracheitis, laryngitis and bronchitis prevailing in and about New York and a few doses of the 30th centesimal potency have given very quick relief. The indications are—dry, *spasmodic, prorysma, choking*, cough, with red face; cough < at night and *indoors* > *in the open air*. Voice deep or somewhat hoarse. In some cases pain in the abdomen during the cough, has been noted; this, too, is a characteristic symptom of *Drosera*.

Effect of Chronic Sulphur Poisoning on Energy Metabolism.—"Simonson and Richter administered gradually increasing doses of a saturated alcoholic solution of sulphur to three experimental subjects. The total amount of sulphur given in each experiment was 60 mg. The toxic symptoms resembled those in hydrogen sulphide poisoning. Weakness, paleness, headache, dyspnea and disturbances of coordination were most prominent. There was an increase in the pulmonary ventilation, depending, they think, on inhibition of oxidation. The respiratory metabolism increased with increase in the dose. It was below normal when the same dose was given for several successive days or when administration of the sulphur was discontinued."—*J. A. M. A.*

We call attention to this experiment with Sulphur, as it has interest for homoeopaths; the symptoms produced, however, are of little value to the homoeopathic prescriber; *disturbances of coordination* for example, are found in the provings of other drugs; in fact, all the effects of Sulphur, as noted by Simonson and Richter are of little use to the prescriber; the tendency in the homoeopathic school today is to conduct provings, when these are made at all, along definite pathologic lines, to emphasize the changes in tissue structure or function, which can be demonstrated by means of instruments of precision, such as the microscope, sphygmomanometer, electrocardiograph, etc. This tendency is worthy of support, it is a movement in the right direction, but it must not be permitted

to overshadow subjective symptomatology; it ought to be developed with the object of scientifically explaining this symptomatology, of furnishing corroborative evidence which will compel recognition; under no circumstances must it supplant the finer shadings of our materia medica, upon which we have for so many years relied and upon which we must continue to rely, for our curative effects. A materia medica, based upon pathologic changes alone, would be worthless for practical purposes; we must have an ideal combination of objective and subjective symptoms, to do our best work. Such a materia medica, will not only be of the greatest aid to us, but will also place us, as a school, upon a high plane of achievement. We will then be able to publish cures and what is more, explain them; as matters now stand, our claims are all too frequently relegated to the category of unsupported assertions.

Complication of Insulin Treatment.—"Güdemann's diabetic and tuberculous patient, kept under insulin treatment, suddenly showed hematuria. It improved, but reappeared after every new injection of insulin."—*J. A. M. A.*

Wait little pancreas, don't you cry,
You'll have your hemorrhage by and by!

Treatment of Bronchial Asthma with Sodium Iodide.—"Boch reports that he has obtained definite relief from the use of sodium iodide in 84.6 per cent. of his cases. The sodium iodide was given in amounts of from 30 to 150 grains (2 to 10 gm.) in twenty-four hours, 30 to 50 grains (2 to 3.25 gm.) being given from once to three times a day when shortness of breath was anticipated. No evident ill effects were observed from the administration of amounts of sodium iodide as large as 60 grains (4 gm.) given eight times in twenty-four hours. The maximum amount required to give symptomatic relief in the cases studied was 250 grains (16 gm.) over a period of twenty-four hours."—*J. A. M. A.*

Well, this is assuredly "some" dosage; the observation however, is of much interest and may be of use to us homoeos. *Natrum iodatum* has never been proved, but seemingly has a clinical record in coryza, hay-fever, chronic pharyngitis, laryngitis, asthma and cardiac troubles. Its exact place in homoeopathic therapy,

should as far as possible, be defined. Here is a chance for the proving squads of Hahnemann Medical College or of the New York Homoeopathic Medical College. We commend this drug to their consideration.

Uterine Hemorrhage Without Physical Signs.—"Two hundred consecutive cases of functional uterine hemorrhage, with no obvious physical signs, are reviewed by Whitehouse. He concludes that menstruation is the monthly abortion of the decidua of an unfertilized ovum. The menstrual discharge is the lochia of an unfertile abortion. The premenstrual endometrium is the menstrual decidua; its development and life are dependent on the corpus luteum. Menstrual abortion is initiated by death of the unfertilized ovum and retrogression of the corpus luteum. Pathologic uterine hemorrhage falls into one of four clinical groups: (a) epimenorrhea, (b) menostaxis, (c) menorrhagia, (d) metrorrhagia. Epimenorrhagia is the clinical manifestation of hyperactivity of the sex complex; menostaxis is an incomplete unfertile menstrual abortion. Menorrhagia is the result of uterine insufficiency, which may be (a) developmental, (b) inflammatory or (c) degenerative. The insufficiency may be associated with lesions in (1) the metrium; or (2) the endometrium. Metrostaxis is commonly the reflection of outside influences on the uterus. The accessory factors most frequently associated with irregular uterine bleeding are (1) functional hyperthyroidism, and (2) hypersensibility of the sympathetic nervous system. Estimation of the blood tolerance of sugar and of the basal metabolic rate is said to provide important data in the investigation of uterine hemorrhage at periods of unstable equilibrium, especially puberty and the menopause."—*J. A. M. A.*

Lest we forget, let us suggest, that in the light of the above, there are patients to be prescribed for and many remedies which, suitable for them, have the symptoms of uterine hemorrhage in their pathogenesis. Hence, do not overlook such medicines as *Phosphorus*, *China*, *Ferrum*, *Trillium*, *Secale*, *Sabina* and a host of others. Individualize your case and prescribe accordingly, but always make sure of your diagnosis first and of its pathology, if you can. In bleeding caused by an incipient uterine fibroid, in the

absence of subjective symptoms of any value, try *Hydrastinum muricatum* 6x, 12x or higher.

Use of Alcohol in Medicine.—"The greatest value of alcohol, Willcox asserts, lies in its hypnotic and psychologic effect. *Nothing can replace it in relieving the worry, distress and anxiety of the patient*, and in giving him that feeling of repose and well being that plays so vital a part in helping him over a crisis, or in rendering a case of helpless suffering more bearable."—*J. A. M. A.*

Well, well! And this was said in the U. S. A., Anno Domini 1926! Watch out Willcox, or some citizen of the Kansas prairies will be camping on your trail! Of course, the devilish italics are ours. Here in New York, *poison hooch* continues to slay its hundreds, while our hypocritical fanatics still clamor for more Prohibition. Perhaps in time, all the *wets* will be at peace, six feet under the ground, and the *drys* can then dance in an orgy of satisfaction, to the accompaniment of the popping of bottles of lemon soda.

Good Diet and Bad One: Effects.—"An experiment made by McCarrison demonstrates that a diet composed of whole wheat, milk, milk products, sprouted legumes, uncooked vegetables and fruit, with fresh meat occasionally, far surpasses in nutritive value that composed of white bread, tea, sugar, margarine, jam, boiled vegetables, and tinned meat, to which the common food preservatives—boric acid, formaldehyde vapor, and sulphurous acid—are added. The former promotes physical efficiency and health, but the latter give rise to stunting of growth, to physical inefficiency and often to disease. The maladies to which the poor diet may give rise are lung disease and gastro-intestinal disease. The results of this experiment furnished additional proof of this influence, and suggested also that the common food preservatives may contribute their share to the harmful effects of such a food."—*J. A. M. A.*

Righto! The observations are especially applicable to Americans, of whose cooking the less said the better. McCarrison's second diet is one, which in all its ghostliness, is employed by thousands

of our American workers, particularly in the large cities, where people live in one or two-room apartments, graced by a so-called kitchenette. Package goods and canned foods have reached their greatest development in the United States. Canned chicken soup, for example, seems to have about as much nourishment as dish-water, no doubt less and is certainly more translucent. Just compare this with the Italian *minestrina*, well covered with grated Parmesan cheese; a meal in itself, especially when a hunk of Italian bread goes with it and not the refined white sponge, which is usually rammed down the average American throat. There are states in this great country of ours, which import most of their food-stuffs in cans and packages, when they could easily grow their own food within their own borders. So long as cotton is king and the one crop system continues to prevail, this state of affairs will go on. Diversification of crops, dairy and fruit farming, poultry raising, animal husbandry in general, will overcome this, provided that our "flappers" will be willing to soil their hands in the mixing bowl or in cooking fruits and vegetables for home consumption.

Diagnosis of Exophthalmic Goiter.—"Mark holds that the usual textbook symptoms of exophthalmic goiter, with the exception of bilateral exophthalmos, are not of much diagnostic value. Pulse rates which are persistently above 80, especially during sleep, should be looked on with suspicion, and every effort made to rule out disease, especially hyperthyroidism. Quadriceps power loss is one of the most important diagnostic symptoms of exophthalmic goiter. A feeling of sustained warmth for weeks or months in the absence of fever is practically pathognomonic. A history of ravenous appetite is practically always present at some time during the disease. Weight loss, together with a ravenous appetite, are to be found only in patients with hyperthyroidism and diabetes mellitus. Thrills and bruits over the superior thyroid vessels occur in from 60 to 80 per cent. of cases, and when louder here than over the inferior thyroid vessels are practically diagnostic. The tendency for exophthalmic goiter patients to develop crises is quite marked. Properly done metabolic readings, repeated as needed, offer the most absolute method of diagnosis, especially in borderline cases. Response of exophthalmic goiter patients to compound solution of iodine amounts almost to a therapeutic test."—*J. A. M. A.*

An interesting topic and worthy of some consideration. There are pathologists and clinicians who believe, that exophthalmic goiter and hyperthyroidism are in reality manifestations of the same underlying pathology. In this connection, the work of Crite of Cleveland and of Plummer of the Mayo Clinic, is deserving of the highest commendation. The United States are to a large extent an iodine starved nation; certainly goiters are extremely common and apparently becoming more so. From the standpoint of homeopathic prescribing, simple goiter is more difficult to cure than the exophthalmic type, at least in our experience. *Iodin* as a remedy, from the 3d potency to the cm., plays a very important part and of course, so does *Natrum muriaticum*. A diet rich in fresh green vegetables and ripe raw fruits, one rich in the natural mineral salts and vitamins, is essential and here we are again reminded of the gastronomic atrocities which are prevalent in American cookery. We would do well to follow French, German and Italian methods in this respect. The French cook's use of the *casseroles* for example, is a superb way of retaining and conserving the precious juices and flavors of everything which goes into its capacious maw. How well we recall the exquisite dinners served at Mother Mouquin's, at Sixth Avenue and Twenty-eighth Street, in the days of the Golden Age. One lived then, one lived!

The New York Homeopathic Medical College.—We are glad to inform Recorder readers, that the Department of Gynecology of this college, under the leadership of Prof. Joseph H. Fobes, gives instruction to its students in homeopathic therapy. It is pleasing to note, that along with surgery in this important field of gynecologic instruction, homeopathy is not omitted as a part of the course.

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THE ROLE OF THE NEGATIVE ELECTRONS IN MALIGNANCY.*

J. W. Frank, M. D., Philadelphia, Pa.

In the presentation of a paper dealing with physical therapy technique, in which light we may justly regard Roentgen therapy, I feel that it is advisable, and indeed imperative, to point out the underlying physics substantiating the method employed. This point becomes of even greater importance and significance when presenting a scientific explanation of treatment to replace the heretofore mechanical method of attack.

The older methods of Roentgen therapy, though in many cases beneficial were, in their mode of action, purely mechanical and could often have been substituted by the cheap and most effective applications of the cherry-red soldering iron, for the ultimate goal in the past has been the destruction of the mass by the rays; often accompanied by undesirable, uncontrollable and fatal reactions.

Every Roentgenologist has experienced beneficial therapeutic results following a "sub-lethal" dose of Roentgen rays; and he has likewise experienced unexplained responses to Roentgen therapy. These two points alone must satisfy the thinking therapist that there is another action of the rays aside from that of destruction.

I think that there are few of us who are acquainted with the underlying bio-physics of cell metabolism, therefore few of us have attempted to apply the physics of ray generation and action to the existing physics or bio-physics of the body cell, but the day is now at hand when we as Roentgenologists, are called upon to view our problem in a truly scientific light and to utilize the knowl-

*Read before the Semi-Annual Meeting of The Connecticut Homeopathic Medical Society, 1926.

edge of present day advances in the sciences of physics and chemistry; and when we do, we find them fitting in admirably.

It is impossible, in a presentation of this nature, and extent, to give more than a very brief glance into the complex physical foundation underlying our method of Roentgen therapy, however, the citing of a few basic facts of physics and physical chemistry will satisfy you with the rationality of the procedure.

Let us start with the cornerstone upon which this structure is rapidly being built.

The cornerstone is the atom, the basis of *all* matter; organic and inorganic, animate or inanimate. We cannot conceive of anything "under the sun" without dealing with this ultra-microscopic division of matter; all of us mortals being "under the sun" naturally come under the consideration of atomic structure, mechanism and energy, so let us proceed to briefly outline some points regarding this physical unit of anatomy and physiology.

Every atom, known to the present day scientist, is composed of two component parts; one a positive particle, named by Rutherford a proton; the other, a negative portion, or electron. These two components are endowed with equal quantity of electricity, but of course, opposite in sign.

Every atom is electrically neutral, that is, is composed of equal charge of positive and negative electricity, otherwise there would be no atoms. When an atom loses its electrical equilibrium it is termed an ion. There are, of course, two forms of ions; one, in which the atom has been deprived of an electron, and therefore termed a positive ion, with one elementary quantum of electricity; the other, in which an electron has been added, causing the formerly neutral atom to become a negative ion, with one elementary quantum of electricity.

Now, if we know that our body cells are nothing more or less than a mass of chemical substances, and that all chemical substances are merely chemical molecules massed together, and that these molecules are aggregates of ions, and that these ions are merely atoms which have been altered by the loss or addition of electrons, and are therefore electrically charged, we must view our bodies as a huge, functioning mass of electrically charged particles, or in brief, a mass of functioning electricity. This scheme naturally only applies to the living body, for it is quite

likely that in due time after death, such functions are brought to a state of balance, but it is not until this balance of electrical units is brought about, that we can speak of death in the true sense of the term.

From the above reasoning, we must regard each and every function of our bodies as an electrical reaction. No matter how obscure the function is (such as the division of cells, which always follows a well defined routine) and apparently complies with the law formulated by Du. Fay in 1733, *i. e.*, like electricities repel, unlike attack; or how pronounced it may be (muscular contraction, nerve impulse, etc.) its mode of action is unquestionably governed by physical, electrical, or physical-chemical forces.

There is such a vast number of phenomena illustrating this point that it will be only possible to cite a few examples. However, allow me to say, that with continued work in this field of research, so many facts and explanations are brought to light, that the investigator is bewildered with its great magnitude of usefulness. Indeed, life itself, may receive explanation upon the principles underlying the facts herewith presented.

In our researches, we have considered the changes taking place within the unit cell rather than the gross pathology of neoplasia; therefore, in this report we will consider unit cell alteration during and accompanying tumor formation, and the action of rays upon it. It is quite evident that any pathologic condition is characterized by the arrangement of the cells and their relationship to definite histological landmarks. That for any alteration of the arrangement of the cells, the cells must first, within themselves be altered. This means that the molecules and atoms comprising the cell metabolism must suffer the initial alteration.

The normal, resting, and adult cell, consists primarily of two distinct parts—a nucleus and cytoplasm; the former of which is electro-positive as compared to the latter. This holds true with all forms of cells known to the present time.

Now, if we consider a cell, stripped of cytoplasm and therefore consisting of nuclear material alone (such as the sperm head, or bacilli) we can see that any influence brought to bear by such an agent, acts through the influence of its electro-positive properties alone, this needs no elaboration.

Such a condition exists in a process, similar in many details, to that manifested in tumor formation; that is, in the fertilization of the ovum. Here we have an ovum, a physically balanced cell, consisting of nucleus and cytoplasm; stimulated to reproduction by the addition of the sperm head (an electro-positive agent). The process of fertilization and cytogenesis is accompanied by a far greater cell reproduction than are the ravaging processes of malignancy, but there is unquestionably a difference between the "embryonal" and the "cancer" cell.

Investigators in the field of oncology demand that any method of experimentation or therapy adaptable to the characteristics of neoplasia, must also apply to embryonal tissue.

With this in mind we have, at the present time, under way an extensive investigation on embryonal tissue reactions, which work will later be checked by the substitution of neoplastic tissue.

In the comparatively short time this work has been under way, the results offer, to date, very interesting and gratifying data which will, we believe, greatly extend our knowledge of the nature and successful combating of malignancy. However, a detailed report of this investigation will not be released until such time that every possible phase and complication of it has received thorough study, and has been checked and re-checked to the satisfaction of the investigator. The special apparatus designed and made for this work will be shown and explained by means of a lantern slide.

We have had pointed out the similarity between embryonal and neoplastic tissues, and have been told of the one and only factor responsible for the evolution of the former. This leads us to suppose that electro-positive agents are responsible for stimulated cell reproduction; and this being the case, the cells once stimulated are themselves electro-positive as compared to normal, resting, and adult cells; the reasoning is self evident and needs no further elaboration.

We further know that the more embryonal the nature of the cells comprising malignant neoplasms, the more rapid and fatal the prognosis. This suggests that the more electro-positive a cell, the greater is its capacity and power of reproduction.

Now, let us get down to the point as quickly as possible.

My colleague, Butts, has found, in an extensive investigation of the physical or physico-chemical phenomena of tissues, that neoplastic tissue possesses a greater or higher potential than does normal tissue; or, in other words, is electro-positive as compared to normal cells of the same structures. This phenomenon is likewise displayed by embryonal tissue but, as we would naturally expect, to a greater degree.

Perhaps you may wonder where the connection exists between the cells comprising our bodies and the atoms, to which I previously referred.

We have been told that the atom consists of positive and negative particles. Likewise, the body cell is built up of positive and negative portions. In both the neutral atom and the normal body cell, there is enough of positive and negative portions to hold the systems in a state of balance and equilibrium.

I have mentioned the fact that an atom, losing or gaining an electron, is altered so as to become a positive or negative ion. I have told you that a body cell, deprived of some of its electro-negative portions, becomes an electro-positive cell; in other words, a pathologic cell, with an altered "habit-chemistry"; and disturbed physico-chemical balance. This point will be made clear by a lantern slide.

Analysis of the rays and radiations from radioactive sources and the Roentgen tube, demonstrates the discharge of three forms of radiation; namely, alpha, beta, and gamma. The former two alone being electrically charged, whereas the last are energy waves, or electro-magnetic vibrations of the ether.

The alpha particles, or rays so-called, although of positive nature, may be disregarded as entering into the problem of therapy, due to their low penetrating power.

The beta particles are electrons, charged with negative electricity. They are the units of negative electricity. These are the units upon which our radium and Roentgen therapy is based. The gamma rays, although not electrically charged, are nevertheless of outstanding importance in the employment of ray therapy, not as previously believed but for their physical properties.

We know from the Theory of Relativity that Matter and Energy are interchangeable. This being the case it is necessary that we have a form of energy to give rise to electron formation when coping with deep-seated pathologies. For this reason the gamma rays from radiation bodies, or the X-ray from the Roentgen tube are of value. Scientific reason and research offer no other reason for their usefulness.

However, if this electron formation is desired at a point other than in the depths a means of ray disorganization had to be developed. This we have done for the treatment of superficial pathologies by interposing between the tube and the lesion a substance of sufficient density to cause the scattering of the primary X-ray beam, and still to be of such density as not to filter out the electrons so formed.

By such a procedure we hoped to supply to the electron deficient tissue sufficient electrons to compensate for those lost during pathologic cell change—a process of construction rather than destruction.

The stimulating effect of rays is readily explained by viewing the cell as a neutral atom, sensitive to the same physical alterations as are the atoms of any substance used in the study of atomic structure.

By this I mean, that atoms exposed to radiation are deprived of some orbital or planetary electrons by the action of the rays, and are thereby rendered positive ions, so with the body cell.

The work of Butts has demonstrated that repeated and prolonged exposure to negative electrons is responsible for the gross tissue destruction and sloughing so undesirable in the treatment of malignancy, especially so when such damage is to the normal surrounding structures or when the area to be treated is in close proximity with large vessels, thereby adding the danger of death from hemorrhage.

He has also experimentally demonstrated that small fractional doses of beta rays of radium, or corpuscular rays from the Roentgen tube bring about a marked biological cell change, atrophy of the tumor mass, and apparent readjustment to normality and normal "habit chemistry," about which Dr. Butts has kindly agreed to speak in his discussion.

Analysis of One Hundred Cases Constantly Under Observation to Date.

PRIMARY CARCINOMA (36).

No. cases. Clinically well. Imp. Unimp. Worse. Dead. Unknown.
36 8 18 2 2 5 0

RECURRENT CARCINOMA (43).

No. cases. Clinically well. Imp. Unimp. Worse. Dead. Unknown.
43 8 21 0 4 9 0

SARCOMA (14).

No. cases. Clinically well. Imp. Unimp. Worse. Dead. Unknown.
14 3 3 1 1 5 0

Prophylaxis 7 (all clinically well).

Total number of cases treated, 183.

Number of cases verified malignant by pathologic section about 75 per cent.

The remaining 83 cases are not reported for the following reasons, either:

(a) Case too new to report any definite data.

(b) Benign tumors are classified under separate heading, although the results have been extremely gratifying.

(c) All efforts to follow up cases have met with failure. Many of these are, without doubt, clinically free from their original condition as reports prior to their absence were very favorable.

NOTES ON THE MORPHOLOGY OF THE ABDOMEN.

Philip Rice, M. D., F. A. C. S., New York.

It is necessary to keep in mind the fact that the contour of the abdomen is determined by the organs within. Though in the effort to determine the degree of development of the various organs in these individuals allowance must be made for the deposition of fat in the abdominal walls and in the cavity—a task that is not always easy of accomplishment with exactitude.

When confronted by several individuals it will be noted that the degree of development of the abdomen and its conformations are not the same in all. In one we will note a deep, broad and long abdomen, in another one that is deep, broad but short, in another one that is long and narrow. In one we will find the pelvis broad and roomy while in another it will be narrow and shallow. And these variations will be found in a group of individuals of the same stature.

That these differences in structure have etiologic, diagnostic and therapeutic significance is easily to be seen, since by the very nature of the organic development the functions and reactions will be different. Yet it is doubtful if they have ever received the attention their importance warrants. It is never the case that a given morbid process—an hepatic cirrhosis, mesenteric tuberculosis or scrofulosis, an acute or a chronic colitis—will present an identical clinical course in two or more individuals of different type or of different degrees of development of the involved organ. Much speculation has been indulged in to find an explanation for this, but with little success. What purports to be an explanation is usually nothing more than a series of statements.

Did we realize that the character of the organic development determined the character of the functions, and so the reactions, we should seek for the cause of not only the variations in the clinical course of a morbid process, but also for the cause of predisposition and susceptibility where it is really to be found, namely, in the constitution of the organs and their correlations, that is, in the morphology of the whole organism. Different degrees of development means different capacities for function and different degrees of power to react. This is in strict accord with the law of cause and effect. That is to say, different conditions of structure constitute different causes. It is well to occasionally remind ourselves of the fact that without organization there can be no functions and no reactions. Organization is the fundamental fact, the *sine qua non*. Hence arises the necessity to give most careful attention to those morphological criteria which alone form the basis for a logical and scientific procedure.

It is unnecessary to do more than allude to the character of the abdominal development of the newborn, its conformations and proportions, to show how radically it differs from that of the normal

mature individual. And that it likewise differs in the character of the functions is also well known. What the newborn has in the way of development is a natural consequence of the degree and character of the functional activity of the various organs during the prenatal period, and is in strict keeping with the functional requirements at that period of life. The liver, because of the active service it performs during the prenatal period is not only larger but is the most perfectly developed. Cell differentiation has reached a more perfect state in it than in the other organs. The organ has attained a degree of growth and development which enables it to meet all normal requirements without further change in structure during the first twelve or fourteen years of life. If during this period other organs grow and develop in a normal manner the disproportions which are found at birth will have been overcome and a balance will have been established.

But this, unfortunately, is rarely the way things go. Due to ignorance of the laws of growth and development and of what constitutes a normal development and what is required to bring this about, things go on in a more or less hit and miss fashion, with the result that fully 75 per cent. of all adults have abdominal proportions strikingly similar to those they had at birth, namely, large upper segment and a relatively small lower. The size and contour of the hypochondriac regions will be found large, the gladioumbilical line will be greatly in excess of one-tenth of the stature, the inferior sagittal diameter of the thorax will be in excess of 4 cm. over the upper diameter.

It may be well at this point to refer to the insufficiency of the pleximetric method for determining the size of the liver. It is easy to see that with a high and deep vault of the abdomen the organ may lie in its normal horizontal position. In this position it presents but a narrow marginal surface in contact with the abdominal wall on which percussion is made. Thus it may be, and often is true, that the organ is considerably above the normal in size and yet the area of dullness is little or no greater than what is considered normal. On the other hand in a narrow and constricted cavity the organ is forced out of its natural horizontal position, tilted in such a way and to such a degree that the normal area of dullness is considerably increased by a perfectly normal organ, even by one that is less than normal in size.

When we examine individuals due regard must be had for relative proportions of the upper and lower segments of the abdomen and to the body as a whole, and for its contour as a whole. When this is done it will be noted (1) the abdomen is in general proportion in its various regions and to the organism as a whole; (2) the abdomen large in relation to the body as a whole; (3) abdomen small in relation to the body as a whole; (4) the upper segment large, the lower small; (5) the bi-hypochoondriac and iliac diameters in proportion, or the upper wide and the lower narrow; (6) the abdomen rotund or flat.

These various conditions indicate above all else different degrees of nutrition and different predispositions and susceptibilities. In the first instance there will be found a state of general good nutrition, good general vigor; roundness but no special tendency to obesity unless the personal habits with regard to eating and drinking are unreasonable, or possibly a sedentary life is led and a large amount of nutritive material which is consumed is not fully utilized. However, it is true that where the thoracic development is deficient, a functional consequence of which is suboxydation, there often is a strong tendency to obesity even with a normal abdominal state and with normal habits of living.

In the second instance there will be over-production, with consequences not difficult to imagine—obesity, lymphatism and a large train of conditions which have their origin in imperfect catalytic processes due to over-production and incomplete consumption. The predispositions are to arterio-sclerosis, arthritis, hepatitis, bronchitis, acute and chronic, nephritis, diabetes, hepatic and renal calculi (Bouchard, Diseases Relating to Nutrition, Conclusions based on a study of 1200 cases.) In children the predispositions are to large tonsils, adenoids, rickets and lymph node inflammations. In the third instance the vigor of the digestive functions will be below normal always. The individual will be a dyspeptic; he will be anemic, thin; have scarce musculature, little vitality, low resistance. And if the lower abdominal measurements are less than normal the conditions will be still worse. These will indicate a poorly developed intestinal tract. It has been shown that the vigor of the digestion is in a large measure in relation to the development of the intestines. This is readily seen when we call to mind

that vegetables constitute a large portion of the ordinary diet and that these are digested in the intestines almost wholly, and that the products requiring an intestinal ferment to be broken up, such as a vegetable diet is a bulky diet, hence in a small intestine the process of elimination will be slow, giving time for a general putrefaction. All this will mean habitual denutrition of this type we will find also a strong predisposition to gas-trich, intestinal catarrh, both acute and chronic; enteroptosis; and associated with an exaggerated nervous development, gastric and intestinal neurosis.

Some years ago—1907—B. Stüller in his monograph, "Die intestinale Konstitutionskrankheit," called attention to the correlation between the presence of a tenth floating rib and neurotic and dyspeptic conditions. He tells us that when the tenth rib is found floating in a child one can say with certainty that the child is a candidate for future neurosthenic and dyspeptic conditions. This sign of Stüller is occasionally found in persons built abroad plan and who appear robust. But here the meaning is the same as it is in the long and tubular type, somewhat modified, however, by other conditions.

In the fourth instance there will be over-activity on the part of the intake organs and deficient function on the part of the organs of elimination. Sluggish intestinal activity will certainly be present. The bowels may move daily, but examination will show a putridity and by other signs that the fecal mass has been long retained. Habitual constipation is the general rule in these cases, especially if there is a general neurotic habit. Again there will be alternate constipation and diarrhoea.

In the fifth and sixth instances the conditions will be determined largely measure by other factors. These will be largely connected with other conditions. The significance of the width of the gastric angle is too well known to require special mention. The wide angle is invariably found in those with a voluminous abdomen and the narrow angle is associated with the long and tubular abdomen. It is a point that should never be overlooked in the examination; yet it should never be the sole point on which a conclusion is based. It is only a sign that indicates the character of the organic development. It tells us nothing of the depth, to say nothing about its

telling us nothing of the character of development of the intestines.

Now regarding the development of the alimentary tract we learn from the anatomists that the average total length from mouth to anus is from ten to eleven meters, or six or seven times greater than the stature, and that the small intestines are about eight meters long and the large from 1.30 to 1.70, possibly two meters. These figures merely give the average. Goldwäithe, I think, tells us that the intestinal tract has been found on autopsy as short as ten and as long as forty feet. That with such an astonishing difference in development there must be a marked difference in degree of functional activity goes without saying. No one can possibly doubt this. To imagine an equal degree of activity is to imagine that something that doesn't exist can function, or else to say that thirty feet of intestine is of no use, is just so much redundant tissue and absolutely useless. Of course, everyone will admit that where there is so great a difference in degree of development there will also be great difference in degree of functional activity; but some may deny any importance where the difference is only a few feet. Well, in some instances a few feet may not seem to make much difference, but in others, depending on other conditions, a few feet may make a very great difference. It is just these slight variations, especially where there are a number of them, that account for those conditions which in our ignorance, and to hide our ignorance, we call idiosyncrasies.

But how do we determine the degree of development of the intestines? Recall what was said at the beginning of this discussion: "the contour of the abdomen is determined by the organs within." If this is true then it follows that an abdomen that is shallow, short from the umbilicus to the pubes, and the pelvis is narrow, all indicating a small cavity, will contain a small intestinal tract. Large organs cannot be put in small cavities. Nature doesn't build that way.

A case is recalled of a lady of forty-five, who all her life had been subject to diarrhoea, and all her menstrual life to frequent and profuse menstruation. Both processes were more or less painful. The X-ray showed considerable enteroptosis. At various times the uterus had been prolapsed, though at the time of her first visit she was not troubled with this. For a period of fifteen years and up to the time of her visit she had not had a single

normal stool, but on the contrary several large, soft, mushy or again watery and slimy stools every day. The menstrual flow was never less than seven days, and profuse a good part of the time. There were, of course, a great many other symptoms. The morphological examination showed among other things a deficient development of the nervous system, likewise of the thoracic system, and a marked excess in development of the abdomen. The abdomen was 5.5 cm. excess in length and the pelvis was 3.7 excess in diameter. Putting these three things together and we have what? Low degree of nervous activity, deficient respiratory function and all that this means to all the functions, and a flabby, watery, plethoric state of every organ and tissue in the abdomen.

Another case is that of a man now about sixty. He reports that he doesn't recall a time when his bowels have not been constipated. In this case the morphological examination showed an overdevelopment of the nervous system, a normal thoracic development, a gladio-pubic line that is 4.6 cm. excessive and an umbilico-pubic line that is 2.5 deficient, and a pelvic diameter 3 cm. deficient. Here we have a case that is the direct opposite in both structure and function to that of the first. Both cases had had every conceivable kind of treatment with little or no benefit. The lady was in the hands of an osteopath at the time I was asked to examine her, and the man had given up everything. During his years of effort to find relief he had been in the hands of practically every materia medica specialist in the previous thirty-six years.

In both these cases the primary factor was structural, and the best that anyone had been able to do for them was palliative. Their defects ought to have been recognized in earliest childhood and by the intelligent control and direction of the life forces they should have been helped to grow to a normal maturity. But intelligence of this kind is still lacking, not only in the home but in the medical profession, as well. We sit by and patiently wait for something to develop that tells us that things are not right, then try and remove the effect, all the while oblivious of the true condition. Moreover, we compound our blunder by trying to teach and by thinking we are learning materia medica by merely repeating words and phrases about effects. It would be to laugh, were the results not so tragic.

FOCAL INFECTION AND THE SPECIAL SENSES.*

William C. Ivins, M. D., Trenton, N. J.

When your President, Doctor Elijah S. Burdall, first wrote, inviting me to participate in your meeting, he at the same time asked for the title of my paper, cautioning me to pick a subject that would be interesting to general practitioners. I picked the above title because I feel that focal infection is a most important subject in the practice of medicine today, and one that should be of very vital interest to every physician no matter what his field of medicine may be. The subject of focal infection has grown to be one of so vast a scope that it would be impossible to cover it intelligently in a single paper. Therefore, I will confine myself to focal infection in its relation to the eye, ear, nose and throat, dwelling chiefly upon etiology and diagnosis. I shall strive to deal with the usual rather than with the rare case.

First, let us consider the nasal tract. Nasal focalization, especially that of the non-suppurative variety, is far more prevalent than often considered by many specialists; probably due to the fact that tonsillar and dental infections are easier to detect. The extension of an acute inflammatory process into the accessory cells of the nose is the common occurrence in those nasal infections associated with systemic symptoms loosely called "grippe." Unfortunately, the natural drainage from the accessory sinuses is defective. The subsidence of the superficial nasal infection is frequently not accompanied by a similar subsidence within the accessory cells; especially is this true in cases where the swelling of the mucous membrane of the nose due to circulatory disturbances may completely obstruct natural drainage from the air cells.

Nasopharyngeal infection is common in children in the form of infected lymphoid tissue (adenoids). Primary tuberculosis of the adenoids was found in fourteen out of 100 cases by Crowe, who also states that at least 25 per cent. of children with adenoids have definite indication for their removal, the most common being otitis media. Sphenoid infection is commonly associated with

*Read before The Connecticut State Homeopathic Medical Society at Norwich, Connecticut, October 19, 1926.

adenoids and may persist through adult life. Etiologic nasal focus in acute systemic manifestations has its highest incidence in young adults. In later life and in the more chronic forms of secondary manifestations, the relative incidence is lower. However, in bronchial asthma, in the recurring headaches of the migraine type or the "indurative or rheumatic" type, in recurring or chronically progressive eye infections, in chronic myositis and in certain cases of chronic arthritis; a chronic sinus focal infection has frequently been found to be the etiologic factor.

The types of organisms usually isolated from nasal focal infections are the members of the streptococcus-pneumococcus group, the diphtheroid organisms, the bacillus influenza, the micrococcus catarrhalis, and the staphylococcus.

Secondly.—Foci of infection of the tonsils holds a very foremost place as an etiological site of focal infections. In childhood bacterial invasion of the tonsils is almost universal. The anatomical structure of the tonsil is such that retention of infection is predisposed because of imperfect drainage. Many tonsils may be diseased even though they appear to be innocent. Tonsillar stumps, although atrophied and scarred are frequently seats of chronic infection giving rise to many systemic symptoms.

Here again the infecting agents are generally of the streptococcus-pneumococcus group, including the streptococcus hemolyticus, streptococcus viridans, micrococcus catarrhalis, bacillus influenzae, the diphtheroid organisms and the bacillus tuberculosis. Entameba gingivalis has been found in several cases but more frequently where there is an existing pyorrhoea alveolaris.

Thirdly.—Bacterial invasion of dental and alveolar tissues with resulting focalization in the dental and pre-dental tissues introduces another phase of etiological focal sites, perhaps more talked of than others, occurring more frequently in adults than in the young. Focal infections of the teeth or tonsils may cause chronic arthritis, arthritis deformans, aortitis, gastric or duodenal ulcers, etc.

Dental foci may exist in various forms, some of which are a periapical abscess, a pericementitis, a pulpitis, a granuloma or an interstitial gingivitis (both suppurative and non-suppurative). The organisms usually offending in these cases are usually a strepto-

coccus of low-grade type (streptococcus viridans). Occasionally, such foci have a high degree of virulence, producing sudden and acute manifestations, the streptococcus possessing mild hemolytic properties.

In passing it is well to remember that there is a possibility of direct extension of bacteria along the ducts of the salivary glands, thereby permitting primary bacterial invasion into the gland. Hematogenous infection of the gland from other foci occurs a great deal more frequently than formerly believed. A continued persistence of the infection in the gland acts as a primary focus from which secondary infections and systemic reactions may arise. Though invasion of most any type of organism may occur in the salivary glands, those of the streptococcus-pneumococcus group are the chief offenders.

Fourthly.—Aural focal infections are not as rare as a great many believe. Middle ear infection by extension through the Eustachian tube is considered a frequent occurrence, but infection may also occur as an hematogenous metastasis. The metastatic complications are not so uncommon and involve venous sinuses and meninges. Aural focal infections often cause acute or chronic mastoiditis, which in turn may give rise to general bacteremia with multiple acute lesions or sinus thrombosis, brain abscess or meningitis. An involvement of the lymphatic drainage of these parts usually occurs, resulting in a secondary lymphadenitis. Staphylococcus, the bacillus influenzae or the diphtheroid organisms are usually found to be the predominant infecting agents in these cases; occasionally the pneumococcus and bacillus coli act as causative agents.

Fifthly.—The eye can become directly infected by direct invasion of the invading organism but more frequently suffers as a result of a focus of infection elsewhere in the body, especially in teeth, tonsils, gall bladder, appendix, gastro-intestinal tract. Any or all of the following eye conditions may be caused by a focus infection:

Uveitis
 Keratitis
 Iritis
 Corneal ulcers
 Optic neuritis
 Optic atrophy

Cyclitis
 Retinitis
 Choroiditis
 Asthenopia
 Affections of eye muscles
 Chronic glaucoma

In diagnosing a case of focal infection, clinical history is valuable. Repeated occurrence of nasal and throat infections, of acute sinusitis, of peritonsillitis, of otitis media, of mastoiditis, of acute lymphadenitis, of alveolar abscess is always significant as indicating portals of entry and possible chronic foci of infection. Devitalized dental root canals and unerupted teeth are guides toward possible foci. The history of jaundice as indicating an acute cholecystitis or the eliciting of the symptom-complex of appendicitis indicates the possibility of persistent secondary foci of infection, which may be the primary cause of the systemic symptoms under observation. Various metabolic disturbances, neurasthenia, chloranemia are signs of a possible persistent feeding focus of infection, either primary or secondary. Of less importance but not to be disregarded is the history of such acute bacterial invasion as the acute exanthemata, pneumonia, typhoid fever and puerperal infections.

Special attention should be given to the presence of septal deflections, septal spurs, hypertrophied turbinates, all of which interfere with the normal drainage of the nasal passages thus predisposing sinus infection. Persistent sinus infection is usually suppurative when acute but not necessarily however, in the chronic form it is usually non-suppurative in type with an absence of discharge. Hypertrophied granular middle turbinates, polypoid degeneration of the turbinates, or protrusion of polyptus into the nasal cavity from the middle meatus, or the closure of the middle meatus with a sticky exudate indicates chronic sinus disease. Enlargement of deep cervical glands may indicate persistent nasal infection. Roentgenography assists in the diagnosis of those diseased cells containing pus. Positive findings in the roentgenogram are conclusive; negative findings do not exclude the accessory sinuses as locations of focal infections. Transillumination is also of value in diagnosis.

In patients giving an indefinite history with sudden loss of vision, let us consider the sinus. I am sure we are all giving them the attention they deserve if we don't forget that every suppurat-

ing sinus is a menace to his life and best results are only to be expected from early intervention.

Hypertrophied tonsils *per se* do not always indicate disease according to some authorities, but I feel that the hypertrophy is a pathological state and should be watched very closely. However, when cheesy material can be expressed from the follicles, local disease is present. Liquid pus is positive proof of surface infection and usually indicates bacterial invasion and the formation of an abscess in the lymphoid tissue of the tonsil. Localized abscesses are frequently found between the tonsils and the pillars. Congested and granular anterior pillars indicate deep-seated tonsillar infection. The small fibroid imbedded tonsil, even though the surface is free from evidence of disease, must always be looked upon with suspicion. Tonsils in which scar tissue formation has partially or wholly occluded the orifices of the crypts are particularly dangerous. Tenderness and enlargement of the superficial or deep cervical lymph glands are important signs in determining the presence of chronic tonsillar infection. Enlargement of the lymphatic gland at the angle of the jaw often spoken of as the "tonsillar gland," is particularly suggestive of infection.

The determination of chronic middle ear or mastoid infection depends upon the history of the case, the results of visual otoscopic examination, and the roentgenographic findings. In the absence of chronic suppuration, enlarged lymph-nodes in the posterior cervical chain are indicative of chronic infection in this area.

In determining dental foci of infection, it is well to follow a routine method of diagnosis:

1. Make a thorough clinical and visual examination to determine the presence of pyorrhea, ulcerations, suppurating sinuses, swellings, enlarged lymph-nodes.
2. Determine the response of each tooth to the faradic current.
3. Roentgenologic examination of each devitalized or suspicious tooth, but better X-ray all the teeth.

The blood picture is of real value in determining the presence of foci of infection. I feel that too frequently we fail to make use of the laboratory; perhaps because we may inconvenience our patient a little bit, but if we could only realize the kindness we

are doing them, we would insist more often upon blood analysis as well as X-ray pictures.

Assuming that in the average adult we find a normal red count of 4,500,000 to 5,000,000 with hemoglobin 90 to 100 per cent. and a white count averaging 7500 with a range of from 6500 to 8500 and a differential of polymorphonuclear neutrophils 60 to 75 per cent., average 70 per cent.; small lymphocytes 20 per cent. (20-25 per cent.), large lymphocytes 5 per cent., eosinophiles 0.5 per cent., basophiles 0.1 to 0.5 per cent. and transitionals 4 per cent.

In acute focalization there is usually a polymorphonuclear neutrophilic leukocytosis associated with erythrocytic destruction. In persistent focalization of the sub-acute and chronic types there is usually a low color index with a moderate decrease in the erythrocytic count. The majority of cases show a moderate decrease in the hemoglobin even as low as 35 per cent. and a decrease in red cell count, one case of frontal sinus as low as 1,760,000.

A moderate increase in total white count rarely above 13,000, occasionally as high as 20,000, with a relative decrease in the per cent. of leucocytes average somewhere below 60 per cent. with a relative increase of lymphocytes to about 38 per cent.; while the small lymphocytes show a greater increase relatively than the large.

One of the most frequent diseases complicating the diagnosis of focal infection is syphilis. This infection is often associated with focal infection, giving us a mixed infection. The blood picture in syphilis shows a slight leucocytosis rarely as high as 15,000, with a distinct lymphocytosis as high as 6.5 per cent. Generally speaking, focal infections are unilateral, while syphilis is nearly always bilateral. The Wassermann reaction and other clinical findings well known to all of us aid in the differential diagnosis which I will not attempt to discuss at this time.

Treatment.

As regards treatment of the foci of teeth, tonsils, sinuses, etc., I feel that the modern dentist of today is in a situation to help our patients, and it behooves us to give this subject more attention, but at the same time we must ward against the unjustifiable removal of teeth without carefully weighing all the symptoms. Too many teeth have been sacrificed—but when disease warrants

it, the sacrifice is amply repaid. Remove all dead teeth, dead roots, fixed bridges, whether abscessed or not.

It is well accepted fact as to the importance of tonsils as a point of entry for numerous organisms, and their removal will aid materially in controlling such disease. The complete removal is the only procedure. However, I would like to say a word of caution against the apparent wholesale removal of tonsils without due consideration of the consequences. Remember, that a patient "has tonsils" is not enough of an indication that they are the cause of infection. Careful study will have a tendency to prove or disprove them as the factor in focal infection.

In the correction of diet, pyorrhea and teeth, careful regulation of sugars, which is one of the important factors in fermentation, we have fundamentals upon which we can hope to eliminate some of the factors which cause disturbance of the alimentary tract. Dr. George Huston Bell of New York City is an ardent advocate of diet with other treatment. He divides food substances into two classes:

1. Heavy starches—Bread of all kinds, potatoes, macaroni, corn, lima beans, rice, dry beans and sugar.
2. Heavy proteids—Meats of all kinds, fish, shell fish, chicken, duck, turkey, eggs and cheese.

A patient may pick only from list (1) heavy starches, for a single meal with nothing else but fresh vegetables, salads, and fruits for desserts; or from the heavy proteid list, with the addition of fresh vegetables, salads, and fruits for desserts. This is done in order to prevent fermentation in the stomach and to prevent putrefaction in the intestines. The starches are digested in the mouth and intestines and if they are detained in the stomach with proteid food, the starches ferment and fight with the proteins. So eat starches when they won't be delayed, since when meat is eaten, it causes a flow of gastric juice. In hyperchlorhydria, carbohydrate digestion is checked by hydrochloric acid and therefore interferes with the digestion of carbohydrates. For that reason, take heavy carbohydrates when heavy proteids are not eaten, so that they can get out of the stomach immediately.

In ear conditions, free drainage should be maintained by opening drumhead if necessary. Simple mastoid or radical mastoid

operation should be performed when indicated. Local treatment maintained to keep ear clean and draining freely.

In eye conditions the treatment is simple. Remove focus of infection.

The question will no doubt arise as to the case where there is more than one focus of infection which should be removed. It is the consensus of opinion of the majority of authorities on the subject that where time and condition allows, foci should be removed in the following order: First, teeth and mouth, tonsils, sinuses, gall bladder, etc.

In cases where the pathology is caused by a focal infection associated with some other condition, for instance diseased tonsils with a gastric ulcer, it must be remembered that with the removal of the focus of infection (the tonsils), the gastric ulcer will not cure itself. It is therefore very important to follow up the complete removal of the focus of infection with a conscientious indicated treatment, medical, hydrotherapy, corrective diet or whatever may be deemed advisable, until the patient's entire body has been returned to a state of health.

Summary.

In conclusion, I will summarize by calling your attention to the importance of looking for a focus of infection as a causative agent in disease of the eye, ear, nose and throat.

First.—Find the focus of infection, (teeth, tonsils, sinuses, appendix, gall bladder, or wherever it may be).

Second.—Cure the disease by removing the cause (focus) in the quickest and safest manner.

Third.—Remove any contributing cause, and lastly don't forget the three T's:

Teeth,
Tonsils,
Intestinal Toxemias.

THE CLINICIAN'S PROBLEMS.*

Philip Krichbaum, M. D., Montclair, N. J.

As believers in the art of prescribing homeopathically for the sick it may be interesting to us all to consider briefly a few of the many problems which we as homeopaths daily encounter in our work. One occasion of discouragement, even dismay to some of our immature but enthusiastic prescribers, lies in the fact that times arise when the most conscientious and orthodox matching of drug and disease fails to produce results. To stand by calmly and see such cases seek and obtain relief from measures other than homeopathic, is disconcerting to say the least. When, however, we better understand that a variety of points more or less obscure often enter into the trying situations, our pride is somewhat restored. I will mention one of these factors even at the risk of being reminded that a "poor workman always finds fault with his tools." I refer to the fact that our *materia medica* is profusely studded with gaps so to speak, serious gaps that have to do with inadequate provings as well as no provings. After thirty years experience the marvel to me is still present, that we achieve the high ratio of success that statistically belongs to us, carrying even this one handicap. Another problem presents itself when patient and doctor hold different opinions as to what constitutes a cure of some given condition. This problem sometimes narrows itself down to a toss-up of whether it is more expedient to relieve pain, hold the patient, and possibly postpone forever any eventual cure or to disregard immediate and pressing discomfort in an effort to secure effective and permanent removal of the same later as the case scientifically unwinds. This problem calls for expert management, the chief phase of importance in its solution being to win the confidence of the patient. A prescriber who is incapable of inspiring this because, for one thing, he prefers to keep his plans and methods on a high plane of inaccessibility as far as the patient's comprehension goes, in other words the man who deems it the patient's part to take his medicine and ask no questions, will often be disappointed in results. It is well to remem-

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ber right here that a patient afflicted with a chronic disease, who today agrees to be treated homeopathically for his troubles, needs first a little re-educating, for the average individual has absorbed a lot of information which, as Josh Billings would say, "aint so." Indeed a whole paper might be written on this new relation between doctor and patient due to the trend of the times. Intelligent people are seeking first hand directions as to the best manner of running their physical machines. They are beginning to appreciate the wisdom of keeping it in repair. Expert advice here is soaring in price, while popular health admonitions crowd our magazines and papers. The noncommittal physician should recognize the situation and with no compromise of professional dignity meet the problem diplomatically.

Unquestionably this widespread health propaganda campaign is not unmingled with grave danger to the public. Putting aside the old-fashioned scare headlines in health articles, written to promote the sale of all manner of worthless nostrums, a vast amount of pathological misinformation is being assimilated by the innocent and ignorant seekers of knowledge. An accredited psychologist will indeed tell you tales of the bugaboos he snares from the subconscious of these victims.

Connected with this problem, in fact growing out of the same stem, is the popular modern mania for publicity, an excellent safeguard against many ills undoubtedly but, once more, if pushed to the extreme, a propensity that readily becomes an uncomfortable not to say dangerous element for us to combat. The slogan, "no secret nostrums," "a clear label on every bottle" of alleged medicine, such of course receives our support. It is when a prospective patient asks of us: "What am I taking, doctor?" "What am I to expect from this prescription?" that the *incognito* in our therapeutics bobs up—a question. To people unacquainted with homeopathic medicines and the time-honored method of their administration these are legitimate and natural queries and must be met. To hand such an inquisitive patient a small vial of alcohol saturated pellets of *saccharum lactis* and always get away with it, requires finesse. It is a problem and a growing one. I am aware that some prescribers today, as in the early years of homeopathic practice, administer their one dose and scorn any follow up procedure. It is a question whether this method could succeed today.

I am convinced, however, that the very simplicity and sameness of our office and bedside routine keeps a certain type of would-be investigator of homeopathy from any honest trial of its virtues. This reminds me of an instance that occurred in a fatal case of pneumonia in a member of an old homeopathic family of the late Dr. C. W. Butler. I treated this patient for some years after Dr. Butler's death, then the young members of the lady's household, attaining years of wisdom, homeopathy in their midst became conspicuous by its absence. The mother finally coming down with pneumonia, an elder daughter on being asked why they did not have homeopathy for the patient, replied that she "just could not stand by and see nothing being done for our dear little mother." Well, much was done and the undertaker finished the job.

Education is invariably offered as the permanent solution of social and moral problems. I suppose some sort of a comprehensible explanation is due the patient who seeks it, but here again we bump into a problem of just how far to go in this educational process. We are all regaled from time to time by regular Arabian Nights tales of what other doctors have told patients before they came to us. Nothing can be done here of course but catch these flights of the imagination and classify them in our case history under the head of mental symptoms, but the experience serves as a warning against over volubility.

Back and forth swings the pendulum. You are often damned if you do explain matters of diagnosis and prognosis to your patient, and damned if you don't. Within the past year I lost a family because I explained to a father that his young daughter's slow progress towards health had its root in a tubercular taint. The ominous word terrified him. I supposed he concluded that if I knew what I was talking about the case was too serious for homeopathy to cope with. Some other doctor with an itch to explain has probably reassured him ere this, and my explanation is now regarded as another doctor's wild goose tale. Such an experience of course illustrates not only the danger of saying too much but of saying it the wrong way and to the wrong individual. Retiring then within one's shell, reassured by the knowledge of the great value of our methods, again I sometimes wonder if some of us at heart are not in danger of becoming a trifle static in what for a better term I will call the mechanics of our professional

ministrations. A principle must be stationary—its manner of explanation may improve. Veering around once more I appreciate that just at this point looms up another danger, which may degenerate into a problem—a problem by the way more likely to confront the beginner in medicine than us older members of the profession. I have reference, for instance, to the doctor's office, of over elaboration of equipment, over emphasis on the ceremonial of approach. Where the patient as a patient is so invested with the ritual of scientific examination, that the simple illness for which he often seeks aid is swallowed up in the technique of its discovery. Just what constitutes a happy middle position in this relation? To be personal and mention my own surroundings, I don't believe I am ashamed to state that for more than twenty years my office, its rules, regulations, and appointments have undergone no perceptible change. A few modern implements of diagnosis have crept in and added remedies, of course, but Dr. Butler would be quite at home in his old chair with his beloved old vials close at hand. He might be mystified by the complexities of an up-to-date blood pressure machine; he might question just how much of a part the findings of such an instrument play in the grand total of our homeopathic prescription, but in the main his teachings and beliefs would receive so little of a jolt with the passing of the years, that I wonder again whether the inertia of the routinism, above alluded to, has me in its grasp? It is a problem.

In this age of intensive specialization I presume it behooves the homeopathic therapist to cast about and find the niche in which he by rights belongs. He has a place in medicine and a vitally important one, so important indeed that in the whole wide range of the art of healing disease there exists no substitute for the homeopathic prescription when correctly applied.

I suppose my mind is wandering and I am glimpsing Utopian days to come, but I believe the ideal environment of the specialist in homeopathic prescribing, assuming that his clientele could be made to appreciate what they would be getting under such a plan, would be for each chronic patient to appear with a complete record or "health chart" compiled by experts in the various branches of physical diagnosis. The general practitioner is not an eye, or an ear, or a throat man. Why not extend the office of these specialists to include the entire physical organism and all of its functions?

Great laboratories for such work are coming—one I could mention is here. Suppose it is a commercial organization, in so far as mighty financial interests sustain it, the results accruing from it could be made worthy of genuine support. With such important and reliable specifications at hand, the specialist of final importance, *the man to cure the case*, could begin to get in his *real* work with the patient. Stripped of all named disorders, just a disturbed and suffering organism assailed by many ephemeral and apparently no consequential sensations, unnoticed in the laboratory or on the examination table but which often spell out a code of vast help to the homœopathic prescriber, how many problems would melt away under such a regime.

In conclusion I want to present three cases, not because of any special interest in the cases themselves but because each contains specific points for discussion.

Case one, then, shows that the old dictum, "a case well taken is half prescribed for," can be reversed into a case *half taken* is worse than *not prescribed* for. Mrs. A., middle-aged, rather rotund, and of a gouty diathesis, evidenced by chalky deposits around finger joints, family history negative, has had gall bladder trouble in the past for which she was operated upon. Present symptoms—fatigue, can hardly endure her weakness and her pains; craves heat; is constantly sighing; has had a series of shocks in recent years, notably the loss of a favorite son in the late war; is very sensitive and high strung but constitutionally reticent and difficult to approach. I gave her Ignatia which brought some relief but did not hold—a change of potency in a repeated prescription gave no better results. I now reassembled my data and at the third conference chose Nat. mur. Failure this time nettled me, and Mrs. A. and I got down to business, in other words I took her case because I overcame her disinclination to talk and induced several important revelations, chief of which was the admission that so strong was her fear of growing stouter that she was living on a diet so low in caloric value that it would not nourish a half grown pup. It took some eloquence but I finally convinced her that she could not run such a sizable engine on such fuel, also that her disagreeable sensations were directly traceable to her abstemiousness in the matter of food. I now gave Ignatia and with her cooperation, it worked the miracle, relief such as she had not known for years.

Case two is interesting because it indicates to my mind the fact that we do meet cases of so-called deficiency disease where the need may be physiologically supplied and not interfere with the action of true medicine when such cases call for medication. Mrs. G., with a history of myxœdema of thirty years duration. Thyroidine has been constantly employed during the whole of this period with a loss of ninety pounds in weight. She now weighs 180. I was called to prescribe for a case of grip and found that her constitutional history clearly indicated that Nat. mur. had been her medicine since girlhood. I overlooked the acute symptoms of the grip picture and followed the lead. Her recovery was so spectacular that it was widely commented upon in the boarding house where she lives. Did I imagine I could remove her Thyroidine? I did not. This was nourishment not medicine. Nat. mur. took charge of affairs but on a different plane. This may be just a flicker of truth regarding all the ductless glands, simple of course when compared with hypersecretion, but the end of human attainment is still some distance ahead of us.

Case three is more complicated and more problematical. I did my best for him but the old man is dead. The last ten years of his final total, seventy-three, was rather rocky going; an energetic stubborn will and a fibrillating heart provoked more than one crisis. Finally two grains of Dig. a day smoothed over some of our difficulties—(that rank misnomer physiological medicine again). Then storms broke, restlessness, peevishness, sweat, sleeplessness and many more discomforts. I enlarged to him upon the steadying of the heart beat, etc., but all to no effect, he held to the opinion that he was getting worse and his family agreed with him. The main functions of the body were apparently normal and there was no fever. I may mention here that Lach. had been given early in the case with great relief. At this juncture a misunderstanding suspended my attendance on the case. My two successors maintained the Dig. and added massive doses of Bromide which did not give sleep, but their tenure of office lasted but twenty-four hours. I was hurriedly summoned to see Mr. C. die or prevent it if I could. The case was desperate and looked hopeless. The generals in the symptomatology now were delirium without fever, aggravation from sleep, and profuse sweating, this last being the most peculiar as it ceased when *the patient went to sleep*. Of course the Dig. was

diminished and the Bromide discontinued. My prescription was Samb. Nig. Seven hours of quiet sleep followed the first night, even the heart action fell under the benign influence of the remedy for a number of days. Then Dig. was resumed and continued for a full year before he died, as I predicted, suddenly. In the interim between these two attacks my prescriptions were always based on the symptoms given regardless of the Dig. He had one or two colds and an attack of grip, but the action of the dynamic remedy given for these was in no way as far as I was able to perceive influenced by the Dig. I invite your comments upon my conclusion.

Hahnemann very emphatically enjoined us to determine what was curable in disease and medicine. I do not now recall that he left any specific directions as to what to do with our incurable cases. Palliation may be but an expedient, but no man could practice medicine without employing such. Are we always sure that the homoeopathic prescriber has a full line of these makeshifts? Their correct and legitimate use is perhaps our problem of problems.

PRESERVING LIFE IN ACUTE DISEASES OF THE ABDOMEN.*

H. A. Roberts, M. D., Derby, Conn.

It has been very truly said that acute diseases are the sudden exaggerations of chronic disturbances of the vital forces. Manifestly it is also true, that the acute disease is more immediately dangerous to life than the deep-seated diseased condition, which is the starting point for the acute attack, in itself so alarming. Doubtless it is the duty of the true physician to endeavor to eradicate the chronic condition before it gives rise to the violent attack of acute trouble which we all dread to see. No physician, however skilful he may be, is always able to do this. Many times his first call to the patient is made, when an attack of terrible pain has made the attendance of a physician necessary.

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The acute diseases of the abdomen are noted for their sudden onslaught and their rapid development. This is easily explained. In the abdomen we have an ideal field for rapid growth, heat, moisture and gases. This combination, unless quickly cured, leads to the formation of pus and gangrene, and when these end-products have formed, they very quickly become a terrible menace to life. The young and vigorous person is more prone to develop these acute states of disease than the older, more mature person, therefore the dire result of a failure to recognize and cope with the situation seems more tragic.

This is true Hahnemannian teaching, for in paragraphs III and IV of the *Organon* Hahnemann says:

"When the physician knows the obstacles to recovery in each case and how to remove them, he is prepared to act thoroughly and to the purpose, as a true master of healing.

"He is at the same time at preserver of health when he knows the causes that disturb health, that produce and maintain disease, and when he knows how to remove them from healthy persons."

Not all cases of acute abdominal trouble proceed to suppuration. How then can we tell definitely when pus is forming: by determining the amount of leucocytosis in each individual case. It has been discovered that leucocytosis always takes place in the formation of pus.

If we find by a process of careful elimination of every other locality, which is a possible seat for trouble, that the acute manifestation is confined to the abdomen, we know where the origin of the disease is.

The normal number of leucocytes is about 6000 to 7000; when inflammation is present they increase rapidly to 12,000, and from that point the red flag of danger is out. If the count goes above 16,000 we know that pus is localizing and the higher the count above 16,000 the more urgent the case becomes. Before this discovery, the physician was often deceived into thinking his patient was improving, for with the localizing of the pus, the temperature would drop and the pain become less, but with this seeming improvement, the danger of a fatal result increases. Then it is that

we should exercise good surgery, for we know as the *Organon* before quoted says "the obstacle to recovery and how to remove it" and should operate and thereby preserve the life until we have time to cure the patient.

The following cases which have come under my care during the past winter, will illustrate my feeling in regard to these dangerous cases. Upon our alertness and ability to direct the preservation of life, depends our success as general practitioners of medicine.

PATIENT No. 1.

Walked into my office, having come from a wedding; a large, well-framed man, fifty years of age, whom I have known for years, now very much stooped and apparently in acute pain. He told me this pain had come on very suddenly, and was located in the left side of the abdomen, when it first began three hours before. It was paroxysmal in type; was relieved by bending over upon it. His temperature was one degree below normal. The right rectus muscle was under very rigid tension. He had vomited and complained of a severe headache. A blood count was taken and the leucocytes were 25,000. He was immediately removed to the hospital and operated upon when we found a ruptured appendix and quite a quantity of pus walled off in a pocket by itself. He made an uneventful recovery with drainage tubes, after which I was able to find his constitutional remedy, which has greatly helped him.

CASE No. 2.

The next case was a child seven years old. Awoke in the morning with very acute pain, paroxysmal in type. The pain was largely confined to the right ilio-caecal region; the right rectus muscle was very tense. She was very tender to touch. She had vomited twice. Her temperature was 102. The blood count showed 25,400 leucocytes. I found this condition on my first call. She was removed to the hospital and operated upon when we found a large pocket of pus as the appendix was removed, and drained. She was in the hospital two weeks. Since then I have had her under my care and we are able to report that the homoeopathic remedy has done very much for her, in building up her general health.

CASE No. 3.

The next case is a boy twelve years of age. I was called three days after the former one, the first time I had ever seen the patient. He was complaining of practically the same symptoms. The leucocytes count 20,000. We operated on the boy and found pus and a gangrenous appendix which had ruptured. He has made a good recovery and we are able to care for him now in a purely homoeopathic way.

CASE No. 4.

In the next case I was called to one of the factories to examine a boy twenty years of age, who had been taken sick after dinner, with acute pain in the abdomen, centralizing in the right side. I could see that he was a very sick boy. I took a blood count and found a leucocytosis of 26,000. We operated on him at the hospital, and found an appendix very much swollen and filled with pus, which we removed without rupturing, so that we were able to close the wound entirely, and we removed him to his home in just one week.

CASE No. 5.

The next case I want to report is that of my own son, who was attending class in college at 1 P. M. His professor stopped him to inquire how he was feeling, as he had noticed that he was not well, and advised him to come home immediately. I saw him at 7:30 that evening, and found a typical "acute abdomen," except that there was no rigidity of the rectus muscle, but tenderness upon pressure. He had a temperature of 100; a blood count of 18,000 white cells. He was immediately operated upon and we found a patent appendix which was gangrenous, but which we were able to remove without rupturing. This was located very deep, back of the caecum and extending into the pelvis, which accounted for the lack of rigidity of the rectus muscle. Following this operation he developed a very loose, rattling cough, with a great many coarse râles in the lungs. He had the typical dilation of the *alae nasi*. This brought to my mind his constitutional remedy, which has been his remedy for a number of years, *viz.*, *Lycopodium*.

CASE No. 6.

The next case I report because it illustrates the lack of proper attention on my part, as the physician. I was called one night after midnight, to see a colored man about twenty-two years of age, who was in very great distress from pain in the abdomen which was very tender to touch. Pain was paroxysmal; his temperature was 100; he had vomited. There was great urging to stool, but inability to accomplish the act. He reported that he had been operated upon for appendicitis two months before, and had that evening eaten three bananas. I administered *Nux vomica* and stayed with him for a half hour, when the pain had largely subsided. I left orders that if the pain returned, to let me know.

I heard nothing through the next day from the patient, so concluded that it was a case of acute indigestion, but the next morning the medical examiner called me at eight o'clock and asked me whether I had attended this man and whether I thought he had heart trouble. He had died during the night.

I investigated the case afterward, and found the pain had been quiescent for two hours after I left and then had come on severely again but the patient had neglected to call me. The undertaker reported to me that he had removed about two quarts of blood and pus from the abdomen. This undoubtedly was a case of strangulation of the gut, and I really believe, that had I known of the condition and taken a blood count, that we could have saved the man by an immediate operation.

My object in writing this paper and reporting these cases, is to show how we come upon suddenly and with no warning, very dangerous states, where there is no time to do aught but render the patient's condition temporarily safe, after which we will be able to give the patient the full benefit of the curative action of the homœopathic remedy.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF
HOMŒOTHERAPEUTICS AND RELATED
MEDICAL TOPICS.ECLECTICISM, HOMŒOPATHY AND THE MEDICAL
MILLENNIUM.

A bouquet handed across the footlights after a creditable performance is perhaps the most graceful compliment that can be paid to an artist. It is always gratefully accepted as a symbol and intimate expression of the pleasure and approval of the audience.

Harvey Wickes Felter, M. D., editor of our venerable and highly esteemed contemporary, *The Eclectic Medical Journal*, has handed a bouquet, figuratively speaking, to the writer of this department of THE HOMŒOPATHIC RECORDER. For this we are duly grateful and appreciative. With hand on heart we make our very best bow in acknowledgment.

Dr. Felter not only reprinted entire in the "Periscope" of the *Journal's* January issue my recent article, "Samuel Thomson and the Thomsons," but honored it with a gratefully written editorial which I am so proud of that I cannot refrain from sharing with the readers of this department. It follows.

— — — — —
"SAMUEL THOMSON.

"If it has been done before we do not recall it. We refer to a laudatory article from any source other than Eclectic concerning Samuel Thomson. In a recent issue of *The Homœopathic Recorder*, the scholarly Dr. Stuart Close devotes several pages (see *Periscope*) of fair treatment to this much-maligned innovator in American medicine. Poor Samuel Thomson has been variously branded as anything but a desirable—a quack, ignorant man, and knave—all of which he was not. Thomson, according to the light of his day, was just as earnest in his efforts as we of today in our views of medicine and treatment. He was honest beyond question, pugnacious and 'different.' It was the latter that made him ene-

mies. We, personally, have read a letter written by Thomson, a letter grammatically constructed and correctly spelled. He could not have been wholly an ignoramus (as often has been said) to have written so well. We do not agree on all points with Dr. Ciose, who has honestly endeavored to help place Thomson 'on the map,' especially when he refers to the amicable relations between the followers of Thomson and those who became Eclectics. Thomson fought Eclecticism as he fought other things. That Thomson was thoroughly honest and believed in his own 'system' is evident from the fact that he persisted in his own kind of treatment when upon his deathbed—mistakenly believing that he could be cured with a course of lobelia emetics of an ailment the correct nature of which he probably did not know—dying of strangulated hernia. Thomson lived a turbulent life, and in death sleeps in no less quiet surroundings than he lived. His body rests in the grave of a friend, in Boston Common, shaken by the rumbling of the subway traffic. Dr. Ciose has done a graceful service to American medical history in his admirable tribute to the reformer. Had Thomson done nothing more than to awaken orthodox medicine to progress, and even to resistance, his life was well worth living. Thomson never was an Eclectic, though every reformed Eclectic honors him for his part in the American reformation in medicine."

Dr. Felter's amiable bit of constructive criticism of my reference "to the amicable relations between the followers of Thomson and those who became Eclectics" is quite proper and timely. Being only a passing allusion with another dominant thought in mind, it was not entirely accurate as history. What I meant to say or imply was that the fight for principle made by Thomson resulted in a *virtual* alliance between the Eclectics, Botanical physicians and Thomsonsians, in which they were all working with a common purpose. That purpose was the attainment of liberty of opinion and the legal right to practice according to the dictates of conscience and judgment without dictation and tyranny by the authorities of "orthodox" medicine. That, I think, was true of the followers of the three schools if not of Thomson himself. There was no formal or official alliance, but merely a subconscious, contemporary motive and activity working toward the accomplishment of a common purpose. That might have been and probably was true even if there was opposition between the schools in other matters.

A similar but more cordial *entente* has always existed between the Eclectic and Homeopathic schools. Together they have borne the *opprobrium medicorum*. Together they have fought for their legal rights, privileges and lives from the beginnings of both. Alike, each has struggled with its own inherent weaknesses, its schisms and strifes, and always with its face toward the foe.

In perusing the complimentary marked copy of *The Eclectic Medical Journal* mailed to me by Dr. Felter, I was interested anew in the several points of contact, agreement and difference between Eclecticism and Homeopathy. I found in certain articles in this number more and better (perhaps unconscious) homeopathy than is to be found in many of the issues of some of our nominally homeopathic magazines. Read with an open mind—presuming a fair degree of knowledge of homeopathic principles and philosophy in that mind—these articles should put many of our nominally homeopathic practitioners to shame. They evince not only a practical grasp and appreciation of the resources of the materia medica, but a sincerity, enthusiasm and consistency of application by their writers which is admirable in the highest degree. Our Eclectic friends *believe in the old-fashioned materia medica* and are not ashamed to proclaim and demonstrate their belief in it to the exclusion of serum and vaccine therapy, the modern medical mode of performing (and perverting) the savage rite of "making blood-brotherhood."

In precept and example their work is stimulating and instructive to every broadminded homeopathist who follows it. It is desirable that homeopathists should keep in friendly touch with the Eclectics in the work they are doing in materia medica and pharmacology, and that there should be more cooperation between them. Both would undoubtedly profit by a mutual exchange of ideas on these subjects.

The two schools have many things in common. Both use many remedies in common and frequently on the same indications, although the theoretical bases of prescription are different. Dr. Herbert F. Webster, for example, in his article on "Tongue Indications," based largely upon the observations and teachings of Professor John King and Professor Scudder, quotes from "Dynamical Therapeutics" as follows:

"Irritation of the gastric and intestinal surface is manifested by a narrow, elongated, pointed tongue, with reddened tip and edges, and with this condition is associated tremulousness upon protrusion, indicating nervous tension. Here the specific is *Rhus*."

Here is a classical symptomatic description and homœopathic application of one of our most frequently used medicines as developed by provings and verified clinically times without number in homœopathic practice. While practitioners of classical homœopathy are rather shy of "specifics" and "keynotes," being more inclined to base their prescriptions upon the totality of characteristic individual symptoms, they would probably agree that *Rhus* is as nearly a specific for the conditions characterized by this tongue symptom as may be found in the entire *materia medica*.

Our Eclectic friends seem to think it necessary to give *Rhus* in tangible doses; but I assure them that similar and even more brilliant curative results follow its administration in infinitesimal doses of the dynamically potentiated medicine, other conditions being equal. Demonstration waits only upon trial and a clear field. Given the symptomatic indications and freedom from the confusing "auxiliary action" of any other medicine, and, my word for it, the proof will be forthcoming, "*pronto*."

The same may be said of all other medicines used for curative (not "physiological") purposes by all schools.

In this matter of dosage, our Eclectic friends, in common with many nominal homœopaths, might return to the teaching of Hahnemann and his true disciples with great advantage to themselves and their patients in many cases. To do so would bring them into line with modern science in its exploration of the realm of the infinitesimal and the imponderable—research which has brought to light and harnessed, or begun to harness, the tremendous powers of the atom and the electron. No modern scientist derides or is doubtful about the power of the infinitesimal. Chemical, physical and electrical scientists are coming to recognize it as the primary source and manifestation of every form of energy, and to realize that *back of the Infinitesimal lies The Infinite*.

It is surely not to the credit of medical men of any school which professes to be scientific that they hold back and refuse to enter the broadest and richest of their own and the greatest of all fields

of investigation—the field of Vital Dynamics which Hahnemann was the first to enter. There also the infinitesimal reigns supreme.

The Eclectic School of Medicine, like Homœopathy, had its rise in the poignant realization by its originators of the tragic results of using unmodified poisonous drugs in medicine, and especially of the mineral poisons. They saw their patients, their friends and members of their own families succumb quickly to the lethal action of such drugs as mercury, arsenic and antimony. Short of dying, they saw an innumerable host of chronic and disabled victims of the same maleficent system. They saw them bled and purged to death. They saw them butchered by the surgeons. They agonized and despaired over the "slaughter of the innocents" until, at last, they rose in their wrath and determined to end it, at least so far as they were concerned.

Like Hahnemann, they believed that God in His infinite mercy had not left man without resources with which to mitigate his sufferings, and they sought a better and safer way. They abolished the use of mineral poisons, the lancet and leech, and the indiscriminate use of the knife. Without rejecting minerals altogether, they turned to the vegetable kingdom and began to develop its resources in remedial agents. They called nature to their aid and endeavored to work more in harmony with her. They avowed their purpose to adopt the Baconian or inductive instead of the synthetic method then in vogue. They began anew to study the nature, forms and symptoms of disease, and to try to link its manifestations in some more intelligent way with drugs. They simplified, purified and developed their *materia medica* and reduced their dosage. In short, they did much to reform contemporary medicine, and for that they deserve the gratitude of suffering humanity.

But in one thing the Eclectics fell short. They failed to see the supreme necessity and advantage of discovering or adopting a general principle of *therapeutic medication*. They did not carry the Baconian method through to its conclusion. They did not realize that without *cement bricks* and sand cannot be erected into a safe and durable structure. Facts innumerable may be gathered by analytical observation and research, but they are of little or no per-

manent value until they have been classified, generalized and unified into a system by the deduction or discovery of their harmonizing principle. No exact science can be erected until its Primitive Fact or Law has been discovered and made the foundation of a system. Synthesis must follow analysis or the induction is incomplete. No induction is complete until a primitive principle has been deduced. In no other way can complete mastery of phenomena and forces be attained. *Every exact science is a system.*

Hahnemann saw this great truth and was guided by it. He discovered the basic principle of therapeutic medication and upon it built the therapeutic structure called Homœopathy, which, in its essential elements, will endure forever. It may be enlarged, or extended, or adapted to meet new requirements, or it may be abandoned, but it can never be destroyed.

Let it be said that The Eclectic School has been "true to label." It is what it was designed to be. It has followed the course laid down for it by those who originated and named it. Its name truly characterizes it and no one can charge its members with inconsistency or hypocrisy. They practice what they preach.

Would that as much could be said generally of the members of the Homœopathic school!

The difference between the two schools lies in their ideals—in the scope of their philosophies—and that difference is fundamental.

Eclecticism, in philosophy, is an attempt to reach a comprehensive and adequate system by selecting and combining the best features of previous systems. Any such attempt involves the danger, and usually the result, that the would-be synthesis is carried out in a superficial manner; that something vital is overlooked and left out; or that the elements taken up from previous systems are only loosely put together, not really unified. It should be noted, however, that if the characteristics of previous systems are not thus adopted, but are modified and really blended into a new unity, the name does not properly apply. The resulting "system" is not eclectic. Hence, "Eclecticism" is not properly a system at all. It is merely a method. And to this, our Eclectic, as well as our allopathic friends, all cordially agree. In fact, they are more than cordial—especially the latter. They vociferate and insist upon it,

and they are quite right about it. They have no system. To refer to their mode of practice as a "system" in their presence is like waving a red flag before a bull. The would-be matador who waves the flag needs a strong arm and a keen blade, and a stout wall of just the right height near at hand in case he should suddenly decide that "discretion is the best part of valor" and want to jump in a hurry.

Homœopathsists of conviction and perspicacity—"dyed-in-the-wool" representatives—on the contrary, avow their conformity to a system and glory in it. They know what system in science means and what it involves. It means knowledge and mastery of an underlying formative and governing principle—a Law of Nature. It means a definite and dependable technique developed for the practical application and adaptation of that principle. It means the possession of power and ability to meet all requirements in its legitimate field of activity. It means the solution of problems otherwise unsolvable. It means a definite and exacting standard, and it means hard work.

In the very nature of the case there are many professing homœopathsists who do not, and apparently cannot, measure up to the high standard thus established. They do not apprehend nor comprehend homœopathy as a scientific system. To them it is only a method which may be used or cast aside at will, according to their whim, or the seeming exigencies of the moment. They have no foundation of rock. Their house is built on sand, and when the floods come and beat upon it, it is swept away.

Lacking system, knowledge and conviction, they yield easily to temptations of all kinds. They drift into careless routine methods, loose practices, inconsistencies, makeshifts, perversions and violations of principle and cease to be true representatives of the system they profess. If they cling to the name for the sake of expediency, or emolument, or because they lack the moral courage either to reform or to openly drop the name and its associations, they automatically put themselves into the category of those for whom there is but one name, and that an ugly one.

If they would drop the name and its associations, or frankly call themselves Eclectics, no such charge could justly be made against them. It is the privilege of the avowed Eclectic in medicine to

choose and use whatever means seem good to him, subject only to general professional and legal requirements and customs.

Such are some of the implications of a distinctive or sectarian name in science, religion or politics. What shall we think or say then? Would it be better to drop such names altogether? There are many medical men who think so. They would be known only as physicians. But they forget that the name "physician" also has very serious and exacting requirements and implications.

Names are hard taskmasters. They impose personal and individual responsibilities not easy to be borne. They are standards and tests of character as well as mere denominators. They must be "lived up to" under inescapable penalties for failure and shortcomings—penalties that include moral and spiritual as well as professional degradation. But at the same time names are incentives to industry, stimulants to effort, encouragements to the attainment of ideals. To drop them prematurely would involve serious loss, and delay if it did not stop progress.

Distinctive, denominational and party names and that which they represent, in spite of their disagreeable implications, are necessary factors in the evolution of human society. Ultimately a point may and doubtless will be reached where such names, having fulfilled their purpose, may be dropped. Individuals and institutions who have stopped growing and begun to decay—who have dropped back into the ruck from which they emerged—will eventually eliminate themselves, or be eliminated in one way or another. The purifying process is going on all the time. Those who have developed and broadened until they have become truly representative and worthy of their high calling no longer need denominational, sectarian or party names. They have entered into the larger freedom and received their reward spiritually if not temporally.

That halcyon period has not yet arrived, however, for the great majority in medicine. Of them old Auntie's dictum, "Yuh caint unscramble dem aigs nohow," is still true, in spite of their vaunted progress and up-to-dateness. Masters are modest. Only tyros boast.

The Medical Millennium is still a long way off.

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EDITORIAL NOTES AND COMMENTS.

Thoughts at Random.—There are many things in homœopathy which need explaining; homœopathic prescribers frequently get marvelous results but know not how or exactly why they get them. Many an old-time homœopathic physician made a remarkable cure but did not know what he had really cured, for he was long on therapeutic knowledge, but very short on diagnostic accuracy. All prescribers make bull's-eye hits at times, much to their astonishment as well as pleasurable satisfaction. In conversation with one of our ablest surgeons, a man who keeps abreast of the developments of modern surgery and who thinks, we were told of a peculiar case of anasarca in a young girl, which had failed to yield to moderate doses of *Apis mel.* tincture, whereupon he gave ten-drop doses of the same tincture three times daily, in alternation with a potency of *Uranium nitricum*. The result was cure. Now, every homœopath is pretty well acquainted with the effects of the poison of the honey bee; he knows the classic symptoms and indications, the pale waxy œdema, the lack of thirst, the greatly diminished output of urine, the desire for cold air, etc. Not so many are acquainted with Uranium, however, though most of us know of its use, more or less empirically, in diabetes. The drug needs proving and much scientific clinical verification; still, we do know that it is capable of producing nephritis, hepatic degeneration, glycosuria and œdema. The treatment of the case above referred to was of course crude and frankly empirical—still, a life was saved, a cure made. Which did it, the *Apis* or the *Uranium*? We do not know, and more's the pity. Here indeed is opportunity for homœopathic research.

Another example—a young woman suffering from repeated attacks of bronchial asthma; the usual symptoms prevailed and impairment of the general health was marked. Under careful Old School treatment with vaccines and other measures no results were obtained and the patient grew progressively worse. Coming into our hands, a seemingly likely remedy was given, but with slight effect only. No doubt this remedy was but partially homeopathic. In going over the case once more, we were led to note and emphasize the following characteristics—general aggravation during wet weather and mental restlessness and hurry; this patient felt under compulsion to do everything in a hurry; she couldn't get through her work fast enough. Now, as they say in German, "A light went us up!" Reasoning that old Father Hahnemann associated sycosis with catarrhal troubles, we decided upon *Medorrhinum*, which, as every homeopath knows, is gonorrhoeal pus potentized, a nosode, to be more elegant, if you choose. One dose of the ten thousandth potency, made on the now you see it, now you don't, Skinner potentizing machine, was given. There has been no bronchitis or asthma since, and the patient has waxed fat and healthy. Nothing proved, say you; perhaps; but these happy results occur too frequently with all of us, to be dismissed as mere coincidence. That a ridiculous iom. potency, made by the bottle-washing process, can, in one dose only, switch the life forces on to the health track, seems almost beyond belief; but facts are stubborn things and cannot so easily be explained away. Rather should they be investigated and checked up in every detail. What has "hurry" to do with *Medorrhinum*, and why? Is sycosis of greater importance than most of us are inclined to think? If so, why is it not investigated in a judicial way? Heaven knows, there is enough sycosis all about us, for purposes of observation and experiment.

What homeopathy needs is a research fund large enough to permit trained men, of homeopathic leanings and of broad, unbiased minds, to quietly work without let or hindrance, in wrenching the secrets from the gnarled vines of twisted fact and fancy. Humanity will be the gainer and Medicine will be placed upon a plane of real achievement, worthy of the confidence of all.

All Aboard for Freedom.—The "Lapland" convention of the *American Institute of Homeopathy* now seems assured, inasmuch as the requisite number of reservations has been made. Belay there and ahoy! The giant ship may now thread her way through

Gulf Stream and Caribbean Sea, her decks thronged with eager vacationists off on this novel adventure; a good time will be had by all; the sounds of jazz music will nightly rend the semi-tropical air and Terpsichore will hold high carnival; let us hope that the impish knave, *Mal de mer*, will not cavort about too roguishly, or cast his bread too frequently upon the waters. To the instigators and sponsors of this voyage great credit for ingenuity and persistence is due; may the liquid joys of Havana more than recompense them for their efforts and may, in the general jollification, the interests of homeopathy be not totally submerged. Our heartfelt "Here's looking at you" goes out to all. Steward, bring up another mint julep and not quite so much ice, please!

Music and Lactation.—"Nebert and Koch support the so-called two-phase theory of lactation. According to this theory the mammary glands produce milk in the intervals between suckling (the first phase) and this is followed by a markedly increased production during suckling (the second phase). In the second phase as much milk may be secreted in ten minutes as is produced in the first phase in ten or twelve hours. Nervous influences play an important rôle during the second phase. In cows and goats the production of milk was increased if music was played in the stable during milking. Music did not influence lactation in wetnurses, although it is possible that women who are especially susceptible to music might show an increase in milk production which would have practical value."—*Monatschrift für Kinderheilkunde, Leipzig.*

Of course this emanates from Germany, whose people have been nurtured in a musical atmosphere for ages. Near Baireuth no doubt, upon the beautiful Bavarian hills, the placid and contentedly grazing cows chew their cud to the dulcet strains of Wagnerian music. If light cream is desired, the lighter operas are played; if heavy cream is wanted, the thundering tones of *Götterdämmerung* are let loose. The goats which gambol playfully over the landscape, cavort to the tuneful airs of *Fidelio*, and, being in a happy frame of mind, secrete a limpid stream of lactal fluid of exceptional digestibility. Ah, yes! life in Germany is very placid, especially for the bumptious foreigner who has the shekels to enjoy it. We trust, however, that the practice of musical dairying will not become established in these grand and glorious United States. Imagine, if you can, the effect of Jewish airs upon the heterodox cows

of Sullivan County. Suppose the beautiful Guernseys of Sussex County, New Jersey, were to be bombarded with the familiar barrage of American jazz! What would be the effect upon the innocent lacteal imbibers of New York City? Heaven knows, that this town is filled with "nuts" right now, and that *Jazzmania* is sufficiently prevalent. As to the goats—well, so many of us are goats in one way or another, that these hollow-horned ruminants should be exempted, along with the rest of us.

As to the wetnurses, they are not a factor of numerical importance and need not be considered—at all events from the musical standpoint.

Natrum Arsenicum.—Arsenate of soda has been proved and an account of its effects will be found in Volumes 6 and 10 of Allen's *Encyclopædia of Pure Materia Medica*, also in Hering's *Guiding Symptoms*, and of course, in Clarke's *Dictionary of the Materia Medica*.

We doubt, however, whether this drug has been used therapeutically as much as it should be; it deserves study, particularly in its relation to catarrhal inflammation of the mucous membranes. Strangely enough, Stauffer, in his *Homöopathische Arzneimittelehre* does not mention the drug at all, nor does Kent say anything about it. Farrington speaks of it in relation to such diseases as bronchitis, coryza, diphtheria, psoriasis, scarlatina, etc., and his account of it in the *Clinical Materia Medica* is well worth reading.

We have had experience with the remedy in nasal catarrh and results have been good. The mucous membrane of the nasal passages becomes swollen, breathing is greatly interfered with, the nose is stopped at night and especially in the morning, by crust formation and thick gluey mucus, yellowish in color. Sneezing is frequent and provoked by any draft, or by the irritation of the crusts in the nostrils. Dull pain in the forehead, above the root of the nose, is often complained of, showing that the frontal sinuses are congested and inflamed. The morning and forenoon aggravation of this drug is characteristic and reminiscent of the other *Natrum*s, especially the muriate and the sulphate. *Sitica pulmonaria* and *Kali bichromicum* suggest themselves for comparison in nasal catarrh. The restlessness and fatigue of *Arsenicum album* are found in this remedy, likewise the chilliness and sensitiveness to cold air, though heat aggravates the itching of the skin.

We suggest more particularly, a study of the remedy in chronic nasal catarrh.

Treatment of Whooping Cough.—"Out of 100 cases of whooping cough treated by Cuevas with pertussis vaccine, only sixty-eight completed the course of five injections. A local reaction developed in forty-five of seventy cases observed and a general reaction in thirty-eight of ninety-eight. Among the sixty-eight patients, thirty improved, seventeen remained stationary, twenty became worse and one died. The vaccine, while failing as a curative agent, proved, however, its palliative value in 40 per cent. of the cases. The only death was caused by asphyxia the day after the last injection. More than eighty patients were treated with bromides and belladonna, and more than 60 per cent. improved. Belladonna, however, must not be used in infants under six months nor in cases with great prostration. The pupils must be watched. Peroxide was tried in ten cases, without result."—*Repertorio de Medicina y Cirugia, Bogota*.

This Jamaican extract should inject a little therapeutic enthusiasm into the gradually thickening hide of many a homœopathic backslider. Let him thank his stars and Hahnemann, that he has a therapeutic guide in the principle of similars. *Belladonna, Drosera, Cocculus Cacti, Ipecac*, and a host of others, enable him to modify, control and speedily cure whooping cough; the indications for these and other remedies are known to all and need not be repeated here. A little repertorial study may at times be required and will amply repay the seeker of helpful information. Study your cases a bit and you won't have to repeat the disappointing experiment of Cuevas. Incidentally, the "homœopathic vaccine," Pertussin, may at times be useful.

Fractures of Ribs from Coughing.—Wahl observed three cases of fracture of ribs which were due to coughing. He discusses sixty-three other cases which were reported as apparently spontaneous rib fractures. Coughing was the exciting as well as main cause in forty-one of these, sneezing in two."—*J. A. M. A.*

Of course the moral is, Don't cough! A patient with an obstinate cough visited his medical adviser for relief, but the latter was rapidly nearing his Waterloo, when in sheer desperation he gave

his confiding patient a large dose of aperient medicine. Upon his visit the following morning, the disciple of Æsculapius blurted out, "Well, how's your cough this morning?" Back came the feeble rejoinder, "I don't dare to!" This might, perhaps, with perfect propriety, be called an example of inhibitive therapy.

In addition to the simple surgical measures ordinarily required in cases of fractured ribs, quite regardless of the cause, *Arnica*, *Bryonia*, *Ruta* and *Symphytum* should be thought of.

Questionable Publicity.—Homœopathy has suffered more from its alleged friends than from its sworn enemies of the allopathic persuasion. Well meant though misdirected efforts for the cause are likely to do more harm than good. If we, as a homœopathic profession, are endeavoring to persuade the dominant school to our way of thinking, the method employed, as illustrated by the following newspaper account, is well calculated to discourage all sober-minded physicians; it smacks of the three-ringed circus and of the vaudeville stage, and those responsible for it have shown a lamentable lack of comprehension of the fitness of things. Says the *New York Sun* of January 19th:

"FIFTY ON POISON DIET. *Student Volunteers Begin Test at Medical College.*—Fifty students comprising the volunteer 'poison squad' of the New York Homœopathic Medical College and Flower Hospital rose from bed this morning and asked themselves how they felt—eager to detect any symptoms produced by the spider, bee and vegetable poisons they swallowed yesterday.

"Each student received a capsule which he or she swallowed, thus launching an exhaustive experiment which will be carried on over a period of one year in an effort to determine the therapeutic value of certain little known drugs and poisons. Twenty-five of the capsules contained nothing but milk, it being the purpose to keep the students in ignorance as to whether they had received the poison so as to avert possible fancied symptoms.

"Each volunteer was subjected to a number of tests to detect any effect produced by the drugs. The students also jotted down any symptoms, physical or mental, which they noted. Later, the spider and bee poisons will be injected. It is hoped the tests will show whether there is any scientific basis for the popular belief that a bee sting is good for rheumatism and a spider bite beneficial to the blood. From beliefs once branded as absurd, scientists say, have developed many boons to mankind, with the result that the medical world today believes in preserving an open mind until the value or nonvalue of any agent has been proved."

The *New York Times* and the *New York World* contained very similar accounts, good newspaper stuff, from the standpoint of the ubiquitous reporter, but hardly in keeping with the objects of a supposedly serious body of medical men. The go-getter, the booster and the high-pressure salesman, have no place in Medicine. Their efforts should be confined to selling under-water lots on Long Island or fancy stock securities in Texas oil companies.

Consistency, Thou Art Indeed a Jewel.—In the *Pacific Coast Journal of Homœopathy* for January, 1926, appears an article by H. A. Atwood, M. D., of Riverside, California, entitled "Homœopathic Treatment of Influenza." In discussing the treatment of this disease the author states:

"In taking up the remedies we will first consider those cases that come to us when there has been a dry, cold wind. In these we have high fever, great restlessness, aching, thirst, and a harsh cough. The remedies are Aconite or Ferrum Phos. in the beginning, with Bryonia, Belladonna or Atropine and Heparsulphur later.

"The next class of cases are those that come in during our northers. The wind may be either hot or cold. The temperature is often below normal; there is great prostration, aching and restlessness, with chilliness. These cases need Gelsemium, Eupatorium with Arsenicum later.

"During recent years there have been a good many cases of intestinal Influenza. There may be vomiting, or diarrhoea or both. Sometimes the cases go on to a bloody flux. My sheet anchor in these cases has been Bryonia. In cases of vomiting Arsenicum, and in cases of diarrhoea Podophyllum, Merc. Cor. or Phosphorus. Most of these cases are much benefited after the attack is over, by Nux Vomica."

More detailed indications for the remedies mentioned are not given, but the Doctor goes on to state (*italics ours*)—

"I have a treatment with which I start these cases, that has given me wonderful results. In fact, my little pill is in great demand. You may say it is not Homœopathic, but it has been so successful in my hands that I am willing to let it go at that.

"I dissolve *one-fourth* of a grain of *Morphine* and *one one-hundred and fiftieth* of a grain of *Atropine* in *from four to twenty teaspoonfuls* of water, depending on the age of the patient and the severity of the disease. On going to bed, or if in bed I give a *teaspoonful every half hour* until the patient is easy,

and then every two or three hours if awake. After that I follow with whatever remedy I find indicated.

"I have tried to give these drugs separately; but I find Morphine useless alone, while the Atropine does not act nearly so well.

"I find ninety per cent. of the cases respond within one day if the case is recent.

"This remedy is never of any value when the temperature is below normal or when there is a secondary infection. It was an absolute failure during the Influenza epidemic of 1919."

Well, *que voulez vous?* Unquestionably the good doctor is entirely within his rights if he wishes to resort to his "little pill." We should say, rather emphatically too, that it is not homeopathic, no matter how you interpret the meaning of this sorely tried word; but surely, he has misnamed his article, for does he not himself say, that 90 per cent. of his cases respond to his little pill within one day, albeit in recent cases. It is evident that the 10 per cent. consigned to homeotherapy are seldom in evidence; we assume, not without justification, that they belong to the submerged tenth of homeopathy. Poor homeopathy, even in the "Land of Beautiful Flowers" continues to be mauled and swatted beyond recognition. Some day, no doubt, and evidently not in the too remote future, we shall see, perhaps in beautiful Riverside, an ornate monument upon which, in scribed in letters of gold, will be the words, "Here lies poor old Homeopathy, killed by her friends; ignored by her enemies; she was born too soon, for man has not understood her. Requiescat in Pace!"

Critical View of Treatment of Gonorrhœa.—"Sænger is opposed to any local treatment in the acute stage of gonorrhœa in either sex."—*Deutsche medizinische Wochenschrift, Berlin.*

Sænger has many who agree with him and all the old and decrepit Hahnemannians, ourselves of course included, also agree. The dangers of suppression, metastasis, transference, or what you will, are very real and very great. The safe way is to prescribe homeopathically, put the patient to bed, if possible, and upon a bland, unirritating diet. *Cannabis sativa, Cantharis, Mercurius corr., Petroselinum, Pulsatilla*, etc., are quite able to control the violence of gonorrhœa and to cure it eventually. Under such a regime there will be no serious complications or sequelæ.

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A STUDY OF LYCOPODIUM CLAVATUM.

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Makeup: Poorly nourished; lethargic; lithic diathesis; dyspeptic.

Location: Digestive tract; especially liver; urinary organs; sexual organs; mucous membrane; blood; lungs and skin. It has a special affinity for the above, and in addition affects the brain and nervous system.

Sensations: Fullness; distension; dryness; colicky; pressing; sharp; sticking.

Modalities: Aggravated from eating cold foods, but especially from cabbage, beans, bread, or any starchy food; before the menses; from four to eight P. M.; lamplight; in a warm close room. Ameliorated from fresh open air; after urinating; warm drinks; nourishing food.

Leaders or Key Notes: Red sand-like sediment in the urine; flatulence while eating, or soon after; weakness due to malnutrition; dryness.

Preparation: The drug should be especially prepared in order to become an effective remedy. Boericke says, "The drug is inert until the spores are crushed. Its wonderful medicinal properties are only disclosed by trituration and succussion."

I never use anything but trituration, below the 30th.

Potency: Lycopodium is a remedy which links preparation and potency closely together. The breaking up of the spores liberates

the active principle of the drug. Again quoting Boericke: "Both the lowest and the highest potencies are credited with excellent results." Hughes²⁷ says: "The highest attenuations are those most used in practice. I nearly always employ the twelfth." Nash³⁸ says: "Its highest curative powers are not developed below the twelfth, hence neither the old school nor the homeopaths who confine themselves exclusively to the low preparations know much about it."

I use from the 12th to the 6m, the 30th most frequently.

Proving: The Cyclopaedia of Drug Pathogenesis records thirty-one provings. Both sexes took part in these provings. The ages of the provers ranged all the way from one to forty-one years. Many of the provers were physicians. Both dilutions and triturations were used. The size of the doses also varied from one drop of the tincture to one hundred twenty drops; from one drop of the 30th to one hundred drops. Of the trituration, from one grain to ninety grains. Five hundred drops of the tincture in four doses were taken in one day (twenty-four hours).

General Properties: Before taking up the special groups I want to consider a few of the general properties of the drug. Hahnemann²² called it one of the three great antispasmodics; the other two being *Sulphur* and *Calcarea carb.* Understanding Hahnemann²² to mean by the above that these three remedies are most useful in the treatment of patients suffering from the several diatheses, my experience with *Lycopodium* leads me to most heartily agree with him.

The fact that it is an antispasmodic makes it the ally of a large number of remedies. Allen² mentions sixteen. As an ally I have given it to prepare the patient for the indicated remedy; when the indicated remedy did not act or acted too slowly; and also to complete the restoration of health which the indicated remedy did not quite accomplish. This means that a *thorough knowledge* of *Lycopodium* necessitates a *good working knowledge* of its allies.

Lycopodium is one of our leading tissue remedies. *Malnutrition*, either as a cause or effect, or both, is a prominent keynote of *Lycopodium*. In my study of the different groups of symptoms which make up the various conditions for which our remedy has

been used, I have relied less upon textbooks which give the symptoms in a schematic form, than upon the reports of cases as found in these textbooks, and still more frequently in our medical journals. Furthermore, I have given greater weight to the writings (reports) of the *busy practitioner* than to those of the writers and teachers who have had little or no practical knowledge of the action of the remedy, who are theorists rather than practical men.

Only *verified* symptoms will be mentioned in this study and they will be given in the order of the rank they occupy in each individual group. I have always taught, that a symptom may hold the highest rank in one group and the lowest in another. This fact I have often seen demonstrated in the different groups of *Lycopodium*.

Digestive Tract.

There are several divisions of this caption, also sub-divisions.

Stomach: Taking up the stomach first, let us make four sub-divisions, viz., *flatulency*, *gastritis*, *gastralgia* and *dyspepsia*. This order is not in accordance with the importance of the conditions, but because of the number of authorities who mentioned them. In fact to one inclined to generalize, the four would probably be reduced to two, viz., gastritis and dyspepsia. But then we would be obliged to divide dyspepsia into *acid*, *atonic* and *nervous*, according to the cause.

Flatulency: Although *flatulency* is but a symptom, yet so peculiar are its elements that eighteen of our authorities have mentioned it and a majority have stressed it. *Flatulency* is a prominent symptom in various groups of both *gastralgia* and *gastritis*. Provers and patients have characterized the *flatulency* of *Lycopodium* in the following terms: "Enormous quantities of gas in stomach; gas forming soon after eating, sometimes when first beginning to eat; gas eructated in large quantities; gas which distends both stomach and abdomen, making the stomach tender and sore to pressure; gas fills my stomach so I can not eat enough to nourish me"; gas tastes sour; gas which is worse when I am tired, especially mentally; gas which is worse when I take *coarse starchy foods*; gas made worse by *cold* foods; gas which is made better by hot salt water or soda in water; gas pains relieved by

belching and by free movement of the bowels." One patient stated that he had had several attacks of *flatulency* with such distention of and distress in the stomach, that he would have died if his physician had not used the stomach pump. *Lycopodium* 30th trit. completely cured him.

One thing my experience has taught me about the *flatulency* of *Lycopodium*, viz., that those patients who have been in the habit of taking large quantities of bicarbonate of soda for "sour stomach" are the most difficult to cure and that the highest potencies are the best for such cases.

Abdomen: Aside from the stomach conditions caused by *flatulence* there are only two which need mentioning besides those of the liver. They are partial paralysis of the intestines and hernia.

The former condition occurs after operations during which the intestines have been handled roughly or for a long time. In such cases an enormously distended abdomen, with hiccough but no flatus passing, are the symptoms which should be added to the personal history of the patient. For such cases, use the highest potencies and contrary to the usual rule, repeat frequently. Stomach or rectal tubes are great aides in such cases.

For inguinal hernia I have often found it useful when the primary cause was nervous weakness and the exciting cause was abdominal *flatulence*. *Lycopodium* tones up the nerves and prevents the flatulence and thus cures the patient of hernia.

Liver: Here, as under the stomach, we find both functional and pathological changes. The bile may be increased or decreased in amount. The bile duct may be occluded by calculi or other abnormal products or by tumors about it. The liver may be atrophied or hypertrophied. It may be congested or inflamed.

Our authorities mentioned the following: hepatitis, jaundice; cirrhosis of liver; nutmeg liver; gall-stones.

Gall-stones: The symptoms for gall-stones are: first, the make-up of the patient. I have never cured a patient of gall-stones who did not at the same time suffer from the red sediment in the urine, and many of them from renal colic and calculi. The other symptoms of this group were those usually found in cases of gall-stone colic, viz., the peculiar pain, the nausea, vomiting,

yellow skin, if the attacks are of long duration, the itching, etc. The stools in this group are always hard, dry, large and in seven out of ten cases very light in color. *Flatulency*, the gas rumbling about in the distended abdomen and increasing the pain about the sore and tender liver, is always present when the constipation is present. The medium potencies are the best for these cases, i. e., 30th and 200th.

Hepatitis: It is the *chronic form* which usually calls for our remedy. Here again, the make-up of the patient is the leading symptom. The personal history will reveal the fact that the patient has had numerous attacks of hepatic colic, also renal and bladder trouble and the stomach symptoms of *Lycopodium*. In addition you will find pain and tenderness, also marked heaviness in the hepatic region. The peculiar *constipation* and *hemorrhoids* of the remedy will be present, and in a majority of cases there will be *ascites*, which condition is mentioned by six of our authorities and which I have found in a majority of cases. The peculiar liver spots (brown spots) are most often found in this group.

I have very rarely found *Lycopodium* even palliative in cirrhosis.

Gall-stones have been found in the feces.

Urinary Organs.

Calculi: Sixteen of our authorities vouch for this condition under the name of renal calculi, while fifteen give nearly identical symptoms under the head of uric acid diathesis. In addition to the *presence of the calculi in the urine* we have the following: "Stitching, shooting, tearing, burning, pressing down pains in the urethra and all but the last in the ureters; frequent desire to urinate; tearing and burning in the ureters while micturating; interrupted flow and dribbling." The urine is often heavily loaded with the red sand sediment and pus. The specific gravity is high and the reaction alkaline.

There is no other remedy so often indicated for babies suffering from renal or vesical calculi. My first case of this kind made a deep impression upon me and upon an old school friend of mine who also studied medicine with me, under the same preceptor. This friend graduated at Yale. He had a patient presenting the above group of symptoms, whom he had treated for over three

months. The patient was the doctor's nephew and eleven months of age. The babe was given a powder of the 30th trituration four times daily, just before feeding. No change was made in the diet or otherwise. The case cleared up completely in three weeks. My friend then remarked, "According to your law this same medicine will produce these calculi in a healthy person. Will it?" With some trepidation I replied, "Try it." He thereupon gave some from the same bottle (Boericke and Tafel 30th) from which we took the medicine for the baby. He gave one grain to his own daughter, ten minutes before each meal and at bedtime. The urine was examined daily for a week before the drug was given. It was also examined daily after she began to take it. The drug was continued for six days. Day after day for seven days the doctor reported. "Nothing doing. It can't be done." On the eighth day the report was: "Quantily reduced one-fourth, specific gravity increased, color much darker." There was not much change from the above for four days more, but on the thirteenth day from the time she began taking the drug, the doctor brought in a bottle of the urine and exclaimed, "Its my treat." There was a large amount of the red gritty sediment. It was six days after this before the urine became normal.

Our literature abounds in reports of such cases. The make-up of the child is scrawny, poorly nourished and constipated for the general symptoms. "*Crying out of the child before and during the act of micturition*" is the ranking symptom. Over forty authorities have given it.

Cystitis: Most of the symptoms given under calculi are found in this group. In fact, I have never met a case of cystitis which had not been preceded by renal calculi. The calculi were the cause. I have never found *Lycopodium* indicated or useful in acute cystitis.

Nephritis: Our remedy is very rarely useful in acute nephritis. The only case I remember helping with it, was one in a girl of eleven, who had made a slow recovery from scarlet fever. We had had otorrhea and a very bad throat during the attack of scarlet fever. A few weeks after, as a result of exposure to cold, there was pain in the region of the kidneys; albumin; scanty urine, with pain on voiding; gas in the stomach and abdomen. A few doses of the 30th cleared up this case.

For *chronic nephritis* it is more frequently needed. In addition to the usual symptoms of Bright's disease, the *Lycopodium* patients suffer from the *flatulency* and *constipation* of the remedy and *ascites*. I am sure that this last symptom is frequently overlooked, because of the accompanying distention of the abdomen from flatulence.

Sexual Organs.

MALE: Impotency in the male is a condition recorded by fourteen of our authorities. Most of them give old age and excessive venery as the cause. To these I want to add a third cause, viz., fear that they may be impotent because of the fact that they were masturbators during their boyhood. I have had several young, newly married men come to me because they had found themselves impotent. Some of them had waited for months before seeking advice and assistance. In none of such cases has *Lycopodium* failed to secure the desired result. Fear of impotency in young men is as marked an indication for *Lycopodium* as fear of the same condition in old men is for *Strychnia phos*. I use the former in the 30th, the latter in the 3X trituration.

Allen² gives gonorrhoea and cystitis as other causes of impotency. The former I have never verified. The latter is not an uncommon symptom of the group. Whatever the cause, we have the penis small, relaxed and cold. Occasionally we have wet dreams without erections. *Melancholia* is the mental state in all these cases. There is always the mental desire, but the physical impossibility of coitus.

FEMALE: Vaginitis is the condition most frequently helped by *Lycopodium*. It is a peculiar form of vaginitis. *Dryness* is the ranking symptom. By dryness it should not be understood that there is no discharge. By my materia medica⁴² there is reported a case which illustrates my meaning. The three symptoms which led to our remedy in that case were the *annoying flatulency*, the *extreme dryness* making sexual intercourse excruciatingly painful and a discharge of desiccated blood.

Since publishing this case I have had three other similar ones. In the majority of cases there is an absence of the normal vaginal moisture. In a few cases there is a more or less profuse, acrid leucorrhoea.

Dysmenorrhœa is mentioned by three of our writers. I have found the following symptoms calling for it: Severe colicky pains, marked melancholia worse before and during the menses; menses late and scanty; duration of period short; constipation and the abdomen enormously bloated for several days before the flow begins and greatly relieved as soon as it was well established. In a few cases the discharge was clotted.

Mucous Membrane.

The point to bear in mind of this sub-division is that while dryness is the most marked sensation, there is moisture present in a minority of cases. This is true of the mucous membrane of the mouth and throat. Sticky mucus is found in the mouth, especially in the morning, although the patient says the mouth is as dry as a chip. In tonsillitis and diphtheria which call for *Lycopodium*, follicles and pseudo-membrane are in abundance, also much salty saliva. In the nose we find the same sensation of dryness, even when there is mucus enough to plug the nostrils and cause difficult breathing. Ulceration of all sections of the mucous membrane is found, usually superficial.

Blood.

Anæmia frequently exists in these conditions. Loss of weight and decrease in the number of red blood cells seem to go hand in hand. Although the patient usually has an enormous appetite and may take sufficient and proper food, the digestive organs fail to properly digest and assimilate it.

Diphtheria, which I class among blood conditions, calls for *Lycopodium* in a small percentage of cases. The symptoms are as follows in most of them. The membrane usually begins in the nose and spreads to the right tonsil. The membrane and discharge so occlude the nose as to make breathing through it impossible; great swelling of the throat, often oedematous; spasms of the throat causing regurgitation of food and drink; constriction of the nose, throat and chest; great apathy, often stupor; albumin and large deposits of "red sand" in the urine, which is often scanty and at times wholly suppressed. The discharge from the mouth and throat is often bloody.

Dr. A. P. Hanchette, of Council Bluffs, Iowa, used this remedy with wonderful success in an epidemic several years ago. He used the 30th trituration.* Twelve of our authorities report its use and many more have reported cases successfully treated by it. The potencies used range from the 6th to the 60m.

Typhoid Fever: A careful study of the reported cases of this disease seems to prove that our remedy is called for in those slow low types. The *abdomen* is so *distended* that one may suspect perforation of the intestines; the rumbling of flatus is great; *the urine passes involuntarily and stains the bed clothes red*; constipation is always a symptom; unconsciousness; muttering; delirium; carphologia and twitching of muscles. No other remedy than the one under consideration can save such cases. *Muriatic acid* comes nearest to it, but has diarrhoea instead of constipation. Flatulency is not marked in muriatic acid.

Scarlet Fever: I have found it useful only in those cases in which the nose and throat symptoms corresponded to those given under diphtheria.

Lungs.

Bronchitis is mentioned by ten of our authorities and pneumonia by sixteen. All agree that the bronchitis is of the chronic form and the pneumonia of the sub-acute. Some vouch for it in pulmonary tuberculosis, especially when developing after pneumonia. Nash³⁶ says: "*Lycopodium* has often saved neglected, *mal-treated or imperfectly cured cases of pneumonia* from running into consumption." Lillenthal³² says: "*Typhoid or neglected pneumonia*, with continuing hepatization and purulent sputa; pneumonia with raising of mouthfuls of mucus at a time, sputa of a light rust-color; and cough loose, full of deep sounding, as if the whole parenchyma of the lung were softened; fan-like motion of the nostrils." I would add to Lillenthal's list, profuse night-sweats; rapid emaciation; and congestion or inflammation of the liver. The right lung is the affected one in nine cases out of ten. I find that *Lycopodium* follows *Chelidonium* well if the liver has been or is a complication of the pneumonia or bronchitis. Many of the

* See my *Materia Medica*, page 93.

stomach and abdominal symptoms are present in these cases, especially the *constipation and flatulence*.

The higher and highest potencies are the best for these conditions. Great care should also be taken of the patient's diet. Fruits and fats should be given in abundance. *Hagee's Cordial of Cod Liver Oil* has been of good service in many of my cases. It seems to improve the appetite and diminish the perspiration (night-sweats).

Aneurism: While not properly coming under this heading, though a part of the circulatory system, I will mention aneurism because of two cases I have had the privilege of observing. One was of the right carotid artery, treated by Dr. W. H. Dickinson. The patient was a male, forty-two years of age, with the typical *Lycopodium* make-up. Dr. Dickinson gave the 30th trit. five grains, morning and evening. Although the recovery was not as rapid as in others reported, it was remarkable and all the annoying symptoms had disappeared in three months. The other was of the right sub-clavian artery in charge of Dr. A. O. Hunter, who used both the 30th and 12th trit. Hughes²⁷ speaks very highly of it for this condition.

Brain and Nerves.

Brain: Hydrocephalus is the only pathological condition for which I can recommend *Lycopodium*. The ranking symptom for this group is *drowsiness*. I have used it a few times for *chronic hydrocephalus*. In one of these cases there were convulsions. It was in a child twelve years old who had had typhoid fever. There was the peculiar hydrocephalic cry and for the *drowsiness* and on account of this cry I had given *Apis*, because in addition, there was scanty urine. *Apis* in various potencies failed to produce any results. One day the child's mother mentioned the fact that there had been scanty urine and every few days a heavy sediment in the urine. I then gave a dose of *Sulphur*, high and put the patient upon *Lycopodium* 30th, with most gratifying results. Hahnemann²² and Kent³⁰ both praise it highly for this condition.

Melancholia and hypochondriasis are two conditions which have been reported as helped by our remedy. Twelve of our authorities mention these two conditions. *Melancholia* in women is always

worse just before the menstrual period. With this form of melancholia there seems to be the inclination to be alone. The presence of *company* most always *aggravates* and very often *irritates* the patient.

Mental Torpor is found in many patients suffering from the liver conditions of the remedy. Loss of memory and forgetfulness are two other symptoms quite prominent in the mental group. In writing, the last syllable or the last word of a sentence, is often forgotten. People also frequently use the wrong word, saying things directly opposite to what is intended.

Mania is not very often mentioned as a condition which *Lycopodium* will help. There are a few cases, however, in which it has been given with success. Among our authorities, we have Talcott, who recommends it and his word is worth dozens of those who have had less experience.

Allies.

The statement was made above that: "A *thorough knowledge* of *Lycopodium* necessitates a *good working knowledge* of its allies." By working knowledge I mean a *practical knowledge*, such as can only be obtained from a large experience.

Allen² gives the following as allies: "Sulph., Sil., Sep., Zinc; Puls., Bry., Nux v., Carbo v., Chel., Cycl.; Phos., Mag. c., Nat. m., Iod. Iris, Kali bi." You should notice from the punctuation that these are divided into three groups which correspond to three of the most prominent conditions for which our remedy has been successfully used. You should further note that Clarke¹⁰ states that Nux. and Pulsatilla antidote *Lycopodium*, and that *Lycopodium* antidotes China. I will add Chinin. sulph. to China off. Clarke¹⁰ then gives the China group of symptoms, which our remedy antidotes. They are: "Yellow face; liver and spleen swollen; flatulency; tension under the ribs, worse on right side; pressure in stomach and constipation." As compatible Clarke¹⁰ mentions seventeen remedies. Carbo v. is one of them, of which he says: "A dose of Carbo veg. every eight days facilitates the action of Lyc." Unfortunately, Clarke does not mention the potency, but I can say from experience, that the 1m will.

Sulph., Calc. c., Chel., and Lach., will prepare the way for Lyc., while Graph., Ipec., Kali iod., and Nat. mur will complete cures which Lyc. has begun.

Coffee as a beverage or drug is incompatible with Lyc. Nux vom. is the only remedy whose action is interfered with more by the use of coffee than Lyc.

In closing let me urge you to fix the following words firmly in your mind. FLATULENCY, DROWSINESS, MAL-NUTRITION, SAND STONE SEDIMENT, and the modalities, especially the 4 to 8 P. M. aggravation.

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42. Royal, Headache.
43. Southwick, Some of the many conditions for which *Lycopodium* has been used.
44. Takott, Abscesses: 2, 8, 10, 13, 19, 20.
45. Worcester, Albuminuria: 2, 8, 10, 14.
46. Underwood, Alopecia: 12, 17, 22, 28.

Some of the many conditions for which *Lycopodium* has been used:

- Amenorrhoea: 13, 18, 22.
- Aneurism: 2, 6, 10, 22, 27.
- Aphasia: 38.
- Apoplexy: 24.
- Arthritis: 1, 3, 13, 22.
- Asthma: 2, 10, 20, 28, 30, 32.
- Boils: 12, 13, 27, 30, 31, 33.
- Bright's Disease: 2, 14, 22, 41.
- Bronchitis: 2, 5, 10, 17, 20, 22, 27, 29, 32, 41.
- Carbuncle: 2, 22.
- Chancre: 2, 15.

- Chlorosis : 2, 18, 22, 29.
 Cirrhosis of the Liver : 2.
 Conjunctivitis : 2, 22.
 Constipation : 8, 10, 13, 19, 20, 22, 25, 26, 29, 32, 36, 41, 44, 44.
 Contractures : 10, 11, 22, 32, 37.
 Cystalgia : 2, 10, 22.
 Cystitis : 2, 10, 11, 13, 14, 21, 22, 41, 42.
 Dementia : 22, 29.
 Diabetes : 11, 13, 14, 21, 32, 41.
 Diphtheria : 2, 9, 11, 13, 14, 19, 20, 22, 32, 36, 41, 42.
 Drowsiness : 2, 10, 19, 32, 33.
 Dropsy : { Abdominal : 2, 8, 10, 22, 29, 32.
 { Cardiac : 2, 5, 10, 20, 22.
 { Pleuritic : 2, 22.
 Dysmenorrhœa : 2, 13, 18.
 Dyspepsia : 2, 8, 10, 21, 22, 29, 30, 32, 33, 42, 44.
 Dyspnœa : 8, 22, 41.
 Dysuria : 2, 8, 13, 14, 17, 18, 20, 22, 27, 29.
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 Endometritis : 2, 34, 43.
 Epilepsy : 10, 22, 29, 38.
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 Gall-stones : 2, 8, 10, 13, 19, 21, 22, 30, 31.
 Gastralgia : 2, 8, 13, 19, 20, 22, 33, 42.
 Gastritis : 2, 8, 10, 11, 17, 20, 21, 22, 30, 33, 42.
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 Hemiplegia : 8, 10, 13, 15, 20, 22, 29, 37.
 Hematuria : 2, 8, 16.
 Hemorrhoids : 2, 8, 10, 13, 17, 20, 22, 28, 30, 32.
 Hepatitis : 2, 19, 20, 27, 32, 36, 41, 42, 44.
 Hernia : 2, 10, 17, 20, 22, 29, 38, 42.
 Herpes : 2, 10.
 Hypertrophy of Liver : All.
 Hypochondriasis : 2, 10, 22.
 Hydrocephalus : 2, 22, 32, 38.
 Impotency : 2, 8, 10, 13, 17, 19, 20, 22, 28, 29, 30, 33, 36, 42.

- Intertrigo : 2, 10, 22, 27, 29.
 Intermittent Fever : 2, 11, 20, 29.
 Jaundice : 2, 13.
 Leucorrhœa : 2, 8, 17, 18, 22, 32, 33.
 Lichen : 12, 22, 29.
 Lupus : 2, 15, 22.
 Malnutrition, General : 2, 10, 18, 22, 29, 30, 42, 44.
 Mania : 44.
 Melancholia : 2, 18, 19, 22, 28, 30, 32, 33, 44.
 Meningitis : 2, 22, 32, 36, 38.
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 Neuralgia, General : 10, 11, 13, 22.
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 Psoriasis : 2, 32.
 Renal Calculi : 2, 8, 9, 10, 11, 12, 14, 20, 22, 25, 27, 28, 33, 35, 41, 44.
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 Scarlet Fever : 20, 30, 41, 42.
 Syphilis : 2, 13, 15, 30.
 Tonsillitis : 10, 11, 13, 19, 21, 22, 30.
 Typhoid Fever : 2, 10, 20, 22, 30, 32, 33, 42.
 Uric Acid Diathesis : 2, 3, 5, 6, 8, 10, 13, 15, 19, 20, 22, 32, 33, 36, 42.
 Urinary Calculi : 2, 18, 22, 25, 29.
 Vaginitis : 2, 8, 10, 18, 19, 22, 28, 33, 42.
 Varicose Veins : 2, 20, 22, 29, 32.

THE SELECTION OF POTENCY.*

John Hutchinson, M. D., New York.

Complaint is repeatedly made that homeopathy does not progress at a pace that keeps time with dominant practice. The latter is, of course, materialistic in every sense of the word, treating the human patient, as it does forcefully, as a mechanism only, the workings of which are studied, hypothetically in detail, but not as a whole, so that a focus of disorder in respect to its location is accepted and treated as the disease.

Now, homeopathy has nothing to do with this concept, except to reject it wholly and uncompromisingly. Were acceptance possible, on the other hand, there would be some sense in the increasing talk of laboratory foundations that propagate and promulgate the intensive study of sections of the body as providing a key to specific treatment. The laboratory of homeopathy is the human patient, in which laboratory, no violence is enacted—the human individual even before he is a patient. It is only when the organism is in order that its needs can be determined when out of order.

There is no impropriety in reiterating this truism, axiomatic as it is with the homeopathist, because it is the foundation of whatever success accrues to medicine. There is another timely reason for its reiteration, and that is the fact, that it entirely disposes of the plaint of non-progress. There is no lack of essential and brilliant progress wherever and whenever the homeopathic prescription is made. Until medicine in general, grasps and utilizes this truth, broadcasting of medical progress is an empty jest.

Progress in homeopathy has been constant. Moreover, it is permanent. Adherence to it has not halted science in any particular. It has advanced science. To the tenet of the similar remedy has been added the minimum dose, not to specify more than two of the great fundamental principles of practice and cure. The similar remedy lends itself to all grades of selection. In all it accomplishes its work. When its selection is of the highest appropriateness, its action is truly wonderful. When it is but partially appropriate, it does not fail to do some good. It is always safe when its rules of exhibition are respected.

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

How is it with potency? Our literature fails to tell us much in this field. We have the high-potency cults, and the low-potency, and less conspicuously the physician who considers and selects both. He, then, is the one to explain the method of selection. However, he may say, as we have often heard, "There is no rule for choosing any potency."

Is there none? If we go back to the basic proposition, that it is vital reaction we are seeking, that we employ a remedy to arouse the inherent sum of all the bodily forces, the ego of the whole organism as it were, is it not wholly logical that we estimate not only the right remedy to meet the totality of symptoms, but also the right strength of that remedy to meet the exact grade of deflection from health? It is intuitive with us, that we discern how sick a patient is. Very well, it may be intuitive that we measure the demand of that grade of illness.

According to too many of us, the potency gives no rule for its selection in the sense that the remedy does. We choose the right remedy by reason of the correspondence between proving and symptom totality. Choosing the right potency of this remedy is confessedly a still finer proceeding. But surely, we have method in our effort. Let us examine a few of its features. For many reasons, perhaps invisible, latent, unexpressed, we prescribe definitely as to potency. It is true that in some reports of great interest the prescriber has suddenly turned from a high to a low potency, and *vice versa*. Why, we are not told. Yet there was, we may venture to say, a good reason.

Let me submit for your discussion the following:

1. The potency must fit the gravity of the case. Age, vitality, reactive power of the organism, cause, chronicity, these and all other factors to be measured.
2. The low potency fits the simple case. It may require repetition. Higher may be demanded for complete cure.
3. Low potencies range from the 6th to the 60th. Medium potencies from the 200th to 1000th. High from 1000th up.
4. It would be a mistake to prescribe the highest potency of the remedy in extremis, when the power of reaction is low. The medium potency is preferable.
5. For the lower grades of disorder, or when the disorder is apparently limited to structures and tissues outside the mental and nerve functions, low potencies often cure speedily.

6. The larger the mental side of the case, whatever the bodily ailment, the higher the potency required, when the remedy is well chosen.
7. The accurately-chosen remedy may require no repetition. This, however, depends on the chronicity, with other possible factors.
8. In any case of any grade, the lower potency used at first with benefit, may need to be followed by the higher or even the highest.
9. In many families the children respond best to medium and low potencies.
10. The more complex the case as to history, successive illness, bad treatment, bad effects of surgery, the less medicine, but the most care in selection of appropriate remedy and its potency.
11. The essential intercurrent should be infrequent: minimum number.
12. If the high potency gives little or no result in a reasonable time, it should be superseded by a lower.
13. As soon as improvement is at standstill under the low, a higher should be chosen, provided, of course, the original picture persists.
14. If the picture has changed and a new remedy is selected, the potency should fit the new aspect of the case in respect to the patient's habit of reaction as disclosed and studied.
15. Examine visually the patient, noting every characteristic discernible, forming as far as practicable a general opinion of personality, mind, and body. In any case, with rare exception, the prescriber will be able to determine the simillimum in potency as well as the remedy simillimum. An exact estimate of the case, provides a safe and effective choice of potency.
16. The finer indications for treatment, as opposed to gross generalities, will determine remedy potentiation. The finer the characteristics in total symptomatology, the higher the potential energy demanded. Hence the high potency.

A CIGARETTE CASE.

To the Editor of THE HOMEOPATHIC RECORDER.

My Dear Dr. Rabe:

This is not a bejeweled cigarette case seen in a window and made for a woman to use, but a gem of a case in flesh and blood and making one woman nearly useless!

I have studied this case as well as a near neighbor and intimate friend can for over four years, and feel free to write about it: friends do not always read the same literature!

The case, a man of forty-six years, did not begin to smoke until he was in his early thirties—began with cigarettes in moderation. He was a big, easy-going, dominating-looking male, with a protruding chin—straight, thin-lipped mouth and direct blue eyes—a singing, whistling, happy sort of man—always in demand among men and for dinners. He sang very well, played baseball, was a good swimmer, and a real live out-of-door man.

His smoking has developed to the extent he rarely has a cigarette out of his hand—or mouth. From a man of determination and resolution he has become undecided and irresolute, is full of fears and forebodings, smokes all the evening when home and often after he goes to bed. (Smoke makes his wife feel ill, but that does not stop him.) Mornings he has no appetite; drinks one or two cups of coffee, eats a slice or so of toast, and perhaps some apple; has nothing to say, is depressed, discouraged and apprehensive; is silent, but makes a terrible atmosphere of gloom; face looks grayish white, with deep bruised-looking blue shadows under eyes.

Nights I hear he insists on open window; wants the one beside the bed open so the air will blow on him, and whenever wind blows on his shoulders he has a cold next day—feels chilly and wants to be cuddled and coddled—but always thinks he wants few clothes over him when he goes to bed; wakes cold in the night; has a constant little cough, which gets worse with each cold; says it is nothing; asks for aconite quite often after going to bed; says he has a chill; wants sweet chocolate and chocolate candy every evening; is too fat, and hates to make any exertion, other than lighting a cigarette.

A few years ago he had a flourishing business (for he is a very able man), but now it is hard for him to make a decision (and he

is unwilling for others to decide *anything* in his business) and is not equal to overseeing *everything*, so much goes wrong, and his tremendous "selling" power is dwindling; he is supersensitive, touchy and unhappy most of the time; says, "No one understands me or realizes what I am working for." He has high ideals, but never does brilliant work now unless under tremendous pressure, and is sick in bed after every tight hole he pulls his business through; will take no advice from anyone!

Smoking, he says, "quiets his nerves." As a matter of fact, the nervous reaction and depression is far greater now than the hours of dopey calm, when his mind works slowly, and the big original ideas are seldom found.

It's easier to *endure* than work for a *cure*.

It seems to me we can analyze the cigarettes by the symptoms they cause. The same brand is always smoked; between three and five thousand a month, I believe.

Must have fresh air at night; catches cold from slightest exposure; if bed clothes get off his shoulders his wife says he has a cold next day! Wants few bed clothes; goes out without rubbers and overcoat unbuttoned in winter weather.

Oversensitive; has feelings hurt constantly; is "misunderstood"; will not take advice; has to have tremendous pressure to do any work; puts off whenever he can; dreads interviews; is really sick before he has to make a speech; sometimes comes home and goes to bed; too sick to go to a dinner where he is expected to speak!

Highly emotional; music can calm and rest him; the theatre absorbs him; but he has to go out and smoke whenever there is an intermission; has almost constant little cough which varies from little to big according to degree of "cold" present! Rarely goes to the doctor; very contrary about going; doctor finds he has good lungs and heart, but there is night after night of rattle and squeaks from breathing—the noise when breath goes out; much snoring and sighing; eyes often dull, pale and cold-looking; lack of self-control; gets in tempers over small annoyances; wants to be loved and made much of; unhappy most of the time, and used to be a jolly, happy soul before the cigarette habit took hold so deeply; he smells like an old cigarette; perspires easily and freely.

I am wondering if Tabacum high would do anything for this case. There is often intermittent pulse and sometimes nausea, not violent (no vomiting), also giddiness, particularly when getting out of bed.

Forgetful, discontented and *very despondent*; dim sight; has times when he cannot see distinctly even with his glasses; he is rarely hoarse; has a beautiful singing voice.

Can't run—lack of wind.

Bowels seem to be normal; lives on a good diet, plenty of vegetables.

Complains of constriction of chest often; says he thinks he has pneumonia; relieved by rubbing; left arm goes to sleep when lying on it at night—in a *short time*.

Is there any way to use remedies to make the patient *dislike* smoking—to make smoking give him real violent vomiting and absolutely cure his desire for cigarettes?

This is a case where smoking is ruining a splendid physique, a very lovely home and the happiness of a devoted woman, who sees her husband losing health, vigor, interest in living, and his grasp of business and life just from his increasing lack of will caused by continual giving in to the self-indulgence of smoking.

Would putting something in the cigarettes do any good? It's a case where will power must be re-established and the old excuse of "smoking never hurts me; I have to have cigarettes to calm my nerves" is present; reason seems to be perverted by the drugging of the smoke demon.

NEIGHBOR.

VITAMINE VERSES; OR, LINES TO A LIVER.

"It's the Combination that Counts."

Alice Boughton.

When I talk of combinations
I do *not* mean shirt and drawers,
But I *do* refer to proteins, vitamins,
And hygienic laws.

When ordering the day's supply,
Do not forget the beans,
No pork, no veal, no eggs, no breads,
But only food one chews to shreds,
(Chuck full of vitamins.

You must omit all things you like,
 And watch while others eat,
 And gaze with round and hollow eyes
 On delicacies you most prize,
 And never, never peep.

And every little while, you may,
 If all goes smooth and well,
 Allow yourself a tiny sip
 Of coffee—just one little nip,
 But careful how you say aloud,
 "My liver, go to hell!"

Ice cream and cake
 You must abjure
 And all the luscious sweets,
 Until a time, when you can say,
 "My liver now may have its way
 And gorge itself replete."

But oh, the good, kind calories
 That made you well and strong;
 The gray oatmeal,
 The curds and whey,
 Which you have had so long,
 May now go in the garbage-can
 Along with other trash,
 And you may snap your fingers
 In its face and order hash.

A POST-PRANDIAL PEAN OF PRAISE

The Proteins that were once my joy
 I will refuse—they do annoy
 Me so at times,
 I'll have to take to Vitamines!

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

THE SUPREME MOMENT.

Be still Dear Heart and rest;
 It is not death, but Birth
 Into that larger life
 That frees the soul from earth.

The air is purer there,
 Perfumed with odors rare;
 So sweet and rich, at first,
 That one must breathe with care.

Be still Sweetheart and learn;
 The lesson will be brief:
 Our loved ones help, and soon
 Will come Divine relief.

With vision clarified
 And ears attuned to joy,
 New scenes will meet the eye,
 New tasks the hand employ.

Fear not Beloved, wait;
 I hold your hand and pray,
 Resigning you to Him—
 The Truth, the Life, the Way.

S. C.

Publication in our February issue of the article, *The Mechanism of Death*, by Elizabeth Prescott Sherrill, suggested the subject for this month's Department and inspired the poem just presented.

The appearance of serious poetry in a medical magazine is unusual, of course, but it is hoped that none of my readers will be unable to rally from the shock of this unconventional procedure, since there are certain phases of the subject which lend themselves naturally to poetic expression and cannot as adequately be expressed, at least by me, in any other literary form.

Mrs. Sherrill reminiscently, but without indicating the source of her main idea, bravely touched upon a subject which is commonly neglected or avoided by medical writers. Beyond exercising their peculiar and exclusive prerogative of writing death certificates and signing autopsy reports, which, however important they may be, do not require any extraordinary degree of literary ability, doctors are, for the most, silent on the subject. The crowning event of life, "The Great Adventure," is shunned, camouflaged, kept in the background, or alluded to only covertly. Death, an event which inevitably comes to all, is subjected to a "Conspiracy of Silence." Little or no attempt is made to see or understand what death really is, how it fits into the general scheme of things, nor what its purpose is. As a process it is commonly viewed only from the mechanical or pathological side. The physiology of death has received scant notice from medical men. Its psychological and spiritual phases have been left to the clergy. From them, varying according to their theological bias and prepossessions, most of us have received our more or less nebulous ideas about death.

It is not to be denied that we are greatly indebted to the clergy for, in spite of their differences, some of them perceived that there is something beneficent about death, and that it may be, after all, a part of the Divine Plan of the Universe, fulfilling an infinitely wise, loving and constructive purpose. Generally, death is regarded as alien to God, and man, an interloper and enemy to be fought "to the last ditch."

It is from the poets, philosophers, prophets and seers of all ages, that we have received the highest and clearest insight into the mystery of death. They have spoken of what has been revealed to them spiritually in moments of high inspiration. To them have been accorded glimpses behind the veil that hides from carnal eyes the glories of the spiritual world. It would seem, therefore, that death is a subject to which medical thinkers might well give their attention. Undoubtedly there is much which, if

learned, might be of great practical value in modifying, correcting or improving medical and psychological treatment of the sick, and in bringing about a more rational and comfortable state of mind generally.

THE GREAT DELUSION.

What is this Thing that men call Death—

Which flits across the path of life

In robes of solemn mystery—

This thing of fear and doubt and strife?

Is it a friend, disguised but true,

Who leads us on to realms of light?

Or is it what it grimly seems—

A deadly foe, to fear and fight?

"A solemn, silent, soulless void,

A vacuum, perfect, unemployed.

No light, no sound, no motion there,

Bleak night, and darkness of despair.

Vibration, action, rhythm none,

No thought, no work nor action done.

All matter, energy and thought

Extinguished, quenched and brought to nought.

Inertia, equilibrium,

Negation, absolute and dumb."

"And that," they darkly say, "is Death!"

Who speak the word with bated breath.

By reason, faith and science know

That death is neither friend nor foe.

'Tis but a name and nothing more,

A non-existent, viewless shore;

A nothingness conceived in thought,

A spectre which dull fear hath wrought.

Death hath no substance, power or place,

No form or shape in time or space.

Throughout the whole extent of space
 There is no rest, nor any place
 Where rhythmic motion is not found;
 Yet death, they say, is rest profound!
 The Ether, vibrant, luminous,
 With space is all coterminous.
 No space is left unoccupied,
 There is no place for death to hide:

No energy is unemployed,
 No particle can be destroyed.
 Of matter and of energy,
 In time and in eternity,
 The total was and is conserved;
 No loss or waste can be observed.
 In all the universal range
 No death is found, but only change!

The tide of life forever flows,
 Recedes, advances, flows again;
 On undertones its billows bear
 The rhythm of a sweet refrain.
 Who listens with an ear attuned
 May hear the song Creation sings—
 The song of glad, triumphant *LIRE*,
 That through eternal ages rings.

S. C.

The subject of death long has interested me. I have collected and read books and articles upon it, and have talked with many people about it. I have watched and studied the gradual development of the process, sometimes for weeks, and have sat beside the deathbeds of some—gentle souls who were dear to me—and talked to them, held their hands or smoothed their contracted brows while they were passing over the threshold into the "Great Beyond." It has been my privilege sometimes to ease their pain, soothe their restlessness and facilitate their easy transit by the use of certain homœopathic medicines which act very gently, but very effectually in such cases, without artificially paralysing motor func-

tions and obliterating consciousness as narcotics do. With these dear ones I have had precious and spiritually exalting moments as they glimpsed the joys awaiting them and tried to communicate them to me—sometimes in words, but oftener with a reassuring smile, a significant look, or a gentle pressure of the hand, recalling our earlier conversations. Several times, after a rather long period of rest so profound that it seemed as if the end had come, I have seen the sudden opening of the eyes, the look of recognition, the irradiation of the countenance, the uplifting of the outstretched arms, and heard the joyous exclamation, "Mother." Then the quick subsidence into the Silence. In one instance this was from a little child, in another from a woman nearly seventy.

These experiences brought me gradually to the realization that the poet Longfellow was right when he sang, "There is no death! What seems so is transition"; that the current, morbid idea of death is a figment of man's perverted imagination grounded in ignorance and fear; that in truth, as St. Paul said, "Christ has abolished death and brought life and immortality to light."

Other experiences also have I had which sorely tried my faith at times, until I got the larger and more scientific conception of which I shall speak presently. I have sat beside some to whom there were given no such comforting respites, no such cheering glimpses—atrophied, hardened, earth-bound souls, whose lives had been so centered upon material things, or so wrapped up in selfish, sensual or mercenary pursuits that death came to them as a spectre to be denied, or as a grim and pitiless enemy to be resisted and fought with the puny mental weapons of the mart, the court, or the exchange—trickery, evasions, bluster, bullying, cringing, lying—the only weapons known to them. These individuals seem sometimes to regard the physician as the representative or envoy of death. To them he personifies the conquering enemy with whom they must make terms as best they may.

To some of these, in their delirium, came dark and sinister figures; grotesque faces; leering, evil visages; half-recognized but unknown beings lurking in the dark corners of the room, or advancing threateningly toward the victim, inspiring terror and dread. In their lucid intervals there was irritability, complaining, fault-finding, grumbling, cursing, demands for relief, threats, re-

pining, refusal of advice, rejection of consolation, deafness to spiritual instruction, obstinate, wilful blindness to the significance and inevitableness of the crisis that was upon them. Wilful, cruel and selfish in their lives, in death they still feebly tried to oppose their stubborn wills against the will of the Most High until, in His mercy, He laid His hand upon them and quelled their rebellion once and forever.

I fully agree with Mrs. Sherrill that pathological death, or dying, when recognized as imminent and inevitable, should be regarded as a natural and beneficent process and allowed to progress in a natural and orderly manner, without interruption by the administration of oxygen and other stimulants, or the resort to mechanical makeshifts. These expedients, frequently used by misguided medical zealots under the irrational impulse or demand to "do something," are cruel and inhuman. They constitute a species of medical torture which the dying, above all, should be spared.

Where skilful homœopathic prescribing is not available, or where the patient is not susceptible to the action of the finer remedial forces of nature by reason of his pathological condition, his character, previous habits or environment, the administration of narcotics may be justifiable if they are demanded. But their use should be avoided if and as long as possible, because in the usual intervals of more or less clear consciousness, even in the dreadful cases already described, there may arise new perceptions, new insights, new realizations of the significance of the experience, new convictions, out of which may come remembrance of forgotten truth, repentance, important directions or requests, last injunctions, very valuable and precious to both the departing and remaining ones.

And now to the source of most modern, most truly, scientific and most comforting conception of death.

As long ago as 1835, Gustav Theodor Fechner (1801-1887), one of the great thinkers of the world, while yet a young man, first published a little book entitled *Das Buchlein vom Leben nach dem Tode*, (A Booklet on Life After Death.) It made but little impression, and a second edition was not undertaken until 1866. A third edition in 1887 bore witness that the new generation had

begun to appreciate the booklet, and also that its author, then long celebrated for his attainments in the highest problems of moral and natural philosophy, still upheld the views set forth in one of his earliest publications. In the meantime it had been translated into English and other languages, and several editions have been published since his death in 1887. When it was written Fechner was professor of physics in the University of Leipzig. He labored for many years in the fields of scientific investigation and philosophical and metaphysical speculation. His works steadily made their way among men of science, at home and abroad. Fechner's Law, the fundamental law of psychophysics (stating that sensation varies in the ratio of the logarithm of impression) has become a term of international currency.

"He (Fechner) was the first to introduce exact methods, exact principles of measurement and experimental observation for the investigation of psychic phenomena, and thereby to open the prospect of a psychological science, in the strict sense of the word." (Wundt.)

Fechner was the author of a long and varied list of publications, all bearing the imprint of a master mind. Great as are his acknowledged scientific attainments, however, his highest claim to literary immortality will, I believe, ultimately rest upon his little masterpiece, *On Life After Death*. For that the world will never cease to owe him a debt of gratitude. This, in its English dress, was issued in 1906 by The Open Court Publishing Company.

Fechner's psychological teachings were given wide currency in America first, probably, by Professor William James of Harvard, in his *Principles of Psychology*, and his *Life After Death*, by the publication in 1908 of *The Living Word*, by Elwood Worcester, D. D., the famous rector of Immanuel Church in Boston. Dr. Worcester had known and studied under Fechner in Leipzig shortly before the old master's death.

"The effect of his personality and of his thought marked a turning point in my life," says Dr. Worcester, "and his influence has deepened with the passing years. . . . The greater of Fechner's works can be compared only with the Sacred Books of the nations. They are inspired, and they contain a true revelation of God. . . . I can say of them what Schopenhauer said of the Upanishads,

'They have been the consolation of my life and they will be the consolation of my death.'

It was my privilege to meet and converse with Dr. Worcester while he was writing his book.

Fechner's influence upon the great thinkers in science, philosophy and religion has been profound. Professor William James' splendid thought is saturated with Fechner, although he does not agree with Fechner in important points. In short, like other men too great for their age, the world is overtaking Fechner and he is coming into his own.

Limitations of space will not permit any lengthy review, nor even an adequate summary of Fechner's teachings on death. Perhaps the best that can be done here is to present two or three brief extracts from his *Life After Death*, in which he sets forth very briefly, but with wonderful clarity and simplicity, the substance of his teaching.

It should be noted that his theory is developed under the principles of the Higher Logic, most important of which is the *Law of Analogy*, the application of which has led to many of the highest attainments in science.

"Man lives on earth not once, but three times; the first stage of his life is continual sleep; the second, sleeping and waking by turns; the third, waking forever.

In the first stage man lives in the dark alone; in the second, he lives associated with, yet separated from, his fellow-men, in a light reflected from the surface of things; in the third, his life, interwoven with the life of other spirits, is a higher life in the Highest of spirits, with the power of looking to the bottom of finite things.

In the first stage his body develops itself from its germ, working out organs for the second; in the second stage his mind develops itself from its germ, working out organs for the third; in the third the divine germ develops itself, which lies hidden in every human mind, to direct him, through instinct, through feeling and believing, to the world beyond, which seems so dark at present, but shall be as light as day hereafter.

The act of leaving the first stage for the second we call Birth; that of leaving the second for the third, Death. Our way from

the second to the third is not darker than our way from the first to the second; one way leads us forth to see the world outwardly; the other, to see it inwardly.

The infant, in the first stage, is blind and deaf to all the light and all the music of the second stage, and having to leave its mother's womb is hard and painful, and at a certain moment of its birth the dissolution of its former life must be like death to it, before it wakens to its new existence. In the same way we, in our present life, with all our consciousness bound up within this narrow body, know nothing of the light, the music, the freedom, and the glory of the life to come, and often feel inclined to look upon the dark and narrow passage which leads towards it, as a little lane with 'no thoroughfare' to it. Whereas death is merely a second birth into a happier life, when the spirit, breaking through its narrow hull, leaves it to decay and vanish, like the infant's hull in its first birth. And then all those things which we, with our present senses, can only know from the outside, or, as it were, from a distance, will be penetrated into, and thoroughly known, by us.

The infant, when in its mother's womb, has merely a body-spirit—the Formative Principle. Its actions are limited to growing, to producing and developing its several limbs and organs. It does not feel them as its own property, it does not use them, nor is it able to use them. A beautiful eye, a beautiful mouth are merely beautiful objects to the infant; it has produced them without being aware that one day they shall be useful parts of its own self. They are made for the world to come whereof it knows nothing, fashioned through some mysterious impulse, the origin of which must be traced back to the organization of its mother. As soon, however, as the infant, nurtured for the second stage of life, leaves its primary organs behind, it grows self-conscious, feels itself an independent unity of all its self-created organs; the eye, the ear, the mouth, henceforth are its own; and having produced them through some innate impulse, unconsciously, it now learns to use them, rejoicing in its strength; a world of light, of colors, sounds, odors, tastes, reveals itself through the organs produced for those purposes.

Now, the relation of the first stage of life to the second will recur, in a climax, in the relation of the second stage to the third. In a way similar to the one just alluded to, all our volitions and

actions in this world are intended to produce an organism, which in the world to come we shall perceive and use as our own new Self. All the mental influences, all the results due to the actions of a person in his lifetime, which spread all over mankind and all over the earth, are, even at present, bound up together by a mysterious, invisible bond, thus forming a person's spiritual organs, fashioned during his life and combined into a spiritual body, an organism of continually active powers and effects, of which, though indissolubly connected with his present existence, he has at present no consciousness.

In the moment of death, however, when man has to part with those organs in which his powers of acting lay, he will, all at once, become conscious of all the ideas and effects which, produced by his manifold actions in life, will continue living and working in this world, and will form, as an organic offspring of an individual stem, an organic individuality which only then becomes alive, self-conscious, self-active, ready to act through the human and natural world of its own will and power."

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EDITORIAL NOTES AND COMMENTS.

The Homœopathic Surgical Viewpoint Abroad.—*The British Homœopathic Journal* for October, 1926, contains as its leading article "A Series of One Hundred and Thirty-five Consecutive Abdominal Sections with Mortality Statement and Comments on Special Cases," by Edwin A. Neatby, M. D., consulting physician for diseases of women to the London Homœopathic Hospital.

Dr. Neatby, whose surgical ability is well-known, both in England and the United States, among homœopathic physicians, proceeds thus—

"The object of this collection of cases is not to enable me to boast of a phenomenally low mortality, but to give a general idea of methods and treatment adopted by myself in the gynæcological department of the London Homœopathic Hospital and in private work.

There were five deaths in the series, a percentage of 3.7. It would have been easy to lessen the percentage by including a large number of comparatively minor abdominal operations, such as ventri-suspensions and appendicectomies."

Under the caption *Treatment* and with reference to medicinal therapy solely, Dr. Neatby goes on to say—

"A few words on medicinal treatment must bring my paper to an end.

As to fibroids, though we regard them as 'ultimates' in some obscure biological process, I think there is more hope of benefit by medicine of one kind or another in treating than there is in ovarian tumours, though we still know very little as to the ætiology of them. The fact that they develop during the period of reproductive activity, and that they either induce or follow rela-

tive sterility leads to the conclusion that they owe their origin to a disturbance of endocrine balance. This view is supported by the frequent diminution of these tumours after the menopause. I have used a variety of glandular preparations without being able to convince myself that any of them has a specific effect.

If the tumour is producing no mechanical effect, and is not otherwise injuring a patient's health, I think, in view of their technical 'innocence,' it is justifiable to experiment with drugs. Certain remedies are undoubtedly of use in checking hæmorrhage unless it be due to a submucous fibroid in process of expulsion. The most successful in my hands have been calcium salts—the carbonate, phosphate and iodide. I do not think the lactate has any advantage over the others. These probably act by increasing the coagulability of the blood. It is a pity some one does not test this. Secale, aurum, platinum, phosphorus, hydrastin and trillium are other remedies I use frequently. The indications for them are the same as in other cases of uterine hæmorrhage. Less frequently I use sabina, crocus and murex purpurea. I have seen relief to bleeding and improvement of general health follow the use of these drugs, and I have at the same time watched the tumours owned by these patients steadily grow notwithstanding. The same is true when the prescriber has been a better homœopathist than myself.

A similar remark will apply to the use of X-rays for fibroids. I have watched their steady growth while experts have been using the rays. This treatment nevertheless has a sphere—acting probably by reducing ovarian activity. I have sent a few symptomless fibroids to our X-ray department, and reduction in size has taken place. About the ultimate fate of these tumours I cannot speak from personal knowledge. A similar reduction used to follow oöphorectomy thirty years ago, but the control so induced was often only temporary, and the method has of course been abandoned; though I notice that in one of my series it was carried out because the patient could not stand a long operation.

X-rays do not affect submucous growths, and consequently are excluded from the very cases where such a palliative would be valuable. For pedunculated subperitoneal tumours their only value seems to be in inducing degenerative changes (through reduced nutrition) which necessitate a radical operation!

The other uses of homœopathic medicines are before and after operation—before, by way of preparation. Arnica or (after severe bleeding) ferri protoxalate in half-grain doses; to lessen chloroform sickness phosphorus or (since Dr. Henderson Patrick's paper) thus tox. After operation according to the condition: aconite, bell., or chamomilla for sleeplessness or excessive

pain. For the last-named I do not scruple to give a dose of sedative. For retention of urine, gelsem. or causticum; if retention follows on catheterism I give cantharis. Strophanthus is useful (half a dozen doses) for a pulse too rapid, but not due to fever or sepsis.

Happily very little medication is needed after a clean operation.

I do not think any drug is of use for ovarian tumours, in spite of a few much quoted cases in our literature, but palliatives may be very valuable for complications or in preparing for operation.

For the rest, ladies and gentlemen, if you ask me what to do for such cases, I can only say with Hahnemann, 'study the materia medica'—sound, but cheap advice."

These frank and extremely refreshing statements are greatly to be applauded for their evident sincerity and truthfulness. Here we have a surgeon, whose experience is long and unquestioned, who does not hesitate to state his confidence in the action of our homœopathic remedies, when properly applied, under suitable conditions and circumstances, in diseases universally regarded as surgical in nature. This happy blending of mechanical skill with the art of homœopathic prescribing, is an inspiration, particularly to the younger surgical aspirants of our school, whose abject worship at the glittering shrine of Modern Surgery, has completely blinded them to the advantages to be possessed by a resort to the gentler art of homœopathic medicinal therapy.

These Gallstone Cases.—A man of 72, with a history of numerous gallstone attacks, presented himself with more pain than usual, located in the region of the gall bladder and in the back upon the right side. Indications for usual remedies, such as Berberis, Chelidonium, Nux vomica, etc., were not apparent, hence *Cholesterin* 12x was given, a powder every thirty minutes for three doses and then every two hours. But in two hours the patient was seized by a violent chill and we found him agitated, thirsty and plainly apprehensive. The remedy was stopped and a few doses of *Aconite* 200th were now given, while possible operation upon an inflamed and possibly septic gallbladder was kept in mind. Within a very few hours both chill and pain had practically ceased, sweat had come on, icterus was showing itself and the crisis had

passed. Cholesterin was then resumed, but at much longer intervals.

The case is of interest and the experience instructive. The indications for Aconite, were to be sure, classically positive; the administration of Cholesterin, frankly experimental. *Experientia docet!* Time and again however, we have had good results from *Cholesterin* 6x or 12x in cholecystitis and urge upon our brother (and sister) prescribers the advisability of testing this unproved remedy. Cholecystitis is likely, upon occasion, to become highly dramatic and then the surgeon must play his part, but the prescriber must always hover in the wings, ready to take his cue upon a moment's notice, for rarely does the hepatic drama proceed to conclusion without him.

A Statement Which Bears Repetition.—At the opening of the International Post-Graduate Course in Homoeopathy for Physicians, held in the Homoeopathic Hospital of Stuttgart, Germany, in September, 1926, Dr. Emil Schlegel, that veteran homoeopath of Tübingen, famous for its university, delivered an address entitled, "Program of Homoeopathy, its Principles and Boundaries." Concerning diagnosis, Dr. Schlegel states:

"Now here we come to the conflict between the principles of the healing art and diagnosis; after all, we are physicians and I emphasize in the first place, that the entire field of knowledge of disease, is known to us. It is a source of pleasure to us, to correlate the single case of disease, with our general medical knowledge and to fix the diagnosis accordingly. But this conception has its dangers, for it departs from the natural disease picture and presents as it were, to the natural symptomatology, a *negative*, a departure from the truth, as I said before. Hahnemann in his therapeutic endeavors, had nothing to do with diagnosis, the conception of which does not lie in the straight line between the field of observation of pharmacodynamics and that of pathology; diagnosis is often arrived at through well known sources of error, which for example, occur during the employment of methods of deep diagnostic search; diagnosis is not necessary for the simple purpose of homoeopathic cure; but is essential to the task of scientifically classifying disease schematically. Even prognosis depends less upon diagnosis, as one might be inclined to think. The ordinary conception of diagnosis threatens the freedom of the physician's ideas. Our diagnosis ought to be, as were those of Rademacher, a diagnosis of the curative remedy only."

Individualization.—In an eloquent address, delivered by Sir Archibald Garrod, K. C. M. G., D. M., F. R. C. P., F. R. S., Regius Professor of Medicine in the University of Oxford, consulting physician to St. Bartholomew's Hospital, at the opening of the Winter Session of the Westminster Hospital, London, October 1, 1926. Sir Archibald, among many other interesting remarks, said:

"PURSUIT OF CLINICAL RESEARCH.

So far I have spoken of scientific knowledge and method, as applied to the recognition, control, and treatment of disease, but what I particularly wish to emphasise is the fact that the clinical observer has abundant opportunities for the study of disease as seen in the human subject—in other words, for the pursuit of clinical research. Much of the knowledge so obtained is not to be had from experiments on animals; for a human patient can describe his sensations with greater or less accuracy, and can tell us of the medical history of himself and his family. Such work as that on the sensory nerves which we associate with the name of that great observer, Henry Head, could not be done in any other way.

Although it is established that, in the majority of instances, illness results from the invasion of the body by micro-organisms, vegetable or animal, or by poisons of inorganic origin, and although such immense help has been got from the culture and study of such organisms and of their effects upon lower animals, and by the experimental study of the phenomena of immunity, we cannot learn in the laboratory all that we need to know about disease.

What we call disease is the response of the organism to the invasion of the agents of disease, and, seeing that *no two individuals are exactly alike either in structure or in chemistry, sickness does not conform to any single model; each individual case calls for careful observation.* Owing, as I believe, to their chemical individuality, different human beings differ widely in their liability to individual maladies, and to some extent in the signs and symptoms which they exhibit. Hence it will be found a useful maxim that there is no such word as 'never' in medicine. Rules which appear to be immutable turn out to have their exceptions.

Many idiosyncrasies are obvious and notorious, such as the sensitivity of individuals to special drugs, or particular articles of diet, which have no ill-effects upon others. As examples may be quoted the manifestations of sensitivity to proteins, seen in the various forms of urticaria, in hay fever, and in varieties of asthma. Light also is an agent which affects various indi-

viduals in very different ways. Usually beneficent, it produces unpleasant effects upon the skin of some individuals, and to a very few who are victims of congenital porphyrinuria it is a veritable poison.

Again, the minor injuries which are necessary accidents of the wear and tear of life vary greatly in their effects. In the bleeder a trifling knock may produce grave trouble in a joint; in victims of that strange anomaly *fragilitas ossium* it may cause a fracture; in a gouty subject it may induce an attack. So do our idiosyncrasies and our circumstances contribute to the moulding of our maladies. All this is the true basis of the doctrine of diatheses now unduly neglected."

For followers of Hahnemann, these remarks, more particularly those italicized by us, have great interest and importance, verifying as they do, the old Hahnemannian contention that cases of disease must be individualized and that no two cases are ever exactly alike. Patients must be treated and prescribed for and not diseases. The maxim, that in medicine there is no such word as "never," is only too true and homeopaths are especially cognizant of this truth. More and more does the dominant school recognize the patient as an entity and that the constitution of the patient must be carefully studied, for therapy to be successful. The vindication of homeopathy comes slowly—but it comes!

It's A Good Trick.—A woman of 37 had been suffering for six weeks with tearing pains in the muscles of the dorsal region of the back, extending around both sides as well as upwards to her shoulders. Apparently a sudden change of the weather to cold, had caused her trouble, which the assiduous attentions of an O. S. physician had absolutely failed to abate. Analgesics had been employed *lege artis* and polyvalent vaccines were now to be brought to bear, when the long suffering daughter of Eve kicked over the traces and betook herself to a homeopathy.

Our analysis of her case revealed the following—

Pains > lying on the back
< before any change in the weather
< mornings in bed and on rising
< sneezing, coughing or yawning
< jarring
> beat
> after being up and about

The general health has heretofore been good; the bowels are inclined to constipation. History in general, negative.

And so it came to pass, that in our sublime faith and Hahnemannian innocence, we gave her *Rhus tox.* 30th, a dose four times each day, for six days, at the end of which she was decidedly better, though still suffering pain. In our natural, reckless mood, we now gave her *Rhus tox.* 200th, three times a day for another six days and then we noted on the case record—

General state >; pains less severe; strength >. The days are >; at night she wakes about every two hours, changes her position and falls asleep again. Bowels still sluggish. *Tuberculinum 10m F.*, one dose only, was now diplomatically placed upon her receptive tongue and *saccharum lactis* was given her to toy with. A very decided improvement followed, with a total disappearance of all pain within four weeks, when however, she now reported the following—

Inability to fall asleep at night, is wide awake, mulling over past troubles, grief, etc. (she had a past). Her heart sometimes palpitates. Naturally we gave one dose of *Natrum mur.* 20m F. and more sugar for amusement. Five days later she began to bring up blood, evidently from "somewhere" in the chest. Careful physical examination proved to be negative and her Junoesque build and stature were not indicative of possible pulmonary complications. Placebo was continued, but about two weeks later we noted—

Tightness, soreness and oppression of the chest, with sensation of inability to draw a full breath. Hawks up blood and bloody mucus. One dose of *Phosphorus* 200th was now given, with gradual improvement and the total disappearance of all bloody sputa. Fifteen days later the record showed—

Still coughs some

< laughing
< going from warm to cold air
< from smoke (cigar or cigarette)

Has raised no blood; in wet weather an occasional slight pain in the back, is felt. In general she is better than for months, having more energy and vitality. *Phosphorus* 35m F. was repeated, one dose only.

So here endeth the little journey to Wellville, punctuated by a few ridiculous doses of still more ridiculous potencies. Ah gentle reader, as we in these wild United States are wont to say, "It is the bunk!" Faith cure, or Christian Science no doubt, or what you will! But the comely daughter of Eve, at all events is eminently satisfied. We refrain from commenting upon the possible late reaction from Tuberculinum, even though *Natrum mur.* had followed and was given before the bloody sputum appeared. To theorize is likely to prove futile; the facts speak for themselves and facts are stubborn things to explain away.

Herpes Zoster With Unusual Symptoms.—"Weiss relates the case of a woman, aged 57, who complained of pain and burning sensation on the left side from the midback radiating down to the groin; also a burning sensation on voiding urine. Three months after the onset of the pain the eruption of herpes occurred. When the patient was first seen, the diagnosis was suggestive of intercostal neuralgia, nephrolithiasis or hypochondriasis. Urinary data were suggestive of kidney disease."—*J. A. M. A.*

Cantharis, *Mesereum* and *Arsenicum* suggest themselves from the standpoint of homeotherapy. *Cantharis*, when the eruption is vesicular and the contents of the vesicles an excoriating, watery fluid, together with burning pain on voiding urine.

Mesereum, when the eruption has about or altogether disappeared, but burning pains and numbness persist.

Arsenicum album, when burning pains in the eruption or along the course of the nerve trunk are severe, relieved to some extent by hot applications, in a patient who is weak, restless, apprehensive, thirsty for small amounts of water at a time, and whose sufferings in general are worse after midnight.

Of course these three are not the only remedies of use in herpes zoster by any means; let us not forget the little buttercup, *Ranunculus bulbosus*, whose eruption is vesicular and bluish and whose pains are bruised and sore and are aggravated by lying upon the affected side or part, as well as by motion or deep inspirations. *Rhus tox.* of course, should not be omitted from consideration; its indications are classic and familiar to all prescribers.

The Power of Radium to Induce Malignancy.—The *Lancet* of September 25, 1926 contains a special article, with illustrations, entitled, "A note on the different kinds of malignant tumours experimentally obtained by means of Radium." The article is by Prof. Dr. Frans Dael and Dr. G. Bacten, from the *Cancer Research Centre*, Ghent, and cites a number of instances in which sarcomas and epitheliomas were produced in mice by the insertion of glass tubes containing varying amounts of radium bromide, into the subcutaneous tissues. Thus, to select one example, we read, "A spindle celled sarcoma, with marked lymphocytic infiltration, appeared in a mouse, in which a tube with 1 to 10,000 radium bromide solution remained in the subcutaneous connective tissue during eight months."

Of course, this power of Radium to cause malignancy, is not new to homeopathic physicians, but the latter are making no use of the knowledge, either in their practical therapeutic efforts at cure, or to advance the interests and ultimate universal adoption of their own principles. What this marvellous power of Radium means to the cause of homeopathy is almost beyond comprehension; its significance is tremendous and the opportunities for real homeopathic research almost boundless. Here is a solution of 1 to 10,000 actually causing a malignant growth; 1 to 10,000 means, when translated into terms of Hahnemannian posology, the fourth decimal potency (4x).

Surely, we still have a sufficient number of homeopathic hospitals, in name at least, in which cases of carcinoma and sarcoma might be used to determine the curative power of various potencies of Radium bromide. Not all the cases of malignant tumors can or need be turned over to the surgeon; some are looked upon, for reasons good and sufficient, as inoperable; in others, operation is refused by the patients themselves. Such should be used to build up authoritative statistics, with reference to cure or its failure, in malignancy. The utter lack of initiative in this direction, shown by our attending physicians and surgeons is amazing, unless one stops to reflect upon the well-nigh universal decadence of interest in the homeopathic cause in North America.

Dermatitis After Arsphenamine.—"To the Editor:—Since April of last year, a 32-year-old man whose previous health had been excellent has taken twelve intravenous injections of neoars-

phenamine and about twenty intramuscular injections of 1 grain each of mercuric salicylate. The last dose of arsenic was given, August 7, and the last dose of mercury, August 24. About September, he began to have general pruritus, which symptom has increased until he is desperate. He has not had a rash or any objective sign of changes in the skin. He is impressionable and sensitive to any systemic irregularities. The urine is normal and the general health good. Has the arsenic or the mercury or both produced the pruritus, or is it a manifestation of his nervous state? Please omit my name.

M. D., Indiana.

ANSWER.—It is not likely that the itching in this case has anything to do with the treatment either with arsphenamine or with mercury. Arsphenamine sometimes causes itching, but it occurs promptly after the injection, usually the day after, and, if it persists, is followed by a dermatitis.—J. A. M. A.

The above is thought provoking. If the 32-year-old man was in excellent health, why was he given intravenous injections of neoarsphenamine and of mercuric salicylate? Presumably he was syphilitic. We are not so sure of the correctness of the Jernalian editorial answer, that these intravenous injections had nothing to do with the subsequent itching. How does the editor know? Both arsenic and mercury are quite capable of inducing itching of the skin, as our homeopathic provings will show. Does it not seem reasonable to suppose, that after such rather vigorous treatment, a patient would show something? No wonder that our colleague from the Hoosier state wishes to remain anonymous. The wonders of *Scientific Medicine* are marvellous indeed!

Why Ledum?—*Ledum palustre* belongs to a small group of remedies whose pains and aches are relieved by cold and cold applications; now this is curious, because most of us turn almost instinctively to heat, when in pain. Is not the seductive, soft, red rubber hot-water bag proof of this assertion? Yet some remedies resent this life-giving heat and much prefer to be chilled instead, in order to obtain relief of pain.

And so we find it in *Pulsatilla*, *Lac caninum*, *Ledum pal.*, *Fluoric acid*, *Natronum sulph.* and one or two others, but these are

the principal remedies which come to mind when the modality *better by cold applications* is present. Quite recently, a devoted husband called us on the telephone, to impart the troublesome news, that his gentle spouse had been suffering from rheumatic joint pains, which good old Rhus toxicodendron had ungallantly failed to assuage; he added as a sort of verbal postscript, that her only relief was from the application of cloths wrung out of ice cold water. *Ledum pal.* we shouted back and so it was, for the thirtieth made short work of the good wife's trouble.

Now *Lac caninum*, the product of man's best friend, does this same trick too, but has a way of hopping from side to side, in a most mystifying manner, whereas our gentle *Pulsatilla*, she of the tearful countenance, whose pains are also relieved by cold, has a disconcerting way of sending them about the physical anatomy, without rhyme or reason. And so it goes! Mary develops a panaritium on her finger and dire things for Mary are predicted, visions of "blood-poisoning," that bogey of orthodox practitioners, whose common sense trails far behind their scientific knowledge. *Silicea* may be thought of, but Mary finds that running cold water over her offending digit assuages her pain and sends the water meter joyfully sky-rocketing. So *Fluoric acid* has to be used instead and a ridiculous thirtieth or two hundredth potency does the trick. Should Mary be a slave to functional liver and gastrointestinal disturbance, with post-prandial morning diarrhoea and an unesthetic, greenish-gray tongue, we feed her *Natronum sulph.* instead, particularly if Mary abhors wet weather.

Yes, dear old homeopathy has many a bag of tricks, if we will only use them.

The Play's The Thing!—We recently had occasion to witness at first hand and close proximity a major operation upon the gall-bladder of one of our patients. Clad in gown, cap and mask of spotless, germless white, we felt purer than we ever had been before upon this troubled sea of life. Surgeons, nurses and onlooker presented a sort of oriental appearance, as though freshly transplanted from the arid deserts of Morocco; it was awesome, truly grand, with the soft, gray-tiled walls of the operating room as a stage setting. Noiselessly, with unerring skill and confidence, the surgeon deftly carved his way into the abdominal cavity, while the fair and buxom patient breathed quietly under the anaesthetiz-

ing cone of the confident administrator. Below, in room 527, an anxious, sadly troubled husband paced to and fro, conjuring in his distraught brain all the tragic possibilities of this momentous occasion. The operation over, the limple patient was wheeled down the long corridor to her room and gently slid upon her waiting bed. Impressive, dramatically so and calculated to stir the emotions of relatives and friends, who in their tense solicitude and expectation, joyfully place a halo upon the operating surgeon's head. And this is Surgery, that magnetic science and art, to which all youthful medical aspirants turn, even as the flower turns its yearning leaves to the great god Sun.

Treatment With the Patient's Own Pus.—"Lutz injected the patient's pus subcutaneously in twenty-five cases. The treatment failed in the large majority."—*Deutsche Medizinische Wochenschrift*.

As it so often must, when such crude isopathic methods are employed; to use potentized pus or the potentized excretion or product of any disease, is quite another matter and incidentally safe. The recklessness with which physicians employ vaccines is appalling and too often the result of ignorance. Anaphylactic shock has often enough proved fatal, to put physicians on their guard. No one yet knows the ultimate reaction, which may occur in those who have been the innocent recipients, of repeated vacinal injections.

Dangers of Electric Waterbaths.—"Loewenthal's patient, a young woman, received hydro-electric treatments. A sudden change of current made her adduct both thighs so high that the knees touched the chin. The necks of both femurs were broken by this sudden movement."

Well, this account savors of high jinks in some of Broadway's Night Clubs, only that femurs are rarely broken in these resorts; pocket-books receive the major casualties. However, no doubt the spectacle provided by Loewenthal's patient, was both electrifying and stimulating.

Malandrinum and Smallpox.—Dr. F. V. Bryant of Martin's Mills, Van Zandt County, Texas, writes us an interesting letter giving his personal experience with *Malandrinum* when used as

a prophylactic of smallpox; he has also seen apparent positive effects from this remedy, in nullifying a "take" of the usual external vaccination with standard virus and requests that physicians with experience in the prevention and treatment of smallpox, contribute accounts of their experiences to the pages of THE HOMEOPATHIC RECORDER. These communications we are glad to receive and publish, in the interests of knowledge and truth.

Our own conviction concerning *Malandrinum*, based upon actual personal experience, is to the effect, that this nosode possesses absolute prophylactic powers. The remedy needs investigation and experiment under proper laboratory and clinical conditions.

The Doctor In Old Age.—It has been estimated that approximately 5 per cent. of the number of physicians, some 140,000 in the United States, become penniless and absolutely dependent upon charity in old age. There is no other profession which, as does the medical, seeks to destroy deliberately and persistently, the sources of its own income. Preventive medicine in conferring a great boon upon humanity, knocks the very props from its own support. Years ago typhoid fever and malaria were almost the mainstay of the physician's yearly income. To-day, thanks to the medical profession, it researches along bacteriologic and hygienic lines, these scourges have been almost entirely abated and the physician's income accordingly diminished. When the doctor stops work, his income also stops and very few medical men are versed sufficiently in the ways of the business world, to make money for themselves; indeed, very few of them have the time to attempt to do so. Hence medical men are almost necessarily altruistic in their attitude toward their fellow-men. No physician refuses the benefit of his knowledge and skill, to those who, no matter how poor, are in need of his ministrations. In time of trouble, the doctor is the first to be called upon, but alas, often the last to be paid; probably thirty to forty per cent. of the physician's yearly business, is never collected. Small wonder then, that with his devotion to his patients and to his science and art, the physician so often finds himself financially stranded, at the end of his professional career.

With this knowledge in mind and to alleviate if possible, the hardships of so many of their brothers, a group of New York

physicians determined to establish a comfortable home, in which the unfortunate, old, worn-out doctor might end his days free from want and all care and worry. At Caneada, New York, one of their number generously gave a farm of some 180 acres, together with a roomy house and the usual barns and buildings. Improvements were made, with money donated by generous lay and professional friends and thanks to these friends and to some 700 subscribing practising physicians who donate ten dollars a year, this splendid philanthropy continues to minister to the wants of the needy. The Home is managed by a board of directors, non-sectarian in character, of which board, Dr. Robert T. Morris, well-known surgeon of New York city, is president.

Recently and in order to fill the vacancy on the board, caused by the resignation of Dr. William H. Dieffenbach of New York, whose many other duties compelled his retirement, Dr. Rudolph F. Rabe, editor of THE HOMŒOPATHIC RECORDER was elected a member.

As such, he urges upon his brother practitioners of the homœopathic persuasion, a thoughtful consideration of *The Physicians' Home, Inc.*, and suggests that as many as possible contribute toward the maintenance of the Home. Checks may be sent to the treasurer, Dr. Albert G. Weed, 152 West 57th St., New York city, who will send his personal receipt for every amount received.

BOOK REVIEWS.

THE RAPEUTISCHE TASCHENBUCH, EINFÜHRUNG IN DIE HOMŒOPATHISCHE THERAPIE. Band I. Die Collöo-Präparate, Indikationen und Symptomatologie von Dr. Med. Reinhard Planer, prakt. Arzt. Verlag Dr. Willmar Schwabe, Leipzig, 1926.

Evidently this little book of 107 pages is designed to gently inveigle the O. S. physician or the homœopathic novice, into a consideration of homœopathic therapy, by calling such remedies as Carbo veg., Ferrum phos., Graphites, etc., colloids. The potencies advocated are the third, fourth and sixth decimal only, to be given in the fluid state, as tablets or intravenously. For intravenous use, ampoules, each containing 1.1 ccm. of the particular potency, are advised. It is plain that Planer does not wish to

strain the credulity and faith of the prospective convert to homœopathy, by asking him to use anything higher than the sixth decimal potency.

Frankly, we have little patience with this variety of *passyfooting*; we homœopathic physicians have no need to cringe or to apologize for our beliefs. The facts speak for themselves; let those who are interested, duplicate our experiments and results, if they can. There is certainly no occasion for us to hornswoogle them into our camp.

There are thirty-five remedies presented, the indications for which are those usually found in any good *materia medica*, such as Stauffer's *Arzneimittellehre*, H. C. Allen's *Keynotes and Characteristics, etc.* A repository, of little real value, completes the book and relates to the thirty-five remedies cited. The practical value of the book is highly questionable.

NEW REMEDIES—Clinical Cases, Lesser Writings, Aphorisms and Precepts by J. T. Kent, A. M., M. D. Chicago, Ill., U. S. A. Ehrhart and Karl, 1926.

The Preface of this compilation of 698 pages states: "This volume is published at the request of many of Doctor Kent's admirers from all parts of the world. It contains remedies which have never before appeared in book form. They were published in medical journals several years ago and are all verified by Doctor Kent himself. . . . The Clinical Cases published herewith are only a few of those reported by Doctor Kent and have been carefully selected. All are considered of great value to the student of Homœopathy."

The book has been edited by Dr. W. W. Sherwood of Chicago, is well printed, in large type, upon clear light paper. There is much of great interest and value in this collection. So far as the new remedies are concerned, there is unfortunately, room for doubt as to the value of their original provings. Such remedies as *Aurum iodatum* for example, are strongly suggestive of the possibility that the pathogeneses of *Aurum* and *Iodum* were united in unholy wedlock, minus the usual formalities. Has anyone ever seen the original provings or does anyone know how and under which conditions they were made. We are mindful of the fact

that these combined remedies may be and probably are of great potential value, but as yet, much that is supposedly known about them, is uncertain and unverified. We ourselves have used with good results *Alumina silicata*, but one swallow does not make a Summer, hence we hesitate to claim much for this remedy. As with all the other remedies written of by Kent, it needs repeated proving and repeated clinical application and verification.

Many of the essays and clinical cases published in this work have much value for the student of homeopathy, but must be read with discrimination, particularly in view of the fact, that many of the scientific conceptions of Kent's day have either been modified or entirely changed since his activities. In reading Kent, one must not permit a wholly deserved veneration and admiration for the man himself, to blind one to his perfectly human shortcomings. The great and ever present danger with many Hahnemannians is their childish tendency to soar into the nebulous strata of hero worship and unbounded adulation; such an attitude may lead to self-imposed martyrdom, but is fatal to genuine scientific progress.

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HEPAR SULPHURIS CALCAREUM.

The Proving of An Old Remedy With An Outlook Upon
the Future Aims of Homœopathic Research.

By Hanns Sylwestrowicz, M. D., Philadelphia, Pa.

I.

During the first semester of 1926 the *Constantine Hering Research Laboratory of the Hahnemann Medical College*, Philadelphia, had as the object of its activity the re-proving of *Hepar Sulphuris Calcareum*. This was done, following a suggestion by faculty members, to study the effects of a well known remedy along the lines of modern clinical methods, in order to discover new results with these methods, which were unknown to Hahnemann in his time.

Hepar Sulphuris Calcareum (CaS) is one of the first remedies proved by Hahnemann. He used a mixture of equal parts of finely powdered oyster-shells and quite pure flowers of sulphur, kept for ten minutes at a white heat and stored up in well-corked bottles. From a remark in the "Pure Materia Medica" we may conclude that he used the sixth potency for his proving: "I found a very small portion of a grain of the million-fold attenuation (by means of three triturations with three times 100 grains of fresh milk sugar) quite sufficient, often too large, for a dose." Concerning the duration of the proving and the frequency of taking the drug, we are lacking all information. Dr. R. E. Dudgeon remarks in the translation of the second German Edition of the "Pure Materia Medica" that Hahnemann was assisted in this proving by Friedrich Hahnemann and Stapf. As far as my investigations of the existing literature have shown me, this is the only proving of *Hepar Sulphuris*.

In the presentation of my proving records I am following the scheme which Hahnemann used in the "Pure Materia Medica," because I believe that this presents the matter most clearly. The symptoms have been collected and have been divided according to the regions of the body and keywords, while in most of the publications of recent provings, the symptoms are classified with the name of each prover. But I amend Hahnemann's method in the preparation of the record, by adding the strength of the dose and the name of the prover, to each symptom.

The provers had no knowledge of the nature of the drug. The proving was conducted with three potencies: the 12th dec. for the length of three weeks (Feb. 10 to Feb. 28), morning and evening one tablet, the 6th dec. for the length of four weeks (March 1 to March 31st), morning and evening one tablet, the 2nd dec. for the length of four weeks (April 1st to April 30th) morning and noon, and evening one tablet. The preparation used for this proving complied with the requirements of the *American Homœopathic Pharmacopœia*. It was furnished by the firm of Boericke & Tafel of Philadelphia, for which kindness I should like to express my gratitude on this occasion. Also the ten Freshmen of the Hahnemann Medical College are deserving of thanks for the willingness with which they submitted their personal well-being and their spare time to this proving. They were Messrs. H. F. Prescott, R. A. Hibbs, W. C. Griffy, Th. Feltz, D. E. Hemmington, A. C. Henry, B. J. Baute, P. C. Moock, J. S. Dunn and Ph. P. Pease.

Physical Examination of the Provers.

To save space, the following abbreviations were used:

F. H. = Family history; P. P. H. = Provers past history;
P. S. = Present status.

I.) P. H. F., 24 years old.

*F. H.: Both parents are living and in good health. One sister and two brothers are likewise in good health.

P. P. H.: Measles, mumps and pneumonia (4 years old).

P. S.: Heart: O. K., blood pressure 125/70, pulse rate 80. Lungs: Some râles in the upper part, of a non-specific character. Nose: O. K., mouth and

throat, O. K. Ears: O. K. Eyes: Short-sighted. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, and no sediment; specific gravity, 1020; reaction, acid. Blood, Wassermann: Negative; temperature: 98.2. Nervous system: Normal. Weight: 142; height, 5 ft. 10½. Hemoglobin: 93; red cells, 5,000,000; white cells, 5800; polymorphs, 71%; lymphocytes, 24%; transits, 2%. Eosinoph.: 3%; mast. cells, 0%.

II.) H. R. A., 20 years old.

F. H.: Both parents and one brother are living and are in good health.

P. P. H.: Mumps, chicken pox, diphtheria with paralysis of the legs for one week (4 years old), appendicitis (16 years old).

P. S.: Heart: O. K. Blood pressure: 115/70; pulse rate, 78. Lungs: O. K. Nose: O. K. Mouth: O. K. Throat: Right tonsil enlarged, without inflammation. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 1028, reaction acid. Blood, Wassermann: Negative, temperature 98.4. Nervous system: Normal. Weight: 165 lbs. Height: 5 ft., 6½ ins. Hæmoglobin: 97%, red cells, 5,000,000; white cells, 6000. Polymorph.: 73%; lymph., 23%; transits cells, 3%; eosinoph., 1%; mast., 0%.

III.) G. W. C., 20 years old.

F. H.: Parents, two sisters, and one brother in good health.

P. P. H.: Chicken pox, measles, whooping cough, mumps.

P. S.: Heart: O. K. Blood pressure: 120/55; pulse rate: 75. Lungs: Diminished resonance in both apices with numerous râles. Nose: O. K. Mouth: O. K. Throat: O. K. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar,

no albumen, no sediment; specific gravity: 1015. Reaction, acid. Blood, Wassermann: Negative. Temperature: 98.6. Nervous system: Normal. Weight: 128. Height: 5 ft. 9¼ ins. Hæmoglobin: 89%; red cells, 5,000,000; white cells, 6200. Polymorph.: 70%; lymph., 25%; transit, 2%. Eosinoph., 3%; mast. cells., 0%.

IV.) F., Th., 22 years old.

F. H.: Mother and father died early, cause of their death unknown.

P. F. H.: No disease at all.

P. S.: Heart: O. K. Blood pressure, 115/65; pulse rate: 70. Lungs: O. K. Nose: O. K. Mouth and throat: O. K. Ears O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 1030; reaction, acid. Blood, Wassermann: Negative; temperature: 98.3. Nervous system: Normal. Weight: 133. Hæmoglobin: 93%; red cells, 5,000,000; white cells, 6800. Polymorph.: 70%; lymph., 25%; transit, 3%; Eosinoph., 2%; mast. cells, 0%.

V.) H. D. E., 23 years old.

F. H.: Both parents, two sisters, and two brothers living and in good health.

P. P. H.: Measles, chicken pox, scarlet fever, pleurisy, pneumonia with nephritis (16 years old).

P. S.: Heart: O. K. Blood pressure: 115/68; pulse rate: 95%. Lungs: O. K. Mouth and throat: O. K. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, 0.08% albumen; no sediment; reaction, acid; specific gravity: 1010. Blood, Wassermann: Negative; temperature: 98.5. Nervous system: Normal. Weight: 150 lbs.; Height: 5 ft. 11 ins. Hæmoglobin: 95%; red cells, 5,020,000; white cells, 6400. Polymorph.: 71%; lymph., 24%; transit, 3%; Eosinoph., 2%; mast. cells, 0%.

VI.) H. A. C., 22 years old.

F. H.: Both parents, two sisters, and three brothers are living and are in good health.

P. P. H.: Chicken pox, pneumonia (8 years old), whooping cough, tonsillitis.

P. S.: Heart: Extrasystole, slightly irregular. Blood pressure: 130/70; pulse rate: 70. Lungs: O. K. Nose: O. K. Mouth: O. K. Throat: Tonsils removed (10 years old). Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 1025; reaction, acid. Blood, Wassermann: Negative; temperature, 98.4. Nervous system: Normal. Weight: 145. Height: 5 ft. 1½ ins. Hæmoglobin: 92; red cells, 5,120,000; white cells, 7000. Polymorph.: 72%; lymph., 25%; transit, 2%; eosinoph., 1%; mast. cells., 0%.

VII.) B. B. J., 20 years old.

F. H.: Father died 54 years old of nephritis interstitialis; mother is in good health.

P. P. H.: Measles, influenza, pneumonia.

P. S.: Heart: O. K. Blood pressure: 112/60; pulse rate: 70. Lungs: O. K. Nose: O. K. Mouth: O. K. Throat: Uvula and tonsils removed. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, plenty of phosphoric acid, ammonium and magnesium crystals; specific gravity: 1025; reaction, acid. Blood, Wassermann: Negative; temperature: 98.4. Nervous system: Normal. Weight: 144. Hæmoglobin: 96%; red cells, 5,110,000; white cells, 7100. Polymorph., 70%; lymph., 27%; transit, 1%; eosinoph., 2%; mast. cells, 0%.

VIII.) M. P. C., 20 years old.

F. H.: Both parents and three brothers are living and are in good health.

P. P. H.: Measles, chicken pox.

P. S.: Heart: O. K. Blood pressure: 125/75; pulse rate, 80. Lungs: O. K. Nose: O. K. Mouth: O. K. Throat: Chronic pharyngitis. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 1030; reaction, acid. Blood, Wassermann: Negative; temperature: 98.2. Nervous system: Normal. Weight: 163. Height: 5 ft. 7½ ins. Haemoglobin: 94%; red cells, 5,000,000; white cells, 6000; polymorph., 71%; lymph., 24%; transit, 3%; eosinoph., 2%; mast. cells., 0%.

IX.) *D. J. S.*, 20 years old.

F. H.: Both parents, two brothers and three sisters are living and are in good health.

P. P. H.: Measles, chicken pox, mumps, whooping cough, and influenza (14 years old).

P. S.: Heart, O. K. Blood pressure: 120/70; pulse rate: 75. Lungs: O. K. Nose: O. K. Mouth: O. K. Throat: O. K. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 1020; reaction: Acid. Blood, Wassermann: Negative; temperature, 98.4. Nervous system: Normal. Weight: 136. Haemoglobin: 91%; red cells, 5,000,000; white cells, 7000. Polymorph.: 69%; lymph., 27%; transit, 2%; Eosinoph., 2%; mast. cells, 0%.

X.) *P. Ph. P.*, 22 years old.

F. H.: Mother died of toxemia during pregnancy, father is living and is in good health.

P. P. H.: Measles, mumps, whooping cough.

P. S.: Heart: O. K. Blood pressure: 120/70; pulse rate, 80. Lungs: O. K. Nose: Deviation of the septum. Mouth and throat: O. K. Ears: O. K. Eyes: O. K. Abdomen: O. K. Skin: O. K. Urine: No sugar, no albumen, no sediment; specific gravity: 135; reaction, acid. Blood, Wassermann:

Negative. Temperature: 98.5. Nervous system: Normal. Weight: 127. Haemoglobin: 95%; red cells: 5,130,000; white cells, 6000. Polymorph.: 70%; lymph., 24%; transit, 4%; Eosinoph., 2%; mast. cells, 0%.

NOTE: Pathological changes were noticed in provers Nos. V. (albumen in urine); VI. (Extrasystole with irregularity of the heart); VIII. (Chronic pharyngitis); III. (Chronic catarrh of the apices of the lungs).

Results of the Continued Examinations During the Proving.

Each prover prepared a daily report (1) of his symptoms and was examined every four days concerning blood, (2) (Haemoglobin with Sahli-Haemoglobinometer, red cells, white cells, differential count with Neubauer Haemocytometer), temperature (3), urine (4), and weight (5).

The three-day interval between tests I considered a point likely to prejudice the exactness of the provings, but lack of time on the part of the students, prevented any other arrangement.

*Mind** X 12. Depressed and easily irritated.

VIII 6.

2. Very irritable.

Headache V 6.

Throbbing headache in both temples, especially over the right temple, worse after lying down. Feeling as though there is a congestion of blood in the head.

I 12. Headache in the forehead.

IX 12. Dull headache mostly over the left eye; congestion of the head.

6.

X 12. Dull feeling in the head, unable to study and aching pain which is supraorbital in character.

IV 6.

Headache in the forehead, mostly in the morning and in the lower back part of the head.

*The roman figures indicate the provers, the arabic, the potencies.

- Vertigo* X 12. Spells of vertigo, more noticeable while lying down, but persisting at times, while standing.
- IV 6. Intermittent attack of vertigo, worse when studying.
- Eyes* I 12. Eyes burn slightly and ache.
- IX 12. Does not seem to be able to keep a focus, reading seems to blur.
- X 12. Burning sensation, slight inflammation in the eyes. Slight lachrymation.
- II 6. Slight aching and feeling of pressure in the eyes.
- VIII 6. Disturbance of vision, stitching pain in eyes, as if needles were stuck into them.
- Ears* X 2. Stitching pain in right ear.
- Nose* IX 6. Watery running of nose. Inside of nose very sore.
- VII 6. Slight coryza of a watery color, worse in the open air.
- X 2. Boil in left nostril. Itching of the nose.
- II 6. Thick discharge from the nose.
- VIII 2. Nose bleeding, boil in inside of the nose.
- Throat* V 6. Throat red, inflamed and sore, difficulty in swallowing. Very tired feeling. Feels as though something were stuck in it.
- IX 12. Scrapy feeling in the throat.
- X 6. Dryness and soreness of the throat, feels better from taking hot liquids.
- II 6. Throat sore, salty taste.
- IV 2. Sore throat in the morning.
- VIII 6. Soreness and dryness of the throat, pain when swallowing; tickling in throat.
- Larynx* IX 6. Croupy cough every morning, with raising of mucus.
- X 6. Loss of voice.
- II 6. Hoarseness, painful cough and great amount of yellow sputum.

- VIII 6. Loss of voice and painful coughing, especially in the evening.

Digestive System

- VI 6. Sharp pain in abdomen in umbilical region, at frequent intervals. Diarrhoea and constipation alternating.
- I 12. Very soft stools with burning at anus during defecation.
- X 12. A great griping pain in abdomen, especially in the region of the umbilicus, worse on motion and when lying on the left side. Watery diarrhoea.
- VI 12. Loss of appetite; constipation.
- IV 6. Constipation prevalent, much belching, pain in lower portion of abdomen, appetite decreased.
- VIII 6. Constipation with small stools. Sometimes peculiar desire for special foods.

Urine

- X 6. Quantity of urine seems to be increased.
- IV 6. Quantity of urine seems to be increased.
- VIII 6. When urinating, there is a burning sensation. Increased amount of urine.

Genitals

- II 6. Diminished libido.

Skin

- V 2. A great deal of perspiration is noticed, especially on the forehead.
- VII 6. Perspiration of the hands.
- X 2. Excessive perspiration of the whole body.
- VIII 6. Sweating of the hands and feet.
- V 2. Skin very itchy, especially on the legs, not benefited by scratching. Continuous itching.
- IX 6. Itching mostly on thighs continuously, not relieved by scratching. Urticaria for 6 hours. He stopped taking the drug for a week when the itching also stopped. Itching began again after he commenced to take the 2x and continued until the end of the proving.

- X 12. Slight itching on pubes, scrotum and penis,
6. marked itching on genitals, on back and
other parts of the body.
- IV 2. Great itching on lower legs.
- VIII 6. Itching on the palms of both hands, of scalp
and of genitals mostly.
- VI 2. Pustules on the forehead and back, red and
sore to touch. Two boils of the size of a
pea, on the neck.
- X 2. Pimples on the neck and chin, pustules on
the face.
- X 6. Pustules on the back, small pimples on the
2. face and many of them on the back; skin
eruption better after diarrhoea com-
menced, worse during constipation.
- II 2. Boil on top of nose, sore to touch, smaller
boil on the lower lip, three boils on the
neck.
- IV 6. Few pimples on the upper part of the back
and on legs. Small boils on legs.
- VIII 6. Pimples on the back and shoulder. Two
boils on the neck and one on the occiput.
- Mouth VII 6. Dry lips.
IX 6. Lips seem to get dry and chapped.
II 6. Lips dry and cracked.
VIII 6. Dry lips and mouth, great craving for water.

BLOOD (2).

TEXT OF THE COLLECTED PROVING RECORDS.

The examination of the blood showed a change only within the normal variations. A test made on myself every half hour after taking three grammes of the crude *Hepar Sulphuris* revealed a Leucocytosis rising from 5300 to 11,000 within three hours time.

TEMPERATURE (3).

A rise in temperature was observed in prover II (Feb. 28th to March 3rd) and in prover VIII (March 1st to 3rd). During this time both provers were complaining of symptoms characteristic of influenza: Severe headache, coryza, pain in muscles and fatigue.

I excluded their report on this period, from the proving record, because the symptoms apparently had no connection with the action of the drug.

URINE (4).

Besides the finding of albumin in prover V before the proving, no pathological changes were noticed.

WEIGHT (5).

Only variations within a four-pound limit, were noticed.

II.

In the homeopathic literature not only of America but also of Europe, during the past few years, movements have been noted which point to a revival of homeopathic research. Concerning this country I should like to call your attention to the efforts of the American Institute of Drug Proving and to the experiments of Hinsdale, Boyd, Mellon, Stearns and Griggs.

Everyone of these men who tried to achieve results valuable for homeopathy will agree with me upon the difficulties connected with this work. During the past year, I had time and opportunity enough to study the literature along this line and to think over this problem. By degrees I became more and more convinced that our research work in the past would have been more successful, if we had not so much neglected a principle which is of the greatest importance for positive achievement in any kind of research. Everyone has been following his individual intentions only, yet, ignoring the activities of the others more or less. From time to time one could find in our journals, essays which were only momentarily able to attract the attention of their readers. Ought it not be possible to make a change in this respect, to crystallize certain leading facts recognized by all, as a basis for further research? More than in any other branch of the profession do we need cooperation, to achieve effective progress. I believe that there should be no lack of such teamwork.

I have been thinking of some propositions which would perhaps, start a discussion of this subject. Although I am fully aware of the incompleteness of them, I should like to submit them in this paper. The essential question to clear the situation is perhaps this: What do we wish to accomplish by our research work? This

appears trivial at the first glimpse, but I believe the answers given by the various factions, reveal the complexity of the problem.

One of the most popular demands made during the past years is: We have to show that our potencies are really able to produce a healing reaction in the patient. There are different possibilities of realizing this proof.

The first of these is the direct way, of showing by means of statistics, that a large number of similar cases treated with homeopathic drugs developed more favorably than others which had been treated in a different way. It is evident that such proof could include only cases classified in accordance with clinical diagnosis. The large number of cases which cannot be brought under a name, but are a favorite field for homeopathic treatment, have to be excluded from this test. Arnold Zimmer, the associate of Prof. Bier, who was studying our treatment in the Homeopathic Hospital in Stuttgart during the past year assured me in a recent letter, that he is unable to see any other way of proving the action of potencies than by these clinical observations. I believe that there is nothing to add to this statement.

That we could produce this proof, possibly in an indirect way, is an idea supported by some of our school. They argue, that the majority of the symptoms of our provings are of a subjective nature, and that for this reason, we have to look for symptoms which we can measure by modern clinical and laboratory methods. The provings reported on above, were done in compliance with this request and are accordingly an answer to it. In view of this, the results of my work only helped me to affirm the conclusion, of which I was already vaguely sure theoretically, at the outset. We can say, that it is a contradiction in itself, to try to measure symptoms in a homeopathic proving with our crude clinical and laboratory methods. What is the kind of symptoms we wish to obtain in drug provings on the healthy body? Only those which we can use reciprocally on the sick body, according to the principle "*Similia similibus*." The nature of these symptoms is very delicate. We cannot force the body to produce them. We have to irritate it in a cautious way and as experience shows, we are glad to notice the desired reaction in only a few of the provers, for most of them in every team, respond poorly or not at all, for which fact we have no explanation. Hahnemann called this a "dynamic" action. It is too delicate to be measured by the existing clinical

and laboratory methods, as I stated before. These methods can be applied only for a physiological reaction of the body which, of course, we can produce by increasing the dosage but which are not applicable to the patient in a homeopathic sense. Perhaps the future will, by new discoveries in the field of serology, give us some test which is sensitive enough to prove the dynamic reaction of the body.

All that I have stated concerning the idea of measuring symptoms on the prover, should be pointed to as applying to efforts to produce pathology in the animal. I do not want to say that experiments on animals are without value for our *Materia Medica*, I only wish to say, that results achieved by this kind of work cannot be used for the application to the sick of the principle "*Similia Similibus*." They may be used for therapy in another way, since I am convinced that there are certainly other pharmacodynamic principles, besides the homeopathic. One might see confirmation of this in many indications in our *Materia Medica*, which have nothing to do with the homeopathic principle.

Another indirect and still more circumspet way to show the effectiveness of our potencies, would be the proving of certain physical conditions of the different dilutions themselves. Some work has already been begun in Germany. A revival of this idea has recently been originated by Garth Boericke, who is at present organizing a plan to carry it out with ultimate practical results. He places particular stress on the investigation of the electric conductivity, surface tension, polarisation and spectroscopic analysis of the different dilutions of homeopathic drugs. The object of this plan is to determine whether we can get ocular demonstration of the kind of activity which these potencies possess.

This much about the discussion of the possibilities of our work to show the effectiveness of our potencies. I turn now to another activity of research which is more or less the investigation of literature. A movement in this direction is strongly advocated by Clarence Bartlett and Augustus Korndörfer. Their idea is to publish a revised *Materia Medica*. For this purpose the entire homeopathic literature is to be carefully sifted and only such symptoms are to be taken into the new *Materia Medica*, the practical value of which has been confirmed by the clinical experiences of observant and careful practitioners. To carry this plan through, would certainly prove to be of the greatest benefit to our profes-

sion. But the gigantic character of the work as well as the danger of error on the other hand, are facts which make it impossible for one man to perform the task. Only the work of many years and the coöperation of many men can bring success.

The third and last consideration in regard to our research work, is to find new symptoms of our drugs which will enable us to prescribe with increased certainty. The natural way to proceed, would be to reprove old remedies by Hahnemann's method. But there arises the question whether this method has still any value for our work. Indeed, the achievements attained by it in the past are tremendous. To it we owe the larger part of our Materia Medica. But now the number of unknown drugs is practically exhausted. And what is the practical value of this method in re-proving the old ones? Everyone who has experience in drug proving work has to admit, that the provings of Hahnemann and his pupils are so admirably thorough, that we shall hardly be able to get anything new. It would be a waste of time to repeat the work. So there remains only the possibility to complete the picture of such drugs which thus far are lacking a complete proving. At this time I shall pass over the educational value of a re-proving by students, to demonstrate the action of drugs on their own bodies, or to increase their interest in the study of our Materia Medica and to sharpen their powers of observation. Concerning this I am able to add, that in the department of Materia Medica in our college we had very encouraging experiences, so that Dr. Boericke, head of the department, intends to establish the plan as a permanent requirement in the teaching schedule. Beyond this educational value I cannot see any other advantage in the re-proving of well known drugs.

The conservatism of our school is in part very strong and therefore, this conclusion may appear to some as radical, yet I believe that this statement is justified and that everyone who does not see a religious dogma in homeopathy, but instead, a scientifically constructed therapy, will not consider this conclusion as an abandonment of Hahnemann's teachings. On the contrary, he will have to acknowledge that a clear recognition of the facts would be the best indication of further progress. But how otherwise can we succeed in finding new and valuable indications for our drugs?

I have already pointed out, that the pictures of our drugs are only to a certain extent based on symptoms gained by provings on

the healthy body. Most of us are not conscious of the extent to which the Materia Medica is filled with indications which were found by purely clinical observations. I advise that you look over every remedy in your Materia Medica from this point of view, compare it with the original provings, follow up the old homeopathic journals of Hahnemann's such as "Hygea," 1834-48; "Archiv für die homeopathische Heilkunst," 1821-46; "Allgemeine Homeopathische Zeitschrift," 1832-99; "Zeitschrift des Berliner Vereins Homeopathischer Aerzte," Vol. 1-18; "Oesterreichische Zeitschrift für Homeopathie," "British Journal of Homeopathy," 1843-84, besides the old American Journals in this country, and investigate the different editions of the Materia Medica. You will then find how very gradually during the passing years the picture of the drug grew out of an unhewn block, into a well formed figure, as if under the hands of an artist. Finally, it was ornamented with many attributes, which are not essential for its homeopathic character. This ornamentation consists of *clinical symptoms* as we may call them, in addition to the *proving symptoms*. Up to the present time these clinical symptoms have been found, merely by incidental observation in general practice. But why not go on in a systematic way? How often do we struggle with cases in which we cannot find any indication for a homeopathic prescription? Professor Bier has shown by his simple and yet successful management of the treatment of a large number of furunculosis cases, how great the possibilities for success are. How many of us knew before, of the demonstrated importance of *Sulphur Iodatum* in the treatment of furunculosis? I have been following up his idea in the treatment of a series of cases of subacute and chronic arthritis with formic acid and I hope to demonstrate the merits of this method of "drug proving on the sick body."

The intention of this essay is to show the different aspects of our research work for the future. I hope that I have been able to show that they are worthy to be taken up and thoroughly studied. But coöperation only will help to overcome the great obstacles which are ahead of us. Future study will perhaps, reveal parts of our Materia Medica as unhomeopathic. But what is the difference? The idea of Hahnemann is too great for it to be injured by new conceptions. It will perhaps be limited, but within these limits, it will always remain true!

THE REPETITION OF THE DOSE.

Harry B. Baker, M. D., Richmond, Va.

The ordinary rule for repetition is to allow the remedy to act as long as it will and repeat when the action runs out. Now this sounds very simple and sometimes it is and sometimes it is not. To begin with it is often difficult to know how many doses to give in order to get the remedy to act. One powder dry on the tongue may be all that is necessary, again it is better to give three powders an hour apart or dissolve a powder in six or ten teaspoonfuls of water, and give two teaspoonfuls every half hour. Sometimes I give one powder a day for three days or a powder night and morning for three days. I have never used this last method with potencies above the two hundredth. It all depends on the susceptibility of the patient and I know of no rule for determining that. The physician must use his own judgment in each case. Having given the first dose or doses, if there is no apparent effect, aggravation or amelioration in a week or ten days, unless I feel very sure that my remedy is the simillimum, I look the case over and over again. I think that in most cases you will get some action in ten days, if you have selected the correct remedy. If you get an aggravation followed by an amelioration don't repeat as long as the amelioration continues, and even when it apparently ceases it is well to wait a little while before repeating. The tendency, I think, is to repeat too soon, because sometimes when the amelioration has apparently ceased it starts up again, and you will interfere with the action by repeating too soon.

In incurable cases when the best that can be hoped for is palliation, the remedy often has to be repeated very frequently, sometimes every day or two. Hahnemann, in the sixth edition of the "Organon," advises repeating every day in chronic cases, but raising the potency each time. He was probably referring to the 30th potency only. I have had no experience with this method. In this paper I am considering chronic conditions only and the use of remedies above the 30th potency.

April 18, 1927.

EDITOR HOMŒOPATHIC RECORDER,

Dear Dr. Rabe:

It is not often that I find myself disposed to criticize your comments in THE RECORDER. However, in your comments on the quite lengthy quotation from the address of Sir Archibald Garrod, page 181, current number of THE RECORDER, you express certain ideas which I think it time for us to cease to entertain. In quoting this address, you put in italics the following: "Seeing that no two individuals are exactly alike, either in structure or in chemistry, sickness does not conform to any single model; each individual case calls for careful observation." In part you comment as follows: "More and more does the dominant school recognize the patient as an entity and that the constitution of the patient must be carefully studied, for therapy to be successful." By this you imply, of course, that the homœopathist is studying the structure and constitution of his patient when he diligently *grubs* for symptoms.

Tell me, when have the homœopathists taken more careful note of either the structural or chemical make-up of their patients than have the members of the dominant school? What have we done that places us in a position where we may "cast the first stone"? So far as I am able to discover, everything that has so far been done, in studying the "structure" and the "chemistry" of the human constitution has been done by the members of the other school. "But," you say, "they do not individualize." Do we? How can one individualize if he doesn't study the individual? Surely no one is so rash as to say that we do. Indeed, the individual doesn't enter into our thinking. *We think merely of his symptoms.* We, as I said before, *grub* for symptoms to the limit of our skill and learning. Why the individual has symptoms, and has them in the way he has, rather than in some other way; what his constitutional make-up is and in what way it is different from that of another; what his predispositions and susceptibilities are and why they are, as they are, rather than something else, these

things never enter our thinking, unless some very striking symptom forces them upon us.

No greater fallacy is entertained by the homoeopathist than is the idea that he is disclosing the individuality of a patient in the symptom-complex which he elicits in the course of an examination. All he discloses with this is, that it is different from the symptom-complex of another, suffering from a somewhat similar disease. The fact is, he comes no nearer to disclosing the real individuality with his symptom-complex than does the pathologist with his pathological complex. Neither apprehends anything more than the *end-results* of a morbid process. The factors underlying and producing differences in morphological states, differences in constitution, which factors alone make individuality, these lie at the extreme opposite end of the chain of events.

None but the subject of Human Morphology deals with the factors of structure, and except for a few lectures I once gave at the New York Homoeopathic Medical College, the subject has never been taught, scarcely even mentioned in any homoeopathic college. On the contrary, we have laid all emphasis on symptomatology. We have, especially in the study of *Materia Medica*, had interest in nothing else. Nothing is so conspicuously lacking in our works on this subject as explanatory data, and by this I mean data which relate to the structural and chemical conditions, in which symptoms were produced. Everything which might throw light on the problem of the individuality of the provers has been studiously eliminated.

I think it is time that we recognized the fallacy in our idea relative to individuality and cease to "kid" ourselves that we are doing something which we are not, or know something which we do not.

Very cordially,

PHILIP RICE.

101 West 57th Street,
New York.

EDITOR'S NOTE: We are very glad to present this criticism by Dr. Rice. Perhaps it will arouse discussion by our readers?

THE PLACE OF MATERIA MEDICA IN THE PRACTICE OF MODERN MEDICINE.*

Benjamin C. Woodbury, M. D., Boston, Mass.

I should pass over, in the presentation of this paper, the usual remarks of many contributors to medical society meetings, such as the outstanding honors conferred upon them by the Chairman, in asking their contributions, or the equally inane excuses for brevity *et cetera* generally advanced by some writers, which is only a polite apology for lengthy discourses (I myself have been many times guilty of this offense), and the very puerile excuses of lack of time in preparation, and many others, were it not for the fact that I was struck with the earnestness with which the Chairman of this Bureau expressed the desire to make this year's contribution the finest that the Association has ever furnished. Truly a worthy ambition. It also interested me to note his request for papers that would bring out some special points on the practical side of *Materia Medica*, as exemplified in Kent's philosophy, or in the every-day routine of prescribing, as observed in the care of cases prescribed for homoeopathically. Here again is the practical side of the question. Hence my willingness to contribute this paper to the Bureau of *Materia Medica*.

There must be two essentials for this paper, then: brevity and practicability.

In that remarkable preface to Laurie's translation of Jahr's Manual, written in 1841, the celebrated Pierre Curie, destined to be the progenitor of the most famous minds known to twentieth century science—the discoverers of radium, we find this statement, that:

"without the knowledge of the *materia medica*, it is impossible to become therapeutists; but if a profound acquaintance with the *materia medica* is necessary to good medical practice, a perfect knowledge of disease is indispensable to a successful application of medicinal remedies."

Curie goes on to review in a brief but masterly way the history of the various theories that had existed in the so-called science of

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

medicine, all of which but gave rise to an era of *eclecticism* in practice, and to the philosophy of scepticism, which, in his own words, was "the language of indolence and the resource of mediocrity."

"The science of medicine was in this state when a man more attentive, of a strong and independent mind, seeking after the truth for the benefit it would confer on mankind, and sensible that in order to pursue his investigations with success, it was necessary to leave the beaten path of prejudice, came forward, changed the basis of the science, and promulgated a definite law of therapeutics. Hahnemann elicited from the study of the old *materia medica* the important, the invaluable law, that *similia similibus curantur*."

How were these "medicinal remedies" to be utilized according to this "invaluable law"?

Laurie states in his Introduction to Jahr's work that Curie had himself expounded this method of action in his "Dispensary Animals," as follows:

"Every remedy whether mineral, vegetable, or animal is composed of two principles, one material, the other essential or imponderable."

"It is the essential principle of the remedy which, after having been developed by long continued trituration, and shaking, fulfils, with respect to the organic action, a part identical with that of the preserving power of life; from which we must conclude that the two principles are identical, since they possess the power of controlling the acts of the living chemistry."

"The lower dilutions place the organism under the influence of the material particles of the remedy, which, having as yet undergone but a slight separation, exist in all their activity."

So much for Curie—destined to be the father of the future science of radiotherapy, and the new chemistry and physics of matter.

Laurie infers from this that:

"The highest dilutions containing little of the material particles, or merely what is sufficient to convey the medicament into the organism, operate only by the development of their *essential properties*; and should, therefore, be prescribed in such *chronic* affections, where it is only necessary to strengthen the *vital*

power; the lower dilutions on the other hand, retaining still the *material particles* in a larger proportion, and also having acquired some additional power by the incipient development of the essential properties, ought to be chiefly employed in acute cases, where the *morbific cause* requires to be neutralized; the vital power, which is yet in all its vigour, requiring little support."

So much for an exposition of the action of the medicaments of the *Materia Medica*, from two of the pioneers in the art. What have modern minds added to these giants of a previous century?

Well, to begin with, the same mind that describes in this admirable preface the action of remedies according to their material and essential qualities or properties, was the sire of the great minds that penetrated into the hidden maze of atomic and subatomic labyrinths until, amid the network of complexities, a thread was found, that followed, led to a new world of amazing and profitable discovery! Therefore if the reasoning in the one case was correct, may we not trust it in the other? I believe that we can safely trust the prevision of such minds, *e. g.*, the mind of Hahnemann, and the minds of his early followers, who solved the knotty problems of obtaining the resources of the pure *Materia Medica*. For upon this basis rests the whole superstructure of therapeutics.

Time does not admit of a discussion of radium here, wonderful and fascinating as the subject is in itself. Science is already unfolding daily intricate and more intricate mazes, which lead back to one and the same source—the investigation of the infinitely little. It is in this realm that the "essential" properties of Curie, and the vital powers possessed by remedies as described by Laurie act and interact. The mere fact that the scientific world is now concentrating its study and research, not upon the power contained in great natural phenomena like Niagara for example, but upon the energy capable of being released from the single drop of water under pressure of steam and supergaseous concentration, or in the vacuum tube, or in the smallest amounts of such substances as gasoline, or T. N. T., is merely to emphasize the potentiality in the minutiae of nature.

Take the vacuum tube. A study of the vacuum, according to Dr. Whitney of the General Electric Company, has shown that:

"The vacuum in a well-exhausted lamp is considered a high vacuum. Only one molecule out of 100,000 in the original atmosphere is left. But how to get such a vacuum as we have in the modern power tube, we must take that exhausted lamp and pump it, until of that residual gas we again have left only one molecule of 100,000. Thus we bring the pressure down to one ten-billionth of our atmosphere! And here comes in perhaps the biggest marvel of all. In spite of our high vacuum we still have remaining about fifty billion molecules to the cubic inch. You can get a faint conception of the smallness of the molecule when you realize that if we enlarged the forty billion molecules in one cubic inch to the size of grains of sand, they would make a beach 3000 miles long."—(*Pop. Science Monthly*, Nov., 1925.)

Here we have a fair example of the trend of modern science; and when we consider that ordinary photography has now been displaced by microphotography, and until by means of the X-ray it is possible to measure the most minute quantities of matter by certain refracting of light waves, we then come to a realization of what a world within a world has been opened to the enquiring mind of science.

In addition to this search for the infinite in material substance, much of which was foreshadowed by Hahnemann when he made his epoch-making discovery of the increased powers brought to light in apparently inert substance through the process of trituration and succussion—a form of induction which has not yet been investigated by general science, there are many therapeutic problems which for the nonce so intrigue our minds and attention that we have sorely neglected the inductive method of Hahnemann, which Hering warned, if ever lost, would mean the downfall of homeopathy. Have we lost, in the modern maze of things, this cornerstone of Homeopathy? We sincerely trust we have not. One thing we must, however, keep, lest we lose some of these treasured inheritances, and that is our most cherished possession—the power of viewing contemporary science with an open and unprejudiced mind.

Dr. John Weir, physician to the London Homeopathic Hospital, Physician-in-ordinary to the Prince of Wales, and this year president of the British Homeopathic Association, made these significant remarks in his presidential address (before the British Homeopathic Society, October 8, 1925):

"I have a great reverence for the past, especially in the history of any movement, like ours, which dares to differ from the usual trend of thought. These men dared everything for what they believed to be true and refused to submit to the opinions of others, though it meant much suffering. Their difficulties and trials are only hearsay to us perhaps, as our lot has been cast in pleasanter places today. We are not subjected to the same indignities, though even today, there are some who stick to their prejudices and, parrot-like, repeat their objections to homeopathy which have lasted unchanged for fifty years—lasted because they have not taken the least trouble to inquire—they find it easier to be lofty in manner than to give a reasoned judgment on the subject; but such are dying out, and our danger today is of being killed by kindness. This does not tend to make sturdy warriors. Opposition is the breath of any just cause, and its absence is apt to make us slack and not examine our armour to detect the weak spot. Will this be our fate?"

In throwing open the meeting of the British Homeopathic Society to discussion, at the January session, Dr. Weir made these remarks:

"Many theories of the past, for which men have even suffered, have had to be scrapped in view of wider knowledge. They might have been true up to a point; but not all the way. Let us strive to keep an open mind, and be ready to submit to an honest discussion of our views. . . . Let us put our cards on the table, in the spirit of true investigation, and be ready to scrap our most cherished beliefs, if they should be found wanting. Otherwise we shall be guilty of placing ourselves and our ideas above Truth, which will alone prevail, and we shall be hindering the very thing for which we exist, namely, the relief of humanity by, as we believe, the best method—the Law of Similars."

Among some of the most important subjects for investigation in present-day homeopathy in England according to Dr. Weir are the question of "plus" potencies, the grouping of remedies, as based upon the research of Dr. W. R. McCrae and Dr. W. E. Boyd; the investigation of hospital records in the light of the varying potencies used in acute and chronic diseases, as carried out by Dr. C. E. Wheeler; and finally the researches of Dr. Judd Lewis. Truly these are important subjects for investigation; and we would do well, if in our own country we could show as earnest efforts toward the elucidation of such problems, and as equal zeal.

Plus Potencies.

Briefly, the "plus" potencies have come into usage since the issue of the sixth edition of Hahnemann's "Organon," and are given upon the basis of observations therein laid down. They have not, however, come into universal usage as yet, in fact they are only in the experimental stage. This form of medication has been dissertated upon chiefly by Dr. Henry B. Blunt (Observations on the Sixth Edition of the "Organon," British Homœopathic Journal [Oct., 1925], and by T. T. M. Dishington [British Homœopathic Journal], July, 1924), in which these two clinicians set forth their employment, in suitable cases, of remedies "plussed" as they express it, from the potencies to which the patient most favorably reacts. The method of plussing has been used for the most part in the lower potencies, *e. g.*, the 12th or 30th, the remedy being potentized to successive degrees, by succussion and dilution until its effects cease, when a new potency (generally a higher one) is chosen, or a more suitable medicine chosen. The pros and cons of this new method are now being widely discussed in England.

Drug Groupings.

The basis for this newer grouping of remedies is to be found in a recent paper read before the British Homœopathic Society (The *British Homœopathic Journal* for April, 1926—"Drug Groups and Their Value as Therapeutic Assistants," by W. R. McCrae, M. B., Ch. B., Assist. Phys. to the London Homœopathic Hospital). This paper, which was discussed very extensively on the occasion of its presentation, deals with certain experiments, based for the most part upon work done at the London Homœopathic Hospital, in the investigation of the Boyd Emanometer, in checking the various remedies according to the usage in acute and chronic diseases, from emanometer readings from actual cases. In some instances this research seems to be somewhat at variance with the older clinical groups of remedies, but seems to offer a modern, scientific way in which definite light may ultimately be thrown upon the *materia medica*, as it will be employed in the medicine of the future. As yet the work is experimental, and in its incipency, but McCrae's results have apparently been checked by that of Boyd, to whom the credit is given for having done the

pioneer investigation in his so-called "Emanometer Research." The results of this research are now comparatively well known to physicians on both sides of the Atlantic.

Value of Hospital Reports.

The careful tabulation of reports obtained from an examination of the records of the Homœopathic Hospital, in the use of both high and low potencies is for the most part tending to clarify the present uses of remedies in clinical practice. While there is at present some uncertainty as to the exact interpretation of these records, it has entailed an enormous amount of work on the part of Dr. C. E. Wheeler, who for the past three years has been engaged, with secretarial assistants, in going over the records at the London Homœopathic Hospital. To date Dr. Wheeler has given two readings from these reports, and when the matter is finally sifted out, certain very definite conclusions will surely be drawn as to the status of potencies in actual practice.

Blood Spectra in Cancer.

While Dr. George Burford has in recent years been engaged in an immense amount of research into the problem of cancer, which has resulted in the issuing of an exhaustive paper (recently issued in pamphlet form) to which he has but recently added more data by way of supplement, Dr. Judd Lewis has been at work upon the problem of determining the blood spectra that characterize different diseases, with special reference to that observed in cancer, with the hope of ultimately approaching a definite method of diagnosing the disease in its incipency, and to aid in the problem of prognosis. This work is still going on, with still somewhat hopeful prospects.

These tasks, together with the continued investigations of Dr. Boyd, of Glasgow, into the physical phenomena relating to drug action, and the teaching activities undertaken and in future prospect at the new teaching courses to be inaugurated at the London Homœopathic Hospital, for post-graduate study of homœopathy, are some of the labors that are at present confronting the followers of Hahnemann in England.

In Germany the stimulus of Bier, engrafted upon the previous

work of Schultz, in biological drug experiment, and the work at present being undertaken in France, with the added program of the International Drug Proving, under the chairmanship of Dr. Pierre Schmidt of Geneva, Switzerland, are certain to be productive in the next few years of much scientific data relative to the law of similars, and the clinical and therapeutic corroboration of homeopathy. In all these investigations the *materia medica* stands as, in the past, it has always stood as the bright and shining beacon toward which all searchers after the light of truth in therapeutics must eventually be led.

Hahnemann early outlined the scope of the various kingdoms of nature in furnishing to mankind its therapeutic armamentarium, in his "Sources of the Common *Materia Medica*." Researches in general science are ever tending to the elucidation of the intricacies of nature; and the secrets of life, though intangible in their ultimate, are continually being pushed to the narrow fringes of the microscopic and ultramicroscopic worlds, there to become finally lost in the maze of the absolute and the unknown.

Sir J. C. Bose, the distinguished Hindu scientist, who has studied so exhaustively the nature and habits of plant life, stated at a recent lecture given in London that the *Mimosa pudica* was capable of being excited by an electric shock one-tenth of the intensity that evoked human sensation. (Vide *Homeopathic World* for June, 1926). And, furthermore, that in the tropics, where large patches of ground are covered by the plant, so sensitive is it to injury or even shock that, when its leaves are trampled upon, or bitten by grazing cattle, it has the power of pressing them against the ground in such a way that its leaflets are closed. Thus it protects itself from harm, not only by actually retracting itself from harm's way, but by transforming its vivid green leaves to dull grey, which is unnoticed against the dark ground. "The plant thus saved itself by 'lying low' and making itself invisible." Sir Jagadis has found that the perception or latent period of the motor organ of *Mimosa* is six-hundredths of a second. Fatigue prolongs this latent period, and when over-tired, this power is apparently entirely lost, and can be revived only after periods of rest.

The *Mimosa* is commonly known as the "sensitive plant," and it was proven to some extent by Mure, which proving—the *Mimosa Humilis*, is included in Mure's *Materia Medica*, or Proving of

Principal Animal and Vegetable Poisons of the Brazilian Empire, published in 1854.

The *Mimosa pudica*, however, is the ordinary "sensitive plant" seen in hothouses, but the leaves of *M. humilis*, or wild plant described by Mure, also "close on contact," as stated by Clarke, in his *Dictionary of the Materia Medica*. There are, likewise, many other wonders that are disclosed in the laboratory of Nature's out-of-doors. The *Agave Americana*, or what is commonly known as the "century plant," blooms but once in an hundred years. Why this is so, who can know? Its use, clinically at least, is known, can be known, in such a dire disease as hydrophobia, where its virtues have been confirmed. It is not known, moreover, just the why or how of the Drosera, one of the bog-haunting carnivorous sundews—it carries on its unlawful brigandry among the unfortunate insects that chance unfortunately to come its way; yet of the predatory instincts of such plants we know as little as we understand the lawless anarchy of the cancer cell in the human body. Were some of these mysteries known, well might the human family hope for an escape from some of the ceaseless bondage to which its flesh is heir.

Already, through the perceptive powers of the human mind has the brilliant analysis of Dr. Margaret Tyler, of London, given to the homeopathic profession some entirely new uses for the insect-catching Drosera; and it bids fair to take its place among the polycrests.

It is this power to visualize drugs in the mind, and to see their correspondences in patients that constitutes the ideal homeopathic prescriber. Few, however, have the full capacities of some of the master prescribers along this line.

It did not require much perspicuity for the following prescriptions which I may detail very briefly:

Case 1. A patient applied at the out-patient clinic of the Massachusetts Homeopathic Hospital, presenting pathologically as a most pronounced feature a blood pressure ranging from 220 sys. to 240 or 250 sys. Mentally there was great anxiety, with the peculiar and characteristic distraction at the sound of the crumpling of paper, or scratching on linen. As I had many years ago pigeon-holed this symptom in my mind under the one remedy having it in prominence, it was easy to give this arteriosclerotic patient some

doses of *Asarum Europæum* 30th, which within a short time not only relieved entirely the nervous condition, but the blood-pressure readings thereafter—so long as I had trace of her—remained at 170 sys. And the patient seldom has had occasion to return for treatment.

Case 2. It was a stroke of good luck more than genius, I feel sure, that prompted the giving of *Lachesis* 1m. to a young Hebrew girl at the Mission Medical Clinic with which I am connected. She had previously had *Baryta carb.* 1m. with indifferent results for the type of tonsillar enlargement such as is set down in the texts under this remedy. An acute sore throat appeared; a culture revealed *K. L. bacilli*, and a positive report was returned from the Board of Health. Meantime the child had recovered and was in school when, to her astonishment, under the sort of *habeas corpus* that is utilized by such authoritative bodies, she was obliged to remain in quarantine for two weeks, when she returned to our clinic, proudly waving her discharge card. So well was she found that the physicians who saw her did not suggest the use of anti-toxin even. The interesting *post hoc* in this case was that the tonsils were found to be greatly reduced in size after the attack was over.

Case 3. Another patient seen at the Mission Clinic was a widow of thirty-two years who, by the appearance of X-ray plates and the presence of an apparently old lesion in the right apex, had early been tuberculous, though she had at the time of being seen no cough, but there was an enormously suppurating gland in the right cervical region—plainly tuberculous in nature. This gradually healed under remedies—chiefly *Silicea* in varying potencies, when a similar condition developed on the left side of the neck. All through this time the patient had been carrying an evening temperature, with elevated pulse rate. T. averaging at least one degree to one degree and a half, with pulse 100-110. The menses were at times delayed, pale, and painful. *Tuberculinum* 1m. and later 10m. potencies apparently started the tide of vitality in the right direction, as there was soon in this case complete healing of both sides of the neck, with cessation of all fever, return of pulse to normal, return of normal color to menses, and generally bettered conditions and improved outlook on life.

Case 4. Another patient at the Homoeopathic Hospital, a man of eighty-four years, who, after having been given *Digitalis* in physiological dosage, presented marked dyspnea, slow (42), irregular and weak pulse, with great weakness and faint sensations. His condition had been previously diagnosed as heart block. Yet *Digitalis* had certainly not bettered his condition. He was given *Digitalis* 1m., a single dose, and in a period of six weeks his color returned, his dyspnea was greatly improved, the pulse rose to 60, with better volume, and greater regularity. The blood pressure which at first had been 240 returned to 190, and the patient himself was bettered in every way. Is this a method to be placed in juxtaposition with physiological therapy—this method of treating the patient rather than the patient's disease? I do not pretend to answer this question at this time. The patient at all events looks, seems, and says he is better. *Cui bono?*

Case 5. A colored woman, at the hospital, gave a history of an injury to the spine from which she had received much treatment without benefit. No examinations disclosed any pronounced lesion of the spine. It was plainly the result of traumatism. Not of muscle, or bone, or periosteum, so much as of nervous structures. *Arnica* and *Bryonia* in the decimal potencies did no good. *Hypericum* in the 3d decimal at once gave relief, which was not only rapid but lasting. She has returned to the Out-Patient recently but only for a cough for which *Phosphorus* 30th was prescribed.

Case 6. A repertorial study of a young man of twenty-six years, sent to the Forest Hills Hospital by Dr. R. W. Spalding, of Dedham (who had given him an initial dose of *Aconite* 10m.), who developed an intensely acute influenza pneumonia, led to *Phosphorus* as the remedy. In fact I have never before seen such clean-cut indications for this remedy in a pneumonia. Two doses of the 1m., and two doses of the 10m. entirely removed this pneumonia lesion. One persistent symptom—one which I have been led to believe an extremely bad one in pneumonia, that of complete aphonia—was relieved only after the second dose of the 10m. of the remedy. The leading indications in this patient were his great restlessness, anxiety, suffocative breathing, inability to breathe except when sitting practically upright; aggr. lying on the left side, thirst for cold drinks, dry, cracked tongue, oppression

of chest, pain on coughing, vertigo, and motion of the *alæ nasi*, pure blood sputum, and the complete aphonia.

These brief case reports, given merely to illustrate the simplicities of prescribing, rather than the complexities, might be elaborately padded with long typewritten sheets of charted symptoms and pathological and physical findings. Could they prove more illuminating to the experienced and discriminating clinician? To the general medical man pneumonia is more or less pneumonia—save for some unusual complications. Unless trained in homœopathy, not every case presents to his eye the picture of Phosphorus, Bryonia, Aconite, Mercurius, Hepar sulphur, Sanguinaria, Sulphur, Lycopodium or Tuberculinum. Far from it! It is only to the homœopathist who is willing to study his patients that they will be found to present any symptoms but the one complex of pain in the chest, dyspnea, rusty sputum, crepitant rales, consolidation, grunting respiration, circumscribed cheeks and rapid heart action. These symptoms mean for the most part pneumonia, but they mean next to nothing regarding treatment.

The place for *Materia Medica* in the Practice of Modern Medicine is that of the keystone in the arch. Homœopathic materia medica is just this. The knowledge of disease, the knowledge of the medicinal or curative powers of drugs, the indications in other words, constitute the choice of the remedy for a given case as taught by Hahnemann. If, in addition to the above phenomena the physician knows the obstacles to recovery in a given case, and how to remove them, so that restoration is permanent, then he becomes "*a true practitioner of the healing art.*"

With a knowledge of the *materia medica*, coupled with careful examination of the patient, all medically curable illnesses may be cured after the Celsian manner—*cito, tuto et jucunde*. There is much in the modern approach to homœopathy that offers encouragement that, with the grafting of newer minds, educated in the methods of precision now exacted of the scientific medical mind, upon the older stock trained in the exactitude of the Hahnemannian, the results will redound to the future achievements of the homœopathy of Hahnemann.

INTERNATIONAL HOMŒOPATHIC LEAGUE. MEETING OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS, LONDON, JULY 18 to 23, 1927.

New York City, April 1, 1927.

Dear Doctor:

The constitution of the International Homœopathic League calls for a committee which shall, each year, arrange for the ANNUAL ORATION. It is the purpose of the League to have this oration one of the outstanding contributions to homœopathic literature. The material in the oration is hoped to be of such high calibre and of such outstanding importance that it will, by itself alone, justify the continued upbuilding of the International organization. Correspondence has already been entered into, and the prospective orator for the meeting in Germany in 1928 is now receiving careful thought. A communication from Dr. Kranz-Busch, of Wiesbaden, brings the good news that the Homœopathic Society of Stuttgart held a meeting the third week in March, at which the plans for the German meeting of the League in 1928 were discussed. So it would seem that we are preparing for a German meeting in 1928 and a Mexican meeting in 1929. Those countries desirous of holding the meetings of 1930 and 1931 should come to the London congress well supplied with reasons why the honor of being host to the League for those years should be conferred upon them.

Let me stress the importance of sending scientific contributions for the London conference to the Censorship Committee in London, care of Dr. Fergie Woods, 93 Harley Street. Also, bear in mind that the official hotel is the *Imperial, on Southampton Row*. At this time we are enabled to announce the selection of a League orator for the London meeting of 1927. The oration this year is to be delivered by Dr. J. P. Sutherland, formerly the dean of the Boston University School of Medicine, ex-president of the American Institute of Homœopathy and former president of the International Homœopathic Council—one of the basic stones upon which the more definitely or concretely organized League has arisen. Dr. Sutherland is taking for his title "The Evolution of Homœopathy." The material is carefully correlated and thought out, and represents some of the progressive ideas of one of Amer-

ica's foremost thinkers in homœopathy. Dr. Rudolph F. Rabe, of New York City, will present a paper at the Congress of 1927 entitled "Practical Homœopathic Therapeutics of Some Common Diseases." This contribution, coming from one of the world's foremost homœopaths, should be one of the magnets of the London meeting.

Yours in the League,

ROY UPHAM, M. D., F. I. H. L.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

HOMŒOPATHY, MORPHOLOGY AND HEALTH STANDARDS.

"Useful to the physician in assisting him to cure are the particulars of the most probably *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease which is generally due to a chronic miasm.

In these investigations the *ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration.*" "Organon," par. 5.

Into this pregnant paragraph Hahnemann has packed a world of wisdom. By almost a century of time he has here anticipated, visioned and described the special science of *Human Morphology*, which includes every correlative science he has mentioned. *Morphology is thus an integral part of Homœopathy.* Hahnemann has actually forged, in the construction of his therapeutic system, the link which connects anthropological morphology with pharmacotherapeutics, with hygiene, with dietetics and with other essential auxiliary sciences for the care and treatment of the sick.

From time to time the medical profession is more or less sharply reminded of its shortcomings in the matter of standards of health. Vast as are the activities in the field of public and private health; innumerable as are the columns and pages of space in the public prints devoted to health topics, it is impossible to find any reliable standard by which to know or judge what a healthy individual is. If we take the ordinary and generally accepted dictionary definition of health as being "wholeness and soundness of body and mind" and examine it, we find no definite or concrete standard

given by which to measure the degree of individual development, nor the proportions of either body or mind upon which health depends. We are, therefore, unable to determine scientifically whether a given individual is healthy or not. A man might be fourteen feet high, have three legs, six arms and his head set on backwards and be "whole and sound in body and mind"; but would he be a normal individual?

How then shall we decide who is a normal, healthy person? How, in the absence of such a standard, shall we determine the degree and extent of his deviation from the normal? Without some concrete standard, judgment as to the health of anyone is merely a matter of opinion, a guess. Without definite knowledge of the degree of development and relative proportions of a normal organism it is impossible to know accurately whether it is functioning normally or not. Opinions will continue to differ as long as we speak of health and not of the individual healthy person.

The science of Human Morphology, as developed by Professor Achille DeGiovanni, Director of the General Medical Clinic of the University of Padua, Italy, and there taught and demonstrated by him for more than twenty-five years prior to his death in 1923, supplies answers to our questions.

Professor DeGiovanni's great contribution to science consists of a special application of the general principles of Anthropology and Anthropometry to the solution of the problems of clinical medicine. In his own words, it affords "a means which shall reveal how the organs and apparatus are mutually associated, how they influence one another, how finally that morphological value, that physiological and pathological variation constitutes itself in the individual."

To this science, therefore, must we look for a solution of the problems which perplex so many of us.

"Official medicine," which has almost absolute control of the various departments of national, state and municipal government dealing with public and private health, has long been provoking a "challenge to mortal combat" by its arrogant airs and arbitrary acts. Backed by the police power of the State, and itself possessing broad police powers, it lays down the law to individuals and

communities alike as to what constitutes health and what must be done to attain and preserve it. It invades and operates in every department of public and private life. It exercises the subtlest, broadest, most far-reaching and unrestricted prerogative of any class of public officials. It does this in the name and under the guise of "Modern Science."

Now comes Herbert Hoover, known, respected and beloved by all the world (except some politicians who cannot use him), for his honesty, his ability, his breadth of mind, his versatility, his keen and penetrating intellect, his great executive capacity, but above all for his love and sympathy for all his fellow men, and challenges the medical profession in the name of Science to defend itself against the charge of ignorance of one of its fundamental requirements.

In a trenchant article entitled "The Search for the Perfect Child," which appeared in *The Forum* for October, 1926, Mr. Hoover calls attention to the chaotic state of medical opinion and the total absence of a scientific standard in the field of Health.

Let him speak for himself in the following extracts:

"It seems [is] an arraignment of our civilization that with all our scientific endeavor and our benevolent intentions we come to this day with no concrete standards to tell what is a healthy child, what is normality in human beings So far the normal child is a nebular ideal We need described, in terms that fathers and mothers understand, the child whose organs are functioning efficiently, whose growth is proceeding unimpeded, whose senses are developed unhampered and whose potentialities are realized, mentally, morally and physically The ideally attainable must be made visible"

"There is a definite challenge to the scientific world today to produce some kind of formula which will enable all those who care for children, who seek a better era, to mould the boys and girls of today into stalwarts to whom we can safely entrust our hopes for the future."

"Health," says Mr. Hoover (and others, including the present writer, have repeatedly pointed out the same defect), "has been interpreted largely in terms of absence or prevention of handicaps and disease. There has been *no measure* and not too much understanding, of what is positive health in a child, of health which

holds the potentiality of endurance and maximum vitality for the years that lie ahead. The very helpers to whom those who are concerned with the protection of children have turned for guidance, the medical men, have been trained in their schools and by their experience to observe *disease, not health.*"

Mr. Hoover is right. Medical men fallaciously assume that the absence of signs of disease is equivalent to a state of health. They forget or do not know that there is no such thing as a negative standard. A standard is always predetermined and positive, something which can itself be measured and by which other things can be measured. Health and disease being merely states or conditions of the living organism cannot be measured. They can only be described in more or less general terms. *But the organism of which they are states can be measured, and a standard of normality determined.* This standard will consist of actual measured proportions and degrees of development of the healthy organism itself.

Health is not something tangible or objective that can be seen, weighed or measured. Health is that balanced *condition* of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual. It relates directly only to the mode and degree of functioning, and can only be considered relatively. There are no such things as absolute health and absolute disease. Both are merely states or conditions predicated of the living, individual organism, which is the only tangible or measurable thing within our reach at present.

Theoretically this introduces us into the sphere of vital dynamics, because functional activity implies the existence, activity and control of some primary power or principle resident in, or flowing into the organism under observation. The organs in the living organism work or are activated by certain forces which are generated within it. The forces represent the originating power or principle in action. That power we have agreed to call *Life*; but we cannot, as yet, measure it as we do electricity or steam power, although there is no good reason why we should not be able to do so. The kind and amount of work done depend upon the degree of development and condition of the organs through which the power operates.

Health, therefore, implies not only balanced, harmonious functioning, but soundness, wholeness, balanced development of the tissues, organs and systems of organs of which the living individual organism is composed. It follows, therefore, that bodily states, conditions and functions, normal and abnormal, can now be measured only relatively by a concrete organic standard.

In practice, measurements by the DeGiovanni system will almost invariably reveal disproportions in the development of the organs of the individuals examined. One organ or system of organs will be found out of proportion with others. It is this which creates predisposition and susceptibility to disease. Deficient chest and lung development, for instance, may be found in connection with excessive development of the upper digestive organs and, perhaps, deficient intestinal and pelvic development. The irregularities of circulation, oxygenation and innervation thus created are the physical causes of a long list of related diseases.

Professor DeGiovanni devoted forty years of an active life to the investigation of this subject and published the results of his work from time to time in a series of volumes, besides teaching and demonstrating his method continuously in one of the oldest and greatest universities in the world.

"*Human Morphology*," the greatest of his works, summing up and setting forth the results of his long research in systematic form, was translated into English and published in the United States in 1909 by Rebman and Company of London and New York, well-known publishers of standard scientific books of the highest authority. Medical men of the United States practically ignored it. A small edition of the book was eventually sold, however, and it is now "out of print." Apparently nobody in the dominant school of medicine of this country was impressed by it, for nothing has ever been heard of it from them. No reviews, no articles based upon it, no reports of cases in which the method was used, no references or allusions to it have been found in a pretty thorough search through the medical literature of the last decade.

The method and the book fared somewhat better in Europe. The author's work has been continued in the university where DeGiovanni taught and conducted a great clinic (he died in 1923),

and is being taught in other medical schools by his disciples and successors. The use of it is spreading slowly but surely through European centers of medical education; but the American profession, apparently, will have none of it.

Why not? Is it because the typical American doctor is so cocksure that he knows it all? So sure that no good thing can come out of Nazareth?

Is it because he is so narrow, selfish and prejudiced that he will not accept a scientific system because it invalidates some of his pet theories and may put an end (temporarily) to some of his profitable practices? Or is it because he "doesn't give a d-----"?

Personally, I do not wish or mean to be impatient, unreasonable or hypercritical. I know that it takes time—a long time—to introduce and spread any new truth. I know that men are tenacious of their preconceived ideas, beliefs and traditions, and will fight obstinately to resist change, especially if it means giving up some methods or practices that are profitable to them—which it usually does. The average doctor is no different in this respect from other men. He rushes eagerly after anything new which adds to his power, purse or prestige without involving sacrifice of the old. He goes on the principle: "Get all you can and keep all you get." We expect him to do that. But it is difficult to keep even a semblance of that "sweet reasonableness" which is one of the characteristics of the "Superior Man" when one sees a great soul give his all to the world and have his gift thrown back in his face.

The standard of normality—the understandable formula demanded by Mr. Hoover—which grew out of the researches of Professor DeGiovanni, may be briefly stated here. The principles upon which Human Morphology is based, deduced from observation of the phenomena of organization, are stated by DeGiovanni as follows:

1. "Every organized being is the sum of the parts of special apparatus which are in morphological and physiological relation with one another.
2. None of these parts can be modified without the other parts being modified in consequence; for the functional correlation of the apparatus is the law which maintains the organism in its vigor.

3. Therefore such relations must exist between them that, when some are known, the others can be inferred.

4. The degree of development of the different parts of the body being known, and the relations in which they are found established, one can conclude on the state of morphological harmony or discord, or otherwise, on the individual constitution.

These principles have the same importance and efficiency both in physiology and pathology. From them are derived the following corollaries:

1. All that which in the individual indicates a morphological disorder, or an anomaly in the process of evolution (ontogeny) is or may be the source of morbidity.
2. The individual is transformed incessantly according to the principle of morphological and functional correlations, and to the law of adaptation in the environment, and therefore he may offer different morbidity in the different epochs of life.
3. In every epoch of life the principle is applicable that *the cause of a special morbidity resides in the special morphology of the organism.*"

After many years of observation and thousands of experiments upon living bodies and the cadaver, during which he invented the method of measurement, Professor DeGiovanni arrived at the following formula as descriptive of the ideal type, or standard of normality of the human body:

1. The stature is equal to the bilateral reach.
2. The thoracic circumference is equal to half the stature.
3. The length of the sternum is equal to one-tenth of the stature.
4. The length of the abdomen is equal to two-tenths of the stature—one-tenth from the base of the zyphoid to the umbilicus and one-tenth from the umbilicus to the pubis.
5. The bi-iliac diameter is equal to eight-tenths of the abdominal length.

Let it be observed that the standard is described in terms of *proportionality*, thus making it applicable to any and every individual. Each individual, as it were, has within him his own standard—that with which nature and heredity endowed him. At the same time he stands in relation to the general standard of normality for the *genus homo*. Measurements made on the surface of the body between certain points established experimentally by Professor DeGiovanni give the relations and relative degree of development of the underlying and adjacent organs. These, with certain other data of observation derived by physical exploration, permit the necessary comparisons to be made and deductions drawn which give a true concept of the status of the individual in his relation to the general normal standard.

Only the principal, or basic, proportions are given in the foregoing brief statement. Many other subordinate, measurable proportions exist, some of which are not yet fully determined, but they are all approximately deducible from the basic proportions, and all will eventually be definitely established. The science is new yet and is capable of indefinite extension. The main point is, that a beginning has been made on true scientific principles. The subject of Health and the Healthy Individual is thus taken out of the nebulous realm of speculation, opinion and guessing, and placed firmly upon a foundation of facts and principles.

For an illustration of how the morphological method is applied clinically in the study and interpretation of organic phenomena, see in our March issue the able article by Dr. Philip Rice, entitled "The Morphology of the Abdomen." Dr. Rice was the first to take up the method in this country, and is today its ablest exponent.

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EDITORIAL NOTES AND COMMENTS.

Old Hahnemann.—Philadelphia has set its shoulder to the wheel and is busily engaged in a campaign for THE GREATER HAHNEMANN FUND, the purpose of which is the creation of larger facilities, both college and hospital, for the graduation each year of one hundred and fifty homœopathic physicians. The decrease in the number of such physicians in the United States is a very serious matter and of ominous import to the homœopathic profession. Without homœopathic graduates, our hospitals cannot be manned and must inevitably fall into the hands of our Old School friends. This, indeed is just what has happened in numerous instances, witness the absolute debacle which occurred in Chicago but a few years ago. Unless we graduate a sufficiently large number of homœopathic physicians to offset the losses by death, old age and retirement, the end of the homœopathic school will soon be in sight. Already the great falling off in attendance at our national, state and county society meetings is only too painfully evident; without new blood we cannot long survive. Hence the maintenance of Hahnemann Medical College of Philadelphia is of vital concern to every homœopathic physician and patron and in its present splendid endeavor to raise two million dollars every homœopath, whether an alumnus or not, should take part. Contributions, no matter how modest, may be sent to Dean William A. Pearson, Hahnemann Medical College, 222 North Broad Street, Philadelphia, Pa. For the success of this campaign THE HOMŒOPATHIC RECORDER has the highest hopes and offers its best of wishes.

Communicability of Tuberculosis.—"Personal research leads Ronzoni to conclude that the proportion of latent cases of tuberculosis is from 30 to 32 per cent., a proportion that is lower than the averages given by other authors (from 45 to 55 per cent.). The period of latency usually begins at the end of adolescence and increases progressively toward adult age. Clinical study and pathologic anatomy show that, in actual life, the lesions following primary infection are often quite far from being strictly latent, and that, in quite a few cases, tuberculosis in the adult is, more or less, a late and brisk manifestation of a pre-existing infection, contracted most often in early life. The progressive tuberculosis of the adult, which results from a latent tuberculosis (principally of the lung), Ronzoni says, should be considered as the expression of superinfection. This superinfection, may have its origin equally in the reactivation of old remains of lesions, as through an external infection. In the adult, a relatively recent infection cannot be considered as responsible for the appearance of the clinical symptoms of tuberculosis, save when it takes place in virgin soil for the bacilli, of which condition instances are rare in civilized life. In the latter instance, as in the case of individuals coming from unaffected peoples, the tuberculous infection begins and progresses with the characteristics of a primary infection. Endogenous superinfection may be considered as predominant in the majority of cases of extrapulmonary tuberculosis, through metastases coming from old reactivated foci. For pulmonary tuberculosis, experimental, anatomic and clinical observations, as well as statistical facts, allow the conclusion that endogenous superinfection should be considered as the predominant if not the absolute, element of the disease, as much through the local reactivation of old lesions as by the mobilization and spread of the germs contained in the lesions themselves. Prophylaxis against tuberculosis infection should be applied principally to the defense of childhood, because this is the most vulnerable age for the infection. Prophylactic protection and vaccination of infants against tuberculosis is the most efficacious practical means against tuberculous infection in the adult. Early recognition of tuberculous infection in the adult is one of the most important points of defense, as much for the prophylaxis of the serious forms of tuberculosis (principally pulmonary) as an element in the control and diminution of the infection."—*J. A. M. A.*

And in the defense of childhood, in addition to a well-balanced dietary and all the things implied by hygiene, nothing is more efficacious than the employment of the constitutional remedy, based upon the psoric manifestations of the child. It is truly astonishing and most gratifying to note how much the antipsoric remedies of Hahnemann do accomplish.

Conservative Treatment of Furuncles.—"Zechlin was gratified by the results of local application of a thick layer of a 33 per cent. mercurial ointment in furuncles and cellulitis. He believes that recovery is hastened when this treatment is combined with applications of a hot solution prepared by adding 1 tablespoonful of solution of aluminum acetate to 1 liter of water."

This abstract by Jama, from the *Münchener Medizinische Wochenschrift*, shows that not all German medical men are paying heed to Professor August Bier's experience with *Sulphur iodide* in the treatment of furunculosis. Zechlin shows, of course, that "constitution" is as foreign to him as is Einstein's Theory of Relativity to a Brooklyn plumber. But much deeper than his thick layer of mercurial ointment, lies the organism of the patient, whose constitutional bias and reactions demand a hearing. To the homoeopathic prescriber the signs are plain and in harmony with them, he selects *Sulphur*, *Calcarea Sulph.*, *Hepar sulphur*, *Silicea*, etc. as one or the other may be required. After all, there is some science in this, but precious little in plastering on the smeary ointment.

History Repeats Itself.—Hachl's "Life of Hahnemann" tells us vividly of the opposition which Hahnemann encountered in the apothecaries of his day and how ultimately, his right to dispense his own medicines was taken from him. Human nature seems ever to be the same, whether in Germany a century and more ago or in these United States, Anno Domini 1927. Of recent years, more particularly among the Jewish population of New York, it has become practically impossible for a graduate of a homoeopathic medical college to practice homoeopathy, even if he is so inclined, which most frequently he is not. The corner drug store is the court of appeals to which the anxious mother repairs for succor for her sick child and the affable druggist is diplomatically care-

ful to direct his troubled inquirer to the doctor who sends his prescriptions to him. Woe to the man who has no prescriptions to send or who valiantly attempts to dispense his own little globules and tablets; he soon finds himself ostracized and headed for the rocks of financial ruin and destruction. Hence it is that a microscopic minority of homeopathic graduates in New York City adheres to Hahnemannian principles. For these men homeopathy is a commercial handicap, a liability rather than a tangible asset. Here is a problem indeed, which no amount of altruistic endeavor can solve, reflecting a state of affairs which, so far as the homeopathic profession in New York is concerned, has already sounded its death-knell.

Does Insulin Cure Diabetes?—"Desgrez, Rathery and Froment's reply to this question is based on clinical experience during the last three years. In patients with slight lesions of the pancreas, the action of insulin consists in stimulating the secretion and therefore in functional recuperation of the gland. The sugar disappears and the coefficient of assimilation of carbohydrates rises to normal. The cure or improvement persists for a certain time, even when the administration of insulin is discontinued. In cases of grave lesions of the pancreas, the insulin supplies a substitute for the missing pancreatic hormone. The treatment must be continued for years before there is improvement. In some rare cases of diabetes, insulin does not have any effect. Evidently the rôle of the pancreas in diabetes is not exclusive or prevailing; the mechanism of the disease appears to be more complex."—*J. A. M. A.*

But there is always the patient behind the diabetes and he must be prescribed for upon constitutional grounds, with a careful study of his modalities.

Treatment of Sprue.—"Four cases of sprue are reported by Shepard and Fleming. Three patients were cured and the fourth greatly improved when last seen. The administration of calcium lactate with parathyroid extract, together with a diet limited at first to milk and later avoiding all excess of sugar, starch and fat, were the chief factors in attaining these clinical results.

The soreness and ulceration of mouth and tongue were cured by the local application of a solution of arsphenamine.—*J. A. M. A.*

Well, we do not subscribe to all of this therapy, particularly the arsphenamine, which is an O. S. obsession in these days. Study, from the homeopathic standpoint, *Borax*, *Mercurius sol.*, *Hydrastis can.*, *Kali chloricum*, etc. and you will perhaps be surprised by the wealth of therapeutic possibilities in this disease.

Crotalus Horridus—A Verification.—The potentized poison or venom of the rattlesnake is a powerful agent for good, when life is threatened, vital organs are diseased, dissolution apparently not far off and death lurking just around the corner. Malignant, cachectic states are often palliated by this remedy and death kept at bay for a time at least, while Euthanasia spreads her beneficent wings of mercy.

In organic diseases of the heart and circulatory system, marked by arterio-sclerotic changes and high blood-pressure, this remedy will be of value as a palliative and the following symptoms, frequently verified and just recently greatly relieved in such a case, are of interest and instruction.

Pulsation or throbbing in entire body.

Palpitation of the heart on the least exertion, < at night on lying down and especially when attempting to lie upon the left side.

"Big" or enlarged sensation of the heart.

Sensation of soreness of the heart.

For comparison study *Cenchrus contortrix*, the copperhead, which is similar in its sensation of cardiac fullness or enlargement.

Signs of the Times.—The Endowment Fund Campaign of the New York Homeopathic Medical College and Flower Hospital is approaching, under the indefatigable leadership of Dr. William H. Dieffenbach, its goal of one million dollars. Twenty-five per cent. of the alumni of this college are contributing annually to the fund and numerous lay friends and patrons have come forward nobly in the task of its completion. Much credit is due a loyal board of trustees composed for the most part of hard-headed, clear-thinking, practical business men.

Recently, a meeting of some of the officers of the college and of its Board was held, together with some thirty-odd of the alumni. A frank, open discussion was held, after a bounteous repast, such as New York alone knows how to provide. The most important topic of the evening's conference was the question of the change of name of the institution; here is a question fraught with dangerous possibilities, calculated to lead to bitter, acrimonious debate, much of which is fanatical, hysterical and characterized by that inane vacuity, in which physicians, especially when of ripened age, are wont to indulge. Common sense then takes wings and wise conclusion then rides upon the bucking broncho of professional folly. But lo! what happened? The discussion was calm, dignified, reasonable and though there was some honest difference of opinion, the consensus of opinion, with an overwhelming majority favorable, was for a change of name and the total elimination of the sectarian title, *homœopathic*.

This conclusion is in harmony with the universal trend of affairs in the homœopathic profession, as witnessed by the elimination of the sectarian name of homœopathic hospitals in New York, Albany, Utica, Syracuse, Rochester and Buffalo. The gradual, almost unconscious adoption by the leaders in the Old School, of the basic principles of homœopathy, as shown, for example, by the remarkable work of Rohr of England, with highly potentized (attenuated) doses of Tuberculin, is convincing the rank and file of the younger generation in the homœopathic profession of the futility of further sectarian aloofness. If we charge our friends of the Old School with a diabolical purpose of encompassing our ruin and destruction, let us not forget that much of this ruin, if such it be, has been of our own causation but that upon those ruins will rise a new structure whose foundations shall be cemented by the truths of Hahnemannian principle. The irrelevant details of sectarian dogma will be buried, along with the rest of the rubbish, which has so sadly cluttered our machinery of progress.

Verily, Truth shall prevail and will eventually set us free!

Sauerkraut in Treatment of Vomiting.—"Middleton asserts that sauerkraut affords a useful addition to the medical armamentarium in treating vomiting occurring in persons professing an antecedent taste for the preparation. In several cases of hyper-

emesis gravidarum, surprising relief followed the ingestion of sauerkraut. Vomiting subsequent to paracentesis abdominis, in a patient suffering from tuberculous peritonitis, stopped after a small portion of sauerkraut was eaten. In all more than twenty instances of persistent vomiting, for the most part in cases of cardiac decompensation, have been successfully met by this apparently paradoxical measure. From the outset, the use of sauerkraut in this relation was purely empirical."—*Wisconsin Medical Journal, Milwaukee*.

Well now, here is something sensible at last and of course it must come from the German province of Wisconsin. Dear old Milwaukee, it has never quite forgotten the good old days of Schlitz "Blue Ribbon." My, how good it was and how smoothly it washed down the sauerkraut with a couple of *hot dogs* to enliven the chase. Lest our British and Indian friends do not grasp the meaning of the expression "hot dogs," let us hasten to say that the more dignified Germanic term is *Frankfurter Würste*. No American highway would be complete without its filling stations where motorists may regale themselves on these canine delicacies, while the gas tank is undergoing replenishment from the nearby hose.

But seriously, a New England doctor was once in attendance upon a stray German barber in a little New Hampshire village; the tonsorial artist was down with typhoid and matters had gone rather badly when one day, upon his customary morning visit the disciple of Æsculapias found his patient remarkably improved; inquiry of the *Hausfrau* brought out the fact that she had given her spouse a generous meal of sauerkraut. Quietly, but with evident satisfaction, our medical man of parts and learning noted the circumstance in his little reference notebook. A short time later, the German now fully recovered, the good New England doctor was called to attend a son of the Emerald Isle, who likewise had come down with typhoid. Here then was an opportunity to display that professional erudition, for which we medical men (and women) are so justly famous. In tones of confidence and authority O'Brien's wife was directed to feed her Patrick sauerkraut. Alas! at his return on the following day deep black crepe upon the cottage door greeted the mystified medical man. With proper solemnity and ceremony, having dried the tears of the Irish widow, the doctor entered in his faithful notebook: "In typhoid fever

sauekraut will cure a German, but will kill an Irishman." The moral, gentle reader, is obvious and whether as Middleton tells us, the therapeutic use of sauekraut is empirical or not, do not forget that it does often satisfy the inner man.

Goiter Prevention.—"McCarrison gives additional evidence bearing on the importance of providing a chemically and bacteriologically pure water supply if goiter is to be eradicated. Iodine, he says, has nothing to do with the matter. Goiter, which had been endemic in Sanawar for seventy years, has now disappeared; and its disappearance has been due to the introduction of a new and protected water supply. Its eradication within the short space of three years is, McCarrison says, unparalleled in the history of goiter prophylaxis."—*British Medical Journal, London.*

We have heard this before and McCarrison's evidence is entitled to most respectful consideration, especially by those health authorities who would "pass a law" to compel every mother's son of us to use nothing but iodized table salt. There is no limit to your fanatical reformer and faddist, once he is turned loose upon a long-suffering public in a supposedly democratic country.

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MEDICINE BEFORE HAHNEMANN.

Linn J. Boyd, M. D.

With the present abundance of elaborate and exhaustive treatises, it may at first sight appear unduly presumptuous for the writer to offer an epitome of medical history. However the available annals and chronicles are unable to serve the particular purpose for which these statements have been written, that is, to assist one in obtaining the proper historical perspective of homœopathy. Scholarly volumes have been compiled with a general review of medicine as their text. Homœopathy being only a single event in a long, complicated and slowly moving story, must necessarily be dismissed in a few lines in books dealing with the general significance of various events and discoveries in the entire field of medicine. As a rule these brief considerations consist of biographical sketches of Hahnemann and a chronological account of his announcements, without a satisfactory evaluation of the relative importance of his ideas and a summary dismissal of all of his practices.

Special histories of homœopathy have also been written, but are equally useless for the discussion at hand. Few in number, old in years, dealing at length with many irrelevant details, they were penned in a period characterized by bitter animosity between protagonists and antagonists. They represent propaganda and prejudice rather than history, fiction rather than fact, attack and defense rather than calm unheated discussions based upon sober reflection. For these reasons, among others, the writer has deemed it imperative to recall briefly certain salient features of medicine, since it is axiomatic that a subject which has had over one hundred years development can only be grasped when its history is known. Recognition of the importance of the proper his-

torical orientation and realization that this is essential to the correct critical attitude leads me to the belief that this resumé may not be amiss, even though it barely outlines in the most elementary fashion a most complicated picture. Incidentally the possession of the appropriate attitude has other advantages. With such material, there can be inquiry into remote origins of the essential idea, reflection upon the effect on medical practice, building theories with some justification dealing with reasons for announcing the homeopathic principle at the particular time in medical history, and whether or not evidence tends to show that the publication has resulted in advance.

In the following pages it will be occasionally necessary to inject personal theories into the discussion, but an endeavor will be made to subordinate them. The reader must always understand that these represent working hypotheses, never to be taken as proven statements, but merely as the most reasonable interpretation and explanation after an extensive sorting of all the available material. Critics may complain that the projection of personal ideas invalidates rather than mellowes the text, but a report replete with refurbished antiques has only the value of a second-hand garment. It is hoped that these introductory remarks may show that a review of certain pertinent phases of medical history is a necessary preamble to an intelligent discussion, as well as reveal the desirability of occasionally arriving at conclusions based on the data presented. I have despaired of citing authorities because the debt is too great, but let the original authors accept the compliment that imitation implies.

A general unanimity exists among those best qualified to have opinions upon the medical practice of primitive peoples. They appear agreed that the treatment of illness or injury consisted for the most part in instinctive reactions, that is to say, either crude mechanical devices directed at stopping the flow of blood from a torn vessel, or pristine pharmacological procedures. It is equally elementary to state that medical practice at a slightly later period, practically at the dawn of recorded history, was based largely upon a demonology invented by our remote superstitious ancestors. In a world teeming with demons man quite naturally regarded disease as a visitation by some supernatural agency, and treatment consisting of procedures designed to render the new habitat of the evil spirit as unpleasant as possible seemed suffi-

cient. Among the methods then in vogue were pommelling (a precursor of present day massage), fumigation with evil smelling stuffs which chased the demon beyond the Nile, or ejection by emetics.

Fraser, in his charming book, "The Golden Bough," has devoted a large section to the consideration of "homeopathic magic," suggesting the psychological origin of the idea that likes may be treated by likes. It should be read by all interested, although it may not appeal to some.

In the translations of the Vedas the interested may read how the demon was entreated to pass into some more pleasant abode, and that the demon of *jaundice* was asked to depart into the body of a *yellow* bird, while the demon of the *chilly* ague was offered the cold body of a frog is quite significant. These citations are suggested as the earliest examples of the doctrine of Signatures and faint indications of the idea that likes may be treated by likes. Even some ancient Chaldean prescriptions were homeopathic in implication, directing that the bitter (gall bladder?) be cured by the bitter.

Early Greek literature furnishes additional illustrations of ancient theory. The reader may recall that the happiness of Ulysses at the sight of land was compared to the joy of sons seeing their father recover from a long illness with which an angry god had assailed him. The howling Cyclops was reminded that illness came from Zeus and was therefore unavoidable. Supernatural factors in the etiology of disease were accepted in both of these instances.

During the dominance of the demonological concept of disease treatment was entrusted to priests and from the time of Sehek'anch on, the priesthood guarded the bodies of their charges as well as the soul. The deification of Aesculapius was followed by the establishment of numerous temples devoted to healing the sick and shows a similar theological notion of disease among the Greeks. The following quotation from Osler's "The Evolution of Internal Medicine," presents a picture of the period in unmis-takable words.

"Like other departments of philosophy, medicine began with an age of wonder. The accidents of disease and the features of death aroused surprise and stimulated interest and a beginning was made when man first asked in astonishment 'Why should

these be? Surrounded everywhere by mysteries, he projected his own personality into the world about him and peopled Heaven and earth with Powers, responsible alike for good and evil who were to be propitiated by sacrifices or placated by prayers. Satisfying the inborn longing of the human mind for an explanation these celestial creatures of his own handiwork presided over every action of his life. For countless ages man regarded diseases as a manifestation of these powers the evil eye and the demoniacal possession, the murrain on the cattle, and the sickness that destroyeth in the noon day had alike a supernatural origin. Crude and bizarre among the primitive nations, these ideas received among the Greeks and Romans practical development worthy of these peoples. There have been systems of so-called divine healing in all great civilizations, but, for beauty of conception and for grandeur of detail in the execution all are as nothing in comparison with the cult of Apollo, son of Aesculapius, the God of Healing."

As indicative of a period of transition mention should be made of Pythagoras who taught a system of dietetics and stressed the curative power of music in diseases of the mind. Empedocles referred to fire, earth and water and ether in the fragment of the poem "On Nature." By substituting air for ether we have as corresponding qualities heat, cold, moisture, and dryness. These soon became the equivalents of the four humors, blood, phlegm, black and yellow bile, in short, the humoral pathology which dominated Greek and other medical theories for centuries.

Hippocrates and his contemporaries inaugurated three innovations which revolutionized medicine.

1. They attached great importance to prognosis.
2. They made detailed observations of disease.
3. They rejected the supernatural in disease.

The first and second propositions although obviously important need no discussion here but the acceptance of the third announced the arrival of a new era in medicine. So long as man believed disease to be an affliction resulting from incurring the anger of an offended god little progress in medicine was possible except in so far as propitiating practices might accidentally favorably in-

fluence the course of disease and this is, at best, a remote possibility. With an absolute rejection of the supernatural in disease advance in medicine became, not only a possibility but an actuality, although the divorcement of religion and medicine was accomplished in tortoise fashion and only within our own age has the separation been sufficiently marked as not to impede progress.

At all events the Hippocratic tenets lead to a materialistic or realistic theory of disease and maladies originating from lesser factors than divine maledictions could be dealt with in a direct manner. Like all new truths non-essential, irrelevant and even erroneous corollaries were attached and it was unfortunate that disease became a something to be purged, drained, "let," or sweat out of the body, for it has taken centuries to evaluate this "something."

Beginning as a premature generalization, possessing considerable truth and resulting in improvement in treatment or at least an attenuation in the severity of disease, the practice of medicine was based upon the assumption that disease was a something added to the body which could be cured by elimination through natural or artificial openings. Centuries have come, each bringing varied methods having as their goal the removal of hypothetical toxins. Centuries have gone, each writing *Tekel* to many of these practices until one by one they have gradually become obsolete and archaic. Of the panaceas, bleeding and emesis have practically disappeared and because of a natural reaction to their frequent failure are now avoided even when indicated. Of the ancient tripod of cure, purges remain partly as a verity, mostly as a heritage.

This materialistic concept of disease is more important in a consideration of the origin of homoeopathy than the discovery by Hippocrates that like may be treated by like. In one of the works usually attributed to Hippocrates entitled "On the Places of Man," the author makes the admission that although the general rule of practice is *contraria contrariis*, the opposite rule also holds good in some instances, that is, *similia similibus curentur*. He illustrates this statement by several examples among which are the following: Substances which cause strangury, cough, vomiting or diarrhoea will generally cure these same diseases. Warm water which when drunk generally excites vomiting, will also put a stop to it by removing the cause. "Give the patient a

draught from the root of mandrake in a smaller dose than will induce mania," he well counselled for the treatment of suicidal mania. The author of *De Morbus Popularibus* (Hippocrates?) gave us the following formula, "*dolor dolorem solvit*," which may be rendered, one pain cures another. In the 46th aphorism we note—"of two pains occurring together, not in the same part of the body, the stronger weakens the other"; also that "the cold stomach delights in the cold things." In one place he states that cold water causes convulsions, tetanus and rigor (Aphorisms v. 17), while in another that cold water in tetanus will restore natural warmth. In aphorism 21 we note that cold things such as snow and ice cause hemorrhages, yet cold water is curative in hemorrhages. In *De Internis Affectionibus* we read that in the summer after a long walk dropsy is produced by the hasty drinking of stagnant or rain water, still the best remedy is for the patient to drink himself full of the same water for this increases the stools and urine. In *De Morbo Sacro* he states that most epilepsies are curable by the same means as caused them. A homoeopathic morsel can be found in the Epistles of Hippocrates—"Hellebore given to the sane pours darkness on the mind, but it is wont greatly to benefit the insane." It is therefore quite reasonable to assume that Hippocrates was well aware of the existence of more than a single therapeutic rule and that among others he thought and taught the dogma of similia. How different this concept is from Hahnemann's but still an inkling of a general therapeutic method! As a matter of record the writer should state that he is not prepared to defend the accuracy of all of Hippocrates' views.

The Dogmatists should be mentioned as the successors to Hippocrates. Believing that physicians should be philosophers they indulged in endless and largely useless speculations, yet with the idea that progress in medicine rested in physiology and understanding of disease in "perverted vital function" they might have made noteworthy advances had it not been for the court physicians and the philosophy of Plato.

The Empirics of Heraclides represented a reaction against the Dogmatists. This school had for their main proposition the idea that the chief duty of the physician consisted in discovering what particular drugs will remove particular symptoms. This removal was accomplished as the result of

1. Observation, experiments, autopsy;
2. Learning from contemporaries;
3. Analogy;

4. Epilogism—inferring preceding events from the present. Before leaving Greek medicine and passing on to a brief consideration of Roman medicine one more interesting, though at present hackneyed quotation, may be cited:

"Take the hair, it is written
Of the dog by which you are bitten.
Work off one wine by his brother,
And one labor with another."

—*Antiphones, 401 B. C.*

In considering Roman medicine we may profitably omit mention of Cato the Censor, whose panacea was cabbage, and arrive at Asclepiades of Prusa. Utilizing the atomic theory of Democritus and Epicurus, this reformer taught that the body was composed of atoms between which were pores. Disease was due to alterations in the relationship between the atoms, especially blocking of the latter. His treatment may be summarized in the statement that he did not believe the function of the physician was to amuse the patient while Nature cured the disease, but that Nature was capable of doing harm.

Among his followers was Themison who conceived the idea of abolishing all the conflicting theories of medicine by combining the good features of each. His eclecticism is clearly displayed by the desire to supplant the practice of distinguishing diseases by their symptoms (Empirics) and searching for the causes of disease (Dogmatists) by merely observing what symptoms diseases had in common. The observer would then discern that all ailments were manifested by either an increase or diminution of secretions depending upon variations in the size of the pores, that is to say, constriction or relaxation (Asclepiades). Treatment was based upon the principle of *contraria contrariis*. Treatment was based on laxatives. The greatest of the latter class was bleeding. After an interval the tenets of this self-styled Methodic school were perfected by Thessalus of Tralles by the introduction of the alternative method of treatment, an idea which remains, somewhat modified, in medicine today. The great importance of this school from the standpoint of our discussion is that it followed a single

therapeutic rule or guide—*contraria contrariis curentur*—which with the Brunonian doctrine, forms a replica of Hahnemann's similars.

Before presenting Galen to our readers, we owe a few lines to Nicander who recognized the homoeopathic or isopathic principle in his poetical materia medica. The treatment of viper bites consisted of the head of the viper or the liver of the reptile macerated in wine or river water. The cooked flesh of frogs was recommended in the therapeutics of toad poisoning. Even Xenocrates, flourishing long before Galen, was tinctured with a sort of homoeopathy in advising the use of goat's blood in the treatment of hemoptysis. Ecchymosis of the eyes was best treated by the local application of pigeon's blood according to this authority. Other therapeutic gems were the treatment of *asthma* by pulverized frog's lungs, affections of the *liver* by dried *wolf liver*, diseases of the *spleen* by roasted *bullock spleen*, *hydrophobia* by the saliva found under the tongue of a *rabid dog*, or by the internal use of its liver. Varro advised a patient bitten by an asp to drink his own urine.

Galen, the most prolific of ancient writers, was the next great figure in medicine. To him the foundations of medicine rested upon two pillars, anatomy and physiology, while Diseases were of three kinds—

1. Those affecting simple tissues, as muscles.
2. Those affecting compound tissues as liver.
3. Those affecting the body generally, but especially the four humours.

The third are the dyscrasie in contrast to eucrasia, the normal harmonious mixture of humours. Even in eucrasia there may be a preponderance of some humour resulting in particular temperaments as sanguine, bilious, phlegmatic, and melancholic. The causes of disease are three.

1. Procatartic or exciting.
 2. Proeugenic or predisposing.
 3. Synectic or proximate.
- Symptoms are of three classes —
1. Altered functions (actions leases).

2. Vitiated qualities (qualities vitiatas).
3. The results of both of those especially morbid excretions and retentions.

His therapeutic doctrine is best exemplified by "indication," meaning whatever enables us to draw conclusions as to treatment apart from experience. His first indication is to remove the cause of disease or prevent its action. A second class arises from symptoms. If these are *against Nature treat by contraries*, but if they are in *accordance with Nature treat by similars*. Other indications which need no discussion are the temperament of the patient, the seasons of the year, dreams, etc. Some drugs are specifics, *i. e.*, purgatives, but they must act through one of the elementary qualities heat, cold, dryness and moisture. Each of these is divisible into degrees according to its intensity. Thus Opium is cold to the fourth degree and pepper hot to a similar extent, a division carried to a ridiculous degree in the subsequent centuries. A few homoeopathic ideas found in Galen are mentioned here.

Similia similibus Deus adjungit (De Thera ad Pison).

Simile ad sibi similit natura fertur (De Semine ii).

Simile ad suum simile tendit naturaliter (De Util Resp).

Simile est congruum et amicum (De Inaeq. Intemp).

It should be mentioned in passing that Galen influenced medical practice for several hundred years.

Christianity exerted a definite influence upon medicine and being altruistic, the good outweighs the bad. Comment must be made upon three unfortunate effects:

1. It helped restore primitive theories of diseases.
2. It imposed restrictions upon free thought and investigation.
3. It aroused controversies that practically absorbed the intellectual minds of the day.

The Bishop of Cesarea pointed out that diseases are sent by God as punishments (I. Cor. xi, 30), and that instead of going to physicians, people should await the chastening of the Lord until he sees fit to remove them (Micah vii, 9). Further, that diseases may be caused by Satan with the permission of God (Job ii, 6, 7). As indicative of the period, reference can be made to the story of Theodore of Alexander who dreamed in the Church of SS.

Cyrus and John that eating an asp would cure him of poison that he had taken. Without relating the entire anecdote, Theodore quaintly concludes, "Thus saints are cured not contraries by contraries, but likes by the use of likes." The Arabian school which came into existence at this time rendered an invaluable service to medicine by describing new diseases, new remedies, and writing the first pharmacopœia. No time will be spent on this important group although the theory of Psora, which is discussed in another paper necessitates calling attention to them.

The school of Salerno is the sole outstanding light of the Dark Ages. For our purpose it is sufficient to observe an item found in the commentaries on the Salernitan pharmacopœia. "If a man is bitten by a mad dog immediately put some of its hair upon the bite" thus this idea of similars returns to medicine after one thousand years.

The revival of medicine began in the thirteenth century with Arnald of Villanova, seeker for an universal remedy, and Peter the Disputant, and passes through the period of intellectual ferment at the close of the fifteenth century when all things new and extravagant attracted men. The era of Chemical Mystics is the next period which compels us to pause.

Of Basil Valentine, the father of Medical Chemistry, a few words will suffice. "Likes must be cured by their likes and not by their contraries as heat by heat, and cold by cold, shooting by shooting; for one heat attracts another to itself, one cold to the other as the magnet does the iron. Hence prickly simples can remove diseases whose characteristic is prickly pains, and minerals which are poisonous cure and destroy symptoms of poisoning when they are brought to bear upon them. Although sometimes a chill may be removed and suppressed, still I say as a philosopher and one experienced in Nature's ways that similar must be fitted with similar whereby it will be removed radically and thoroughly if I am a proper physician and understand medicine."—(*De Microcosmo*).

Paracelsus, an outstanding figure of medical history, must also have consideration. To him medicine rested upon four pillars.

- I. Philosophy—not the vulgar type but of the circle of sciences. A division of this pillar is anatomy, not of dissection but the anatomy of essence, an imaginary analysis of man into

mystical elements or ingredients—salt, sulphur and mercury.

2. Astronomy—as exemplified by the fact that some diseases are due to exhalations of the stars.
3. Alchemy—an attempt to improve upon natural substances, a foreshadowing of the search for active principles.
4. Virtue of the physician.

Diseases are caused by and cured by the action of the macrocosm (universe) upon the corresponding parts of the microcosm (man). There are five kinds of jaundice, five kinds of dropsy, etc. The duty of the physician is to distinguish the Entia. The immediate cause of disease is not alteration of the humours but in the mystic elements, salt, sulphur and mercury.

From the therapeutic angle there are several important points to be noted. Every disease has its specific arcanum or remedy. Drugs are chosen upon the Doctrine of Signatures. "As a woman is known by her shape, so the medicine," and the arcanum is recognized by form and color. Thus topaz andcelandine are useful in jaundice, but yellow substances are also useful in diseases of the heart, yellow being the color of the sun which rules that organ. The action of the remedy does not depend upon the amount but upon its virtue. (When an attempt is made to trace the origin of the Doctrine of Signatures so many obstacles are encountered as to render this almost impossible and we must be content with the mention of some examples.)

Euphrasia, also called eyebright, looks like the iris of the eye, therefore it is useful in diseases of that organ, especially dimness of vision. Orchid root bears a slight resemblance to the testes and is esteemed in the treatment of impotence. Hypericum perforatum yields when crushed, a blood red juice and is therefore specific in hemorrhage. The color of turmeric and berberis secured for them a reputation in the treatment of jaundice as did chelidonium. The poppy is shaped like a head (even possessing a crown), therefore its usefulness in diseases of the head. Ranunculus and scrophularis have roots which resemble hemorrhoids, so that their use is apparent. The red dye from madder is used to promote menstrual discharge while Cassia fistula is shaped like an inflated bowel and is useful in intestinal diseases. Lemon is shaped like a heart. The bile tastes bitter so does gentian. The

mushroom, phallus impudicus, was a promoter of fecundity. The branch of the elder tree has a pith like the spinal cord. Lichen pulmonarius looked like a lung, cyclamen like a stomach. Lithospermum possessed stony hardness, therefore its use in stone in the bladder. Examples numbering several hundreds are available but unnecessary for our purpose.

It is impossible to avoid comparing Paracelsus and Hahnemann. The former classed doctors into five classes.

1. Naturales,
2. Specifici,
3. Characterales,
4. Spirituales,
5. Fideles.

The first class corresponds closely to Hahnemann's enantiopathic and the second class resembles the homoeopathic. Paracelsus differed from Hahnemann in that the former thought that the enantiopathic and other classes may cure, that each sect is capable of curing all and the educated physician may choose whichever he likes, while Hahnemann denied this.

Both Hahnemann and Paracelsus were on bad terms with the apothecaries. Paracelsus wrote "So shamefully do they (the apothecaries) make up their medicines, that it is only by a special interposition of Providence that they do not more harm; and at the same time they charge so extravagantly for them and so much cry up their trash, that I do not believe any persons can be met with who are greater adepts in lying."

Both Paracelsus and Hahnemann used the invective against polypharmacy. Like Hahnemann he laughed at the notion of attempting to reduce the diseases to a certain number of genera—"You imagine that you have invented receipts for all the different fevers. You limit the number of fevers to seventy and what-not that there are five times seventy." Hahnemann said: "The Homoeopathic physician, who does not entertain the foregoing conclusions devised by the ordinary school (who have fixed upon a few names of such fevers, besides which mighty nature dare not produce any others so as to admit of their treating these diseases according to some fixed method), does not acknowledge the names gaol fever, bilious fever, but treats each according to their several peculiarities. (Note to the 73d Aphorism.) Para-

celsus resembles Hahnemann in that he recognized the primary and secondary actions of remedies, for speaking of vitriol he says that as surely as it relaxes in its first period, so surely does it constrict in its second period. They also resemble each other in minute doses. Paracelsus in his "On the Causes and Origin of Lues Gallica (lib. v. cap. 11), states the following:

"As a single spark can ignite a great heap of wood indeed, can set a whole forest in flames, in like manner can a very small dose of medicine overpower a great disease. As the spark has no weight so the medicine given, however small be its weight, should suffice to effect its action." Hahnemann states that the dose of the homoeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it, at least in part, as long as it is capable of causing some, though slight, preponderance of its own symptoms, etc. (Aphorism 279). Paracelsus also anticipated Hahnemann in the use of medicines by olfaction—"They have many rare powers and they are very numerous; there is one, for instance, the Specificum odoriferum, which cures diseases when the patients are unable to swallow the medicine as in apoplexy and epilepsy." (Parac. Op. Vol. III, pt. vi, page 70, 1589.)

We should note before leaving the subject that Paracelsus pointed out that he who will employ cold for heat, moisture for dryness does not understand disease (Paramirum, page 68). "What makes jaundice that also cures jaundice and all its species. In like manner the medicine that shall cure paralysis must proceed from that which causes it; and in this way we practice according to the method or cure by arcana" (Archidoxis, Vol. III, pt. v, page 18).

In retrospect let us recall that the idea of similars prevailed from the earliest times as in the Vedas. Similars were sanctioned by Hippocrates, for his doctrine of *vis medicatrix* implies that if the symptoms are due to the efforts of Nature to cure, it is the duty of the physician to promote these efforts by drugs which produce similar symptoms. Averoës wrote—"Nature has so arranged that diseased organs are benefited by parts similar to them." "In diseases of the stomach the stomach of animals, especially fowls, are useful and for disorders of the lungs use the lungs of the fox." Albertus Magnus related that it is no secret how every

like aids, confirms, loves and acts upon and embraces that which is like it. Arnald of Villanova directed wounded soldiers to drink pepper water since that plant had a stalk and flower which were reddish and leaves are spotted as if with blood. Asarum and Cyclamen resembled the ear and were prescribed in aural diseases. Valentine had taught that diseases like poison may be driven out by contraries or drawn out by similars. Paracelsus stated—"Spleen cures heart, spleen spleen, lung lung, not sow's heart, not cow spleen, not goat lung, but member corresponding to member of the greater and inner man (macrocosm and microcosm). "The leaves and kernels of the peach are good for wounds, for see now on the fruit of the peach, it is pressed by the finger hollow places remain, so also severe wounds leave hollow places behind. Lizards are good for anthrax and carbuncle as is proved by the color, and the frog is specific for plague, for as plague is disgusting so is the frog." And thus the *similia similibus curantur* or *vomitus vomitu curantur* of Hippocrates became the *simile sui similecrat* of Paracelsus.

Before passing to the others of the group of the Chemical Mystics, there is one observation I desire to record, which may be valueless but appears interesting to consider. There is one trait of Hahnemann upon which all are agreed. He was an inveterate reader and probably had a wider acquaintance with the literature of his time than any of his contemporaries. In spite of all of the similarities, it is remarkable that Hahnemann's literary researches should have absolutely failed to encounter Paracelsus who possessed so many identical characteristics of ideas and methods. One cannot be positive and state that there is an undiscovered relationship between the ideas of Hahnemann and Paracelsus, for only a coincidence may exist, but it is at least peculiar that in spite of Hahnemann's erudition, he should have lived totally unaware of Paracelsus.

After Paracelsus came Agricola who, in relating the inability of his fellows to cure cancer, lupus, fistula, or leprosy, said: "If the subject be viewed in its proper light, it must be confessed that a concealed poison is at the root of such diseases, and this poison must be of an arsenical nature or character, and this poison therefore be expelled by means of the same or similar poison." He goes on to say that if a realagar disease is present it must be cured with a realagar remedy, and with none other.

Arndt (1621) observed—"And as physicians sometimes cure *contraria contrariis*, opposites with opposites, but sometimes the doctors cure *similia similibus*, likes with likes, poison with poison."

The third of the group of Chemical Mystics is John Baptist van Helmont. To him all nature is alive. There is no dead matter, but in animals this material life assumes an almost personal form called archeus. Every body structure has a local Archeus and the whole organism is directed by the *Archeus influus* which resided in the stomach and is connected with the sensitive and rational soul. Disease is not a lesion of structure of function but since disease affects life or Archeus it must have its seat in life or Archeus. Disease is a morbid idea conceived by the Archeus either through weakness or from harmful agents which cause him to depart from his normal course. There are innate diseases, as epilepsy, as well as diseases due to external causes such as witchcraft. Dropsy is not due to disease of the liver but to the anger of the renal Archeus who has lost his temper and refuses to work. Both *contraria contrariis* and *similia similibus* are wrong. Treatment is simple and consists of removing the harmful products of disease and pacifying the Archeus by the use of specific medicine.

The seventeenth century developments in medicine are largely reactions to mysticism and partly the result of the teaching of Bacon and Descartes. The latter held that the universe contained two distinct things, matter and mind, a dualism which dominated medicine then as it does in many quarters today. Two schools developed as the result, the iatrochemical and iatromechanical. A typical exponent of the first is Sylvius who taught that bile after being secreted by the cystic artery passed to the heart where it meets the acid lymph brought in by the thoracic duct and vena cava. The combination produces fermentation, the cause of body heat and the diastole of the heart. If the acidity or alkalinity becomes greater the fermentation increases and fever results, that is to say, diseases are due to acridities. Treatment may be vital, curative, etc., but actually consisted of the correction of the acidity or alkalinity and narcotics. Sylvius deserves mention because he is the last of the great Galenists. The iatromechanical school began with Sancto Sanctorius who discovered "insensible perspiration" and needs no consideration here.

The eighteenth or philosophic century is one of interest since

it touches directly upon our topic. The vitalistic system of medicine can be divided into two classes—the metaphysical and the scientific. The first held that the body is composed of dead material which is inhabited by an immaterial being called "life" which acts upon the body from without and separates from it at death. The animists identified life with soul while the vitalists maintained the existence of a second "vital principle."

Stahl exemplifies one group. He taught that life resists putrefaction by keeping the blood in motion. Motion is immaterial and presupposes an immaterial agent, the soul. By keeping the blood, the most putrescent part, in motion and by expelling whatever is beginning to corrupt by secretions and excretions putrefaction is prevented. The proof of this is found in Seneca—"You die not because you are ill but because you are alive." The duty of the physicians is to watch and assist the soul. The school is mentioned here for several reasons, among which is the thought that this represents the beginning of the metaphysical period and the close of the materialistic so far as reactionaries are concerned.

Barthez may be chosen as an example of vitalism. Medical science has nothing to do with the essence of things but is the study of the phenomena in health and disease. Without discussing the manner in which he arrived at his conclusions, it can be stated that the theory demands the existence of another being than the soul or body, a vital principle. Disease is the effort of the vital principle to resist harmful agency, or it is due to a morbid idea manifesting itself by alterations of sensibility in those abnormal acts which regulate the chemical constitution of humours. Treatment is of three types, the first of which is important for our purpose.

1. Natural—assisting nature (or vital principle) in her efforts by giving an emetic in nausea or a purgative in diarrhoea. The physician is to employ this method where the termination of disease is favorable.
2. The analytic—due to the fact that most diseases are composed of elementary affections.
3. Empiric.

- (a) method *perturbatrice* (Sydenham and Boerhaave);
- (b) method *imitative*—by which the vital principle is directed into the path by which Nature usually cures similar diseases;

- (c) remedies that have been found useful in certain diseases.

Among the other very important features of this system is the concept of disordered vital spirit. This idea either reduces the number of therapeutic possibilities or necessitates following Stahl in assuming that medicines contain semi-spiritual or "Dynamic" powers enabling them to be brought in direct contact with the immaterial sources of life and disease. We will later have an occasion to note that Hahnemann held that drugs contain dynamic spiritual powers brought to life by dynamization (rubbing and shaking) that rubbing and shaking may penetrate fully into the essence of the drug and so free its more deeply seated medicinal powers, so that they may act in a spiritual manner and cure diseases which are solely spiritual derangements of the spiritual vital force which animates the body.

Having briefly reviewed a few of the more important phases of medical history, we may arrive at a conclusion.

The Treatment of Disease by Similar, Likes May be Treated by Likes, is Actually a Therapeutic Method Long Suggested to Medicine.

Owing to the fact that this conclusion is subject to several interpretations the writer feels the necessity of injecting his own interpretation. The evidence submitted above and which could be amplified many times, proves beyond all peradventure of a doubt that the method of treating disease by similars was a practice which existed in a variety of forms in all ages. Each century witnessed the intrusion and partial acceptance of the theory just as each hundred has seen its importance wane and nearly die with the extinction of its chief promoter. But even the regular appearance in a comet-like fashion is suggestive of a persistent attempt to force medicine into a different mode of practice and represents pioneer work in the discovery of a great and fundamental truth. For surely this idea recurring in various guises and under different roles, discovered by workers in scattered countries and in different periods, cannot be entirely fallacious for, like the phoenix, it rises again from its own ashes, although displaying a new plumage of terminology and explanation. Although analysis of the

different "similar methods" of treatment fail to show more than a very superficial resemblance, it appears to the writer that Hahnemann's discovery is a rediscovery, but that the particular manner in which it was utilized is new with Hahnemann.

A deduction frequently made from epitomes of medical history is that, just as Hahnemann's ideas may be regarded historically as a truth long known to medicine, so are his other theories a combination of sixteenth century vitalism and mysticism. Although I do not wish to closely analyze this hastily drawn conclusion, I am compelled to interject an allied thought. How frequently are the terms vitalism and mysticism used and how rarely are they defined and applied or criticised in the light of our present knowledge?

A digression may be allowable to illustrate a slightly different angle of the situation. In the beginning Hahnemann offered a method of treating the sick by a substance capable of provoking a similar illness. In the ensuing years of his long life he elaborated upon many themes absolutely irrelevant to his first proposal. It is quite true that he sought to make his essential theory more plausible and more practical by attaching many dubious theories, but it must be emphatically stated that this patchwork, for it is no more, is denominated crude mysticism and vitalism in their unrefined sense. The error into which many appear to fall is to make Hahnemann greater than homoeopathy rather than the reverse. To be more exact, homoeopathy is a method by which likes may be treated by likes (there are other interpretations and renderings); but it is this and no more, and many of Hahnemann's theories have little or nothing to do with the essential idea of similars. In fact, many were merely announced by the same man while others represent futile attempts at explanation, or hazy conjectural concepts which defy every attempt at co-ordination with his original idea. Having so distant a connection it seems reasonable to assume that the vitality of any one of his ideas does not depend upon the validity of any other, nor in fact even of the truth of his offered explanation. May I add that he offered them only as working hypotheses to be cast aside if found insufficient; or would it be more apropos to ask should he be reproached for the failure to offer a satisfactory explanation for his phenomena when we cannot do so in spite of 125 years of advance in basic sciences.

To successfully deny a kinship in the presence of so close a historical connection with the doctrine of signatures, sympathy and similars requires a repudiation which the writer is not able to manufacture, and likewise the frequent mention of vital force in the latter works of Hahnemann together with the doctrine of dynamization shows a close relationship to vitalism. But what of it? Let us clarify the situation by clearly distinguishing between what is homoeopathy and what are explanations of its modus operandi. In short each hypothesis is a complete chapter in itself and the truth or falsity of homoeopathy cannot be measured by the validity of the theory of psora or what not.

With the disposition of these two propositions we may profitably turn our attention to another item intimately allied to the historical angle. The opening paragraphs intimated that by reviewing medical history it might become possible to theorize with some basis as to why homoeopathy was announced at the particular time. Dismissing the possibility of divine revelation it is rational to proceed from the very reasonable assumption that a certain group of conditions must have existed in order for anyone to feel the necessity for deviating from the usual path. If it is possible to show that the practice of medicine was in a very highly unsatisfactory state, in fact, almost unbelievable state, our problem becomes simplified. It is equally apparent that the new method would be at divergence with the accepted. We have then only the necessity to show that there was a need for him or some other radical to realize how unwarranted, unscientific, even disastrous the treatment was and the stage is set for the opening of a new school of thought.

We recall that the period of demonology was succeeded by an era when the supernatural factor was dethroned and materialism placed in high esteem. Diseases became realistic somethings and treatment proceeded upon a quantitative basis. Man was affected by a definite quantity of disease and energetic treatment was directed at the removal or dilution of real and hypothetical toxins. Whatever advantages this theory may possess the fact remains that it had many abuses. Hahnemann appeared to object to treatment whereby fever is resolved by epistaxis, sweating and mucous expectoration, other diseases by vomiting, diarrhoea, bleeding from the anus, or articular pains, by ulcers upon the legs, inflammation of the tonsils, by salivation. Therapy by diuretics

and diaphoretics, applications of mustard, horseradish, blisters, setons, issues, noxa, tartar emetic ointment, actual cautery, roborantia, nervina, tonica, do not seem to have met with his approval. Extremely large doses of mixtures containing fifty or more ingredients, the action of no one of which was understood, aroused his ire.

It would be exceedingly difficult to successfully maintain that a theory of violent, ill-advised measures irrationally applied did more good than harm. These ill-conceived measures had increased both in the number of misunderstood drugs, and in an incomprehensible dosage until a period shortly preceding Hahnemann. Then came an inevitable and too long postponed reaction, a series of deviations from the accepted mode of practice. Materialistic medicine, by which we mean a quantitative therapy, had reached an apogee and it is significant that each mutation assumed a metaphysical aspect and made onslaught against the traditional method, until it can be said that an era of metaphysical medicine tended to dominate the field. Hahnemann came onto the field when the background was a crumbling but still inhabited castle of empirical medicine crowded with vague, fanciful and speculative notions. It seems easy to predict what some of Hahnemann's reactions would be. First he would attempt to complete the devastation of the castle, secondly he would rebuke the surviving combatants for their irrational and disastrous treatment and offer a new method tinged with current trends in medicine. In this fashion we may arrive at an interesting conclusion. From the psychological standpoint any method offered by Hahnemann would be influenced by reaction to the unwarranted unscientific treatment of his day. If his explanations utilized the foremost knowledge of his time it is obvious that they would consist of statements tinged with the terminology of mysticism and vitalism.

The following is indicative of the substitution he offered:

"Homoeopathy sheds not one drop of blood, administers no emetics, purgatives, laxatives or diaphoretics, drives off no external affections by external means, prescribes no warm baths or medicated clysters, no setons, no issues, excites no pytalism, burns not with moxa or red hot iron to the very bone and so forth, but gives with its own hand preparations of simple, uncompounded medicines with which it is accurately acquainted, never subdues pain with opium, etc."

This quotation is offered as a partial substantiation of the writer's statement that some homoeopathic practices may represent in part a psychological reaction to the prevailing practice of the time. I am not at this time speaking of their value but of a possible origin. This reaction, begun before Hahnemann in the very thought of mysticism and vitalism, reaches an apogee in Hahnemann and is continued by Bichat, Morgagni and the entire line of pathologists. In order to show what Hahnemann's contemporaries thought of their own therapeutics, I quote from the famous Parisian, Bichat:

"An incoherent assemblage of incoherent opinions it is perhaps of all the physiological sciences that which best shows the caprice of the human mind. What do I say? It is not a science for the methodical mind, it is a shapeless assemblage of inexact ideas, of observations often puerile, of deceptive remedies and of formula as fantastically conceived as they are tediously arranged."

In short Hahnemann lived in a changing age and viewing the period just before and just after him we see many alterations and reforms in medical practice. In these reforms he played a great part, but deserves neither the sole credit as his followers would have it, nor the ridicule his detractors would cast upon him.

"Tut man! one fire burns out another's burning,
One pain is lessened by another anguish.
Turn giddy and be help by backward turning;
One desperate grief cures with another's anguish
Take thou some new infection to the eye
And the rank poison of the old will die."

—*Romeo and Juliet*.

In physics things of melancholic hue are equality used against equality, sour against sour, salt to remove salt.

—*Samson and Agonistes*.

WHAT DIVIDES US?

C. M. Boger, M. D., Parkersburg, W. Va.

Until lately the soul deadening work of groping about in de-caying matter in search of the ways of life held a strange fas-cination for the medical mind. It seemed bent upon staring at the flight of life, just as if it could thus find the clue to its con-structive activities. Latterly biology has changed this somewhat, but not enough to overcome its saddening consequences. The sera are the fruit of pathologically minded biologists. No clear thinking brain viewing life and health as a continuously regener-ative process, could be guilty of such specious reasoning. It is cer-tainly a fine illustration of how materialism may become the mother of spiritual involution and its dire progeny negation.

If we call to mind that ultimate good can never be born of evil, we will not allow ourselves to be enslaved into looking callously upon vivisection, injecting dead sera into a live blood stream or converting our public schools into experimental laboratories.

If such practices carried only the wished-for results forward, the case would be bad enough, but each one is inevitably accom-panied by heterogeneous elements whose ultimatum cannot be foreseen. It is especially deplorable because the divine harmony of human life is thus rudely broken into. What was it the master said about entering in by some other way than the door? May I also ask who among you wishes to thus aid in propagating ani-malistic cell impressions, made by adding tissues of a lower order, to your own?

Life advances by burning to ashes what it appropriates, and we must either thus live toward a higher plane of development or perish miserably in the rushing, roaring torrent of a discordant materialism, never so menacing as it is today. If the middle ages looked up to the stars for guidance, until recently we have mused on the trail of disease through cadavers. If the secrets of the heavens were too occult for a former age, this one has not dis-covered the ways of life by raking over the cold ashes of her dead camp-fires. What further fatuity will overtake us is hard to say, only this we know, man is full of follies and never more so than when he lays aside principles for expediency. The shameful mis-takes of medicine can all be laid to lack of foresight in this respect. What of its boasted rationalism now? Is it as it should be, an

understanding of principles, or just musing around amongst facts, with an occasional find; just enough to lead into still an-other delusion?

If we would learn to really know this thing called truth, we cannot make much permanent progress by first of all laying hold of it amidst the swiftly shifting and ever elusive changes of mat-ter, but we must first see the unity and divinity in all things and then judge results by their conformity thereto. This means a grasp of the laws which uniformly govern both abstract and con-crete things and a discarding of all that fails to harmonize with them. It also means that they do not reverse themselves by pass-ing from a higher to a lower phase of action and that which is contrary to them can, at best, be but apparently true and not really beneficial in the end.

In treating sick people the atmosphere charged by the mind of the patient and which the acute physician senses at once, governs much that he outwardly sees, and must be taken fully into ac-count, if we wish to do the best possible work. It is here that pure homoeopathy is far superior to every other form of treat-ment and the great beauty of it is, that every new scientific devel-opment only adds strength to its already commanding prestige.

Whenever we look upon diseases as entities instead of expres-sions of condition, our pathway soon turns into blind alleys at best, or ever more dangerous ways. Particular disease phases are the real things we are looking into and as these vortices of action move swiftly before our eyes, close observation is the only means by which we may hope to understand and then control them. Just as soon as we begin to sort them into classes our minds are involuntarily colored by their very designations and we begin to look at them through colored glasses, greatly to the prejudice of the patient and our own embarrassment.

The manner in which sickness advances step by step, be the time long or very brief, is of the highest import, as its evolution always has its own characteristic movement and is peculiar to each individual case, this is the real key to the case and must be searched for and disentangled from amongst a mass of non-essen-tials, if we would do more than chase symptoms from part to part, but never cure.

We cannot be said to cure, unless each patient feels the vigor of returning health surging within him urging him to activity. A

mere recovery which allows innate vitality to slowly recuperate itself, is not a cure in any sense of the term. That is what divides us.

THE EVILS OF SUICIDE.

C. E. Prescott, Brookline, Mass.

No sane, unselfish normal human being ever commits suicide. It is the act of an unbalanced mind. The cause is often physical illness which impairs the mental balance. Sometimes it is simply cowardice and a desire to shirk the natural consequences of evil doing.

In every and in all events it is a thoroughly disorderly action. Doctors would do well to talk about suicide as an insanity: the tendency can be prescribed for. There are remedies in the *Matéria Medica* which help to restore balance and a realization of the essential evil of the tendency can be pointed out, and an impression made very often, where the thought of suicide is recognized.

If we believe in Divine Providence we are forced to believe in an orderly place or scheme of life, creation, and destiny. It is a reasonable belief, that we are here in the world at liberty to choose between what we know to be good or evil; the eventual summing up of our choice makes the standard of our lives and constituted character.

Evidently we are meant to stay in this world until our self-made movie-reel is completed—with all our operations of life clearly defined, and the memory of our motions written under each picture, our own captions—self-willed and self-evident—the picture we will see in the next world when our spirit bodies are completed and we have left this earth-born body: our own personal movie—which is our "Book of Life." In Bible times a book was always a reel—a parchment wound around a large or small handle, according to the size and importance of the subject.

The more we study the working of this world, the more of order and design we discover: and those things which are done in direct opposition to law and order come of evil—and cause evil.

We all are conscious of power for good, and power for evil which comes to us and sometimes causes us to choose one urge and sometimes the other. Experience has taught us the satis-

faction of choosing the better way when we are definitely conscious of choosing, and to see the natural results of our own free choice. We can all reverse our reel of life and look back at vivid pictures and see where we were wrong and if we are absolutely honest with ourselves, we will realize that there was a direct suggestion (or small-still voice of conscience) at the time, to help us make the better choice and we from selfishness or unbelief, or deliberately wishing to misbehave, made the worst choice.

In studying the natural sequence of events in this world, we quite naturally conclude, that the next world must also be a place of law and order, where we receive the merited results of our behavior. If we try to shirk responsibilities and the lawful results of our actions here, by suicide, it is reasonable and just to realize that we do not get away from the real outcome of our actions by unlawfully projecting our unfinished selves into the next world. In fact, if we believe in a just God, we are forced to realize that we must accept there the results we have refused to accept here: we get away from nothing, and must work out our salvation there, surrounded by those in the same condition as ourselves.

The sin of suicide, its essential selfishness, and its absolute worthlessness must be taught in every home to make a real impression on the young people of today. It is just the outcome of the great spirit of lawlessness, caused by loose home teaching and by the great crime of wholesale murder as taught by the Great War!

The idea of killing, when too lazy, too stupid, and too selfish to work out the right way in the orderly intelligent way—is a kind of greed—the greed of gain—unearned gain—which in the end is dust and ashes—not gain but waste—a throwing away of the possibilities of good use in this world to begin in the next world on work we should have finished here; disorderly conduct!

Our children should be made aware of the Divine Providence in all our relations with God and neighbor—that there is good use in every one of our contacts in this world; if only we will look for the reason in all things prayerfully, we will be astounded at what we find. When we look back at the sequence of events in our own lives, we find law and order and a reason for all our so-called "happenings"—we have "reaped that which we have sown." No matter how vehemently we wish to blame *conditions* we in all honesty must admit that we have always made our conditions and chosen the fruit of our tree of life—whether it is

bitter or sweet, useful and plentiful, or selfish, shrivelled and ugly, scant, and of no interest to self or neighbor.

If every person who considers the great, cowardly sin of suicide, would look facts squarely in the face he would see that he is not escaping anything but is going to continue to receive the natural results of his actions in the next world. The results which he ought to face and has earned here, he should continue in this world to fight and to meet the temptations and evil spirits—and he should leave for the next world, only after he has accomplished all which Divine Providence has planned for each individual in his own separate sphere—which is an integral part of the great whole of mankind. Where any individual shirks doing his whole best part, God must in his Divine mercy, come to the rescue and fill in, in some useful way, the work left undone by the slacker. Most people say, when such work has been done "wasn't that lucky?" when the happening was not, or never is "Luck," but is the manifestation of Divine Providence working through some human being—who was able to receive the suggestion of some wider use than had come to him before. No one should even feel self-righteous or "good" in himself, for it is not self, but the spirit of God—working in those who are willing to receive the inspiration, in influx from the spirit of Life and Love, use and unselfishness, the God of this world and Heaven.

SELF-CONTROL—BALANCE.

C. E. Prescott, Brookline, Mass.

What is self-control and how may we secure it? In one word it is Balance, the condition most lacking in our world today—a condition we should all seek with the same determination with which the old crusaders started out for the Holy Land—and if we follow their methods of seeking with prayer and fasting, we make a proper start.

Improper diet is as great a factor in making for a lack of self-control as the inherited tendency to a quick temper—a stomach where gas is the main output is a background for short tempers and unjust judgments—a nagging stomach makes a nagging disposition.

We despise lack of self-control in ourselves as much as we

despise it in others, but often can not analyze our basic cause for shortness of temper and mental tantrums—we realize each time we give up to our irritations its easier to give up next time and that the attacks come with ever-increasing frequency; it's a giving up and an over-doing at one and the same time—it's lack of adjustment.

Lack of self-control may show in extravagant talk, extravagant expenditure of money or extravagant, wasteful expenditure of nerve force—all wasteful and draining factors, sins against wholesome living.

Mental calm and balance are necessary to the healthful life of the individual and the community—each individual should be a reservoir of calm strength and forceful balance.

Lack of self-control makes control of helpfulness to others impossible; a lack of self-control diminishes our self-confidence, thus weakening our forcefulness and our power of decision!

Calm is necessary to express the best and most lasting strength—mental calm and balance always make an atmosphere of restfulness, where ideas can be expressed and received at their full value.

There is no better way, I believe, than early morning rising—glass of cold water to start the day—an open mind and open windows in the room; if possible an eastern room where the rising sun can be watched and power received from the on-coming day—there is an influx at this time which it is possible for us all to receive, if we but will do so—the making of calm and power the foundation of forceful days.

The habit of receiving inspiration and strength at this time in the day makes a mental radiance possible and is a strength and safeguard against the little irritations of the daily battle of life—to be immune to the little things which unbalance and unsettle the great majority is a most useful state of mind—balance is the great condition to be sought where self-control reigns supreme—and we are able of our strength to give to others without stint and without diminishing our own strength—rather as we give we grow in strength; few know how to receive strength from the limitless power of the Infinite; we can all learn to receive and to give, and in realizing ourselves as nothing in ourselves, but instruments of use; receiving from above something of the undiminishing spirit of helpfulness—self-control and a receptive state of mind making the receiving of power possible and satisfying.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF
HOMŒOTHERAPEUTICS AND RELATED
MEDICAL TOPICS.

THE ARTIST'S MIND.

In the March number of *The American Mercury* appeared an article by one, Thomas Craven, entitled "Have Painters Minds?" The title, like the views expressed in the body of the article, was calculated to "rile" those of its readers who sympathize temperamentally, if not always wisely, with some of the *Mercury* victims who are periodically punctured by the poison darts from its blow-guns.

The most irritating thing about the typical *Mercury* writers, especially those who ape the style of its waspish editor, is the cynical cock-sureness and stubbornly one-sided point of view which refuses to see any exceptions to an arbitrary rule, or to consider any extenuating circumstances which a fair investigation of almost any case might disclose. If a seeming exception is occasionally made in favor of some individual whose case is under discussion, it is usually merely to pave the way for an after-following attack with an added sting at the end of it.

To be kind, to show mercy, to be generous to a foe, to be discriminating seems to be entirely foreign to the policy of the *Mercury* writers. They are out to "get" their game. Like the head-hunters of Borneo, they are never happy until they have hunted down, ambushed and decapitated their victim; and then, by some secret devil's process of their own, have eviscerated, compressed, dried, smoked, shrivelled and otherwise manhandled the poor head until it is reduced to pigmy size, ready to be hung up and permanently displayed on their wall as a trophy, but still retaining a perceptible likeness to the original.

Mr. Thomas Craven was especially venomous in his attack upon the portrait painters, for whom he has no use except as targets

for his blow-gun. Photography, he holds, has deprived the portrait painters of their *raison d'être* and relegated them to oblivion. Those who are trying to maintain their place in the sun and keep their pots a boiling the critic professes to see as mere prettifiers, servile flatterers, obsequiously compliant with the whims of their sitters who demand that they shall "improve upon nature" and hand them down to posterity in counterfeit presentment as paragons of pulchritude. The poor shrimps will even comply with the request of those who bring a favored photograph with them and request that they be "painted like that"—"that," in most cases being a print from a negative that has been retouched out of all likeness to reality, however true to life it may have been in its original state.

It is commonly said that cameras, like figures, do not lie, which as a figure of speech is quite true; but who does not know that the average *retoucher* "is a liar and the truth is not in him." Granting that there are exceptions to the rule of venal and incompetent photographers, (Mr. Thomas Craven does not even admit that there are such incompetents—all photographers are perfect for him), why not admit similar exceptions among the portrait painters? Why condemn a whole profession because individuals—perhaps even a majority—fail to measure up to the higher standards?

In this bitter and bigoted spirit Mr. Thomas Craven reviews several branches of the painter's art and their representatives, and comes to the foregone conclusion that the painter is not to be regarded as *un homme d'esprit*. His article concludes with a tirade which is one of the grossest exhibitions of wholesale condemnation, prejudice, brutality and virulence it has ever been my misfortune to read.

"The modern painter," he says, "is an inferior being. He is dumb and dull and conceited, an anti-social coward who dwells in miserable cocklofts, and runs frantically to his dealer and back again, beating like a sheep about his soul, his poverty, and his unappreciated genius. If he is lucky enough to have a little money he hurries off to Europe to steep his tender susceptibilities in the atmosphere of the past, or to destroy himself in the dives of Paris. Of all the workers in the arts he is the least alive—no

man of brains and education could possibly waste his life in performances which are not only paltry and mechanical, but also totally divorced from current affairs. The general public has no conception of the feebleness, the stupidity and ignorance of the painter. He is inarticulate and proud of it; in any society he is a nonentity. . . . Intellectually, our most celebrated painters—not the contemptible small fry, but those periodically acclaimed as 'modern masters'—are much lower in the scale than such writers as Harold Bell Wright, James Oliver Curwood, Stratton Porter and Margaret Pedler," etc.

"Can you beat it?"

The question may arise why any physician should be moved to take up the cudgels in defense of portrait painters. What has a doctor to do with painters besides treating them if they happen to become his patients, or perchance employing one of them to paint his own portrait is he has happily attained that degree of affluence which will permit him to pay for it?

Just a fellow-feeling, outraged sentiments and ideals, that's all. Probably the perception that Mr. Craven might, with equal justification, have substituted doctors for painters as targets for his darts had something to do with it. And why not add clergymen and lawyers and authors as well? We are all in the same boat, as the Cervantes, the Voltaires, the Tom Paines, the Upton Sinclairs and the Sinclair Lewises all very well know. Let us not forget the Hebrew prophets and St. Paul, and even the Saviour Himself, in their fierce denunciations of the sins and shortcomings of mankind. But none of these were without mercy and most of them had the saving grace of humor. Mr. Thomas Craven has "out-Heroded Herod."

Perhaps the particular reason for this article will appear more definitely if the question be stated in a different way. Let us see.

Has the physician anything in common with the portrait painter?

What in general is the relation between art and medicine?

Here opens up a large subject—so large that only a few of its many phases can be touched upon in this article.

First, then, the practice of medicine, like the practice of painting, is *an art*, in which each devotee exercises such degree of skill as he has in his efforts to comply with its requirements. Under-

lying, or interwoven with the art, in both cases, of course, are certain general principles which constitute science; for art and science are inseparable. Each art has its principles, its rules, its methods, its media, some of which are common to both. Painters and physicians alike are potentially artists. Whether or not they fully develop their potentialities as individuals is another matter. Some of them do, but most of them do not—more's the pity—and Mr. Craven is justified in aiming his darts at the runts and the renegades. Blow-gun and poisoned dart against the hypodermic syringe is permissible and good Homœopathy besides, *Similia Similibus Curentur!* Let similars be treated by similars.

One of the principles common to the portrait painter and the physician is Individualization. By that standard both may be judged in a broad way. The painter and the physician alike must study the individual before them; the one to transfer the characteristic lineaments of his sitter to the canvas; the other to portray his symptomatic likeness in order to select his remedy, make his diagnosis and lay out his general plan of treatment. Technically speaking, one constructs a portrait the other a case; but both, if they are true artists, work along strictly individualistic lines.

In primitive periods the would-be artist was able only to sketch his rude figures in outline upon the wall of his cavern, upon some rocky cliff or boulder, or perhaps upon his pottery. His attempts at portraiture were limited to the drawing and perhaps coloring of some emblem or totem by which the individual might be roughly identified as a member of his tribe or clan. His progress from mere outline sketching to something more definite and individual was very slow. His art passed through many stages before it reached anything like adequacy.

Similarly, medical men have passed and are still passing through many stages of development and degeneration. Unfortunately their progress in the line of true individualization seems to have been even slower than that of the portrait painters. The great majority of physicians have not even yet progressed beyond the totem stage. In their study of diseases, for example, they have, for the most part, contented themselves with delineating mere outlines. Certain signs and symptoms have been arbitrarily grouped and named without regard to the always-existing differ-

ences between individuals. In nature no two individuals are ever affected exactly alike by the same disease. Pathological "types" exist only in imagination. They are "composite pictures," blurred and nebulous, and unrecognizable as individuals. Under this system the pathological group or clan to which an individual case belongs may be identified with comparative ease; but the particular form which the disease takes in the individual is indefinite. The patient is seen only as one of a crowd without any distinguishing personal features. Consequently he can be treated only empirically, in hit-or-miss fashion, by the ordinary physician.

Only within the last few years, speaking generally, has there arisen a physician, here and there, who has recognized the necessity for studying and treating the *individual patient* instead of his nosological clan or disease. They have called upon their fellows to bestir themselves out of their crude and primitive methods; to search out from among the wilderness of symptoms which becloud almost every case of serious illness the characteristics that represent the man himself and his condition, and to base their treatment upon these.

On this phase of the subject Dr. George Draper in his brilliant article, "Science, Art And The Patient," in *Harpers* for last March, said:

"In just the same degree by which the quality of one man's laugh in health differs from that of another, does his manner of sneezing or feeling pain in sickness differ, or his method of resisting or failing to resist bacteria, or of dealing digestively with a Welsh rarebit after midnight."

Noting that the greater part of medical research during the past twenty-five years has been and is still directed upon the external agencies of disease, Dr. Draper pointedly asks if the immense amount of capital and effort thus expended has yielded results which justify the almost complete lack of support for study of the other essential disease-producing factor—*the unique re-activity of a given individual*. Emphatically, it may be said that *it has not*; but there are very few medical men who seem to know it, or who, knowing it, make the least effort to mend their ways.

During my long professional life I have known and been in more or less intimate relations with several painters. Some of

them have been and still are my friends. Justice and Mr. Thomas Craven compel me to say that I have not found them to be "inferior beings" nor devoid of minds. They are really quite human, Mr. Thomas Craven to the contrary notwithstanding. Not one of them presented the stigmata of degeneration he describes.

While sitting recently for my portrait by a painter of well-deserved and more than local renown, I took the opportunity to make a mental portrait of him. For this purpose I observed him closely, seeking to analyze not only his personality but his method of studying and portraying his sitter, being sure that I should thus be able to determine whether he had a "mind" or not. In doing this I had the advantage of a preliminary analytical study from the standpoint of a physician; for he had previously been under my professional care.

As it is my custom to make a psychological as well as a physical examination of my patients, I was prepared to observe him more accurately in the exercise of his art. My background, to use an artist's phrase, was already laid in and the outlines and masses of the figure sketched. We were already pretty well acquainted with each other and on very friendly terms.

I liked my painter from the beginning of our acquaintance. There was something so modest, so ingenuous, so friendly, so considerate about him that one could not help liking him. Although a man of forty, he was so like a bashful boy in some respects that I did not for some time give him credit for possessing certain more mature mental qualities and powers which I perceived later; although I might have inferred them if I had stopped to recall his successes in overcoming the peculiar difficulties incidental to making contact, engaging interest, arranging sittings and painting soul-satisfying portraits of several great leaders in the professional and business world—Henry Ford among them.

Such men know, or have excellent means for learning, the true value of things they want or which are offered to them. They know men, they know *minds* and they are "canny." It is not easy to get them away from their offices and the guards who surround them, engage their interest and hold their attention in such a way as to lead them to reveal their real selves; for that is the paramount purpose of the portrait painter.

A true portrait is not a mere reproduction of a flitting expression of the countenance, nor the fixed form that the features take in

repose—which, by the way, is all the camera is capable of recording. It is, as it were, a composite made up of many expressions, all quickly noted as they pass, registered by the artist, partly with his brush and partly in his memory while he works, until all are blended and unified into individuality. It is a portrayal of the man himself in all his essential characteristics; not a mere mask nor a transient expression showing only one phase of the subject's character and personality. And such portraits are being painted today—not many, to be sure, but some—enough to give Mr. Thomas Craven the "Retort Courteous," if not to proceed through the other Shakespearian degrees to the "Lie with Circumstances" and the "Lie Direct."

In order to be able to paint such a portrait the artist must not only *know his sitter*, but he must be able on occasion to work at lightning speed. He must have the mental perception and perfected technique gained only by long and arduous study and practice. This technique is psychological as well as physical. It includes the mental ability to engage and hold the interest and attention of the sitter in ways which will bring animation into his attitude and facial expression. The sitter must not, while work is going on, be permitted to relax into a listless attitude with a tired or bored air or with a face devoid of expression. When he becomes tired he needs and must be given a rest, but while posing it is part of the painter's art to keep him alert and interested in something.

Here is where the painter's skill and experience, his intuition, his tact, his knowledge of human nature, his social qualities, as well as his technical ability, will all be called into play—if he has them—for this is his art. If he has not learned beforehand what subjects interest his sitter and how to introduce them, the painter must do so during the sitting. Unless he can talk entertainingly himself, or get the sitter to talk, he will fail. He will, therefore, try to get his subject to describe or explain something, to narrate his experiences, or inveigle him into telling his favorite stories. Not for his use is the photographer's traditional phrase, "Now look pleasant, please"; for the average sitter is not like the movie actor who is supposed to be able to "register" artificially at command, the entire gamut of emotions. His registration must be spon-

taneous and real, not assumed. The ability to evoke this in his sitter is one of the most important factors in the artist's equipment. Does Mr. Craven think he could do this if he had no mind?

Are there any such painters? Well, there is my friend Bennett Linder for one. He certainly got *me* interested. He not only talked, but he made me talk and did it so skillfully that I did not realize what he was up to till afterwards. When I accused him of spoofing me he laughingly denied it and averred that he was really interested in what I had been saying. The canvas showed such a remarkable development during that period, however, that I could only account for it by crediting him with the ability to do at least six different things at once; ask me intelligent questions, listen, keep up the thread of the conversation, observe my facial expressions, select and mix his colors and apply them effectively at lightning speed. It was a feat of mental perception, concentration, co-ordination and manual dexterity that I have rarely seen equalled and never surpassed. Hence, I feel quite certain that he is one artist who has a mind and knows how to use it. Doubtless there are others similarly gifted, but doubtless Mr. Thomas Craven will not seek them out, nor admit that they exist. So be it.

The amount of "mind" that goes into a painted portrait may be judged by the kind of reaction excited in the minds of those who view it—assuming, of course, that they too have minds and are sincere in their expressions. Confronting a product of a real portrait painter's art one who views it attentively will get an impression of "liveness" that is almost startling. The expression seems to change almost momentarily while one is looking. A young friend and patient of mine who had just seen the portrait of myself in the artist's studio was so impressed by it that he called me on the telephone to tell me about it.

"At first while I was looking at it," he said, "I saw you as you usually are in your office—serious, concentrated but sympathetic. I turned away a minute to speak to Polly (his wife) and when I looked again I was astounded and delighted to see a peculiar twinkle in your eyes, a faintly smiling, half quizzical expression that I have often noticed when I have been with you. You seemed

about to make some droll remark to me . . . Polly said, 'I can just hear him say *'Belladonna!'*'

Illusions, of course, but not altogether so, for as a matter of fact all, or several, of these characteristic expressions are actually painted on, or *into*, the canvas during the process of "modelling"; but it is so skilfully done by a master that they do not appear at first sight as separate expressions. They seem to spring to the surface while one is looking intently at the picture, and vary with the mood of the observer. Technically, they are the concrete result of a *blending of forms and planes* similar to the blending of colors. They give the portrait its character and individuality and stamp it as a work of art.

Another friend, a cultured woman of deep intuition, keen insight and original ideas, was so powerfully impressed by the portrait that she stood rapt before it for many minutes before speaking. Then in her sententious way: "It is a *composite picture portraying a complex character* . . . I have never seen you look like that at *any one time*. One must see you several times in different moods to be able to appreciate all there is in that picture. . . . It is a wonderful portrait. How does he do it!"

Another, herself a portrait painter of distinction, exclaimed: "I wish I had done it! I wish I *could* do it! I never realized before the possibilities of genius in portrait painting. It is a great portrait."

A lawyer, my friend and patient for more than twenty-five years, said: "It is a portrayal of life itself—a living likeness. *It speaks to the soul.*"

Mind interacted with mind in these instances—painter, subject and observer—through the medium of a work of art. *Note bene* Mr. Thomas Craven.

Not to draw the parallel too closely, the artist in medicine pursues much the same course in examining his patient, constructing his case and recording it. He too is painting a portrait, although with different media and for a different purpose. He, too, must individualize both his patient and his remedy. He must observe and portray individual characteristics. He is not satisfied with sketching mere outlines of his subject. His completed case when analyzed is found to be made up not only of many measureable

anatomical, physiological and morphological peculiarities, but of an equal or greater number of related functional variations, recognizable by the medical artist. All these must be drawn, modelled and blended into a characteristic symptom likeness—a totality—which represents the sick individual and stamps the physician as a master of his art.

Needless to say, the physician, like the portrait painter, must be something of a psychologist and diplomat as well as a trained observer. In one word he must have *the artist's mind*. Differing with Mr. Thomas Craven and *The American Mercury*, I maintain that there are painters (and physicians) who have minds.

Granting for the sake of the argument, that the rack of painters and physicians have no minds in the sense of the word employed by Mr. Craven; that by the same token they are "inferior beings," "dolts" and "ignoramuses;" it does not follow that there are not individuals among them who possess and display certain qualities which we are accustomed to associate with intelligent persons. Of course even these are not in the class with Mr. Thomas Craven, who is in a class by himself, so remote and unapproachable in his solitary sapiency that he never comes in contact with the more highly developed individuals of other classes.

Plotinus, greatest of the ancient Greek Neo-Platonists, taught: that when we behold beautiful things we become beautiful; when we ignore them we are ugly. As our physical sight or hearing must be perfect before we can judge of a statue or a song, so must we be normally beautiful ourselves before we dare give a judgment on incorporeal beauty. Beauty is the triumph of form over matter, the Divine Idea expressing itself through matter. Beauty is both sensual and incorporeal. Sensual beauty is especially that of the eye or ear. Incorporeal beauty is the beauty of virtue, or the beauty of the soul, which is the Divine Light itself. Corporeal beauty is outside of a man; incorporeal within; consequently, a man cannot judge of incorporeal beauty until he has returned to himself, or rather become perfect.

Critics, therefore, who see no beauty in works of art, nor virtue in their creators, are blind, ignorant and incompetent, and their judgments are of no value. "Can the blind lead the blind? Shall they not both fall into the ditch?"

God knows, there is enough to criticize and condemn in all professions—in medicine as well as in painting. There is much dead wood, underbrush and scrub growth in our professional woods that ought to be cut away and burned. There are too many saplings and slim young trees that crowd each other and shut out the sun. Many of these might be transplanted to deforested areas of which, medically and artistically speaking, there are many; but there are also many strong, sturdy trees, and a few glorious monarchs who overtop all their subjects and reign by the grace of God.

"Let the heavens rejoice, and let the earth be glad; let the sea roar and the fulness thereof. Let the field be joyful, and all that is therein; then shall all the trees of the wood rejoice."

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EDITORIAL NOTES AND COMMENTS

More Signs of the Times.—We have just received the announcement and program of the thirty-fifth annual convention of *The National Society of Physical Therapies*, which is to be held in New York City. The program contains many varied and interesting subjects for consideration and discussion and of the essayists who will present papers or discuss them, practically all are homeopathic physicians, some of prominence in the homeopathic school, whose names are well known to all of us. It is of course, a fact to be somewhat proud of, that homeopaths have distinguished themselves in collateral fields of medicine, not directly concerned with their own fundamental therapeutic principles; there is no good reason why they should not do so; such catholicism of choice reflects the broader outlook, now becoming more and more universal and breaking the creaking bonds of outworn sectarianism and intolerance.

At the same time and to this thought we wish to call attention, as the activities of homeopaths with extra-homeopathic subjects increase, their practical interest in homeopathy decreases, with the natural and inevitable result, that homeopathy itself must suffer. This is exactly what has happened in our United States and the process has gained pace with every year. Where formerly we had able homeopathic physicians whose homeopathy came first, today we either have none at all or nominal homeopaths, whose practice is a sort of therapeutic *mélange* of most gaudy hue.

Wo will dies hinaus? Where is this decadence to stop, or will it stop at all? Unquestionably one very important reason why

homeopaths have branched out into specialties of all kinds, is the patent fact that the monetary rewards are greater; the very simplicity of homeopathy is its own worst enemy and broadly speaking, makes of it a poor money-getter. After all, homeopathy appeals to the *intelligentsia* only; the semi-morons, with which the world is largely filled, are satisfied to take whatever is momentarily most loudly trumpeted; for in spite of all the newspaper and magazine publicity regarding medicine, the ignorance and credulity of the great public is simply appalling.

Many years will undoubtedly be required, before the fundamental philosophy of homeopathy has been finally incorporated with the basic principles of established medicine and when this has taken place, we will hear no more of homeopathy; the name will have become obsolete and of historical interest only. In the meantime, those of us who feel, that upon ourselves rests the duty of carrying on and safeguarding the precious truths of our science and art, must struggle on as best we can.

Treatment of Constipation.—"In Sanders' opinion, the last measure to be considered in the treatment of constipation is the administration of drugs. The enema habit is also condemned. There are, however, definite indications for drug therapy in all cases in which correction of faulty habits and removal of the cause has not restored the function to normal. The treatment is, first, the removal of the cause; second, the re-establishment of the normal intestinal peristalsis by regulation of habits, diet, exercise and by discontinuing catharsis; third, the use of drugs which are nonirritating, chiefly liquid petrolatum combined with agar, and, in obstinate cases, the temporary addition of cascara or magnesia. In the atonic type of stasis Sanders prescribes a simple fruit mixture. It consists of: Cooked prunes (seeded), 1 pound; dried figs, 1 pound; dates (seeded), 1 pound; agar agar, 2 ounces; senna leaves, 2 ounces. This mixture is run through a meat chopper several times until it is thoroughly mixed and pulverized, and then made into a cake, which is in turn cut into blocks one inch square. The dose is one block taken at bedtime."—*J. A. M. A.*

Constipation is one of our national evils and one difficult to overcome. Homeopathic prescribing for the patient, when char-

acteristic symptoms are present, is often sufficient in itself, but many cases will require additional temporary aid, such as suggested by some of the above recommendations.

Carbon Monoxide Poisoning.—"Richardson reports a case of carbon monoxide poisoning in a man who had bought a new automobile of the sedan type, with an exhaust heater in the back. The heater had caused considerable trouble by getting hot even when the valve was turned off. Furthermore, there were wide cracks in the floor boards through which had come the strong smell of exhaust fumes. The patient drove this car largely in traffic for 10 miles or more every morning and evening and often much farther. He would feel well on getting up, but at about noontime lassitude began coming on, until at night he felt absolutely worn out. This feeling was soon accompanied by a severe, upper half headache. The patient was advised to put away the new car for one week. By the end of the third day the symptoms had entirely disappeared, and he was feeling as well as ever."—*J. A. M. A.*

This comes from Boston and is respectfully commended to the attention of drivers of Ford and other sedans.

Lac caninum.—The following symptoms were speedily cured, after an initial aggravation, in a woman of forty-seven years, by one dose of *Lac caninum* 10,000.—soreness of the throat for past two weeks, repeatedly *changing sides*, from left to right and back again. No other modalities were present in this case.

Natrum mur. in Pharyngitis.—*Natrum muriaticum* 10,000, one dose, speedily cleared up the following symptoms in an otherwise healthy young woman of about twenty-three, whose tonsils had been removed during childhood.

Throat sore for ten or twelve days.

Sensation of a *lump in the throat*.

Occasional clicking noise and sensation, in the ears on swallowing.

Tongue slightly coated, grayish-white, more at base.

Pharynx has a granular appearance; *vesicles on pharyngeal wall*. No modalities of time or temperature.

Neurasthenia in Tropics.—"Acton points out that neurasthenia is real ill health associated with certain existing causes, and not merely a feeling of ill health. In the tropics there is a further association with certain predisposing causes that are more common only present than in temperate climates. It is obvious that before a cure can be effected one must first deal with any exciting causes, then remove the predisposing causes, and aid the different endocrine glands that are not functioning properly. It is little use trying to quiet the nerves with bromides, or to aid the functions of the endocrine glands by shotgun prescriptions of the various endocrine products now on the market, before removing the exciting cause."—*J. A. M. A.*

These are sane observations concerning the treatment of a symptom complex most difficult to cure. The selection of suitable homeopathic remedies is not easy, but once the simillimum has been found, remarkable results become manifest. As Acton points out, the exciting cause must be removed; unless this can be done, it is useless to prescribe.

Menstruation and Suicide.—Among Steiner's thirty-nine suicides in women, eleven occurred just before and eleven during menstruation, a proportion of more than 50 per cent. of his material.—*J. A. M. A.*

Homeopathy can be of great help here, for it has many remedies whose mental symptoms are those of premenstrual mental depression, with suicidal thoughts. Individualization of each case is of course, in order.

Tinnitus Aurium.—Noises in the ears depend upon one or more of several pathologic conditions, which often are beyond the ability of the general practitioner to correct. Indeed, the aurist himself, with all his expertness and skill, is not always successful.

Many homeopathic remedies possess the symptom of noise in the ears and the repertory contains a bewildering array of possible remedies which, for the most part, are useless, unless we discover the particular pathology or functional disturbance of the case in hand. Recently, in a case of tinnitus of many years stand-

ing, in a patient who had been treated by aurists, as well as by at least one homeopathic physician, without success, we gave *Thiosinamine* 6x, t. i. d. with complete abatement of the noises within two weeks; inasmuch as an annoying vertigo appeared, by us attributed to the remedy, we changed the potency to the 30th of which one dose only, per day, has been given. The case is of interest and the experience may prove useful to others.

Thiosinamine is *Allyl sulphocarbamide*, derived from oil of mustard seed. We reprint the subjoined clipping, taken from "Jottings" many years ago, as likely to be of instruction and interest.

"THIOSINAMINE FOR NOISES IN THE EARS

THIS is a new and, as yet, unproved remedy in Homoeopathy, one for a condition of which many persons complain and for which there seems to be nothing to meet it successfully. Dr. Alfred M. Moore, of Brighton, wrote concerning it in the July HOMOEOPATHIC RECORDER: "The treatment of tinnitus aurium has long been so unsatisfactory that the rule to make no promises has been fixed among men who have had any experience with that distressing condition. I have made many attempts to give relief to those applying with the various noises in their ears, but not until I began the use of *Thiosinamine* was I able to get any results whatever in the cases of long standing." Dr. Moore quotes Dr. McCullough to the effect:

(1) That it exerts a marked beneficial action on ear diseases accompanied by the formation of new connective tissue; (2) that this beneficial action is due to an increased pliability of this tissue; (3) that its administration should always be accompanied by mechanical measures; (4) that better and more prompt results may be obtained in recent cases; (5) that it exerts a beneficial action on vertigo; (6) that better results may be obtained with it in the relief of tinnitus aurium than with any drug used heretofore.

I have verified the above, and in some cases, without the mechanical means for vibrating the membrana tympani, rapid relief has followed its administration. I looked up the literature on this drug, but found practically nothing."

Thallium Acetate for Scalp Ringworm.—"Dowling and Kelman report on twenty-four cases. The treatment consists of a single dose of thallium acetate, 8 mg. per kilogram of body weight, given by mouth in sweetened water. The hair begins to loosen in from six to eight days, and complete epilation has taken place by the nineteenth day. Confinement to bed during the whole period

of treatment is desirable. As albuminuria may be a complication of thallium treatment, it is evident that the giving of thallium acetate to a person suffering from any renal disorder is contra-indicated. Epilation has been satisfactory in every case so treated."—*J. A. M. A.*

Thallium, a rare metal, is mentioned by Clarke in his *Dictionary of Materia Medica* as of possible use in the treatment of baldness and of the violent pains of tabes dorsalis; also as of value in the night-sweats of phthisis. The remedy needs proving and may show itself to be of service in nephritis, as suggested by the abstract.

Workmen in Zinc Foundries.—"Lead poisoning is rare among these workmen. 'Foundry fever,' beginning a few hours after the melting of the zinc and resembling febrile influenza is not infrequent. The workmen believe that it has a favorable influence on syphilis and tuberculosis. Albuminuria is frequent among them."—*J. A. M. A.*

These observations also, are of interest; we cannot know too much of drug pathogenesis.

Tuberculin in Whooping Cough.—"The frequent occurrence and special severity of whooping cough in tuberculous children have been noted by many authors. Stuhl believes that a tubercular infection is present to some extent in every case of whooping cough. This opinion has been strengthened by his results with tuberculin in whooping cough, which has reduced the number of the paroxysms and shortened the course of the disease in practically every case.

"The initial dose was 0.000001 gm. old tuberculin; injections were repeated every third day, increasing the dosage by half each time. As a rule five to six injections are given, but more may be necessary. The best results are obtained if the tuberculin treatment is started as soon as the child begins to cough."

In the vernacular of the day, this is "some dose." We confess that our bump for mathematics is not sufficiently developed to enable us to figure out without much trouble and time, just which

potency this array of naughts may represent. At all events, it is small and we hasten to congratulate our friends of the Old School upon their perspicacity and superhuman wisdom.

Homœopathy Abroad.—We have received voluminous literature concerning the *Ninth Quinquennial International Homœopathic Congress* to be held in London, July 18th to 23d, at Connaught Rooms, Great Queen Street, Kingsway, W. C. 2. The officers of the Congress are Dr. George Burford, President-elect; Dr. C. E. Wheeler, Vice-president-elect; Dr. John Weir, C. V. O., Chairman of Committees; Sir George Wyatt Truscott, Bt., Hon. Treasurer; Dr. E. A. Neatby, Hon. Acting Treasurer; Dr. H. Fergie Woods, Hon. Organizing Secretary and Dr. E. Petrie Hoyle, Hon. Administrative Secretary. Truly, an imposing array of names and titles, reminiscent of our own fraternal organizations in the land of the supposedly free and undoubtedly brave.

Our British colleagues have gone to great lengths in their endeavors to make this Congress a success and if social distinction and royal patronage are its ear-marks, success has already been assured, for we note that His Royal Highness, the Prince of Wales, has most graciously consented to act as Patron. We Americans, with our strong flare for royalty, which will crop out, in spite of all our alleged democracy, recall with pleasure the visit of the Prince to this country, a few years ago. We now have an opportunity of showing our appreciation by returning the visit and attending the Congress to be held next month; the greatest kindness and hospitality will be shown us and the scientific program to be presented, will be of a high order as well as of great importance to homœopathy. Elsewhere in this issue, we publish one of the communications from Dr. E. Petrie Hoyle and we trust that as many Americans as possible, particularly those who have survived the "Lapland" trip of the *American Institute of Homœopathy*, will attend.

A Cigarette Case.—We have thus far refrained from commenting upon the plaintive wail of "Neighbor," which appeared in our April issue, hoping that some subscriber, with abler pen than ours, would hasten to give our Neighbor much needed advice. But alas, such advice has not, thus far at least, been forthcoming,

so, mindful of the admonition that fools rush in, where angels fear to tread, we graciously condescend to play the fool, forgetting for the moment, that quite possibly we do not have to play it; in some quarters it has been slyly suggested, that we already have sufficiently measured up to this distinction; if so, we plead guilty to the indictment, for happily, an abundant fund of good nature, is one of our characteristics.

Now in the first place we would suggest, that Neighbor's intimate friend is very ungallant in smoking in his wife's presence, since by so doing, he makes her sick. Unless he really wishes to dispose of her, he might try the garage or the coal cellar for his indulgence in the blessed weed. As to the desire to be cuddled and coddled (cute words those) we are inclined to sympathize with him; to be sure, this depends upon who is to do the cuddling and coddling, for it does, we understand, make a difference. Perhaps on the other hand, he has been coddled too much, for there is such a thing, we have been told.

Our poor victim feels, evidently, that he is "misunderstood"; well, perhaps he is; perhaps his over-zealous wife devils the life out of him with well-intended, though nevertheless annoying solicitude. Men hate to be fussed over, in that way at all events. Neighbor wonders whether Tabacum high would do anything for him, to which we answer most emphatically, "No!" unless, as we suspect, the unrevealed causes of domestic and business worry and care, can first be removed, when the abnormal craving for tobacco would of itself largely disappear. *Arsenicum, Nux vom.*, *Ipecac.*, *Tabacum* itself, might then come into play.

Yes, Neighbor, *Apomorphin* will cause your cigarette bedevilled friend to vomit copiously, but we doubt whether cure would result from such emesis; incidentally, the bedroom rugs might be ruined, his temper certainly would be. You ask whether putting something in the cigarettes would do any good. You might try dynamite, the cure would be absolutely permanent, for the cigarette case would then be ended, once and for all.

Arsenic Poisoning and Purpura from Wall Paper.—"Tiling's patient, a physician, felt tired for about a year. His feet were cold. Later on purpura appeared repeatedly. At times he had pains in the abdomen and once a transitory amaurosis. A

few drops of solution of potassium arsenite caused an exacerbation of the purpura. The patient requested chemical examination of a sample of the wallpaper, which had been painted green about five years before. It contained a large amount of arsenic; the patient's hair also gave a strong reaction."—*J. A. M. A.*

Yes, *Arsenicum* will play the devil, as we homœos know. To be sure, cold feet are not necessarily characteristic of arsenic, many other things have been known to cause them as well. The observations of Tiling are interesting.

Homœopathy in Veterinary Medicine.—Although to many of us it would seem, as though the automobile mechanic has long since usurped the place of the veterinarian, nevertheless there are many parts of this and of other countries where the horse and other domestic animals form an important part of daily life. The ills of such animals must be treated, not only from human considerations, but also from the standpoint of economic welfare.

The treatment of the sick animal resembles very closely the treatment of young children in that it is purely and almost entirely objective. Animals cannot tell us in spoken language, what ails them; neither can babies, but their reactions to disease are manifested by various signs and symptoms, to the watchful medical observer. Objective symptomatology is therefore, of first importance in the treatment of sick animals as it is in the treatment of sick babies.

Homœopathy offers an enormous field for investigation in this direction and veterinary medicine offers a fascinating department of such research. Homœopathic veterinarians have existed in this and in other countries and many of them have achieved brilliant results in the realm of animal medicine. Hurndall in England, has immortalized himself, so far as the practice of homœopathic veterinary medicine is concerned, by recording his professional experience in book form. One or two others have done the same. In Germany before the Great War, homœopathic medicines were widely used by army officers in the treatment of their mounts and the famous Hagenbeck of Hamburg, employed homœopathy in the treatment of his sick circus animals. There was no particular sentiment about this; it simply paid, for the losses from disease were lessened thereby.

Many a homœopathic physician, in the past, at least, has treated successfully horses and dogs when the veterinarian with his cruder Old School methods, could do nothing. Most of us can recall successful results in animals, after apparently suitable remedies in potencies, had been given. One of our subscribers has recently asked for the publication of veterinary cases, treated homœopathically and we would be very gratified to oblige him; perhaps some of our readers will respond to his request.

We're on the Wing Once More.—With the June issue of the *RECORDER*, the editor will say Farewell to his readers for a period of several months, during which he will visit and take part in the International Homœopathic Congress in London, as well as roam about the continent in the pursuit of recreation, pleasure and knowledge. For there is nothing like a European trip to furnish all three, with special emphasis perhaps, upon the first two. During the editor's absence his more settled and less restless friend, Stuart Close, will hold the editorial reins and our readers know, without any emphasis from us, how efficient his guidance will be. For ourselves we wish that we might take the entire *RECORDER* family with us; possibly however, some of them would find the going too wet, on the other side.

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HUMAN MORPHOLOGY AND THE HOMŒOPATHIC MATERIA MEDICA.*

Philip Rice, M. D., F. A. C. S.

Is it permitted us as apostles of a great cause to be contented with the achievements of its pioneers, to look upon their writings as the last word? Have we a right to assume that we have discharged our responsibility when we have reached a point where we are able to repeat the achievements of Hahnemann, or of Boenighausen, or of Hering? Have we a right to say that we have progressed if we have merely caught up with them?

It is a law of life that nothing remains fixed; that it either moves forward or it retrogrades. If this is true, and if we have in no way surpassed the pioneers of the School, then it must be that the cause which has been entrusted to us has lost ground. Some may think this is a debatable question. My own opinion is that a great deal of ground has been lost.

In trying to determine the status of the School today we have but to compare the status of the two subjects, *Materia Medica* and the *Philosophy of Therapeutics*, with what that was, say fifty years ago. When we do this do we find anything that indicates progress? It is very doubtful. The standard works on these subjects are the works of the pioneers, not the works of the moderns. What has been produced during this century is no more than a restatement of what was said fifty and more years ago. There have been many additions to the *materia medica*, it is true, but instead of clarifying and simplifying the subject they serve only to make it more cumbersome and more difficult. In no way is the arrange-

*Read before the Connecticut State Homœopathic Medical Society, May, 1927.

ment of the subject matter any different from what it is in the earliest works—proof, in my opinion, that we have not progressed.

Obviously the problem of the School lies with the problem of the *materia medica*, since this is the one subject which distinguishes it from other schools of medicine. What, therefore, we do with this subject determines the future of the School. If it is developed, as it easily may be, we are bound to win, while if it is left as it is, there are good reasons for fearing the outcome.

This being the situation, as I view it, it strikes me as being perfectly proper to ask: Is the subject matter contained in our works on drug pathogenesis all that it ought to be? That is to say, does it comprehend all that is essential for a science? Who has the courage to make such a claim, or the ability to defend it! It would be less difficult, I believe, to prove that the absolute essentials have been altogether left out. Having noted only effects, end-results, symptoms, entirely ignoring not only the conditions in which the processes originated which produced the effects, but the processes themselves, we cannot possibly claim that our works comprehend all the essentials for a scientific *materia medica*. Basic factors cannot be left out of any consideration and the results be science.

But this is what has been done, and now we find that the symptom arrangement lacks order, lacks connection, lacks sequence. When symptoms appeared, the order and sequence of their appearance, is all a matter of conjecture. We have no more than a bare statement of facts, overwhelming because of its size and stupefying because of its endless contradictions. Rational explanation of the symptoms is hopelessly impossible.

However, there is a ray of hope in even this seemingly hopeless situation; and it lies in the fact which was observed by every prover and mentioned, though casually, by every writer on the subject. Every prover observed that certain persons seemed to be more sensitive to certain drugs than to others. The significance of this was not appreciated by them, nor has it been by many others. To me this observation suggests more that is encouraging than the many thousands of doubtful symptoms that clutter up the record. That different constitutional conditions produced different effects clearly proves that symptoms are but one phase of the problem. This shows that they are dependent upon something else for their being and for their special mode of manifestation in the individual. In-

deed, this shows that in and by themselves they possess nothing of a fundamental character; that, as has been said, they are mere effects, end-results. This being true, it necessarily follows that when separated from the conditions in which they were produced they cannot be understood, cannot be correctly interpreted and the subject of *materia medica* cannot be successfully taught. The constitution, which means the morphology of the individual, is in this observation shown to be the fundamental factor in the problem and the symptom to be incidental, or subordinate.

But we have separated them from the conditions in which they were produced. This is what every lecturer on the subject does. According to his skill, training and slant of mind he selects certain symptoms of a drug, and with these he constructs what he is pleased to call a drug image. What he selects is entirely optional; there are no rules of order or conduct which he must observe. Likewise the order in which he puts the symptoms together is optional. His own judgment is his guide. The image which he constructs is made as vivid as possible with story, clinical experience, emphasis, and paraded before the minds of the students. Lacking a knowledge of the basic conditions he is unable, of course, to describe these, or to tell anything of the order, sequence or relationship of the symptoms. What is presented is clearly an artificial and arbitrary creation—a plain fiction, in fact. That such a method must in the end prove a failure ought not be difficult to see. And some of us are beginning to see, and ready to begin to make amends.

But with what method? With microscope, test tube, X-ray and other highly specialized instruments we are digging deeper into the problem of organic functions and reactions, finding more symptoms, and making a difficult problem more difficult. The modern laboratory has become a sort of "holy of holies" from which there is issuing a language which the man five or ten years out of college has difficulty in understanding. More and more is the human morphological equation being lost sight of.

But if this is the wrong way to go at the problem, what ought we to do?

If I were to undertake to prove to you that organic function is possible without a physical organism, I wonder what would be your reaction? If you did not think me a little deranged mentally I

should think that you were. Of course no sane person would attempt to support a proposition so obviously absurd. Nothing can be more clear than that organization is essential for function. Sight is not possible without an eye, or hearing without an ear, or breathing without lungs, or thought without a brain. Without some kind of an apparatus life would have no means of manifesting itself. This is clear. But this implies something of deep significance. If organization is essential then it follows that the character of the organization determines the character of the functions. That is to say, what an organism does depends on what it has to do with. It is a well-established law in logic that the essential element in a proposition is the determining element. In biology this proposition, that character of organization determines character of function, is so firmly established that it is made the basis of every biological proposition. The whole science is made to rest on it.

Now, it is well known that individuals differ in their morphology. No two have yet been found alike in growth and development in the total mass, in the relative proportions or in the intimate structure and chemistry of the organs. Quantitative and qualitative disproportions are found in everyone. Hence, according to the before-mentioned principle, there will be differences in the functions and the reactions as a necessity. The organic state will be the determining factor.

From this we see that differences in function and differences in reaction can be accounted for only when we understand the differences in the morphological state which lies at the root of their being and gives them their special form and color. It is a knowledge of these structural or morphological differences which alone enable us to understand why one person reacts to a given drug in one way and another person in a different way. Only when we understand these are we able to correctly interpret and explain symptoms.

It is admitted that with a stock of memorized symptoms and a repertorial method of one kind or another we are frequently successful in selecting the appropriate remedy, but such a method cannot possibly be defended on scientific grounds. Such a method takes cognizance of nothing but effects; the basic factors of the problem do not enter into the consideration.

But besides demonstrating that different types of individuals react differently to the same drug, provings have demonstrated one

other thing of great significance, and it is this: Certain types that fail to respond to certain drugs will do so to others and under their influence will develop symptoms strikingly similar to those produced by others under the influence of other drugs. For example: Some years ago during a series of drug provings made on students in the San Francisco College one young man was found who could not be affected by belladonna though the drug was taken for a considerable time. Later he was put under ginseng tincture. Within forty-eight hours to our great amazement he began to develop the most striking combination of belladonna symptoms imaginable—flushed face; injected sclera; sore throat, worse on the right side; throbbing headache; throbbing carotids, etc. So striking was the picture that three members of the faculty, not knowing that he was under the influence of a drug, made a diagnosis of acute tonsillitis, prescribed belladonna and ordered him to bed. These instructions were, of course, not followed. Ginseng was stopped, and in a few days all traces of the drug had passed away. Now, the question, were these symptoms the effect of ginseng? Yes, for they were subsequently reproduced in detail with the 3d, and again with the 6th potency.

I repeat, and desire to emphasize, that this experience has very great significance, and I am convinced that if what is suggested were fully developed that a great deal of light would be thrown on the problem of the materia medica. What this suggests to me is, that the symptom complex of a drug by itself is wholly inadequate for a scientific materia medica; that the keynote method of study and teaching is unscientific; that a belief that we are acquainted with the action of a drug when we have committed a certain number of symptoms to memory is an absurdity. What science demanded was that we explain the reason for this unusual and unexpected reaction to these drugs; tell what was in the chemical and morphological makeup of this young man which made him unresponsive to belladonna and susceptible to ginseng and made him produce a combination of symptoms strikingly similar to those produced by others under the influence of belladonna. Had we been able to do this then we should have been able to scientifically differentiate the one drug from the other and scientifically account for everything that occurred. But this we were unable to do; we stood convicted of incompetence, which is what we all stand convicted of when we come to this matter of drug pathogenesis.

I realize that I am now expected to point out just how the subject of Human Morphology and drug pathogenesis are related and how a knowledge of the former can at once be applied in the study of the latter. I am sorry I shall have to disappoint such expectations. Before anyone shall be able to do this a great deal of diligent work in drug proving will have to be done, proving them with an eye to the problem of the morphology of the subjects used in the provings.

However, it may be possible for me to throw some light on the matter by telling you a little about an experience I had when I first began practice in the Hawaiian Islands some years ago.

One of the surprises I had immediately after I began my work was the regularity with which belladonna failed me. With no drug did I believe myself better acquainted, and none was chosen with greater care; but always the results were nil. After many failures I began to give ferrum phos. for what were clearly belladonna symptoms, and to my surprise, with excellent results. The flushed face; red, shining eyes; injected sclera; throbbing headache; throbbing carotids; hot steamy body; very full pulse; dry mouth and throat, etc., were always there. Let me say in passing that in the tropics the people are invariably lymphatic and phlegmatic. One day I discovered that the pulse of belladonna is invariably firm as well as full and that of ferrum phos. always soft and easily compressed. This I thought a rather flimsy basis on which to make a differentiation, but having nothing better it had to serve. Later I discovered something which gave me a broader and firmer basis, and which fully accounted for the character of the pulse of the two drugs as well as for other things. When compared morphologically we find the two types similar in two things and no more. First, we find that they have the same coloring, both being blondes, with fair skin, blue eyes, light or light-brown hair; and second, we find that they have an equally well-developed pulmonary, cardiac and arterial systems. Hence the great similarity in the inflammatory symptoms. But when we come to study them further we find that the belladonna individual has combined with this pulmonary, cardiac and arterial development a strong development of the nervous system, while the Ferrum phos. individual has a relatively strong development of the lymphatic system. Hence the conspicuous nervous symptoms—restlessness, excitability, wild delirium,

etc.—of the one, and the soft, flabby, relaxed and suppurative tendency of the other. A knowledge of these morphological differences has served me wonderfully well through the years. During my last fifteen years in ear work I never once had to do a paracentesis of the drum membrane nor did a single case of otitis media develop into a mastoiditis that required an operation. This happy experience I attribute to the fact that I never trusted to belladonna in any case where the lymphatic elements were strongly in evidence in the individual makeup; and these are always conspicuous where the inflammatory processes have a suppurative tendency. Belladonna is not a suppurative remedy, that is, a remedy indicated in the pre-suppurative stage of any inflammatory process. But ferrum phos. is distinctly so. Ferrum phos. is the acute to bepar and to calcaria carb. Ginseng is differentiated from belladonna on the same ground as is ferrum phos., and from the latter it is differentiated on the ground of color; it is as distinctly brunette as ferrum phos. is blonde. The young man who made the splendid proving had hair and eyes as black as jet; a rather coarse but clear skin; a fairly heavy skeleton; well-developed muscles; full, round chest; a little more than full abdominal development. He was only a moderately good student, being rather lazy, good-natured and easy-going. As we were just beginning our morphological researches, it is not possible for me to describe these different types as fully as I should like. But this much is suggestive at least.

It will be granted, I am sure, that it is not possible to present in anything like a comprehensive manner the modern theory of human morphology in the time allowed me. Nor is it possible for me to describe the morphological method of examination adequately, give the measurements, the reasons for taking them, and tell how the data are interpreted. However, I trust I have succeeded in showing that the subject is one of fundamental importance; that it is directly related to the study of materia medica. I trust, too, that I have made the fact a little clearer that the unhappy situation the School is in at the present time is due to our utter inability to understand the materia medica and, therefore, to teach it. The morphological method I am firmly convinced offers our only hope of not only improving the condition of the School but of really saving it from utter extinction. As Professor De Giovanni says, in speaking of this method: "*It is necessary and cannot be substi-*

tuted by any other." Unfortunately, few as yet realize this. We have tried to substitute another, and we have failed. We now find ourselves in a position that is, to say the least, discreditable. To again quote Professor De Giovanni, while speaking of the medical situation in general: "The laity, as well as the students and the learned of the science, have grave doubts concerning the general medical clinic—doubts that are confined to no country, because they are met everywhere, and are almost sanctioned even by practitioners of medicine, who for this reason are the cause of the prejudices and errors which contrast with the progress of general culture."

Toledo, Ohio, May 21, 1927.

Dr. R. F. Rabe,
666 Madison Avenue,
New York City.

DEAR DOCTOR RABE:

I was much interested in Dr. Philip Rice's criticism of your editorial quotation from, and comment on the same, Sir Archibald Garrod's address.

The greatest fault I have to find is, that medicine contains too many loose terms; too many loose definitions, and its practitioners have too loose a conception of these terms and definitions. We have yet to find a physician who has read understandingly even the first paragraph of the Organon. There in, that one paragraph Hahnemann definitely and unqualifiedly defines the meaning of the term cure, giving us the following definitions:

CURE: The complete restoration to health. (The physician who thinks disease essential to human life and happiness and all that is expected of him is to remove temporarily the existing offender is falling wide of the mark of his vocation and taking money under false pretenses.)

HEALTH: The complete absence of disease. (Until every vestige of disease is eliminated a state of health does not exist. Only after the very predisposition has been removed is the patient healthy, all else is mere palliation or a restoration to normal but not a cure. A being may be in a normal state for him, yet not in perfect health by any means.)

ENTITY: The complete Ego (minus its clothing).

SYMPTOM COMPLEX (or totality): Those symptoms which pertain to the ego from which all disease has its origin and arises (those observed from its clothing being secondary and therefore of little importance in the selection of the true similitum).

MORPHOLOGY: The structural changes arising from that ego, yet bearing the same relation, as the end product of life, as disease does to pathology and therefore of minor importance in the selection of the similitum. (If morphology or pathology could possibly be as important in the eradication of disease the allopaths would have outclassed the homeopaths long ago, but have they? If the physician does not study the structure and the constitution of his patient he is NOT a homeopath. If he does NOT individualize he is still not a homeopath. If he did neither individualize nor study his patient's structural changes how could he either diagnose or find the individual remedy? The statement that the homeopath does neither is NOT correct. He does both, the reason he is successful and why he outclasses the allopath.)

The question naturally arises, is the sole object of medicine the mere pastime of a curious coterie or the "restoration of the sick to health"? If the latter, what have the homeopaths been doing all this time? In the past forty-two years we have treated several hundred cases of eruptive fever from the mild to the malignant, all recovered and no evil results followed. We took a case of corneal ulcer where the part was ulcerated to the rim, treated by the best specialists of the Old School and the final decision was enucleation, and restored it to normal. In all those cases we did not find it necessary to make a chemical examination or analysis of their structural changes, but we did find it necessary to find their personal entities or symptom complexes. The question which naturally arises is, would the above records have been any more perfect had their entire anatomies been chemically analyzed?

Again, how could those cases have been diagnosed had not the homeopath taken into consideration, in a measure at least, morphology? To state that the homeopath does not take into consideration morphology in making up his prescription is absolutely false, for he does and what is more, he uses only what he finds necessary for his prescription and furthermore unlike the allopath he knows

exactly what it means. If the allopath knew what morphology really meant he would not put foreign septic elements directly into a body having no means whatever of caring for the same.

Just what does anyone know about either constitution or disease aside from its outspokenings—the symptoms? Who ever saw a constitution? Who ever saw life? Who ever saw disease? All we know or see of any of these are the results. After the patient is dead both morphology and pathology remain and of what good are they? And as “the physician’s high and ONLY mission is to restore the sick to health, to cure as it is termed,” he has to get at a more important entity than that covered by—Morphology.

Personally, we do not accept any man’s opinion against Nature’s verdict, and Nature’s verdict is, by results obtained, that homoeopathy succeeds where allopathy fails, therefore homoeopaths must individualize while allopaths do NOT.

Fraternally yours,

DR. A. PULFORD.

June 16, 1927.

Editor HOMŒOPATHIC RECORDER.

DEAR DOCTOR RABE:

The subject broached by Dr. Philip Rice in his letter and which was published in the issue for May 15th I believe is quite an old one. I regret that I have neither the knowledge nor the ability to answer it as I feel such a letter should be answered. I even at times wonder whether or not he was sincere in his statement: “that the homoeopaths do not individualize more than do the allopaths,” or whether he made it with a desire of arousing such a vigorous discussion that would in the end make for better homoeopaths.

Dr. Rice goes on to say: “No greater fallacy is entertained by the homoeopathist than is the idea that he is disclosing the individuality of a patient in the symptom-complex that he elicits in the course of an examination.” This is quite easily answered. I need only to quote the late Dr. J. T. Kent, who said: “All that is knowable of disease is expressed in symptoms; all that is knowable of drug action is expressed by symptoms; and those peculiar mental symptoms upon which Hahnemann lays so much stress, are the

directions upon which we select the indicated remedy. A woman has taken a sudden antipathy to her husband, to her children. What pathological action of the drug and what pathological state of disease is indicated by such a state of mind—by this peculiar symptom?” What pathological condition is worse from 4 to 8 in the evening, known so well under *Lycopodium*, and which has led to its use and the cure of patients by its administration? Strange appetite, strange mental state, peculiar, rare symptoms together with the modalities are the guides in the choice of a remedy. I ask Dr. Rice, is this not individualizing?

In his last paragraph Dr. Rice speaks of the lack of bringing the subject of Human Morphology before the student of homoeopathy. Most of us will agree with him on that issue, for all homoeopaths should thoroughly understand the relation of our remedies to both the normal and pathological temperaments and should consider the temperament of each patient which quite materially aids in the selection of similitum when we are “hard put” to decide between two seemingly indicated remedies. This is strictly in accordance with the teachings of Hahnemann, for in paragraph 217 of the *Organon*, Wesselhoef’s translation, he says: “The remedy thus chosen should exhibit symptoms of the greatest similitude, not only to those of the bodily disease, but also to those of the mind and temperament.” Then in note 117, explanatory of this paragraph: “Thus, *Aconite* will rarely or never produce a rapid or permanent cure in a patient of a calm and complacent disposition, as little as *Nux Vomica* will affect a mild phlegmatic; or *Pulsatilla* a happy, cheerful and obstinate temperament; or as *Ignatia* proves efficacious in an unchangeable state of mind and inclines neither to fright nor to grief.”

I think it is quite clear that there are two big points upon which the homoeopaths select their remedies and in so doing, “Individualize.” Each pathological condition will present symptoms that are present in a large number of remedies, and out of this group the real homoeopath selects the one that has the characteristic or peculiar symptoms and which corresponds to the makeup of the patient.

Respectfully yours,

BERNARD J. BAUTE.

1713 West Tioga Street,
Philadelphia.

PRIMARY AND ULTIMATE SYMPTOMS AND THEIR RELATIVE VALUE AS A THERAPEUTIC INDEX.*

C. A. Baldwin, M. D., Peru, Ind.

Man is a physical being, seeking physical well-being through understanding and control of nature. This is Nature's only experiment. The Good Book tells that, at one time, God was sorry He started it and offered a corrective. It seems now that God has turned the whole affair over to man and is allowing him to work out his own salvation. It appears that man is trying to complete the job God started and gave up. It now transpires that after some few million years of groping about without light or leadership, man thinks he has found the way by which he may enter into the age of control and understanding of Nature.

The understanding is coming about through the discovery that the physical is but concentrated energy. The control of the physical will be achieved when man has made its inherent energies his servants and allows them no more to be his master. For a long time man had stood in awe of Nature's forces, till some few were harnessed and did his bidding.

The physical man, too, is endowed with inherent and mysterious forces that make or unmake him, as they act and react upon the energies and forces within and without him. And man has found out that the state of his physical is but a representative of and is determined by these actions and reactions. Also it is obvious and most apparent that every psychic exhibition and conscious state is but a representative of and is determined by these induced organic states. So if man would control his physical state and thereby his states of consciousness which determine his personality, he must make these inherent energies and forces of his body do his bidding.

Man had for a long time thought of his body as a group of independent organs somehow performing certain organic functions and so achieving life and providing a residence for consciousness. The evident fact is, man, fundamentally, is a group of related processes acting and being acted upon incessantly. Digestion is a series of fermentations, alternately acid and alkaline, so related that

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1936.

each depends on the preceding one for stimulation. The first is activated by memory, felt need and use. Thus digestion represents a series of related processes and not a series of unrelated events. And beyond digestion is metabolism, which is but a continuation of the series of fermentative processes that analyze food in order to liberate its energies to animate and vitalize the body. Up out of this cauldron of fermentative chemical activities arises man's sense of well-being or ill-being, his varying states of consciousness in sanity, his fixed states of consciousness in insanity, and he has won or lost the purpose of his being.

The chemistry here brought to our notice is the chemistry of the infinitesimal. This develops for us the idea that life is the chemistry of the infinitesimal. This view brings life within the realm of chemistry and opens an unexplored field of original research. Now that we have explored the earth from pole to pole, we may feel inclined to turn our attention to man himself, and there find problems worthy of our keenest powers of research.

We are not yet acquainted with all the forces that affect us, or how—impalpable forces that evade the senses, touch the vitality, and in some mysterious way work a work of good or ill. The actinic rays of the sun vitalize living organisms and make possible the processes of life; without these rays assimilation of the cell salts are impossible, and deficiency diseases result. To correct these deficiency diseases Nature makes use of elements so finely divided as to make a usual homeopathic dose look like a debauch.

After finding everything else in the universe subject to law, it is dawning on the slow intellect of man that he himself is also subject to law. The laws of life are not suspended in sickness or even death. We don't have to know all about life to discover the laws of life. Life can best be studied as a cause, or one of the three natural forces of nature, gravity, chemical affinity, life, producing all the effects of nature.

Health is the end product of normal life activities. Disease is a result of a disturbance in the activities of the life forces. The same force, gravity, is at work when the air moves in gentle breezes as when the winds rage and wreck the landscape.

The failure in medicine today is due to the fact that medical science has failed to recognize that life is a force, subject to law, producing all the details of every varying human experience,

whether of health, disease or death. The feeling of well-being, the storm of acute sickness, or the dissolution in death, are all the end effects of life activities in order or disorder. Normal life activities also demand the total exclusion of every extraneous force that does not belong to the aggregate of life forces that belong to the normal human body. The things that give the normal forces the most trouble are the outside forces that get inside and must be expelled or be destroyed. The life forces are unorganized ferments. The invading forces are organized ferments. These act as irritants, and set up definite reactions that are unwholesome. The vitamins are of the unorganized variety, and wholesome and essential to the life activities, whether in the synthetic life of the plant or the analytic life of the animal. The vitamins are essential to life and their lack in the physical economy causes the so-called deficiency diseases, rachitis or rickets, scorbutic states, scurvy, some forms of goiter, pyorrhoea, many other conditions not yet described or identified. These are cured by corrective diet, or by supplying the deficiency by administering the potentized tissue or cell mineral salts with the food. These conditions are not true diseases. The true diseases are caused by the invasion of the system with specific organized ferments called bacteria microbes bacilli (all bacilli are not pathogenic). Homeopathy recognizes three varieties that cause three distinct chronic miasms. Besides these there are many others that are the exciting cause of the acute diseases and all the septic infections, simple and serious, such as lockjaw, tetanus, and other purely septic conditions.

We wish to discuss more fully the genus of the three chronic miasms: psora, syphilis, and sycosis.

The Chronic Diseases, Psora, Syphilis and Sycosis.

The vital force, unaided, cannot cure chronic sickness, nor can it, unaided, cure acute sickness without the sacrifice of a crisis.

The three chronic diseases are alike in that they conform to certain fundamental principles of sickness and differ only in their primary cause and in the detail of their exhibition of effect. Each has a characteristic primary skin lesion, or primary stage, and each develops as a secondary internal malady if the primary lesion is suppressed, and becomes a fixed constitutional state that may be transmitted as a congenital inheritance to the offspring. The danger of congenital infection is present even after all danger of pri-

mary infection is passed. The cause and peculiar symptoms of each miasm will be briefly detailed as brevity requires.

The theory of psora grew out of Hahnemann's effort to understand and cure the tedious diseases common to humanity by examining humanity's common experiences in the light of unprejudiced observation. Nothing was assumed. A multitude of common facts regarding life, health and disease were observed and tabulated relating to the experience of many chronically sick persons. Guided by these facts, an understanding of chronic sickness was gained and a method of cure for chronic sickness was discovered.

The skin, in addition to being a protective covering for the body, is an external vital excretory organ. It participates, in a way not fully understood, in the vital activities of the internal organs. Its health is conditioned on the health of the internal organism. In turn the health of the organism is influenced by the state of function of the skin. A healthy skin on an unhealthy organism is inconceivable. And an unkept infected skin menaces the health of the organism. The skin is the only vital organ over which immediate care and attention can be exercised.

Infection may gain entrance to the internal organism through skin abrasions. And that is the route by which chronic sickness invades the organism. Chronic sickness comes to the skin to be eliminated in eruptions. Any interference with these eruptions interrupts the progress of the cure. A permanent suppression of the eruptions affects the internal organism with a permanent internal malady. Destroying the local manifestation does not drive the disease in, but does compel the disease to develop internal symptoms and manifestations. A malady so manifesting itself is incurable until the symptoms and manifestations can again become local. This can be accomplished only by the homeopathic art by the restoration of the eruption to its place on the skin. This fact gives rise to the formula, "Disease gets well from within out." Without the restoration of its primary lesion is no chronic sickness ever healed.

The primary lesion of psora is an itching eruption. Itch is a primary skin pathology and was at the time of the development of the theory of psora a common human experience and the common treatment of it was suppressive. Besides his own observation of instances of internal diseased states following the suppression of the itch eruption, Hahnemann reports recorded observations of one

hundred different doctors. These doctors also note that the internal disease was healed only if the eruptions were restored to their place on the skin. The diseases reported to follow the suppression of the itch eruption were asthma, coughs, bronchitis, pleurisy, dropsy, cataract, constipation, cystitis, nephritis, erysipelas, peniphagus, ulcers, glandular swellings, fever, chills, diarrhoea, mental diseases, anæmia, headache, epilepsy, convulsions, paralysis, hemiplegia, death. Is it possible that one hundred doctors were mistaken?

Hundreds of doctors in the past one hundred years have made similar observations. The discovery of the itch mite as the exciting cause of itch occasioned opposition to the theory of psora, but never discredited it in the minds of those who had employed their knowledge of psora to cure chronic sickness. One of the tragedies of science is the destruction of an old theory by a new fact, but the newer fact that the mosquito carries malaria and the tsetse fly carries sleeping sickness and the tapeworm pernicious anæmia may yet lend credence to the idea that the itch mite carries a chronic miasm. Itch is an experience from which the race has escaped only through improved conditions of living. But the race has not yet recovered from the consequences of bad conditions through thousands of generations. Moreover, the principles of sickness applied to psora can be observed operating in any acute disease having an eruption as a part of its symptom complex. Whatever criticism may be launched against the theory of psora, the remedy psorinum should silence when it is used strictly in accordance with the law of cure.

Homœopathy has always flung out its challenge, "Test its principles and its methods and publish the failures." Psora does not comprehend all non-venereal chronic sickness. It does not include occupational, deficiency, medicinal, unhygienic, unsanitary disturbances produced by their own peculiar causes. Psora is in a class by itself just as is syphilis. Psora sets up a condition of sub-oxidation inducing what is called the carbo-nitrogenoid state, a metabolism in which elimination is deficient. It perverts organ function made manifest in a multitude of symptoms present in those tedious states of sickness whose name is legion and whose cure can be accomplished by the restoration of eruptions that have been suppressed in millions of individuals through countless generations.

Syphilis.

Only the human kind suffer syphilis and from time immemorial. The wages of sex sin is syphilis. Syphilis may be acquired by infection or by inheritance. The infection, as a rule, is acquired by sexual intercourse, occasionally by contact of an abraded spot on the skin with some article soiled with the syphilitic virus. Once acquired, it may become an heirloom handed down to the third and fourth generation, beyond which there may be no offspring.

The infection is made manifest first in a primary skin lesion, a single chancre, which, as a rule, has all the physical appearances of and stages of development of a single smallpox eruption, or a typical vaccination sore produced by a pure cow-pox vaccination, only larger. For this reason syphilis is sometimes called pock or big pock.

In the second stage, if the chancre ulcer should be healed, a rash-like eruption appears on the skin, mucous patches form in the mouth and throat and the hair falls out. If the chancre ulcer is not restored to its place by the appropriate homœopathic remedy, the third stage appears, with general poor health, anæmia, malnutrition, bone diseases, gummata or soft tumor-like growths in the deeper tissues. These tumors affecting the nervous system cause locomotor ataxia, paresis, mental defect dependency. Syphilitics become absolutely morally irresponsible, economically incompetent.

Congenital or hereditary syphilis is sometimes called the fourth stage. It is characterized by skin rashes, snuffies, wasting of tissues, eye diseases, malformation of teeth and bones, etc. Should the syphilis affect the nerves, congenital idiocy, or mental defectives, delinquents, unmoral, unsocial, criminal personalities may result. Moral irresponsibility may become a fixed state in the congenital syphilitic.

The recognized treatment for syphilis has been suppressive since 800 B. C. The more modern therapeutic assaults on syphilis devote their efforts to attempts to destroy the syphilitic spirilla in the blood stream after they had first closed the chancre ulcer that nature made gateway of exit, not the means of entrance, which was an abrasion. The homœopathic treatment detailed in the Organon is eliminative. Here too the challenge is made, "Test the methods and publish the failures."

The genius of syphilis is to dissolve tissue. It creates the oxygenoid constitution. By virtue of this trait of over-oxidation it

becomes the substratum in which all wasting diseases are planted; of these tuberculosis is typical.

Syphilis has another aspect that should not be ignored. Syphilis begins in moral turpitude and ends in moral defect. Strange enough, too, syphilis may produce a genius, like Edgar Allan Poe, a strange personality of excesses; weird poetry, alcoholism and doubtful morals. He is an inexplicable personality on any other hypothesis. With a different trend of intellect he might have been a super-criminal. Lord Byron, another literary genius, descended from a dissolute and degenerate royal strain, astonishes us with his excesses and his brilliancy.

Sycosis.

Sycosis, or the venereal wart disease, is the least frequently observed chronic miasm. The venereal warts, as primary lesions, complicate a certain type of gonorrhœa. The suppression of these primary warts is followed by a secondary stage that has not been carefully described. One pathology noted is the contraction of the tendons of the palms of the hands. The warts and moles that appear so frequently without apparent cause may be but mute evidence of hereditary taint acquired from immediate or remote ancestor. The genius of sycosis is to stack up redundant cell growth. It produces the hydrogenoid constitution which signifies excess of water and by virtue of this trait of stimulating or originating foci of proliferating cells is the substratum of those diseases characterized by exaggerated cell or tissue growth of which cancer is typical.

These pathological lesions do not result from the suppression of gonorrhœal discharges. The usual case of gonorrhœa is an acute urethritis with a purulent discharge which, if suppressed by any method of treatment, causes acute inflammatory processes, choroid, stricture, orchitis, gleet, sterility, rheumatism, and in the wife, pelvic congestions that induce sterility and inspires the surgeon to perform mutilating and unsexing operations on the innocent and unsuspecting victims of wayward male mates and the unscientific methods of so-called scientific medicine. These ultimate conditions are avoided by primary cure, and cured by restoring primary discharges. Again the challenge, "Test the methods and publish the failures."

Modern medical schools are teaching their pupils to deal with the ultimate results of disease and not the cause of disease. Physi-

cians who deal with disease from the standpoint of effects only, always become therapeutic nihilists. Therapeutic nihilism is to the art of healing what anarchy is to the state. It subverts all law, all order. It suppresses all intelligible reason in medicine. The Organon champions law and order. It puts a premium on intelligible reason in medicine and makes it capable of infinite progress.

Homeopathy alone can save clinical medicine. Homeopathy alone can save the race from the ultimate end products of disease that are baffling the dominant school of medicine, and will forever baffle it. Homeopathic physicians, as a body, have not yet fully awakened to the real merits of and the far-reaching benefits the philosophy of and the therapeutic law and methods of homeopathy can bestow on the race. We may not fully realize these ideals, but let us earnestly endeavor to approximate them and be guilty of none of the frightful malpractices of those who can see nothing of sickness but its effects and no nothing for sickness but disorder it.

ECHOES FROM THE "LAPLAND" TRIP.

To those of us who were fortunate enough to be aboard this magnificent ship as she sailed away from the pier in New York Saturday morning at 12.10 A. M., May 21st, with the American Institute of Homeopathy aboard bound for Nassau, Havana, Panama, Canal Zone, Kingston and Santiago, the thrill that comes once in a life time was realized.

To those who did not take the trip, we can only say, that could they have been made to realize what a wonderful trip it was going to be, we venture the assertion that the boat would not have been able to carry them all. It really was an opportunity of a life time. A wonderful trip, everything of the finest, everybody congenial and happy, a great big family out for a picnic with the "Lapland's" wonderful food, a substitute for the proverbial hamper.

We feel that we cannot be too generous in our praise of Captain W. A. Morehouse and his chief mate, J. H. Doughty, in fact of the whole crew, who left not a thing undone for our enjoyment. Even the weatherman was interested and furnished sunshine every day and a smooth sea both ways. The outdoor swimming pool was one of the most popular spots on board the ship. Unusual hos-

pitality was offered at all the stops, our one regret being that we could not linger longer at most of them.

Our first stop was Nassau in the Bahamas. Entering the beautiful harbor and gazing into the exquisite coloring of the water, a picture never to be forgotten was presented to our view. There was a large crowd of people waiting for us at the landing, the "Lapland" being one of the largest ships to enter their harbor. We dropped anchor and were taken ashore on tenders, where waiting autos took us around this island with its semi-tropic beauty; with a stop at the Country Club, The Old Colony Club, for refreshments. We next accepted an invitation from Mr. Bethel, a member of the club, to visit his lovely country home, which adjoins the Country Club. Here we had literally showered on us all kinds of refreshments, even champagne. Mr. Bethel's hospitality will never be forgotten. We next drove to the Hotel Ft. Montagu where a Buffet Supper was served at 7.30 followed by an informal dance until 10.30 and then returned to the ship and sailed at midnight.

After two days sailing with very good attendance at the various lectures and visits to the exhibitors, we landed at Havana at 8 A. M. where tenders brought us to shore, with waiting autos to drive us all around this beautiful and busy city. We visited the largest cigar factory and then went to the capitol where the president received us cordially and shook hands with everybody. We then drove around the city and suburbs and visited their famous tropical garden where ice cold beer was served free to everyone, it being piped from one of their largest breweries (the doctors surely did want to linger here awhile). We then drove to the Plaza Hotel where luncheon was served on the roof garden of the hotel. The afternoon was open for shopping and we left Havana at 8 P. M.

After sailing two more days, having a very good attendance at the lectures and also in the exhibit room, we arrived on Saturday morning, May 28th, at Colon, Canal Zone. Our usual automobiles were missing and a train was waiting for us to take us as far as Gamboa, where we embarked on Government boats that took us through the Panama Canal, and saw for ourselves its much talked of wonders. We viewed the locks from our train as our ship arrived too late to take us to the locks. We left the boats at Pedro Miguel where once more autos were waiting for us and we drove all through Balboa, Ancon, where a fine bronze tablet was pre-

ented to the Ancon Hospital by the A. I. H. A trip through Panama City and back to Ancon to the Tivoli Hotel where luncheon was served completed the day's sight-seeing, the afternoon being taken up with shopping. At 5 P. M. we left Panama City by train and arrived in Colon again at 7 P. M. and sailed at 7.30. After sailing another day, we arrived at 7 A. M. in the beautiful harbor of Kingston, Jamaica, with the beautiful flowers all in bloom in the distance. A three hour auto tour of the city, which is surely beautiful, followed. Visited the tropical garden, had a fine luncheon at the Myrtle Bank Hotel where the famous planters' punch was served and at 7 P. M. sailed from Kingston and arrived at Santiago, Cuba, the next morning. As no tenders were in the harbor, the crew lowered the life boats and we were taken ashore in them. We had a two-hour tour of the city and a visit to San Juan Hill. At this city Dr. Juan Antiga, who boarded our ship at Havana and was one of our guests, left our party to take his train back to Havana.

We left Santiago at 12 noon on our last lap for New York City. The evening of May 31st was exhibitors' night in charge of Dr. R. H. Street. Moving pictures were shown of the Walker-Gorden Laboratories Company, Canada Dry Ginger Ale, Incorporated, and the Cameron's Surgical Specialty Company. Other exhibitors who gave short talks were Dr. W. A. Hobart with Horlick's Malted Milk Corporation, Mr. L. H. Ashe with E. R. Squibb & Sons, Mr. J. R. Stebrandt with the J. R. Siebrandt Manufacturing Company, Mr. T. F. Newman with the Denver Chemical Company. Dr. Gertrude Burgess, who represented the Nujol Laboratories, thanked her firm for the opportunity of being with them. Dr. Street expressed my appreciation to Boericke & Tafel for the opportunity of attending the "Lapland" meeting and he likewise gave Boericke & Tafel a nice little "boost" on quality, which, of course, I modestly believed to be well deserved, having been with them for 25 years. I thanked him, however, for his hearty commendation. Boericke & Tafel were the only homeopathic pharmacy represented and I believe our faithful attendance as exhibitors at the A. I. H. meetings is appreciated—for Dr. Belting was quite enthusiastic in his remarks about our being the only homeopathic pharmacy aboard. Every doctor that visited our exhibit seemed glad to have Boericke & Tafel represented, including Dr. A. W. Belting and Dr. Richard Hachl. Dr. C. R. Miller, of Harrisburg,

Pa., said he never fails to bring an order for Boericke & Tafel to the convention as he knows they will be represented. Here's hoping he will live to take in many conventions.

Dr. A. W. Belting was presented with a fine wrist watch from the convention party on the eve of May 28th at the formal reception to the newly elected officers of the American Institute of Homöopathy.

A large, blue banner with clear, white letters A. I. H., which floated gracefully from the "Lapland" attracted the attention of passing ships and kept the wireless operator busy telling what it stood for.

Mr. F. B. Waterman, who was in the party, was very liberal in passing out some fine fountain pens with the inscription "American Institute of Homöopathy on Board 'The Lapland.'"

Our farewell dinner on board ship Thursday night, June 2nd, was most elaborate, the dining room all decorated with American and English flags. Everyone received fancy paper hats, fans, horns and other noise makers.

On the evening of June 3rd we sailed into the New York harbor after having the most enjoyable trip, which to our sorrow was too short. Several of our doctors had mentioned they had taken many trips and sea voyages, but never met a party like this where everyone was so congenial and happy.

Dr. Belting deserves a lot of credit for his efficient management of our wonderful trip. His charming personality, unselfish thoughtfulness for our comfort and enjoyment endeared him to all—in fact, a suggestion was made that two years from now we charter the Belgianland and make a trip to Belgium under Dr. Belting's capable arrangements. "So say we all of us."

A. F.

CLINICAL CASES.*

Augustus Angell, M. D., Millbrook, Duchess Co., N. Y.

On Sunday, September 19, 1921, a friend from New Jersey while on a tour through New England called at my residence for a few minutes to learn how all the members of our family were progressing. We were informed of a severe case of sciatica of his

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

near relative, Miss H. M. A., which developed on April 6th, five months and a half previous, without any improvement up to this period. The invalid had spent the month of August in the Catskill Mountains without much improvement. Four or five physicians had made efforts to relieve the pain, but all had failed. My friend gave me some of the symptoms and I thought some benefit might be obtained by the use of Lycopodium. "For heaven's sake, Dr. Angell, if you can help her, please send some medicine immediately."

The medicine was mailed on September 20th, and a report was requested on Saturday. The report announced no pain after the second day, and requested more medicine. Lycopodium 200 was prescribed, two tablets morning and night for three days. Placebo for a week and rest. No further trouble until October 18th, when some fatigue came, and two doses of Lyco. cm. and placebo for a week. Nothing further required. On February 27, 1922, a slight return of sciatica from overwork, and exhaustion of the whole system. Two doses of Lyco. cm. and rest cured all. Six months reported as well.

Chronic Gastralgia—Presumed?

Patient, Mrs. F. A. H., aged sixty-six, Ithaca, N. Y.

Illness for a long period at intervals. A daughter urged for a homöopathic physician for treatment inasmuch as the pain had continued a long period. A fairly good history of the case was written by the daughter and mailed to me, arriving about March 8, 1924, at Millbrook, N. Y. Pain in the stomach for indefinite periods. Troublesome at periods for twenty years or longer. Pains recur always by motion of the arms and back, also by sweeping, causing great fatigue and exhaustion.

Relief of pain by pressure on the stomach, and on leaning over the back of a chair. Great restlessness attends the pain. Kent's repertory was used, and the selected remedy was Argentum Nit. 30x, which was mailed. A report was requested in ten days. In that period the response informed me the relief came in ten hours. More tablets were requested for an emergency and were mailed.

It is now nearly two years and no attacks have occurred.

Miss E. W. S., aged thirty-five; la grippe.

Attended by a young surgeon, O. S., a graduate of Yale University and Johns Hopkins Medical College. La Grippe developed

February 11, 1910. Treatment commenced on February 11 and continued until a week when conditions were becoming serious. I was called on February 18 to examine the ears. No serious conditions were found in the ears, and suggested he continue with his medicine.

A week later I was summoned for another ear examination. The hearing power was normal. *While there* made a thorough examination of the lady. Mental condition very despondent, thought she would never recover. Soreness of tissue surrounding eyelids, also aching. Soreness of eyeballs. Forehead, bruised and painful sensations. Nose, some slight discharge of blood with crusts. Ears with fullness and pressure and ringing. Stomach easily nauseated. Aggravated in early evening. Some fever. Want of reaction. As his medicine had failed, I suggested I would give him three doses of Sulphur 30 to give the patient as his prescription and I would be silent. He received the medicine and gave it to the patient. Two days later a member of the family called at my office and asked for some more Sulphur. I was shocked! and almost fell out of my chair, as the doctor had given away all of my secrets to the family. However, I gave the member of the family a few placebos, and the invalid recovered in two days of all the symptoms above noted.

After full convalescence the lady favored me with a great many eye and ear patients. The doctor has never favored me since.

A CLINICAL CASE.*

William A. Yingling, M. D., Emporia, Kans.

A little experience showing the action and value of the very high potency may be of interest to you.

For several years I have had a very annoying and persistent urinary trouble that has baffled me. I have searched the books and journals hoping to find a clue, but without avail. I have had a very sudden urging to void urine which was imperative, and unless I hurried to the closet I would wet my pants in spite of all I could

*Read before the Annual Meeting of The International Hahnemannian Association, Philadelphia, July, 1926.

do. Sometimes when trying to finish waiting on patients the flooding would occur, to my chagrin and grief.

It has been very difficult or almost impossible to decide as to the modalities. It seemed psychological, thinking of it, but *Oxalic acid, Oxytropis, etc., failed to do any good. I cured a case of a printer who had about the same trouble when busily occupied, but Calc. C. failed and Kreosote cured.* Neither did me any good. My urging would very often come on while washing my hands or taking a bath, but *Lyssin, Cantharis, etc.,* did not bring relief. Thus I tried a number of possible remedies, always with failure.

Finally when studying a new case I saw under *Sulphur*, "Desire to urinate comes suddenly and is imperative; if not gratified, urine passes involuntarily." Here was my condition without modalities. I had during my trouble taken *Sulphur 55 m.* and *Cam.*, without relief. I decided to select a very high potency and selected the five-millionth, run up on the Santee potentizer, one dose only. There was a slight general aggravation with a marked change for the better in the urinary trouble within a few days.

Occasionally *the old fear or alarm* would come on, but I would have time to go to the closet or even postpone the voiding. At present I am in fine shape, much better than in years, and feeling generally improved.

Another dose in time may be needed, and then I will take the 6 mm.

THE HUMAN FOOT AND ITS RELATION TO POISE.

Richard S. True, M. D., Boston, Mass.

Nature's demands of the feet are not only to maintain the weight of the body in its functions, but they hold most vital relations to every manifestation of the personality.

The normal foot reflects the expression of its possessor. In short, it leads intuitively in utility and elegance of poise, its tripping, graceful and rhythmical impulses.

All this the normal foot is capable of doing for its possessor so long as its powers of resistance and development are preserved intact. But alas, how few feet of the normal type do we find in our search for perfect feet!

The average individual takes no thought for the feet or the dangers that threaten them.

Many take on excessive weight, of their own volition, that nature does not provide for (in their case) and swollen ankles, fallen arches and much physical and mental torture is the result.

Pride dictates a footgear which produces deformities and great suffering, *viz.*, Corns, callosities, bunions, ingrowing toe-nails, hammer-toes, Morton-toes, metatarsal and longitudinal arch complications, distorted alignments, involving tendon and muscular relaxations of the foot and their reflexes, in all parts of the body.

In the department stores everywhere the employees may be required to stand the entire day, and after a time they become disabled, and the malady thus contracted develops arthritis or some other chronic condition, which intervals of rest, arch supports, perhaps, or other needed mechanical devices, properly applied on the first indication of their necessity, might have prevented.

Every foot specialist knows that this matter has already become a serious problem and deserves the prompt attention of the employers of these unfortunate groups of employees. Grocery and other delivery clerks who are jumping from vehicles and handling heavy packages continuously contract fallen arches without knowing the seriousness of the condition, and they neglect the process of self-protection until they become helpless.

A very large percentage of the applicants for enlistment in the late war were rejected because of failure to comply with the foot requirements. One has but to observe the walk of the pedestrians on a busy street to appreciate our claims that comparatively few walk in possession of normal poise. On the contrary, a residual timidity is in evidence, plainly indicating foot complications.

Timidity is an inveterate enemy to poise, and the feet contribute 75 per cent. of the causes of this calamity in the minds and manners of men and women today.

I would add that in my experience in the administration of homoeopathic remedies for foot troubles, above referred to, I have found that corns, callosities, and bunions respond to Sepia in a large proportion of cases, and that ingrowing toe-nails have a friend indeed in Magnētis Polus Australis, and if I were confined to one remedy for the treatment of the balance of the list, my choice would be Strontium Carb.

In the case of injuries to the feet, Arnica still holds its "right of way." The "McGibbiny splint" is all-important to the recovery from an injury produced by a "turned ankle," and it is equally important to the restoration of a deflected ankle.

THE ROLE OF HOMŒOPATHY DURING LABOR.*

John Hutchinson, M. D., New York.

Parturition being a purely physiological act, its phases that demand help and its irregularities that call for relief belong to the definite role of the homœopathic remedy. When we review the transactions of this association and read the reports in this field, we are impressed by the eloquent fact that whatever may be the abnormalities encountered in labor, childbirth may be lightened of its pains and so accomplished with the best results for both mother and infant by the help of the indicated remedy alone.

Yingling's Manual—*The Accoucher's Emergency Manual*—is replete with pertinent aid and suggestion as to the imperative remedy called for in given conditions. The truth of all the recommendations in this invaluable work has been verified times without number. The ground covered is so complete that no one should complain. And it is well known by all physicians who understand its application that any remedy in the *materia medica* may be called for in any case. That is, the peculiarly insistent symptom at any stage of labor demands its similar remedy, a remedy, it may be, that has never before been recorded or required in another obstetrical case. In other words, that unusual condition arising but in fact having its correspondence in the proving of some remedy yields superiorly to that particular remedy.

However, what a wealth of aid resides in our well-known, frequently used, and deeply acting remedies. Under Geisemium how many cases have progressed smoothly to a most favorable issue!

A word as to the abnormalities so often reported in current medical and surgical journals. These are emphasized, without doubt, by the complete absence of any but the most materialistic means of treatment. It is too often assumed that mechanical difficulties

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are overcome only by mechanical means. There is no attempt to meet vital requirements.

Personally, I have never seen a well-selected internal remedy fail of its good result. The pity is that the prescriber can so rarely accept labor cases. As a matter of fact, however, he should be retained as the prescriber, while an attendant meets the other needs of the case.

But it also may be said that the prescriber should also have had cognizance of the patient during the period of gestation. The demands of pregnancy should always be recognized and met homoeopathically. The pregnant woman is living a new life for the time being. Its requirements may differ extremely from other periods. They must be met completely if the mother and child are to enjoy future health.

When all these conditions have been properly satisfied, the outcome at full term, at delivery, and recovery from the ordeal, is joy for all concerned, a joy and prosperity that can be secured in no other way.

While not at all imperative for the best consummation of all these events, I will mention in closing a remark, the like of which you all may have listened to, and which we all are pleased to hear, that of a mother who, in referring to the birth of a child, says: "I did not know when it happened. You told me to relax immediately after a pain, to sleep if possible to save my strength. And I was asleep when the baby came, for I did not know it till the nurse disturbed me."

Such a fortunate circumstance results from exhibition of the exact remedy. That remedy enables the mother best to bear her trial. In this particular instance the remedy was Pulsatilla nigricans 1000.

A CASE RELIEVED BY HYPERICUM.

B. G. Clark, M. D., New York City.

Mrs. B. M., aged thirty-nine.—On August 2d, 1925, was called the night before I was to go out of town for a vacation. Found the woman with a temperature of 104, abdomen very tender, vagina hot and dry, with tenderness all over pelvis. Bell. 30 was given, with large (two-gallon) hot-water douches every three hours,

warm sponge bath. She was much better the next morning, and I asked a confrere to attend her during my absence. Patient was up and down and out of bed part of time. The doctor took to the woods the day before I returned, leaving the patient fairly comfortable. I found a call to visit her that evening; found her with a temperature of 102 and symptoms much as when I first saw her. I went into her history and found she had had an operation for a sub-total hysterectomy, etc., about July 1st. The pelvis pains came on, as first noticed the third day after the operation, and had continued since with varying intensity. She had returned home six weeks after the operation, and in doing some light housework the pains would come on. I made up my mind that the surgeon had probably included a nerve in tying some of the tissues, and these pains were the result. I gave her *Hypericum* 200 in water every two hours. Next day the temperature was nearly normal and very little pain. The remedy was continued with lengthening intervals. In four days she had no pain and has had none since.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

VIOLENCE IN MEDICINE AND THE SOUL OF MAN.

"What have doctors to do with souls? We are concerned only with bodies and their ailments."

Doubtless some such querulous remark will be made, *sotto voce*, by more than one of my readers on glancing at the title of this paper.

The retort in kind, Yankee fashion, might be: "What has a plumber to do with the *tenant of a house* in which he is making some badly needed and rather expensive repairs?"

"Who engaged the plumber to do the job? Who watched him rip up his walls and floors, fumble around in dark passages, cut out and replace pieces of damaged piping, clean out filth from obstructed traps and flush them, repair leaky faucets, etc., all the while wondering how much his bill will be and whether his bank account will stand it?"

The querulous one, thinking he has me there, will probably say with a triumphant twinkle in his eye: "Much obliged for the apt analogy. It suits me to a T. Judging from their lofty ways and the size of their bills, plumbers pay just about as much respect to tenants and their proprietary rights in their dwellings as doctors do to their patients' souls. They're very much alike, in my opinion. *They both ignore the tenant, and that's my argument!*"

I shall have to grant the argument, change my tactics, but stick to my proposition, to wit: that *there is a tenant in the house*—a soul in the body—and that his rights and feelings should be respected. Stated thus, I hope I am in position to maintain my thesis. I have at least *established an analogy*, thanks to my unseen friend, and that is the real purpose of this article.

Would it not be a good idea for both of them, the doctor and the plumber, to take a long look ahead and do a little serious thinking

about the part played by Tenants—of the "house not built with hands," as well as the dwelling at No. 3 New York Avenue?

It might lead physicians to pay more attention to the *subjective and functional phenomena of the individual*, which, from a technical standpoint, is much needed.

In spite of their assumption of authority and independence they are both—doctors and plumbers—merely hired servants of the owner or tenant of the house, and it is he with whom they will have to reckon in the end. He foots the bills and his rights must be respected. Back of him, actually and metaphorically, stand Public Opinion, the Government and the Courts to enforce righteous laws and impose the penalties for their violation. He is a wise servant who knows his real master and treats him with due deference and consideration.

Plumbers and doctors alike, backed by their "trade unions" and favored by class legislation, form organizations which tend to become presumptuous, overbearing and tyrannical. Feeling strong in their traditions, their associations and their legal and institutional intrenchments, they think they can do pretty much as they please. Organized, or "official" medicine, dominated always from "the inside by a few crafty politicians, avid of "power, place and pelf," has steadily crept on, year after year, towards its goal of State Medicine and complete control of the people; which means force, violence and compulsion. That goal is nearer today than ever before, although few realize it, even in the medical profession. If any one wants confirmation of my statement let him read Senator William L. Love's recent address before the New York State Homœopathic Medical Society.

At the same time, however, and virtually at an equal pace, The Opposition forms, organizes and grows. "Every evil contains within itself the germs of its own destruction." The intelligent, thinking conservatives of all schools of medicine are neither blind nor asleep. They already lead and influence perhaps as large a proportion of the "unthinking" populace as do the older and more closely organized forces of "compulsory medicine." Their power and influence are rapidly increasing, and the medical despots are very well aware of it. The general drift of the people away from

the medical profession is great and very rapid. Surveying the field covered by all the "no-drug," non-medical, anti-medical, religious and sectarian bodies and cults, and by the various newspapers and periodicals devoting more or less space to the subjects of health, hygiene and physical culture, it has been estimated that there are now more than thirty million people in the United States who have abandoned the medical profession within the last twenty-five or thirty years. That is something to think about.

Within the medical profession itself there are large numbers of physicians who not only resent and oppose the dominance of the little cliques of political schemers who rule their organizations, but sense with alarm the danger to the true healing art inherent in the vast aggregations of capital invested in huge "medical centers," hospitals, clinics, "research" laboratories, institutes and foundations. They perceive more or less clearly that such institutions tend toward that pernicious state of centralization, standardization and fossilization which is the greatest obstacle to real scientific progress, and is destructive of personal liberty. With these opposing forces organized medicine is waging a constant warfare and must continue to do so. Victory for either is "in the lap of the gods," but who can doubt that in the end American ideals will prevail?

Dominated by a coldly materialistic underlying philosophy which does not give a thought to the soul of man, and using the analytical methods of modern physical science, medicine today dismembers, dissects and disintegrates the human body into its material elements to such an extent that all sense of human form and individuality is lost. Chemists rob the body of its form and reduce it to a few pathetic little piles of earthy substances—"earth to earth and ashes to ashes." They may also secure a jar or two of invisible gases, but the life principle, the man himself, the form and soul of him, eludes them.

"For of the soul the body form doth take:

For soul is form, and doth the body make."—*Spenser*.

Histologists tear and tease organic tissue to tatters, and under the microscope scan its cells and fibers, but never succeed in bringing their formative principle into view nor in gaining any knowledge of its nature. Lacking imagination, they see connective tissue

but are blind to connective principle. They clutch at the shadow but do not find or see the substance.

The habitual mode of approach to man himself is so cold-blooded, so precipitate, so essentially rough and brutal, that he is frightened away. He may submit his body for examination, but his soul retires into its citadel and refuses to reveal its secrets.

A physical examination nowadays is a fearsome thing. No wonder the average mortal dreads it. It is so complex and technical that no one man can perform it. To do it to the complete satisfaction of the directors of the Gotham Diagnostic Institutes or the Life Elongation Societies requires the use of a large building, an appalling array of equipment, and a crowd of nurses, attendants, "experts" and technicians, none of whom, you may be sure, works for the love of it. Like the witty Irishman in the trench who was asked by a simpleton what he was digging for, most of them might truthfully reply as he did, "Diggin' for dollars, sor."

From the outsiders' standpoint, or even for some who are "on the inside," there is a ludicrous side to this, as there is to everything which is carried to extremes. Much of it is totally unnecessary for the real physician, mere "grandstand play," staged for the purpose of drawing the crowd and increasing the receipts at the box office. Observe how, as they hustle him through the various departments, or "side-shows" of this diagnostic circus, they undress a man, inspect him, auscultate, palpate and percuss him; lay hold of and throw him down bodily; stick their fingers, probes and specula into his orifices and passages; light up his cavities and interiors and peer into them; "flash a dark lantern" on him like the old-time highwayman, holding him up before a fluoroscope to watch his private internal actions; steal samples of his blood, his secretions and his excretions; ram a rubber tube down his throat and despoil his stomach of a tantalizing "test meal," etc.; all without the slightest apparent regard for his dignity, his feelings or his pocketbook.

In short they treat him much as the inspectors of an African diamond mine treat a native laborer before he is permitted to leave the stockade at the end of his contract period. He may or may not have picked up and attempted to secrete a precious stone somewhere on or in his naked, shiny person. He is considered guilty until he is proven innocent. Some of the things done to him must be left to the imagination. Suffice to say that when the inspector gets through with him, the poor wretch knows something about a

"thorough examination." He may even be a candidate for the hospital.

Funny, isn't it, when you look at it that way? Especially when you recall (if you are a follower of Hahnemann) that many of these showy, elaborate, painstaking and frequently *painsgiving* procedures yield nothing that is of value or use in selecting the curative remedy.

The objection here, of course, is not so much to the examination itself as to the manner and spirit in which it is done, to the use made of its findings, and to the ignoring of subjective phenomena—in a word, of the man himself.

Physicians and surgeons have so long looked upon man as a machine, a physical, chemical and mechanical laboratory, that many of them have become callous. They have lost sight of the soul of man, of the individual ego, of Life and its processes, and hence have gone far astray and failed to find the key to the problem of real healing. Whether they are aware of it or not, they are denied access to the inmost citadel of life, which they try to take by force, and are baffled in their efforts. Regarding the body only with the purblind eyes of the anatomist, the physiologist or the pathologist, they do not see the man himself at all. Nevertheless instinct tells them he is there, somewhere. They address him, talk to him, listen to him (with a stethoscope) and order him about as if they had him completely in their power and knew all about him. But the fact is they have come nowhere near him and know next to nothing about him. Pretending a skill and insight which they do not possess, they try to hide their deficiencies in true knowledge by a display of manual and instrumental dexterity which thus becomes essentially cruel and violent. It is like vivisectioning a bird to learn the secret of its song.

After diagnosis comes treatment. And here, as we turn the pages of history, we are introduced into a veritable "Chamber of Horrors," from which one is fortunate to escape with his life and a whole skin, to say nothing about his internal organs, his purse and his jewelry.

In olden times when a man got sick they shut him up in a tightly closed room, smothered him beneath blankets in a bed surrounded

with heavy draperies, denied him water to quench his thirst, leeches him, bled him white, poulticed and blistered him, put moxæ and setons in his quivering flesh, purged him, puked him and filled him up with all kinds of fantastic compounds of deadly drugs. It was a miracle of medical art if he came through, and "a dispensation of Providence" if he did not.

Later they subjected him, amongst many other methods, to the aqueous processes of the hydropathic system. They hot and cold-packed him, hot and cold-douched and sprayed him, sitz- and foot-bathed him, flooded him within and without, fully persuaded that they were cleansing him of all his impurities.

Nowadays the patient is submitted to other forms of medical assault and battery. All the batteries and resources of "modern medical science" are turned upon him. He is X-rayed, violet-rayed, infra-red-rayed and solar-rayed. He is radiumized, electrified and all but electrocuted. He is chlorine gassed, poison-sprayed, malignant-germed. He is immunized, protenized, pollenized, endocrinized, serumized, inoculated and vaccinated. He is injected, scraped, scarified, and punctured with hypodermic needles. He is baked, boiled and "roasted." He is drugged, doped and—deluded, for when all is done he is not cured, and has actually or virtually become an "addict" of one kind or another.

If these diagnosticians and doctors were as humane as the surgeons, who mercifully anesthetize their victims before operation and studiously refrain from drugging them afterward, one could feel a little more charitable toward them. But they do not. The medical patient must "take his medicine" with as much fortitude as he can summon, smile if he can, and go his way, a victim of violence and misdirected energy. Regarding disease as an entity, something material or tangible, and not as a state of imbalance, of dynamical dysfunctioning, they naturally treat it by similar means, chemically, mechanically, materially, forcibly.

The basic idea, the fundamental therapeutic principle of "Allopathy," or orthodox medicine, is *force*, or violence, a maximum of means, employed in opposition and resistance.

Against this stands Homœopathy, the therapeutic science and art of *Vital Dynamics*, based upon the idea of *power*, properly directed and flowing gently and smoothly along the lines of least resistance, in accordance with the laws of nature; using always a minimum of

means directed toward the removal of opposition and obstruction and the restoration of harmony and balance.

The whole story of the failure of orthodox medicine, like that of all other divinely un-inspired efforts of man to overcome the evils of humanity, may be clearly read in Genesis, one of the most ancient documents of the world. Whether it be regarded as history, drama or allegory, the truth is therein written. There we have the account of the introduction into the world, long before the dawn of history, of force, or violence, as the ruling principle of human affairs.

The writer of Genesis places the scene just outside the Garden of Eden, with Cain and Abel as the actors. Into that first "brotherhood" death entered through the passions of anger, envy, jealousy and greed, personified in Cain. He, yielding to them in the murder of his brother Abel, became the prototype of violence, the personification of fear and the representative of materialism. From that primeval day to this, violence has been the ruling principle of unregenerate man and the foundation of all human law and government. From this, primarily, arose all the evils, pains and penalties of humanity.

There came a time, the Record tells us, when "it repented the Lord that he had made man upon the earth, and it grieved him at his heart. . . . The earth also was corrupt before God and the earth was *filled with violence* . . . and God said unto Noah, the end of all flesh is come before me; for the earth is filled with violence through them; and behold I will destroy them from the earth."

Then came the Deluge, that the ways and laws of God might be justified.

So it has been continuously down through the ages; man forever rebelling against or denying God and refusing to listen to the divine voice within his own soul; forever fearing, envying and hating his brother; forever murdering him and being destroyed by the deluge of pain, disease and death which he vainly tries to oppose by the employment of force and violence. This was and is the ground of his condemnation; that he *fills the earth with violence*.

No physical force that man can exert or employ, no dam or levee he can erect can hold back the rushing, all-engulfing waters of the

mighty Mississippi in flood. He can only cease resisting, take to his ark and float to safety, balanced, suspended, as it were, between heaven and earth until the waters subside.

Infinitely less is man able to resist by violence and physical force the flood of sin, crime, disease and death. He exerts himself mightily in opposition, but in vain. He builds courthouses, prisons and jails. He erects gallows, guillotines and electric chairs. He appoints judges, juries and policemen. He organizes armies and navies. He builds colleges, hospitals and asylums. He creates Health Commissions, Carnegie Foundations, and Rockefeller Institutes—all founded upon and representing, in the last analysis, the idea of force, or violence. In medicine we have the forcible palliation of pain by powerful drugs and narcotics, the attempted destruction by physical or chemical forces of the supposed material causes of disease, and "immunization" by forcibly injecting into the circulation serums, vaccines and antitoxins derived from diseased organisms.

Man makes many wonderful discoveries and does many wonderful things. For a time, in some parts of the territory, he seems to succeed and is mightily puffed up over it. Actually or metaphorically he impounds this little stream, dams that river, alters the channel of another, builds higher levees on the greatest of all, and thinks he has conquered. But the heavens are opened, the rains descend, the fountains of the great deep are broken up and all his works are destroyed in the twinkling of an eye.

There is as much crime, disease and death in the world today, proportionately and in the aggregate, as there ever was. Their forms change but the things remain, while War, the Satanic apotheosis of violence, continually racks, mocks or menaces our boasted civilization in one form or another. Violence has failed and always will fail in any constructive work, for violence is always destructive.

"Men must reap the things they sow,
Force from force must always flow,
Or worse; but 'tis a bitter woe
That love or reason cannot change."—*Shelley*.

The Spirit of God by the "still small voice" within, by the warning dispensations of Providence and by the highest attainments of true science, teaches that Love is the greatest power in the uni-

verse; that the mild power rightly directed is the most effective; that nature always accomplishes her constructive purposes with the least expenditure of force; that the *Infinitesimal* applied at the decisive moment is the mediating agent in every action and transformation in nature, and that the Law of the Least Quantity of Action is the corollary of the Law of the Conservation of Energy.

It seems superfluous, but may be permissible, to point out that medicine has its Noah and its "Ark of Safety" represented by Hahnemann and Homœopathy. Hahnemann saw the futility and danger of the medical methods of his day, listened to the warning voice and proceeded to build his ark. He abandoned the idea of destroying disease by violent measures. He perceived and taught (in his vital-dynamic theory) that the solution of the problem of disease lay in the recognition of, and co-operation with, Life as the sole formative and governing principle of the organism. He recognized that life is spiritual, not material. He taught the necessity of studying the individual as a living, thinking and feeling being; of watching his natural, vital or physiological actions and reactions to external agencies of all kinds, and of noting and using his subjective, as well as his objective, responses to medication. He took the normal, healthy organism as his standard of comparison and field of experimentation with medicines. He collected, classified and correlated his observations carefully and logically and developed a *materia medica* and system of pharmacotherapeutics on scientific principles. He did his work cautiously, gently, humanely, using the smallest quantities of drugs to which the organism would react. He did not violently invade the precincts of life, making breaches in its outer walls and breaking down its defences. He sought and gained entrance to its citadel through its natural portals. He came as the ambassador of peace and harmony and was admitted without armed resistance. Last, and not least, he discovered the principle of Dynamization and the power of the infinitesimal dose, represented today in the chemico-electrical theories of Ionization and Infinite Dilution. This made forever unnecessary the use of large doses of crude and dangerous drugs for curative purposes.

But like Noah, his primeval prototype, Hahnemann met with doubt, derision and disrespect. His orthodox medical brethren denounced him for his temerity, ridiculed his ideas, ostracized him, hampered, opposed and persecuted him in every way, seeking to

destroy his influence and crush him. A few, however, entered the ark he had built and rode the waters of the deluge in safety.

The principles which Hahnemann labored and suffered to establish have been perpetuated. They have stood the test of time and experience. Slowly but steadily his ideas have permeated medicine, to be acknowledged openly or tacitly by some, appropriated without credit to their originator by others, and perverted by still others.

In his work and that of his loyal and competent followers in the field of medicinal therapeutics, coupled with the work of humane, conservative surgeons, sanitary engineers and representatives of the various non-medicinal, mechanical, mental or psychical therapeutic systems, and with hygiene, dietetics, physical culture and human morphology, lies the hope of the world for health and healing so far as it depends upon the professions. These, individually and collectively, represent "The Opposition" to the Medical Oligarchy which has so long arrogated to itself all power, privilege, wisdom and authority in medicine, and has forced upon the people methods and measures of medication which violate every principle of true healing, and lead to the physical degeneration of the race.

The Soul of Man is revolting. He will not forever submit to Violent Medicine.

is truly curative? Is refined diagnosis of more value and more to be desired than cure? It would often seem so, especially if we are to judge and draw conclusions from clinical cases which come to us after they have been passed through the hands of specialists who form the coteries known as Group Medicine. The brilliant failures of such medical groups are astounding in view of their unquestioned diagnostic skill and technical ability.

Several letters have come to us, taking issue with us upon the question of sectarianism and the proposed dropping of the title "homoeopathic" from the designations of our hospitals and other institutions. Space forbids the publication of all these letters and probably little good would be achieved thereby, since the writers, whose intentions are unquestionably of the highest, show ignorance of the status of homoeopathy at the present time. In this connection, it may be illuminating to many to know that at the recent annual meeting of the Alumni Association of the New York Homoeopathic Medical College and Flower Hospital, a vote previously taken among the alumni of this institution, showed a large majority in favor of dropping the title "homoeopathic." No matter how much some may deplore this decision, the fact that it was made by the graduates of this college, is of immense significance. Whether the trustees will acquiesce, is of course another matter, but is, after all, of little moment. This decision plainly shows the present-day trend of the homoeopathic school. The sad part of it is that this school is doing so little to compel recognition by the old school, which of itself is gradually discovering the basic truths of homoeopathy and eventually will incorporate them as its own. Homoeopathy is just now more concerned with boosting its societies and their officers, than it is with the development and perpetuation of the cause these societies are supposed to represent.

So far as we have been able to see, at long range, German homoeopaths balk at the use of high potencies, whereas in England their employment excites no opposition or unfavorable comment. In the United States, homoeopaths are no longer ridiculed by their colleagues for using high potencies, though it must be confessed that the number of those who use the high and highest potencies is not increasing.

The forthcoming congress should serve as a clearing house of ideas and ought to bring about a better understanding and greater uniformity of homoeopathic practice among physicians of all countries. Certainly there is much to be learned by all of us.

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EDITORIAL NOTES AND COMMENTS.

Random Thoughts.—On the eve of departure for the International Homoeopathic Congress, to be held in London, July 18th to 23d, many thoughts and conjectures arise as to what we shall find during this important meeting of the followers of Hahnemann, who will gather from almost all corners of the civilized world. We have been impressed, often enough, by the evident earnestness of foreign homoeopathic physicians and by their apparent zeal and enthusiasm for the advancement of homoeopathy, as shown by their writings in British, German, French, Spanish, Indian and other homoeopathic medical journals. It is an enthusiasm reminiscent of thirty years ago in the United States, but which has long since passed and is now scarcely known at all among American homoeopaths of any shade of opinion. Why is this so? Many of us have wandered off after strange gods, Abramism for example; very many others, perhaps the majority, have gone into the numerous specialties and have neglected or forgotten the help which homoeopathy might give them. Quite recently an old-time, veteran homoeopathic physician was obliged to undergo a major operation in one of our newer and modern hospitals; the handling of his case was all that could be desired, from the surgical and nursing standpoints; he received all the technical benefits of modern medicine and, though in the hands of his friends, was amazed to find that homoeopathy was not employed at any stage of his case. He naturally wondered at this omission, and months after his recovery, sadly shakes his head in amazement that such things can be. Yet we all know that they can be and are. Why is this so? Has modern medicine so absorbed us, that in our worship of its principles we have cast aside the only set of therapeutic methods which

The Question of Causation in Its Relation to Homeopathic Prescribing.—This subject may at first sight appear to be a simple one, but in reality presents a problem, the solution of which involves the very life of the homeopathic profession or school.

Hahnemann long ago emphasized the importance of seeking the cause, his statements upon this point are clear and readily understood, but Hahnemann did not live in an age when bacteriology and pathology exercise a governing policy in diagnosis, prognosis, and therapy. To remove the stone in the bladder, is obviously of importance in the work of curing a patient, whose numerous symptoms include those which are indicative of such a condition. Hahnemann so recognized it. The same observation may with equal force be made of stone in the kidney or of gall-stones. Probably none of us will, in this age, venture to argue at any length upon this question; it is practically self-evident. We need hardly point to such elementary illustrations as fractured bones, foreign bodies in the tissues, the results, in short, of accidents, trauma, etc., conditions so obviously mechanical in character as to admit of no misunderstanding. Such states may be and usually are considered as ultimates, pathologic resultants or end-products, demanding surgical interference for their correction or relief. So far as the homeopathic prescriber is concerned, he, under such circumstances, plays a secondary, albeit most important part; unfortunately, however, and this we desire to emphasize, he is today rather seldom called upon to exercise his talents or is relegated to so remote a position in the background, that his talents as a prescriber are unable to penetrate the sacred aura of his sanctified surgical confrere.

Modern medicine tends to minimize more and more the purely medicinal character of its therapeutic armamentarium; it seeks to prevent disease by the employment of hygienic measures, with all that such measures imply and by the use of bacterial vaccines and sera. In this work of prevention, corrective surgery plays an important part and all such prophylactic measures are highly laudable, however much we may differ as to the wisdom of employing vaccines and sera.

There are, however, many cases of particular interest to the homeopathic physician which may, in a sense, be called borderline cases; that is to say, that in such cases pathologic change has advanced far enough to be recognizable by the various diagnostic methods at our command, but has not as yet seriously interfered

with function. It is of course axiomatic, that so soon as pathology has completely overwhelmed function, the organ or organs involved are of no further use to the body; so far as they are concerned, they may as well be foreign bodies, to be speedily removed by surgical procedure where and whenever this is possible. To be sure, such removal is not always possible or even feasible; on the other hand, a physiologically useless or dead organ may be and frequently is, capable in itself or by its very presence of arousing dangerous symptoms demanding the physician's attention. Here, the prescribing of alleged homeopathically indicated remedies is not only futile, but foolish. It may be granted that such prescribing will at times have a temporary, palliative effect, but one which is of no value to the patient and may lull him, as well as the physician, into a sense of false security. In other words, symptoms which are directly referable to the presence of a physiologically dead organ, are of no value to the prescriber and nothing is to be gained by attempting to base a prescription upon them. Yet this very thing is often done and suggests the observation that patients presenting such conditions are literally cured into their graves. Now, the animal body is so constituted that it does not die all at once, it dies gradually, and when in later life the process of gradual ageing or dying becomes greater than that of tissue regeneration, the descent to Avernus is usually not far off and ultimate, complete, final death may be looked for. It is for this reason, that in older people, especially those in whom cardiovascular or renal changes are evident, prescribing of remedies is so frequently unsatisfactory. Here we have an advancing pathology, a cause of symptoms directly attributable to this pathology and one which is usually incapable of removal.

From what has been said it is evident that the homeopathic prescriber must or should exercise a keen judgment and a nice discrimination, which, unfortunately, he cannot or does not always do. It is, however, incumbent upon him that he differentiate carefully between the symptoms of the patient and those of the patient's disease. Now, this is precisely what we so many times fail to do. Instead, we think in terms of pathology and diagnosis, we prescribe with this conception in mind and get nowhere. What we should do, or ought to do, is to forget diagnosis, remember pathology only in so far as it coincides with the known, positive effects of remedies upon the healthy, and proceed to evaluate, as it were, the case before us, by individualizing the patient in the light of his

peculiar personal reactions to stimuli of various kinds. In short, we must aim to know and study his constitution with all that this term implies. In this study, the modalities of the patient are of the greatest importance and correspond to the Kentian idea of "Generals." The so-called "Particulars" will avail us little or nothing, but may, on the other hand, lead us into a morass of doubt and bewilderment.

Through such a study of the case and by means of the evaluation of the patient's condition herewith implied, it is perfectly possible to recognize irremovable or irremediable causes, hence to determine with reasonable certainty whether a given case is incurable or not. The balance between the curable and the incurable is at times very nicely adjusted, depending upon the amount of functional disturbance and tissue destruction involved, yet a knowledge of the natural history of disease and of drug action, together with a respectful familiarity with Hahnemannian principles, will enable us to achieve really remarkable curative results, and also to avoid attempts at the impossible, for even homeopathy, with all its marvelous possibilities, does have its legitimate limitations, which we as sensible physicians are bound to recognize.

So far as homeopathy as an organized profession or school is concerned, there is, in the United States at least, a marked decadence in evidence; much of this is due to a praiseworthy endeavor to burst the bonds of narrow sectarianism, manifested just now by the abolition of the title "homeopathic"; but much more is due to inadequate teaching of fundamental principles. The masters of homeopathic philosophy are unfortunately not in our colleges, and if they were, would for the most part have little influence or command slight attention. The reason lies in the immature mentality of the average undergraduate medical student, who is rarely endowed with sufficient comprehension or patience, to study, understand, and accept the great fundamental truths of homeopathy. It is our firm belief that, with the present-day crowded medical curriculum, the teaching of homeopathy in the undergraduate medical college is not and cannot be successful; this decided opinion is based upon a long experience in medical teaching. Furthermore, we believe that the future of homeopathy lies in the hands of the dominant profession, which is slowly but surely coming to the recognition and acceptance of the principles of Hahnemann. In this acceptance it is quite likely that scant recognition will be accorded our time-honored, though often archaic nomenclature. If human-

ity be the gainer, this matters little in the long run. What we as homeopaths must do, is to set our own house in order, to guide the spirit of homeopathic research and instruction along proper channels, and by precept and example to live up to our protestations. We are not, except in a limited way, doing so now. In this endeavor we must adopt, if only for purposes of policy, a workable rule or platform of applied homeopathy, to which we can all subscribe, and lastly, we must exhibit a spirit of tolerance and of charity and a willingness to give and take. In this way only can we hope to persuade the scientific world to our way of thinking.

Chilblains, Colds and Cough.—"Steimann treats chilblains by ethyl chloride spray applied until the snow begins to appear on the skin. The treatment may be repeated. He confirms Bier's report on the favorable influence of one drop of tincture of iodine taken in a glass of water or beer when the premonitory symptoms of coryza appear."

The above is a Jamalian abstract of an article taken from the *Münchener Medizinische Wochenschrift*, and arrests our attention, more especially because of Steimann's agreement with Bier's observation of the favorable influence of one drop of tincture of iodine in a glass of water or of beer, when drunk for the arrest of the premonitory symptoms of coryza. Why spoil a perfectly good glass of beer, however, especially when it happens to be Münchener Hofbräu? But, suppose the coryza calls for *Allium cepa* or *Arsenicum album*, or even our old friend *Nux vomica*? Will iodine do the trick then? We opine not. Here lies the danger to homeopathy, of such broad generalizations as that of Prof. Bier; similarly, his use of Sulphur iodide in the treatment of furunculosis is open to the same objection. Suppose the case calls for Hepar sulphur or for Calcareo sulphurica? These remedies do differ in their pathogenesis, and since individualization is of the utmost importance in homeopathic prescribing, ought we not to be careful in making ex cathedra pronouncements?

Action of Colchicin on Sensitization and Shock.—"The effect of Colchicin on sensitization and shock was studied by Arloing and Langeron in guinea-pigs. Colchicin injected three days before sensitization with Ovalbumin averted or attenuated shock. It was without effect given just before sensitizations. It appeared slightly to aggravate shock, when it was given two weeks before or two

weeks after sensitization. The experimental results agree with clinical observations, which teach that colchicum should not be administered close to the time of occurrence of an acute attack of gout. Given sufficiently long before an attack, Colchicum is able to avert it, since the attack probably represents a protein shock. This also explains the favorable action of Colchicum on urticaria."—*J. A. M. A.*

Interesting from several angles; but let us not forget that other remedies than Colchicum or Colchicin are frequently called for in gout as well as urticaria.

Treatment of Anæmia.—"Goldbloom cites a case of anæmia in an infant, which did not respond to iron. When placed on a diet containing liver, beef juice, egg yolk, spinach, cereal, milk, orange juice and cod liver oil, the child got well. The importance of the addition of substances other than iron, notably leafy vegetables and cereals, is emphasized."—*J. A. M. A.*

Many cases of anæmia will not respond to iron therapy; *Calcareo carb.*, *Arsenicum album*, *Natrum muraticum*, *Pulsatilla*, may be called for. The dietary suggestions of Goldbloom are of the highest importance in any case, quite aside from the question of drug therapy.

Carbon Tetrachloride Produces Liver Cirrhosis.—"Lamson and Wing assert that the continued administration of carbon tetrachloride alone, in small or large doses, or given together with alcohol, produces lesions, all of which are of the same type and of approximately the same severity. The lesions found are those of early cirrhosis of the liver, and it is believed from their appearance that a more prolonged treatment with this drug will produce a true Laënnec cirrhosis with circulatory obstruction."—*J. A. M. A.*

This may be a most valuable observation and homeopaths will do well to bear it in mind in their treatment of hepatic cirrhosis when the indications for our usual remedies are lacking.

Treatment of Chilblains.—"Mitchell resorts to elastic pressure in treating chilblains. A specially made rubber band, three-fourths to one inch wide, is stretched over the affected part at its greatest thickness. The relief from the itching and throbbing is

said to be instantaneous, and after a few days the part is normal in appearance save for a little desquamation. The pressure must be firm, but not painful."—*J. A. M. A.*

Perhaps Mitchell's treatment is all that is claimed for it; but let us not forget *Agaricus muscarius*, *Petroleum*, *Pulsatilla* and others. Many a case of chilblains has been cured by one or the other of these three remedies alone.

Experimental Immunity to Ivy Poisoning.—"Spain and Cooke have succeeded in developing a satisfactory degree of clinical immunity to ivy poisoning by the oral or hypodermic administration, in proper amounts, of the active principle of *Toxicodendron radicans*. The injection method of treatment is preferable, since the conditions surrounding it can be kept more fully under control than in the case of oral administration."

Truly, "the hair of the dog that bit you" is here exemplified by this abstract from the Baltimore, Md., *Journal of Immunology*.

BOOK REVIEWS.

AMEISENSAURE ALS HEILMITTEL UND IHR GEBRAUCH AM KRANKENBETT. By Albrecht Reuter, M. D., of Greiz, Germany. Second edition. 130 pages. \$1.80. Publishers: Verlag der ärztlichen Rundschau, Otto Gmelin, Munich, 1927.

This is a very valuable book, written by a practitioner of a type one seldom finds in these days—who not only makes use of the wisdom of the forefathers, but also finds pleasure in therapeutic experiments and in seeking new experiences. The observations published in this little book, were gathered during a twelve years' study of the subject of Formic acid. The idea of using this drug on the sick, is an old one. But as has happened to so many other ideas in medicine, it lay dormant for a long time. When Eduard Krull in Germany, as the first, applied it hypodermically for "nephritis, tuberculosis and carcinoma" and showed by this application different results than with the oral method, the drug became better known. Reuter has the credit in giving in his book, besides the experiences of a few others, his own personal results in the

above-mentioned diseases and many others such as gout, rheumatism, stomach ulcer, scurvy, gingivitis, neuritis and influenza. He uses Formic acid in potentized form, namely, in the 5th, 6th, 12th and 30th decimal. The chronicity of the case points in his experience to the higher potencies. The very studiously written book contains also in addition to this practical part, chapters on the chemistry, pharmacology and toxicology of Formic acid. It should be mentioned that Reuter, originally an old school man, was led to homeopathy through comparing his own results on the sick with the provings of this drug on the healthy body, first given to our materia medica by Constantine Hering.

H. S.

POCKET MANUAL OF HOMŒOPATHIC MATERIA MEDICA, comprising the Characteristic and Guiding Symptoms of All Remedies (clinical and pathogenetic), by William Boericke, M. D., First Professor of Homœopathic Materia Medica and Therapeutics at the University of California; author of "A Compend of the Principles of Homœopathy; translator of the Sixth Edition of Hahnemann's Organon. Ninth Edition, revised and enlarged, with the addition of a repertory by Oscar E. Boericke, A. B., M. D. Published by Boericke & Runyon, New York, 1927. Price \$8.00

The ninth edition of this remarkable book is sufficient evidence of its popularity among homœopathic physicians. Its author and compiler, Professor William Boericke, of San Francisco, has made numerous changes and additions, bringing the work up to date and increasing its practical value to the seeker of helpful information. Professor Boericke tells something of almost every known remedy, giving us verified as well as unverified symptomatology; the latter is often based upon the clinical observation of one physician and thus needs confirmation, but is no less valuable on this account, since many of our remedies were brought into usefulness in this manner.

The repertory by Dr. Oscar E. Boericke has been added to and improved, and the work, somewhat larger in size than previous editions, is admirably indexed and arranged. The paper, binding and printing are excellent and leave nothing to be desired. We can, of course, commend this book most highly.

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HOMŒOPATHY AND MEDICINE.*†

By Dr. G. Honigmann.

(Giessen.)

The author has been stimulated, as the result of the famous Bier article, to review the historical and present position of homœopathy, the motives of its founder, and the attitude of the world in general toward this branch of medicine. He is impressed by the fact that "for the first time we see a university professor, research worker and physician of unquestioned eminence take so decided a stand in favor of the despised homœopathy, that the matter cannot be ignored. Bier does not hesitate to acknowledge that, unknown to himself, a large number of the remedies which he has long been using and recommending, he now finds to be based on homœopathic principles, and he states that he was guided to homœopathy as a result of the theoretical and practical development of the irritant-therapy therein involved. Finally, he reports upon three distinct series of observations in which homœopathic methods of cure employed by himself, were crowned with unquestioned success." In the face of these startling findings, the author insists that the non-homœopathic world at large is under the moral obligation of subjecting its ideas on the question of searching revision, and as his personal contribution, he proposes to assemble the various material which has hitherto prevented the establishment of any degree of understanding between Official Medicine and homœopathy.

*Abstracted by B. Cunradi of the Bureau of Publication, American Foundation for Homœopathy, Washington, D. C., U. S. A.

†Lecture delivered before the Medical Society of Giessen. (*Med. Klinik*, 1925, xxi, 1252-4.)

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The writer questions what are the fundamental grounds of difference existing between these twin branches of medicine. "What," he asks, "is the reason for the continued proscription of Hahnemann's teachings at the hands of Official Medicine, despite the fact that its adherents have for a number of decades recognized many of the scientific truths underlying the teachings of the latter; that they have accepted the findings of pathological and diagnostic investigation and have preserved but a very limited number of their palladia? Why, in spite of these facts, does the verdict still apply that, so long as homœopathy insists upon the principle of similars and its own form of dosage, its scientific claims cannot be seriously considered?"

In order to reach a just estimate of Hahnemann and his work and influence, the author briefly reviews the period of his activity and the scientific and pseudo-scientific theories then in vogue. He pays a generous tribute to the profound erudition, intellect and imagination possessed by Hahnemann, and to his conspicuous contributions to Medicine and Biology. When, in 1796, at the age of forty, he published his "Research into a new principle for detecting the therapeutic powers of medicinal substances," following upon various publications in the domain of chemistry and pharmacy, "Hahnemann was already generally known and respected as a physician. He was the first person in Germany to fight for the abolition of force in the treatment of the insane; he had indicated the necessity of applying dietetic, hygienic and psychic treatment for chronic invalids, and in the domain of surgery he had suggested methods of treating ulcers, bone caries and wounds in general, which suggest aseptic procedure. Thus, when he first presented his reformatory ideas in a definite form he had, in the words of one of his critics, 'been known for twenty years as a thoughtful and careful observer, as well as a skilful and successful practitioner.'"

The author states that Hahnemann's revolutionary theories were at first limited to questions of therapy, for which he finds ample justification in its lamentable condition at that time. "Nowhere was there any evidence of rationality, and where this appeared to exist it in reality represented the worst forms of speculative rationalism, as in the doctrine of Brown. Apart from this, the general principles accepted were the humoral-pathological theories of

ancient Galenism, associated with a poly-pragmatism which in the preparation of prescriptions indiscriminately combined the most varied substances, exercising particular lack of discretion in the matter of emetics, cathartics and the never-failing blood-letting. These dubious curative methods were the first to receive Hahnemann's attacks."

His attention became directed to the law of similars as a result of his work of translating Cullen's *Materia Medica*. Not satisfied with that author's explanations relative to cinchona bark, he instituted investigations on his own person, in order to test its effect. He noted that he repeatedly presented pathologic conditions resembling those of intermittent fever, and continuing his experimentation, "he found the rule to apply that certain drugs, when applied to healthy subjects, produced pathologic phenomena resembling those noted in certain diseases. When used in the latter, moreover, those drugs proved effective which, if given to healthy persons, produced similar symptoms. This phenomenon he formulated under the name of the *Law of Similars*, for although a sworn enemy of all 'grey theory,' Hahnemann felt compelled to base the general applicability of his law on a theoretic foundation." In resorting to the then prevalent theory of vitalism, he was but following the current dynamic and mechanistic theories of his time, for it should be borne in mind that at that period dynamic-mechanistic conceptions under various forms represented the prevailing trends of biological theorization, which a later more enlightened age has rejected in favor of a more fundamentally scientific viewpoint. "He claimed that the original cause of a disease was immaterial, that it represented a discord, a reduction of vital force, associated of course with certain organs. The effects of the disturbance there manifested, were expressed as the symptoms which, in his opinion, constituted the only means of determining the disease. In the same way that they represent the reflex of the disease, the phenomena produced as a result of taking certain drugs are characterized by similar symptoms. Then the drugs produce the 'more acute disease,' which vanquishes and neutralizes the primary one. What remains of the former can then easily be neutralized by the vital force. According to this theory, there exist original relations between the drugs and those organs which serve as points of attack. The attention of the

physician is directed to them by the drug symptoms which he must learn to recognize and to differentiate by indefatigable testing."

The author points out that the law of similars goes back to the time of Hippocrates, and that von Haller was the first to suggest that drugs be proved on healthy individuals. But the careful and rationally developed methods, as well as his understanding of the patient's individuality are the special merit of Hahnemann. The graduated dosages, leading finally to the great "potencies," were only arrived at after long study and experimentation.

The fact that, in spite of possessing a reputation for benevolence and humanity, Hahnemann vented himself in acrimonious attacks against the allopaths and their "erroneous theory" is excused by the writer on the ground that all reformers are compelled to express themselves in passionate language. "They must destroy in order to upbuild, and their only weapon heretofore is the word."

From the very outset there prevailed fundamental differences within the ranks of the followers of Hahnemann, more especially with respect to the theory of dosage. Hahnemann's law of potencies was recognized by some and rejected by others. The points that remained unquestioned were the law of similars, the demand for systematic drug proving on healthy subjects, and the principle that the selection of drugs should be based on their symptomatic mode of operation.

The author states emphatically that "the method suggested during the last quarter of the nineteenth century by leading homœopaths to solve the whole question of drug proving and dosage was and is by no means unscientific. In 1879, at a General Meeting of the Central Society, the Hungarian homœopath, Prof. von Bakody, submitted the request that 'in healthy humans and animals the individual drugs be proved in doses of progressive size, in consideration of all functional changes of a pathologico-histological, chemical and toxic nature, and that these changes be strictly compared with other phenomena resembling them, produced by a hypothetical pathologic cause in natural diseases.' On the basis of this law of similarity obtained from the healthy organism, in the sense of a 'causal specific' (we should say organo-specific) effect on the tissue, remedies corresponding to the various phases of the disease were to be applied, in such form and quan-

tity as to preclude the operation on the organism of any pathologic secondary effects."

He emphasizes the disadvantages to which homœopathic physicians are exposed by being practically leaderless. "Homœopathy," he says, "exists outside of the Faculties, and only in Hungary and North America does it possess institutes of learning."

Turning to the attitude toward homœopathy assumed by the official medical world at different periods, the writer is urged to state that it has been met not exclusively by hostility, but also by a great deal of fair-minded and objective criticism. Nevertheless, "at the outset, it was not the law of similars, but the rejection of the theory of derivative therapy and of small doses which constituted the chief points of attack and gradually became more acute. As an instance of this mutual hostility of the two parties it may be stated, that in 1829 Dr. Trinks, a homœopathic physician of Dresden, was legally indicted for 'drug poisoning and faulty treatment' (failure to resort to blood-letting). The patient was a typhoid case whom Dr. Trinks had treated for four days homœopathically until she was admitted to a general hospital where she died five days later." This case was not unique, and homœopathic physicians were even deprived of the right of practising as a result of not resorting to blood-letting as a life-saving device. As a natural result, the enmity between the two factions continued to grow, and the allopaths gradually withdrew the last remnants of their recognition. "But it should be stated," says the writer, "that the leaders of the Viennese school of 'pathologico-anatomical nihilists,' Dietl in particular, acknowledged that it was due to the doctrines of homœopathy that they had entirely abandoned the practise of bleeding and were using its remedies with success." Such recognition, as well as the success of homœopathy with the public at large, especially among the so-called better classes, did not tend to exterminate the warfare existing between the contending parties, and in the seventies and eighties of last century renewed attacks were directed against the Hahnemannians by leaders of Clinical Medicine.

The virulent anti-homœopathic attacks launched during the past fifty years are characterized by their general failure to comply with the most fundamental demands of scientific objectivity. The aim of the writers is merely to vilify and to kill. "Moreover,

they are precluded from grasping the homœopathic hypotheses by virtue of their unconditional materialistic viewpoint, the concepts of which are limited to the findings of pathological anatomy or of experimental pathology. Thus, it was a foregone conclusion that they would reduce to ridicule the object of their hostility. But it is significant to note that certain principles which have been definitely demonstrated and which would seem to favor the homœopathic ideas, such as the apparently homœopathic operation of smallpox vaccination and later that of immunity therapy, have been rejected by them. They maintain that the former concerns prophylaxis and not treatment, and that the latter is 'something different,' namely 'Isopathy,' which was also rejected by Hahnemann. All efforts on the part of modern homœopaths to appropriate the results of modern medical research are met with distrust and with the remark that they can make no claim to these. Throughout this entire literature, with the possible exception of Harnack, who at least makes an attempt to apply logic in the interpretation of homœopathy, there is no evidence of a sincere desire to examine their methods and observations, and of complying with the first demands of criticism. They were doubtless unaware of the fact that by so doing they, as representatives of allopathy, were placing dangerous weapons in the hands of their opponents. Thus, it is not surprising that the unfavorable criticism of Jürgensen in particular, called forth a vehement reply. It was by no means hard for the homœopaths to show that his 'Therapeutics in the Light of Science,' according to the principles of which he jeopardized the lives of his patients by ice-cold baths and daily doses of 5 gm. of quinine or 9 gm. of chloral, could not claim any superiority to the 'unscientific' methods of homœopathy.

"In contrast to the efforts of Official Medicine, whose only object was to exterminate homœopathy, we find, toward the end of the past century, a number of their most prominent representatives imbued with a sufficiently strong sense of impartiality to consider the problem from a serious and objective point of view. Hugo Schulz of Greifswald, in particular, has done this both in a theoretical and practical manner. He instituted tests of various remedies according to the homœopathic plan, but to our mind with more suitable methods (Methodik). In addition, he investigated

the theoretic basis of the law of similars and that of dosage, which he was led to do more particularly through his studies of the biogenetic principle of Arndt. This is not the place to judge the merits of his investigations; but it should be mentioned that the mere fact that his research lay along these lines sufficed to expose him to the suspicion of medical heresy by the entire body of scientific medicine, particularly by his own colleagues. But in compensation he has won the esteem of certain independent non-homœopathic scientists, and Bier in particular has acknowledged that he owes to Arndt the impulse which led him to undertake his own investigations along these lines. Furthermore, Much, in his work and investigation concerning vaccination therapy has, according to his own words 'built the bridge to connect with what is correct in so-called homœopathy.' Finally, mention should be made of the therapeutic attempts of Ernst Neisser, Zondeck, Löwy and Köthe to treat exophthalmic goiter and ulcerous stomatitis by a homœopathic method or one very closely resembling it. The most important communication and pronouncement is the one by Bier mentioned at the beginning of this article, and the manner in which it has been received by scientific Medicine clearly shows how hard it still is for the majority of persons to view this matter impartially."

The writer concludes his survey by asking whether Medicine has any interest in settling its controversy with homœopathy. In his opinion the answer must be decidedly affirmative, as this cleavage in an honorable profession is both senseless and undignified. "But to attain this end certain long cherished habits will have to be abandoned. In the first place, Official Medicine must realize that it will not compromise its dignity by taking up the consideration of homœopathic problems otherwise than by merely declining to discuss them. Moreover, it must bring historic justice to bear in considering the origin of these doctrines and must view Hahnemann, not as a heretic, but as a searcher after Truth, even though he followed strange paths and overestimated the magnitude of his work. Above all, it must cease continually to insist on the principle of dynamism in his doctrine as constituting the fundamental evil. Why apply so much scientific prudery to this particular point? The theory of Vitalism in cellular pathology has impeded medical progress as little as have the teleologico-

vitalistic concepts of our modern pathology, such as adaptation, prophylaxis, self-regulation, etc., which are by-words in the mouths of our sincerest mechanists (?). We are merely concerned to determine whether Hahnemann's ideas, stripped of their ephemeral wrappings, as which they appear to us in the nature of dim anticipations of the theories of organ specificity and tropism, may in their essence prove to be adaptable to our present-day Medicine.

"This end can be attained if impartial scientists selected from both sides jointly undertake to test drugs demanded by homeopathy and to supplement their investigation by the customary methods of research employed by non-homeopathic Medicine. Not until this has been done can there be any question of the existence of a truly distinterested standpoint. But this same attitude of objectivity toward the homeopaths will have to be demanded of them in exchange, and for this reason it is imperative that the object of the investigation be clearly defined beforehand. Thus, the aim is not to convince the allopaths of the correctness and general applicability of homeopathy, but forthwith to incorporate such homeopathic principles as can be shown to be tenable and practicable into the body of Official Medicine, there to be left to their fate. Homeopathy must vanish as a sect! But in place thereof must arise homeotherapy, as a new or renewed integral part of our medical activity, that through its incorporation in the realm of our therapy it may contribute to the enrichment of Medicine as a whole. Every scientifically trained physician can conceive of but one form of Medicine; a division into homeopathy and allopathy is a nonsensical anachronism, which must be destroyed once and for all time. As it would be mistaken and suicidal on the part of homeopathy to oppose such a development by adopting an attitude of esoteric limitation, so also would it be unpardonable on the part of the official school of Medicine to adhere to its scientific standpoint in so narrow and dogmatic a manner as to refuse to allow such a process of fusion to be effected."

MORPHOLOGICAL NOTES CONCERNING THE THORAX.

Philip Rice, M. D., F. A. C. S., New York.

In the effort to determine the state of the thoracic organs due regard must be given to the structure and formation of the thorax, that is to say, to the morphology. Failure to do this will cause us to overlook facts of the utmost importance and lead to conclusions that are of more or less doubtful value. On the other hand, a careful and simultaneous study of the structure, formation and functions, putting all the data in proper relation, will lead to the discovery of facts of the utmost value, facts which would otherwise be unsuspected and remain unknown.

That there are great differences in degree of development and formation of the thorax is well known. We have all seen the flat chest, the round and full chest, the narrow chest, the broad chest, etc., and we know that each has its functional significance. Each indicates something relative to the structural and functional state of the organs.

But are not our concepts as a rule relative to the conditions of the organs more or less vague and of a very general character? Do they not as a rule lack a good deal that is proof of sound understanding?

In all individuals with chests that are more or less asymmetrical we find two types of respiratory movements, one in which the thoracic excursion appears to be normal and another in which it is distinctly less. The effect of the latter on the functional processes is not difficult to conceive. The oxygen supply will be deficient, blood cell synthesis, metabolism and general nutrition will be imperfect, and from this many other disturbances will arise. In this case we are not likely to go far wrong in our conclusions. But in the other we are almost certain to do so. And this will be because we will allow the wide chest movements to absorb our attention to the exclusion of other and more vital facts. We will go on the assumption that things must be quite normal, otherwise such normal movements would not be taking place. And we will thus be misled.

There are two structural facts, among others, possibly, relative to the morphology of the thorax which, I am convinced, have not

received the attention their importance warrants: One concerns the length of the manubrium and the other the width of the first intercostal space. That these vary in character in different individuals has been observed many times, but it is doubtful that their physiological significance is appreciated. These two conditions are invariably associated, that is, found together in the same individual.

The fact has been confirmed in many autopsies that in every instance where the manubrium was long and the first intercostal space wide the heart was found to be small as a whole or irregularly developed, one side being small and the other normal or larger than normal, and the aortic arch was abnormally high and the calibre of the vessel less than normal. And these things have been found in individuals who had what are generally assumed to be normal respiratory movements. In spite of the extensive thoracic excursions they had imperfect respiratory and circulatory functions, particularly the latter. With the heart asymmetrical it is easy to see that certain conditions were created which predisposed to certain morbid states. Irregularities in the hydraulic current of necessity always result from imperfections in the heart or bloodvessels. To begin with, the pulmonary circulation is defective, being slower than normal, hence stasis; the distribution of the blood mass throughout the body is unequal; there will be anaemia in some parts and plethora in others, with biochemical disturbances and defects in the functional processes as a natural consequence. These conditions are certain to create predispositions and susceptibilities of some kind.

Concerning the heart, Brehmer in 1885 wrote as follows: "The blood nourishes the body. But if with each contraction of the heart the amount of blood, which carries the nutritive material, is less than normal the state of the general nutrition of the body will naturally not be normal. In spite of good nutriment, such an organism will be found in the same situation as a poor peasant who will be able to provide for himself only two-thirds of the amount of food necessary for good organic equilibrium. Lacking in one or other may not mean death, but unless all are present there cannot be a state of flourishing health."

A long manubrium and a wide first intercostal space are invariably associated with a narrow or contracted chest, that is, one with a circumference that is less than one-half the stature, with relatively short clavicles and very oblique ribs.

Some years ago Freund called attention to another important morphological fact, namely, premature ossification of the first costal cartilage. The importance of this was later confirmed by Hart and Harras. What results from this is a reduction in the superior sagittal diameter and a contraction of the superior opening of the thorax, with consequent interference or inhibition of the respiratory movement in the apices of the lungs. This in turn results in imperfect ventilation, retarded circulation, habitual stasis, lowered resistance and susceptibility to invading organisms.

Next, if we will observe the respiratory movements of several persons at the same time we will note that in one the sternum will not rise in the upper-third while in another it will be seen to make quite an excursion. The degree or amplitude of movement will depend on the state of the manubrio-gladio articulation. In men the process of ossification of the interarticular cartilage of this joint takes place considerably earlier than in women. But in all cases when it has taken place movement of this joint ceases, or at least is decreased. Early ossification of the first costal cartilage is usually accompanied by a like process in this joint, and with similar consequences.

Another fact of great importance which should be noted relates to the degree of slant of the sternum. When comparing this in a number of persons it will be found to vary considerably. In one the sternum will be seen to be practically perpendicular, in another there will be a moderate degree of slant, while in a third this will be marked. These things are significant. The perpendicular sternum indicates a shortening of the inferior sagittal diameter of the thorax, a reduction in the size of the cavity in its lower third, defective development and function of the lower lobes of the lungs. In many instances the inferior sagittal diameter has been found to be no greater than the superior. This means a flat chest, and when found abnormally wide, as is usually the case, is highly significant from every standpoint. The pulmonary vessels and bronchial tubes will be relatively longer than normal and reduced in calibre. In the second case the conditions will be found quite normal, while in the third one can be absolutely certain that the organs in the dome of the abdomen are large, assuming that the superior sagittal diameter is normal.

In the first case the respiratory and circulatory processes are very defective. The intrapulmonary pressure will be high, the

hydraulic current being retarded, with habitual stasis in the lungs; the mucosa will be habitually engorged and strongly predisposed to catarrhal trouble; the heart will be asymmetrical, aplastic on the left and over-developed on the right side, the arch of the aorta will likely be high and certain to be reduced in calibre. The subcutaneous veins over the upper third of the thorax will be very much distended. In the second case, as has been said, conditions will be found quite normal, other things being equal; while in the third the attention must be directed to the organs in the upper abdomen, liver, stomach and spleen more particularly. That these organs are abnormally large will be further shown by a bi-hypochondriac diameter that is greater than the bi-axillary (normally it is about 2 cm. less), and by a gladio-umbilical line that is greater than one-tenth of the stature.

But by what are we to judge the relative proportions? When can we say that the manubrium is too long, the first intercostal space too wide, the superior sagittal diameter too short, etc.?

Many thousands of examinations and autopsies have been made and case histories studied and the data compared. After many years of most diligent study, Professor DeGiovanni and his co-workers became convinced that a chest circumference that was equal to one-half the stature and a sternal length that was equal to one-tenth indicated a high degree of organic development and functional activity. In every case in which they found a departure from this standard they found certain functional derangements, certain predispositions and susceptibilities, according to the character of the structural defect.

I am able to affirm, after making a further study of other measurements of the chest, drawing upon the data of hundreds of cases, that the normal superior sagittal diameter of the thorax is equal to one-eleventh of the stature and the inferior 4 cm. greater; that the bi-axillary diameter is one-sixth of the stature, taking this at a point opposite the nipples; that the manubrium is normally not over 30 per cent. of the total length of the sternum, and the first intercostal space is no wider than the others.

Thus an individual whose stature is 172 cm. ought to have a thoracic circumference of 86 cm., a sternal length that is 17.2, not including the xyphoid cartilage, a manubrium that is 5, a bi-axillary diameter that is 26.5, a superior sagittal diameter that is 15 and an inferior that is 19. These measurements will indicate excellent

development, and with other conditions equally well proportioned will assure a high degree of functional activity and resistance.

Viewed from the standpoint of therapeutics, it cannot be difficult to see how vitally important these things are, how direct is their bearing on the problem of treatment, both preventive and curative. Again quoting from the article of Brehmer, already referred to: When speaking of the heart he said: "To this one must add the denutrition of the heart muscle which will indubitably take on a lessened vigor and cause a slackening of the circulation. Thus it becomes necessary for one to explain to himself the origin of the tuberculosis. When he realizes that in the disproportion of the lungs lies the cause, in amplifying the circulation one will easily understand how one creates in the lungs by the lowered resistance the tubercular state."

Recalling now how a premature ossification of the first costal cartilage and that of the interarticular cartilage of the manubriogladio articulation and a shortened superior sagittal diameter together contrive to decrease the cavity in its upper third thus making normal respiratory function in the apices impossible, "in amplifying the circulation one will easily understand how one creates by the lowered resistance" a suitable soil for invading organisms. Moreover, one will easily understand, also, how stupid is the theory that we can best "develop the lungs through the legs," meaning, in other words, that by indulging in violent exercise the lungs are made to work harder and are thereby stimulated to grow. A quantum of blood above the normal in a part means stasis and a lowered resistance. The importance of these morphological facts in the selection of appropriate systems of exercise for individuals of different type is obvious. Failure to take them into consideration will mean failure to get results in all cases.

But it also must be obvious how important they are when we come to the matter of drug proving. Differences in function and reaction are matters with which every prover is familiar; but with the cause or causes he is not at all acquainted. What happens he can only make note of. Why things happen as they do is a matter he has been, and even now, is compelled to leave to the gods. Little wonder that symptoms cannot be learned, can only be committed to memory.

EUGENE UNDERHILL, JR., M. D.

2010 Chestnut Street,
Philadelphia.

June 13th, 1927.

Editor HOMŌOPATHIC RECORDER.

DEAR DOCTOR RABE:

In the May number of THE RECORDER there appears a criticism, by Dr. Philip Rice, which attracted my attention.

Dr. Rice would seem to belittle the importance of "grubbing for symptoms to the limit of our skill and learning." (Would that we might all grub that hard.)

In each case of illness, the subjective and objective symptoms present to the "observing and intelligent physician" the picture of the individual sick patient. The remedy that has produced, in its provings, essentially similar symptoms, is the indicated or homœopathic remedy for that patient.

Structural changes, observable pathology and demonstrable alterations in body chemistry are very often late manifestations—too late, in fact, to be of much service in prescribing for the patient, though of use in naming the disease and in the interest of exact (?) science it never would do to let it go unnamed.

If our patient is prostrated and cold, restless and tormented with fears, if he is tortured with a burning thirst and is, for a time, comforted by external heat and by a light in the room, and by someone to reassure him, what are we going to do?

How about taking his blood pressure and making a blood count? Perhaps we can entertain him with an X-ray and fluoroscopic examination, and to leave no stone unturned we might have a metabolism test made (it's so scientific and up to date).

By all means let us not fail to correctly classify this patient from a "chemical, constitutional and morphological" standpoint, for we must remember a human life is at stake.

It is to be hoped our scientific efforts will not be interrupted by some relative or friend asking, "Doctor, can't you *do* something?" The chance of this interruption is slight, for there has been a lot doing all the time—examining, testing, classifying, etc.

But right here is where the *average* doctor shines. Inside of three minutes he would have either ordered an operation or given

a hypodermic. A surgeon would be apt to do both. So much for science.

But what about the 30th potency or higher of Arsenicum Album for this patient? Well, in that case, the chances are that it won't turn out to be such a serious illness after all—nothing to it.

But we can't save them all, be the indications ever so plain and the remedy correctly chosen and applied.

A man in the last stages of aortic heart disease had an overwhelming fear of death, along with other Arsenical symptoms. The day after receiving the remedy he said, "Doctor, you have done one thing for me, you have taken away that awful fear of death; I'm not afraid to go now."

Some people and often doctors realize that they have a scientific turn of mind. They feel scientific. (It must be a terrible feeling to have.) Many times such people grieve because they have no opportunity to develop along scientific lines. No hospital facilities or laboratory equipment may be available, or their patients may not be able to afford the expense of all the elaborate (scientific) diagnostic routine. And the joke is—after all the work and the time and the expense, the final question arises, "What are we to do for the patient?"

Well, we can look it up and see what Sir William Oster did for such a type of case, or else "grub for symptoms" on which to prescribe a homœopathic remedy. As to why one patient suffering from pneumonia needs Phosphorus, and the next one Bryonia, and the third one Kali. Carb. is an interesting problem and one that, no doubt, will some day be solved whether on morphological, chemical or electromagnetic grounds or a combination of these.

Certain at least it is that everything in nature represents the operation of law and order whether in sickness or in health.

We each have with us in the office, and take with us on our calls, a potentially wonderful but seldom used laboratory—the human mind—equipped with marvelous instruments—the brain and the five senses and a sixth, less used than all the others—Common Sense.

Respectfully submitted,

EUGENE UNDERHILL, JR.

PRESIDENT'S ADDRESS.

Forty-seventh Annual Meeting of the International Hahnemannian Association, 1926.

Royal E. S. Hayes, M. D., Waterbury, Conn.

Another yearly cycle in the ceaseless eruption of events has swept over the earth adding its little quota of effects to the residue of previous life and experience. The convening of this Association is an annual marking point in our professional life. We, who have creative medicine at heart find this a little period of recuperation from the exactions of conscience and work combined, plus the distraits and distortions of modern civilized existence. Here one gets charged up in an atmosphere of solid and simple truth and reason and gets a good shove into the next year.

Your president for 1926 is unable to shower wisdom of the political sort upon your expectant heads. He is by disposition and experience incapable of approaching the affairs of organized homeopathy. He personally believes in the loosest and most informal organization and administration possible for an association which is devoted to purely mental interests. For the purpose of organized bad manners, such as "drives" or of enforcing the will upon others for some so-called practical purpose such as the designs of commerce and government, for instance, discipline, close formation and subjugation of thought are desirable. But this Association, if I understand its make-up correctly, has no popular desire except the well being of all, no craving to get, but an urgent desire to give. It does not aspire to mass influence or influence in any sphere but its own. Its desire and instinct is to permeate and influence medical thought and opinion. In this apparently nebulous, but highly tensioned and vibrant function lies its great strength and promise of permanence.

There is but one matter of policy about which I may pretend to speak. There appears to be quite a tendency to increase of membership. I believe the tendency to multiply should be recognized as a sort of liability and dealt with by division or seriation, or some formation that will keep it muscular and active. The strength and influence of the I. H. A. in the past have sprung from the interaction of individual mental efforts rather than by collective action or the mass sense. The membership being small

each one has had his quota of literary and discursive work to do. This has been a source of inspiration and facility in both professional and association work. The I. H. A. is one of the greatest sources of the vitality and endurance of homeopathy in a world ridden and riddled by specialized though misguided medical sciences.

Another result and one that we are appreciating more and more is an almost priceless literature of classic and practical homeopathy. We have in general a foundation for medical influence that at some future time may be as the hot sun in a misty atmosphere *provided* that spirit and quality keep up with membership. An enlarged literary output may not in itself count most in an opportunity or crisis but the exercise of developing it is an induction of general strength and influence.

With all hospitality to newcomers the I. H. A. needs them not merely as taxpayers, but for constructive work in literature, conferences and clientele. We should find a way for quantity and quality of work to fill every expanding niche. The study and discussion of homeopathics requires good teeth and a sound digestion. There are many in the Regular School who possess these qualities. It is possible to interest and attract them if topics may be gotten to them, topics having piquancy and point. Recruits from the Regulars become the strongest of Homeopathsists.

That is all about politics. I would like to offer a little criticism concerning the status of homeopathy as an art and science in general and organized homeopathy in particular. There is an influential and able element in our school who seem to persist in trying to reduce homeopathy to a material science. They break out into a cold sweat whenever a little hole in the clouds of materialism appears and keep close to the consoling arms of "Modern Medical Science."

Now, I believe that we should not only perceive but admit that homeopathy is not a material science. No one would attempt to put a whole cow into a can for corned beef. The basis of homeopathy, in so far as it is material does, indeed, conform to the principles of science, but its theory is philosophical and its practice is cognitive. Recent physical researches, notably the electronic, do confirm its obedience to natural laws exhibited in the material sphere and continued research is likely to further stabilize its practice and use. But aside from all this there is

plenty of solidity and assurance for the modern medical scientist if he will but test the fundamental principles, that is, natural law. What, may I ask, is more stable than a true mental science and philosophy? What, for instance, is more elemental and immortal than the law of individuality? Would not creation fall through without it? Can the laboratories of institutions of modern medical science exhibit anything comparable to the law of the unit, to identity, location, balance, rhythm, construction, and a score or so of other elements of being, the refractions of which constitute the vitality and stability of creation?

Let us, therefore, review our understanding of the place of homeopathy in the general scheme of human knowledge, and, roughly, our conception of the mental processes in dealing with it.

First, we should have some conception of the extremes and conditions of being. The crystal may be said to be the lowest, the most inert condition of being; pure impulse or so-called spirit the most fluent or potent. Living beings are suspended between these extremes as an electro-magnetic combination having the characteristics of both material and immaterial being. It is these polarizations with all their variations that we recognize as different grades of being in the scale of evolution.

As for man, as long as he remains alive he must have some sentient and conscious relation to both potent and inert conditions of being. In so far as his senses explore about him does he build up perception, and in so far as his memory and reason relate the things which he perceives to each other, or to these similarities does he get understanding. This is the process of intelligence.

Now, there is an intelligence of material things and affairs, and an intelligence of similarities and stable relations in the unseen or immaterial world. This is the Knowledge and use of law.

Let me illustrate how law extends from the material to the immaterial. Man is the pattern of every article that can be found on earth, whether in the natural state or formed by his own hand.

Perhaps this would be better stated by saying that everything on earth conforms either in a simple or elaborated state to a similar pattern.

Therefore, every object is subject to the same laws of existence, and the more developed or complex the object the more the similarities become evident.

Take a simple object like a lead pencil. It has a head and

opposite end, a body of muscle and skeleton combined; also sides, and when grasped in use the part grasped serves as the pelvis or pivot of balance when in action. When laid down the part which touches the table serves as feet. The cavity is the heart from which is discharged the grape or blood which as usual incites and determines its functioning. The sharp point corresponds to the head, the opening of its cavity to the mouth and the leaden point to the eye. The glue corresponds to the ligaments, the opposition of its lateral halves to a joint, the point to the skin, and the labeling to its physiognomy or face, perhaps. That part projecting beyond the grasping fingers serves as the short arm, or extremity, and the part behind the fingers as the leg or long organ of leverage. Other similarities might be related.

Or take a chair. It has legs, feet, pelvis, ribs, scapulae, shoulders, arms, head, buttocks, knees, anterior, posterior, lateral, upper and lower aspects and many other familiar parts. The face above its seat might be called its heart for here it determines the quality of its functions and fate.

There is not a thing created that does not correspond to definite and easily observed laws. It throws some light on the words of the seer, "And in his image created he them."

One of the most striking artificial similars is that peripatetic animal, the automobile. Besides similarities of its chassis it has also internal organs. There is similarity of gasoline nozzle to the mouth; of the tank and carburetor to the stomach and digestion; of the intake manifold and exhaust manifold to the right and left auricle; of the cylinders to the right and left ventricles with intake and exhaust valves as in the heart. The cylinder cavities with in-act as lungs. Here oxygenation occurs, heat is generated and energy is transmitted to the body. The pistons act as heart muscle and lungs for the process of sucking in the mixture and discharging it by the manipulation of air pressure and chemical climax. The auto also has a nervous and cerebral system. The magnets corresponds to the solar plexus; the primary wires to the sympathetic nerves; the tension coils to the brain and the secondary wires to the voluntary nervous system.

Even language, thoughts, emotions, conform to the same laws and produce similar patterns. One of the most striking examples of this likeness are the immaterial individualities produced by potentizing material substances. Here we have a science of pro-

duction and an art of application of similars that affords opportunity for the most discriminating and extended perception and intelligence. I think I have said enough to suggest that homeopathy is a mental and vital science and art, not a material and mechanical art.

Do not the material experimentalists, alias the modern medical scientists, understand that homeopathy rests on stable principles? That the principles extend into the creative, immaterial world and that our use of them is therefore creative medicine? Can even the wily phagocyte digest a healthy specimen of natural law? Probably an effect may sometimes gulp down a cause, but such instances are not very common. Why, gentlemen! when "Modern Medical Science" looks a natural law squarely in the eye it shrivels up as Charlie Chaplin's grizzly bear tragically collapsed into a parlor rug when he tapped it with his cane.

I have used the term creative medicine. How easy it is to slide over words without realizing their depth of import. Words are too often used as a convenient bridge to carry one's vision or desires from one familiar point to another without thought of the depths beneath or the possibilities above. Creative medicine! Does not the poet, the musician, the artist reach heights of vision and depths of emotion from which are expressed harmoniously and beautifully the ecstasy of exaltation or anguish? What is this deep well of being which is somehow compounded with and a part of each self upon which is formed the crust of conscious life?

That we cannot know. But we do know that the spirit of man is greater than clay, that even in this pushing, pulsating, sentient suspension called life man may find depths and heights beyond his little residual self, and bring from their energy that which quickens conscious life and enlightens its outlook. It is not mere shuffling of horizontal material, but the range of consciousness from surface to depths or heights that make any art creative. We may expand this range by sincerity, concentration and independent thought. It is a favorite exclamation of a friend that "we do not know the limits of what homeopathy may do," and this friend has a penetrating insight as to what the patient's life is, and a deep and fine idea as to what the simillimum is.

Creative medicine, then, reaches into and works in the very springs of life. With all just regard for those who with sincerity and persistence have made surface discoveries, inventions and

manipulations, we contend that this homeopathic work is more radical and far reaching in its effects. Because if one only works on the surface he will have only surface results or deleterious results.

Samuel Hahnemann, on the contrary, discerned definite and comprehensive principles of vital and medicinal action, built up a system of applying them with direct and specific effect and reared a therapeutic edifice of monumental proportions and permanency—truly, one of the most remarkable achievements of man. Besides being a great achievement in itself there was a stupendous streak of good luck in it for humanity.

Though medical and surgical force and futility still unwittingly cast shadows of disappointment and despair over masses of humanity, yet there are rifts of light in the clouds which shall not be closed in the present round of human existence; not until evolution itself withers and recedes. Homeopathic organizations may die a more or less well deserved death. But homeopathy will not die because it is not the mere product of a season, or artifice from the hand of man.

It is an elemental and living projection of evolution itself.

ROYAL E. S. HAYES, M.D., *Pres.*

CASES FROM PRACTICE.

Dr. med. Robert Kaufmann, Hamburg, Germany.

"Leipziger Populäre Zeitschrift für Homöopathie."

Translated by the Editor.

Some years ago Dr. Max Kemmerich, of Munich, published a book entitled "Curiosities of Culture." In this work he illustrated the follies, of which even to this day mankind has been guilty; but one very important folly he overlooked, namely, that so excellent a thing as homeopathy is, even in this age, and in the land of its birth, of so little consequence and especially so, in the face of the thoroughness and intelligence of the German people. That it is in reality a great folly on the part of human culture to despise homeopathy and that in fact this is a curiosity of our present-day culture the following clinical cases will prove.

1. Some time ago a merchant of W. came to me in great fear and distraction of mind, for two well-known Hamburg gastro-enterologists as well as another general practitioner had told him frankly that he must at once submit himself to an operation upon his stomach, as his symptoms pointed to the presence of scar-tissue at the pylorus. He therefore came to me and begged me, if possible, to make an operation unnecessary through the use of my homeopathic remedies, stating that he had heard much good of homeopathy. In accord with his symptoms I gave him Nux Vomica and Condurango 4th, to be taken in alternation every two hours. Even after two days he noticed an improvement and when soon thereafter I added Graphites to his remedies, he felt exceedingly well. Graphites was intended to dissolve the scar tissue; at present he is obliged to assist his bowels somewhat by taking senna leaves, but continued treatment will make this unnecessary also. He is, aside from his joy over his recovery without operation, quite exercised in mind to think that each day, all over the world, so many operations are performed which, with the aid of homeopathic remedies, could easily be avoided.

In this man's case truly has the dictum been proven that homeopathy cures *cito, tuto, jucunde, i. e.*, quickly, safely and pleasantly. She cured him in a short time, quickly, safely and pleasantly, and he, to be sure, was put to the great inconvenience of taking every two hours a few drops of medicine upon a broken lump of sugar—I permitted him to take his medicine on sugar, because in his place of business he had no water. But this was far more agreeable than to be compelled to have his abdomen opened. We must also add that for him homeopathic treatment had still another advantage, *viz.*, he got off far more cheaply, for the operation would have cost him 4500 marks, as was told him by one of the other physicians; added to this would have been several thousand marks for hospital expenses as well as the money he would not have been able to earn, but which, in this manner, homeopathy really saved or earned for him since he was not obliged to miss even a single day.

Of such cases there are scores each day in Germany, in which operation is undertaken where homeopathy could easily make this unnecessary. The immense amount of damage to the economic welfare of the people which this contemptuous neglect of homeopathy entails is scarcely to be computed.

That one can always avoid operations or can forego the use of modern methods of diagnosis, such as the X-ray, is by no means my contention.

2. Several months ago a patient came to me complaining that his gonorrhœa, in spite of energetic O. S. and Naturopath treatment, persisted in returning. Naturally I at once thought of Tuberculin and established the fact that the man was really tuberculous: his uncle had died of tuberculosis. I prescribed Thuja and Sepia 30th potency and in alternation, the one to be taken in the morning, the other in the evening, and weekly three pellets of Tuberculin 200th were to be allowed to dissolve upon his tongue. His gonorrhœa was soon cured and has not, up to the present moment, returned. The patient marvels at the result. All gonorrhœal patients who have been under my treatment found it very agreeable that I spared them the inconvenience of the troublesome injections and the everlasting and time-consuming water irrigations and ablutions and that they nevertheless were cured.

3. Some time ago a woman came to me who for several months had been treated for severe headaches by an allopathic physician, without any benefit. I, too, at first, groped about in the dark; ophthalmoscopic examination, urinalysis and other various methods of examination did not lead me any further. At first I believed, inasmuch as the woman so told me, that her headaches were aggravated by lying on her back; and on one occasion that a darkened room ameliorated. But further examination showed these symptoms to be wrong. Finally, after some ten days, I came to the conclusion that the headaches of which the woman complained tallied with those spoken of by Farrington in his "Clinical Materia Medica," where he says:

"Occasionally you will find Zinc indicated in obstinate pain in the head, obstinate in its persistence, yet intermittent in its quality, now very severe, and now fading away, but continually returning."

And so I prescribed *Zincum 6x*, a drop every two hours. After the third dose the head pains improved lastingly, though after several days they again returned because the patient had not observed my strict caution to refrain from work. But compelled by this relapse, she now followed my directions more closely and this she

had no cause to regret, because she continued to improve and soon thereafter was once more capable of doing her work. And thus does many a one drag himself along throughout the years with constant headache; all electrical treatment, all the aspirin and antipyrin, all giving up to the complaint, is of no avail, he becomes tired of life; with his abilities he could accomplish much more, if only he were free from the burdensome headaches; he would also be much better liked if, freed of his headaches, he were more happy and lively. Why must so many people be tortured so long? Because homocopathy is still a little violet which blooms unseen.

It is really so difficult to believe in the curative power of homopathic dilutions, even of the high potencies, when there is such a thing as wireless telegraphy which indeed borders upon the realm of fairy tales? The reason Hahnemann's great and wonderful teaching since the time of its birth in 1796 has not found universal acceptance is because of the boundless materialism of mankind which has become obsessed with the belief that only "much, much can help." But the time will yet come when everyone will acknowledge that "a little helps greatly."

A RE-PROVING OF COLCHICUM.

Donald Macfarlan, M. D., Philadelphia, Pa.

I am presenting today a re-proving of a well known remedy. Constant re-proving should be salutary in that it tends to flail out the chaff, at the same time bringing in bolder relief the wheat. The following observations were made on provers, absolutely incognizant of the fact they were making a proving. How much better such are than those fully cognizant! This way nothing is imagined. They are hit as if by a natural disease and these *symptomatic mirrors* tend to occur mentally when its analogue comes along in the office or at the home of a patient. The remedy is rapidly sought for, given the sick one, and cure results. It's all very simple and very true.

Here are my findings. Take them for what they are worth.

Emotive and Sentient.

Dizziness when she walks, better sitting down (30). Trembling weakness (30). *Very tired* (30). Drowsy and weak in a

warm room (30). The whole morning *drowsy* and tired (30). A desire to lay around and *keep the eyes closed* (30). Trembled all through the body with combined weakness and nervousness (30). A drowsy, heavy, sleepy feeling is worse in the morning (30). A heavy, drowsy, feeling without being sleepy, *generally comes on in the warm room or when sitting still* (30). Awfully weak just before supper (30). Dizziness even in bed worse on rising (30). Dizziness after drinking cold water (30). Tired in the evening (30). Dizziness is worse at night, could not lie down (30). Very shaky, weak and nervous.

Head.

Flying specks in front of eyes (30). Beating pain on vertex. Shooting pain at vertex and back of the head at the same time. At the base of the brain and at the back of the neck very severe, sharp, kind of shooting. In a young lad a headache in the right side—made him a little sleepy with it (30). Eyes feel drowsy (30). The cheeks got pinkish and flushed but they were not hot to the touch (30). A dull feeling and awfully numb in the head "as if asleep" (30). A dull, nagging, throbbing headache from the frontal to the vertical area (3x). The left eye watered worse out of doors (6). Puffiness under the left eye, a bluish red discoloration. Small pimples over the cheeks (itched) (6). The face and the whole body feels hot inside? (30). From the eyes up, and to the back of the neck a headache on awakening in the morning (30). Heavy headache (dull and constant) (30). Nose bleed is light red in the morning (30). Vertex was hot (30).

Mouth and Throat.

The lips are swollen (3). The mouth is very dry (3). The lips are very dry (3). The throat is sore in the left side (30). Tight cough (30). In the mouth canker sores (30). Dryness of the tongue in the morning (30). Hard, starchy kind of brownish mucus expectoration (30). Raw throat low down (30).

Stomach and Abdomen.

Produced all over the belly awful sharp pains. Great nausea but she could not vomit at all. Stomach is all puffed up. Produced a disposition to vomit when a pressure is applied over the sub-

epigastric angle. Very free motions. Bloating after eating. A dull ache in the belly in the morning (30). The diarrhea is marked during the day, especially in the afternoon. *No* nightly diarrhea. The stool is partially formed and rather soft (30). Before breakfast, the stomach itself feels tender inside as if a scab had been removed from an ulcerated area (30). Great hunger, not easily satisfied, with trembling weakness (30). Great but fugacious nausea. It lasts about ten minutes (4 to 4-30 P. M.), worse from chocolate (?) Destroyed a hunger for food; causes food to lose its good taste; fasting now has no power to induce hunger (30). In bed, very bad pain in the belly (dull). Belly cramps. Very frequent call to stool every ten minutes (6). (30). As if she had eaten something that disagreed (30). The stomach feels heavy, puffed up and bloated (30).

Back and Body

Shooting pains in the back. Pain around the heart, sometimes sharp like a knife when he breathed deeply. Inspiration aggravates the pain in the heart (30). A dull pain around the heart at times (30). Slightly sharp pains about the heart, coming and going (30). A feeling of coldness across the back (30). A heavy feeling all through the body in the morning, better walk in the open air (30). Knife-like shocks in the right side near the waist, going into the body (30). A distressing weight in the central part of the anterior thorax with incarcerated flatulence there (30). Left chest pain and oppressive weight with dyspnea (3). Pain across the back is sharp and catching. It is hard to straighten up. Catching pain in the left shoulder-blade (30). The backache is sharp lying down on something hard (30). When walking a doubling-up feeling on the right side. Tingling down the back like drops of cold water (30).

Extremities.

Facilitated movement of the joint of the middle finger of the right hand (30). The feet felt like ice and tickled like pins and needles, a condition better by stamping the feet (30). *Throbbing pains* bother the prover all over; worse in the left hand and in the right leg below the knee. They throb in one place, then stop, appear in another place (30). Throbbing in the arm and legs; noticed generally when quiet (30). "Pins and needles" feeling

in the arms better by motion and rubbing; only in the mornings and when awakening (30). "Pins and needles" with respect to both feet (3). Drawing pains in the right toe; the pains are sharp and are worse walking, better sitting, better at night. Forced to draw up the toe once in a while (3). When walking, above the right knee felt sprained. At night, the knees pained like a sprain (6). The calf of the left leg itched (6). The feet burned like fire on a change in the weather (30). Burning in the right hip, worse when he sits (much worse, used to be a little) (30).

Respiratory.

Dyspnea (3). Dyspnea experienced when the prover walked rapidly (30). Forced to breathe rapidly on fast walking (became puffy and out of breath (30). Left sided dyspnea (3). Hiccough (6). A cold for a week (loose cough) and a good deal of mucus out of the nose and throat (kind of yellow and thick) (30). The expectoration is worse in the daytime but it does not bother at night (30). Coughing in the middle of the night—pain in the upper central anterior chest area, worse lying down (30).

Sleep.

Improvement in sleep (30). At first betterment in sleep, later sleepless (30). Drowsiness worse at 10-11 A. M., it keeps up until 5 P. M., the weakness worse when drowsiness comes and the weakness is worse in the morning (30). Dreams at night (annoying) of an accident (friend breaks an arm) (30).

Skin.

Felt chafed under the right breast; it became as red as blood and there was a strong odor from it, like strong perspiration (30). Small pimples all over the cheeks. Itching pimples (6). Itching on the calf of the left leg (6). A rash of red pimples develops between the shoulders; a little itching, worse in the evening (30).

Urine.

During the day passing more urine (3). Nocturia thrice, before the remedy rare (3). Passes urine about every half hour. Sometimes the amount is small, sometimes it is large. On awakening from sleep always large (6). *The urine is made colorless.* It is voided every two hours (30). Nocturia in large amount twice

(3) (6) (30). She is passing her urine as often *but the amount is less* (30). Oliguria (30). The urine became very cloudy. It is half full of white clouds (30). *Frequent urination* in the daytime (small quantities) (30). Frequency and a larger amount too (3). Frequent urination day and night (6). Cannot hold her urine well (30).

Fever.

After producing awful back and belly pains, the prover becomes so chilly she cannot get warm. After this, she broke out in a sweat. The third potency stopped a condition of *constant coldness*. The face felt hot in the cheeks with a pinkish flush there (30). A creeping chilliness in the back and body all day (30). Nocturnal fever (3x). Very thirsty, worse in the morning, worse at night, with a frequent dryness of the throat (30).

Female.

The menses are *more free* and are dark red at first (30). Menses are forced ahead of time (?).

Modalities.

Better after stool. Better walking in the open air (the morning drowsiness which affects the eyes) (30). The prover wants to be about in the morning and to rest the arms against something (30). Worse in a *warm* room; becomes drowsy and weak (30). Better on keeping the eyes closed (30).

HOMŒOPATHIC CARE OF THE CHILD DURING THE FIRST YEAR.*

Thomas G. Sloan, South Manchester, Conn.

No. 1.—A little girl of eight months has been constipated since birth. Castor oil and enemas produced stools, but with great difficulty, much unsuccessful urging and great urging with the stool. She had a white scanty leucorrhœa. Sepia was given without apparent result, followed by Sulph. 200, 1 m. and 40 m. at long intervals. The first dose of Sulph. produced natural movements,

*Read before the Annual Meeting of the International Hahnemannian Association, June, 1926.

and at the present time the young lady, who is now nineteen, has never been obliged to take a laxative.

In this connection I wish to express the opinion that castor oil given frequently, as it often is, the first few months of life causes a very large number of cases of chronic constipation.

No. 2.—A fellow physician called me to see his infant daughter who had been suffering from an otitis media for twenty-four hours. He had given all the codeine and morphine he dared without any relief. She had been crying and screaming for hours. The drum was acutely congested without any bulging. Fifteen minutes after Puls. 1000, 1 dose, she was asleep and the case was ended.

No. 3.—An infant has been very restless and uneasy for several days with frequent urination. When urinating he screams with pain. His diaper shows a pink edge around the area soiled by the urine. Lyc. 1 m. relieved quickly.

No. 4.—This little girl is about a year old. When she was ten days old eczema appeared on her hips and genitals, extending down toward the ankles, upwards to the waist, then around the shoulders, neck, face, scalp and behind the ears. At the present time it is on the scalp, behind the ears, around the arms and in the folds of all the joints. There is a scanty, watery discharge. Little itching. Her head sweats much. She is plump and well nourished. No teeth have appeared. Very constipated with much unsuccessful urging for stool. Does not walk or creep. Is good natured. Catches cold easily. One grandfather and one aunt died of tuberculosis.

The child has been treated with many different ointments, has taken cathartics *ad lib.*, and has had numerous modified milk formulas. The eczema will clear up in one area and appear in another region.

Under calc. carb. from the 1 m. to the c. m. with a few intercurrent remedies needed from time to time, the eczema and constipation were cured in six months, and the little girl had the normal number of teeth.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

ON THE CURABILITY OF CANCER.

While discussions of cancer and the "cancer problem" occupy much space in both the medical and lay press, the homœopathic wing of the profession seems to take little part in them. For the most part homœopathic physicians are silent—much more so than in the old days, when some of them fought valiantly for their principles as applied in the exclusively medicinal treatment of this dread disease and made their showing of successful results.

There must be good reasons for this ominous silence on a subject of such vital importance. What has come over the "homœopaths" to cause them to retire from the field in which there is so much general activity? Are they tired of controversy? Is it, perhaps, an admission of defeat—a surrender to overwhelming forces of opposition and attack? Is it a confession that Homœopathy is inadequate to deal successfully with cancer?

Is it just a phase of the general apathy, discouragement and decline of interest in applied homœotherapeutics?

Or is it fear of the heavy hand of Official Medicine as recently exercised by its national organization in certain cases where individual members have braved its inquisitorial terrors, been excommunicated and suffered all the penalties thereby involved?

It is only a short time since one of the oldest and most eminent physicians in the United States, recognized for more than a quarter of a century as a leader and as one of the greatest authorities and writers on cancer in the world, was suddenly removed from all his society, official and institutional relations, deprived of his consultation rights, his honors and emoluments and was ostracized—all because he had dared publicly to oppose the surgical treatment of cancer and denounce the propagandist campaign then and still in progress to extend it.

Others under inquiry for having used the Koch cancer anti-

toxin have averted the extreme penalty only by complete and abject submission obtained by compulsion involving a renunciation of their rights to use, advocate or advise that or any remedy or measure of treatment condemned by the official body. The latest of these just reported, is a surgeon of very high standing in a Southern city.

Is this the reason why homœopathic physicians, many of whom are members of the American Medical Association, are taking no part in the discussion of cancer, nor advocating treatment by homœopathic medication?

It is quite true that "Cancer" is incurable. But that is a long way from saying that "The Cancer Patient" is incurable. There is a vast difference between the two terms and the mental and physical states they represent.

Public and profession alike have so long been blinded and confused by crude, materialistic ideas about disease in general and cancer in particular, that they have lost the power of discrimination between a disease and its end products. The theory of the local nature and existence of cancer has been held so long and so tenaciously that it is exceedingly difficult to get a hearing for the long recognized (in part) but newly demonstrated truth. A partial synthesis or consensus of the more advanced views, old and new, on the nature and causation of cancer may be stated as follows:

(1) That cancer is a constitutional, or molecular and cellular blood disease, of which the ultimate local or tangible manifestation in the form of a mass or tumor is merely a result, a secondary product of the morbid process.

(2) That cancer, or malignancy, broadly speaking (without analyzing it in detail with all that is involved therein), is a disease of metabolism, resulting primarily from deficient oxygenation and an excess or deficiency of certain chemico-vital elements *derived from food*, giving rise to a toxemia of germ production which changes still further the body chemistry and lowers vital resistance to the toxin and the germ that produces it, and leads, through an inadequate protective effort, to the production of the abnormal cells of which the ulminating tumor is composed.

(3) That the originating germ naturally, therefore, has its general habitat in the digestive system, especially in the large intes-

tine, but also in other anaerobic localities, and that the localization of the disease is influenced by hereditary or acquired predisposition and by traumatism.

When even this much is recognized as fact and accepted as truth, it immediately becomes obvious why local or mechanical treatment of cancer is of no avail and must always fail, since it does not touch the real disease at all. When it is seen that we have to deal primarily with disordered functions, with a morbid vital-dynamical process, capable of being acted upon and changed by homœopathic medicines when we know how to use them, the cancer case does not seem quite so hopeless as it does when we think of it only as a malignant growth or tumor.

That the treatment and cure of cancer is definitely within the scope and possibilities of homœopathy, has long been known and proved.

The real indications should be clear for every intelligent, well-read and technically competent homœopathician. They are, first, to correct the faulty metabolism by eliminating injurious articles of diet and providing food that will supply the necessary elements of nutrition in adequate amount; and second, to prescribe skilfully the medicines which are demanded under the universal therapeutic principle of Reciprocal Action, guided by symptomatic similarity. These being fulfilled, one may be fully assured that curative results will follow, the rapidity and completeness of which will be exactly proportionate to the skill of the prescriber and the degree of susceptibility of the patient.

Cure and curability, like health and disease, are abstract relative terms. There is no such thing as absolute health, absolute disease, absolute cure or absolute curability. All are relative, all are matters of degrees, all are conditional. Failure to recognize this fact is responsible for the greater part of the failures in medicine and surgery, and for all the false, injurious and deceptive methods and measures by which the sick have been and are still being treated. And this applies to homœopathy as well as to all other methods of treatment.

Such a statement is likely to shock some "homœopaths," and that is precisely the reason why it is made. They need to be shocked out of their apathy and complacency with things as they are, including themselves, and led to do some clear thinking.

I am not saying that absolute or complete cure is not a worthy ideal for any physician to hold, but merely that in the nature of things it is only an ideal, not an actuality, which, like all other ideals must remain forever just beyond our reach.

The worst thing that could happen to any of us, if it were possible, would be the full attainment of our ideals. The very essence and value of a true ideal is that it is always ahead of us, something to be striven for. It moves ahead of us as we move toward it, always beckoning us on to renewed efforts, but always eluding our grasp. Without ideals there would be no progress.

In spite of the fact that true ideals (there are false ones) are never attained, one cannot, in reflecting upon the curability of cancer, but feel a thrill of pleasure when some worker, in the genial glow of exuberance over medicinal cures which he has effected, or thinks he has effected, bravely bursts into print, and tries to tell the world all about it. One may criticize his method, doubt the accuracy of his observations, doubt his diagnosis, doubt his interpretation of phenomena, doubt the completeness and permanency of his results, and still admire his courage and enthusiasm and feel happier over the prospect and possibility of cure which he has thus again brought to our attention.

Optimism as thus displayed is (fortunately) infectious as well as the pessimism inherent in the "radical" treatment by surgical and mechanical measures now so much in vogue. The unfortunate thing about it is that there are so few "carriers" of this wholesome and sanative infection. One feels that health might be infectious as some diseases are, if it had half a chance.

So in these days of bacteriological and serological obsession; of increasing publicity and forceful propaganda intended to terrify and drive the people into the hands of "orthodox medicine" and the surgeons, one hails with joy even a small rift in the clouds of pessimism through which we get a glimpse of the bright blue sky beyond.

"But hold," protests some one, "why characterize all this as pessimistic? Are not the surgical promoters of the 'Cancer Campaign' optimistic? Do they not hold out hope to the afflicted? Are they not constantly urging, almost compelling, the people to go at once to the surgeon on discovering a mole, a lump, a swollen gland, or what not, and be operated? Are they not continually emphasize-

ing the necessity for "early and radical" treatment of such things? Do they not thereby promise or imply that cure will result?

I mean exactly what I say when I charge that the real basis of all these surgical pleadings and urgings and compelling is a hopeless pessimism, a confirmed but concealed belief that cancer is incurable, and that in recommending resort to the knife as "the only hope" (with an implied promise of cure) they belie their own statements and hold out a false hope. They know full well that surgery alone never cures cancer; that it merely removes the external, tangible products of the cancer disease and leaves untouched the disease itself; that this invariably reappears either in its original or in some other form, if the patient does not die of the operation.

The hope surgeons hold out is nothing but the hope of palliation, of temporary relief. Pin them down and they will either admit it, evade it, or (some of them) lie about it. They dare not hold out a promise of cure, and, to give credit where it is due, no reputable surgeon ever does make any such promise. All he does at most is to hold out a hope. If the patient misunderstands this (as he usually does) and thinks cure is meant, the surgeon, as a rule, does not permit himself to feel that he is at fault for not destroying hope. If he does not know anything better than surgery, who can blame him?

How does the public react to this attitude and policy of the dominant profession; to all this publicity and propaganda for surgery in cancer?

It appears to me, as well as to some other observers, that the principal result of the nation-wide cancer publicity campaign, inaugurated a few years ago and vigorously pushed ever since, has been to bring about a sort of "Reign of Terror." Certainly the public has not flocked to the surgeons with its "moles, warts and lumps" in any such increased numbers as they expected and hoped.

On the contrary, and quite in accordance with the laws of psychology, a very large proportion of those who were led to believe they had potential cancer or precancerous symptoms, have become more afraid of the medical profession in general and the surgeons in particular, than they were before. Inhibited in their normal reactions by their fears, they have become more secretive, more unapproachable and altogether more difficult to handle.

They know that going to the average physician or surgeon means an operation. They know too, many of them, that an operation does not mean cure. They discount all of the assurances, encouragements and suggestions (not promises) of cure made by the surgical propagandists. They double discount the "cures" performed by surgery. For there are few among them who have not known or heard of some one, perhaps in their own circle, who was unsuccessfully operated for cancer. Likewise, they have heard of cases that have been cured medically without resort to the knife. There are few who can be led to really believe that warts, moles, and swollen glands may develop into cancer. They have seen too many of these disappear of themselves or under simple domestic treatment, to be hoaxed into any such belief.

For the most part these people are right and quite justified in their antagonistic attitude toward the surgical propagandists in this matter. They are suspicious and have a right to be suspicious of ulterior motive, principally mercenary and partly political. The reasons for this suspicion are as plain as the nose on a man's face.

Taken altogether the current cancer campaign is about the coldest blooded, cruelest, most arrogant and presumptuous campaign ever attempted by Official Medicine. With nothing to offer but mechanical and local measures which have been proved ineffectual and worse, measures which have been deprecated or condemned by many of the greatest surgeons who have practiced them because they knew no better way and felt they must do something; condemning or ridiculing every one who differs with them by advising resort to milder measures based upon successful results from constitutional treatment; refusing to investigate or even inspect cases of verified cure by medical treatment and attempting to suppress the publication of all reports of such cures, they have banded themselves into an association, backed by the ubiquitous A. M. A., whose purpose is to beguile or force the public to accept their program and submit themselves to mutilation by the knife, or destruction of their tissues by radium or the X-ray.

The bigotry, selfishness, cold-bloodedness and cruelty of such a campaign becomes obvious when it is known that statistics prove the constantly and rapidly increasing extension and terrific mortality of cancer under the mode of treatment they advocate.

The general reaction to the high handed course of official medicine is interesting, to say the least. It has been adverted to in this Department a number of times. But one of the recent special reactions is more than interesting. It is highly significant, inasmuch as it marks the development of an organized counter-attack on modern lines of strategy. Outraged medical and humane feeling is once more crystalizing rapidly, as it did more primitively during the early days of homeopathy.

In the Koch Cancer Foundation, the American Medical Association will soon have, if it has not already, a foe worthy of its steel. For more than a year now a copy of its ably edited *Bulletin* has gone monthly to every physician in the United States and Canada. Doubtless it has been read, for the *Bulletin* claims for the Foundation a membership already of more than three thousand physicians who are using the Koch Synthetic Antitoxin in their cancer cases, and that the number is rapidly increasing. Certainly that is "going some."

The originator of the Koch synthetic cancer antitoxin was in a very intimate personal relation for several years with a widely known homeopathic physician and author in the early days of his researches. From this physician he received moral support and encouragement, and possibly some helpful scientific suggestions. This physician is supporting the Foundation today.

Probably the homeopathic school at large has its proportionate numerical representation in the membership of the Koch Cancer Foundation. It would not be surprising if it were true.

Without doubt the A. M. A. is aware of the existence of the Koch Cancer Foundation. Dr. Koch personally has received its delicate attentions. Plans for dealing with the Foundation are doubtless being prepared and the combatants will soon be in the ring.

It will be a pretty fight. We who are to witness it from the homeopathic section of the arena can well afford to keep our seats and cheer the challenger every time he makes a rally or puts over a punishing punch. May the best man win.

In the meantime what is to prevent us from reviewing the cancer situation from the homeopathic standpoint, going into training and getting into good condition for a renewed fight with the common enemy along well established lines? For us at least the serum and antitoxin theories can wait a while before we ac-

cept them without compromise or modification, since we have very efficient weapons of our own if we are reasonably expert in their use.

Scientific proof of the constitutional nature and basis of cancer is conclusive. Experience and logic alike prove that cancer does not and can not yield to local treatment. Nothing constructive has ever been gained by such measures. They never cure.

The *British Medical Journal*, October, 1923, said: "Can there be any doubt that in many respects the knife as a cure for cancer has been a ghastly failure?"

Sir James Paget acknowledged that surgery cannot even be given the credit of prolonging life, to say nothing about saving life. He said: "I am not aware of a single case of recovery."

Dr. Mayo has been quoted as saying: "After amputation of a cancerous breast under the most favorable circumstances (in the early case where the lump is small as a bean or a hickory nut and accessible) I believe that in ninety-nine cases out of one hundred, the disease returns."

Dr. McFarlan, Professor of Surgery in the University of Glasgow, wrote: "The operation never arrests, but uniformly accelerates the progress of the disease."

Dr. Francis Carter Wood, Vice-President of the American Association for the Control of Cancer, in discussion at the convention of 1925, said: "Radium will not cure cancer. It only destroys cancerous tissue within a certain radius, but does not drive the disease from the blood." (A significant double admission.)

The ghastly dangers and total failures of X-ray to cure cancer are so well known now that it is only necessary to mention and condemn it.

In view of these and innumerable similar statements which might be presented, are we not justified in characterizing the "cancer campaign" as arrogant, cruel, selfish, bigoted, pessimistic and hopeless?

Has homeopathy anything better to offer a long-suffering public? It must be admitted that a cursory review of the homeopathic literature on cancer is not especially exhilarating. One feels that,

as a school, we have not much to boast about. It is clear that we have not done as well as we might have done. Of the many cases reported as cured only a few show anything like technical mastery of the subject. Verification of diagnosis is often neglected. Only a few cases are treated systematically and consistently with due regard to the technique of scientific homœopathic prescribing. Vacillation, confusion and uncertainty in the choice and management of remedies is only too evident in the majority of cases. Little or no attention is paid to rational auxiliary, especially dietetic, treatment. Consequently there have been far more failures than successes. Probably this is one reason why the homœopathic vocalists are "singing small," or keeping silent. They are not proud of their record as a whole and many of them doubt their own competency—as well they may.

And yet this is no reason for being silent about the possibilities of homœopathy, nor about the cases in which it has been successful. The situation is much like that in which Mark Twain (or was it Bernard Shaw?) after listening to a scathing denunciation of Christianity, acidly remarked: "Why condemn Christianity? It has never been tried."

Look at the way homœopathy has been muddled and perverted by its nominal followers!

Cancer cases have been cured by homœopathic treatment—many of them. *Cancer cases can be and are being cured by medication* by men who have shaken themselves free from the hypnotic suggestions of surgical mesmerisers and from hide-bound tradition. They have faced their cancer cases courageously, studied them and the literature of the subject with open minds, chosen the medicines to be used according to their best judgment, laid out their general plan of treatment, and *stuck to it*.

Almost as important as technical proficiency in such cases are the moral qualities of faith, courage, patience, bulldog tenacity of purpose "sticktoitiveness." These are the personal qualities that help to win out in the long run, even when the measures employed are below the standard of scientific accuracy. With a fair amount of therapeutic knowledge, intelligence and common sense, plus the *desire and will to succeed*, these qualities make up to some extent for technical shortcomings, because their possessors, consciously or unconsciously, thereby draw upon the primary source and

supply of healing energy in Nature, available for them and their patients through psychological channels. This is an advantage which no experienced physician will despise.

I hold no brief for medical mediocrity nor technical inefficiency, when I say that any physician with a fair degree of knowledge of medicines and how to select them homœopathically can learn how to cure cancer if he goes about it in the right way.

The first thing to do after one has made and substantiated a pathological diagnosis of cancer is *to forget it*. Thenceforth, if one expects to succeed, he will treat, not "cancer," but a *cancer patient*. If he has kept pace with the advance of modern ideas he will keep in mind the fact that the morbid condition confronting him, the disease itself, is *carcinosis*, of which the "cancer" or tumor is merely a product, a secondary local manifestation with which he is not directly concerned; that there is always a precancerous stage represented by certain ailments or syndromes, and a diathesis represented by characteristic constitutional symptoms with which he is concerned. These are now fairly well known and classified by those who have studied the subject and published their findings. Broadly speaking, they include (for the homœopathician), practically all symptoms and modalities *peculiar to the individual* in whatever disease he may have had (differentiated from common symptoms and from ordinary diagnostic and secondary symptoms). They are to be diligently sought and recorded in as complete a clinical history of the case as it is possible to make.

This is absolutely necessary and of the highest importance for the homœopathician, because frequently in fully developed cases with secondary local pathology or "ultimates" present, few or none but common or secondary symptoms exist. These are of no value to the prescriber in selecting curative remedies. Only the primary dynamical or functional symptoms—those which represent the disease process in its active, formative phases, past or present, are reliable as a basis for curative treatment by medication.

All secondary symptoms resulting from the presence of pathological products, tumors, diseased or disabled organs, etc., must be excluded except so far as they reveal peculiar modalities. Otherwise the prescriber finds himself constantly "chasing the devil around a stump," caught in a vicious circle of misleading second-

any symptoms. Like a squirrel in a whirling cage he is always going and never getting anywhere.

Ignorance of this fundamental principle has been the main cause of failure in the medical treatment, homœopathic or otherwise, of cancer cases—this, with ignorance of how to apply in the best way the general principle of homœotherapeutics, *Similia Similibus Curantur*, by which alone the curative medicine can be found.

The foregoing is all old, standard homœopathic doctrine which should be familiar to every practitioner. But having forgotten or neglected it, one must be reminded.

To repeat: Cases of cancer have been cured by many medicines used by men of many varying degrees of ability as prescribers. There should be no doubt about it. Hundreds of such cases have been published. Certainly, not all of the men who published them were liars, ignoramuses or fools. It matters not that many of these cases were not very skilfully treated, judged by a high technical standard; that they were zigzagged and muddled through; that medicines were given combined or in alternation, in crude dosage or low dilutions as well as in high potencies; that remedies were too frequently changed; that diet was ignored, and that silly and unnecessary adjuvants were used. The main point is that *many of the patients got well*. This proves, at least, that *cancer is curable by homœopathic medication*. Cures and failures alike are explainable with equal ease when the principles are understood. Success in treatment is exactly proportionate to the skill of the prescriber, the susceptibility of the patient and the stage or degree of malignancy of the disease.

Homœopathic and eclectic physicians have many medicines to choose from, and principles to guide them. (They alone remain of those who attempted to treat cancer by medication.) Theoretically, "any case may be cured by any medicine in the materia medica." But practically this is not quite true. The number of medicines which correspond homœopathically to the cancer diathesis, to carcinosis, is not large. As a class it is rather small. The synthetic symptomatology, or characteristic syndrome of carcinosis has not been completely worked out yet, but while extensive it also has definable limitations. Both are easily within

the mastery of any intelligent homœopathic prescriber. He has only to search for them.

To give him a new start, shorten his labors and hearten his endeavor, I will suggest that if he will procure, through Boericke and Tafel, a little paper bound volume of 95 pages, published in London by The C. W. Daniel Company and entitled "*Cancer, Its Causes, Prevention and Cure*," by Dr. H. W. Anderschou, he will have the best *little* book on the subject I have ever read.

It is not necessary to enlarge on that statement farther than to say that its author is a Danish homœopathic physician, although he modestly disclaims orthodoxy in that or any other branch of medicine. Nevertheless his medicinal treatment is frankly based upon and governed by homœopathic principles, and if results count for anything it is mighty good homœopathy. He is quite as unorthodox and just as right in his theory of the nature and causation of cancer. In treatment he lays great emphasis upon rigid adherence to a meatless, fruit and vegetable diet, the make-up of which is based upon very full scientific researches (his own and others) into the chemistry and physiology of foods, supplemented and verified by extensive clinical experience. He has made many remarkable cures of cancer cases, some of which are described in his book. Reading it is a most enlightening and encouraging experience. Putting its teachings into practice will do much to put homœopathy back on the map in the treatment and cure of cancer.

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EDITORIAL.

Stuart Close, Acting Editor.

Faced by a hiatus created by the prolonged absence of Dr. Rabe in Europe, and by the necessity of filling the editorial space in THE HOMŒOPATHIC RECORDER regularly occupied by the products of his facile pen, paste pot and scissors, I found myself in a quandary which threatened to become a panic.

I have often been hard put to it to fill acceptably (to myself, at least) the ever yawning space in my own Department of Homœopathic Philosophy. To fill the Editor's space also seemed a pretty large contract. My pen is only a medium sized Waterman (reinserted occasionally by a lead pencil), my scissors are rusty and dull, and I have never been able to find a paste pot which would not dry out and be useless just when I happened to need it most. How Rabe kept his pot in such good condition I can only understand on the supposition that he had a secret formula for perennial paste and used it so often that it had no time to dry out. But for me, what to do? That space had to be filled somehow, lest the publishers and printers should think I had fallen down on my job and start an investigation.

"Uneasy lies the head that wears a crown," as Rabe very well knows. Has not his dolichocephalous dome been worn smooth and shiny by the seven years friction of his editorial crown? Moreover, the occupant of an editorial chair is likely to find a tack in it almost any time, and so be in trouble at both ends.

In this predicament I cast feverishly about for some solution. I pondered over the situation by day without arriving at any conclu-

sion. Finally, as often happens with truly great and good men—poets, philosophers, mathematicians, inventors (I never heard of it with and editor before), the problem was solved for me one night, during sleep, by my subliminal self. I woke in the morning with an inspiration.

It came in the form of a suggestion: Why not call up our old friend E. P. Anshutz (long time editor of THE HOMŒOPATHIC RECORDER, but domiciled since 1918 in a comfortable bachelor bungalow on a shady street in Editor's Paradise), and ask him to help me out? Surely, thought I, he is not so busy, nor so far out of touch and sympathy with his former friends and admirers down here that he will not be willing to make a suggestion to his quondam reader and present, if only temporary and most unworthy successor in the editorial chair with a tack in it.

Undoubtedly they have telephones in heaven. So I took the receiver off the hook quite confidently, called up "Information," got the right station and number and presently was connected. I heard the buzz of the golden call-bell and then the tones of a familiar voice.

"Hello, Hello, Anshutz speaking. . . . Who's that? Close, editing THE HOMŒOPATHIC RECORDER? Who's he? Don't seem to remember him. . . . Well, what can I do for you. No, I'm not busy, just sitting back in a big arm chair in my shirt sleeves, smoking an after-dinner cigar. Got a pile of galley proofs there on my desk to correct, but they can wait. No rush up here. Magazine always 'out on time.' Published 'Every Little White,' like Elbert Hubbard's *Philistine*. No fixed date, you see.

"Well, well! RECORDER's still going on, Rabe's gone to Europe and you're editin'. . . . O yes, now I seem to recall you. Wrote a paper on Vaccination that created quite a stir in the old days, didn't you? That was good stuff, but out of date now. Vaccination was a leading topic with me for years and I made good use of it. . . . No, we never hear anything about vaccination up here.

"They tried to crash the gate with their serums, vaccines and antitoxins, but failed. No dope, no hypodermic syringes, no scarificators nor any other lethal weapons needed here. They are all shot down the chute to the S. D. I. D. M. D. (Sterilizing, Disinfecting and Incinerating Department, Medical Division). They're used there on incoming doctors who have practiced that sort of thing on their patients. Nothing like giving them a dose of their

own medicine. They need it down there! (A chuckle.) Nothing but straight homeopathy practiced here. Mostly high potencies used.

"Occasionally we have to send down to B. & T. and get a few tinctures and low dilutions for some of the new comers who have been admitted on probation and are just waking up. Have to let them 'taper off' and come to their senses gradually.

"What's that? Oh no! You can't get me back on that thankless job. Too busy; and besides, I've graduated and been promoted. I write only when I feel like it. No more paste pot and scissors for me. No more 'Notes and Comments' laboriously penned at midnight after a hard day's work, with head a buzzing and the bed beckoning seductively. No more diatribes, defences, attacks, preachments or criticisms, directed at a lot of middle-headed doctors who don't know the difference between a 'hack and a hand-saw'; between an antitoxin and a homeopathic remedy; between a serum and a simillimum. No, sir! I served my apprenticeship at that trade and I'm through.

"But they need some of that yet, you say? Well, doubtless they do. They're an incorrigible lot. Egotistical, 'up to date,' hard boiled, think they know it all. But they're due for a surprise when they come up to The Gate and The Old Man holds them up for a little quiz (with a twinkle in his eye) before he turns them over to the guides who conduct them ceremoniously around the corner and downstairs to the M. R. D. (Medical Reconstruction Department). There they get a thorough course of their own purgatorial treatment by way of penance, preparatory to a course of instruction in real medicine.

"Sorry! I'd like to help you out, but how can I? Ah! I have an idea. If you want some of my stuff so much, why not dig out one or two of my old editorials and reprint them? I fancy some of the old fellows might like to read them over again, and even younger ones might find something in them to set them to thinking. Possibly they might discover that they had been progressing backward since I laid down the pen and stopped fighting for safe and sane medicine in the form of Hahnemannian Homeopathy.

"Think it's a good idea, do you? O, you're entirely welcome. Don't mention it. Glad you thought of me. Call me up again when you feel like it. Goodbye." And the telephone clicked.

Good old Anshutz! Faithful worker, keen, humorous critic, sound literary adviser, quizzical comrade, entertaining writer, relentless foe of medical sham and hypocrisy, loyal friend and modest gentleman! It is good to feel that his wit and wisdom are still within reach by one means or another, even at this late day.

Here follow some short editorials by Anshutz, selected almost at random from the 1917 issues of THE HOMEOPATHIC RECORDER—among the last he wrote before he passed over. Judge whether they are out of date or not.

"THE HAHNEMANNIAN DOCTRINE OF ATTENUATION."

(E. P. ANSHUTZ, HOMEOPATHIC RECORDER, JUNE, 1917.)

The above is the heading of an article in *Physico-Clinical Medicine*, a new journal published at San Francisco. As a preliminary, it can be said, possibly from lack of understanding, that "Physico" medicine seems to out-Herod even our extreme fluxion potencies. Here is a quotation:

"It is practically impossible to conceive the limit of the subdivision of matter. An idea of the smallness of an electric charge in matter was referred to by Prof. Millikan, in a recent lecture at the University of California. It was he who first isolated and weighed electrons. He said that if the two and a half million people who live in Chicago were to begin to count, and count as fast as they could, day and night, without stopping to eat or sleep or die, for 20,000 years, then, if the amount all had counted were added up, the total would be the number of electrons passing through an ordinary light filament in one second!"

The article does not have much to say of Hahnemann or Homeopathy, the gist of what is said is contained in the following quotation:

"It is assumed that Hahnemann conceived disease as a perversion of the spiritual-vital powers and anything spiritual not being combatable by material remedies he turned to a spiritual power bound up in plants and liberated by dilution. The corollary of the latter conception was, 'the efficiency of medicinal substances reduced to a wonderful degree of minuteness or dilution.' Hahnemann lived at a time when the now exploded

theory of vitalism dominated medical thought and he no doubt employed it as a vehicle for emphasizing this doctrine. The historic development of therapeutics is identified with this theocratic philosophy."

Is the theory of vitalism "exploded"? Briefly vitalism is, "the theory that all animal functions are dependent upon a special form of energy or force, the vital force, distinct from any other of the physical force," so says the dictionary. Just here let us quote from the article to show what the *Physico-Medicine* stands for:

"Pharmacodynamics is identified with homovibrations and not, if I am permitted to neologize, by heterovibrations. *We are standing on the threshold of a new Pharmacognosy in which radiotherapy will be employed with relation to the polarity and vibratory rate of disease.* I have designated the former as *polarity therapy*, and the latter I shall neologize as *Oscillatotherapy*."

This outlines what is substituted for the old vitalism and, frankly, we do not hesitate a moment to hold on to vitalism on which, in one sense, homeopathy is based.

Man is made up of body and soul, or of body, *i. e.*, matter, only. Under the old idea, if a man lost a leg he knew his body had been mutilated, but he, *himself*, was unchanged, and would be so when he lost his whole body. In other words, his vital part, or soul, was immortal. The idea prevailing today among scientists, or some of them, is that all of man is matter going from coarse to radio energy, consequently when man dies he returns to the vast mass of matter, and that is the end of him. The old vitalism is more logical, more in accord with reason and consequently more truly scientific.

More and more the marvelous discoveries of science are confirming the truth of homeopathy on its physical side, but that same science halts at duality of man, body and soul, the one absolutely natural, the other absolutely immaterial, yet acting on the material and influencing it to do so as the soul desires. It is the recognition of the dual nature of man that gives homeopathy its vitality. Our *materia medica* is full of mental symptoms and man is one complex of emotions. Can the laboratory isolate an emotion? the materialists stand on one side, the Christian scientists on the other. The one is all matter, the other all mind, and both one legged. The follower of homeopathy stands on two legs, hence his success.

INFINITESIMALS.

(September 15, 1917.)

Dr. Albert Abrams, of San Francisco, in *Physico-Clinical Medicine* of the same city, seems to have stirred up the homeopathic journals. The Recorder, June, considered his paper and nearly all the other homeopathic journals have done the same—approvingly. Yet, in deed, there is nothing homeopathic in what he wrote save an affirmation of the infinitesimal, which, as many of our men have repeatedly told us, Hughes, for instance, has nothing to do with homeopathy, or, in other words, with *similia similibus curantur*. In this they are right, for Hahnemann started with big doses and succeeded; he reduced the dose, and succeeded, and today we have men prescribing the \emptyset and others the D. M. M., the 3x and the 30th, all successful. This seems to show that homeopathy is a bigger proposition than infinitesimals, and also, that the recognition of the fact of infinitesimals is no proof that the man so recognizing is a homeopath, nor is it a proof of the fundamental principle of homeopathy, namely, *similia similibus curantur*.

There is a vast deal back of that Latin proverb, whether you spell it *curantur* or *curatur*, more than is dreamed of in the philosophy of some of the modern homeopathic Horatios. The size of the dose is a matter of experience with logic tending to the higher potencies. The action of the law is eternal whether the *Aconite* be in the tincture or in a potency, and we can also see that the smaller the dose of the needed "similar" poison that is curative the less the afflicted one has to contend with on his road to recovery. The "how" of a cure bothers the men who go in for science. How does a grain of corn germinate and bring forth a hundredfold? "Heat and moisture" is the triumphant reply. But "how"? No one knows, not even the Agricultural Department of the United States. That department knows the fact just as the homeopaths know the fact that *Aconite* will cure if indicated. But how it is done in either case no one knows. To answer you must know the secret of "life," and not even the Rockefeller Institute knows that, for when one of its scientists loses what is known as "life," he becomes a mass of substance easy to analyze, which was not the case before his mysterious "life" departed. Then the mass was warm with life.

This leads up to what one very respected contemporary had to say of Abrams' paper, namely:

"If Abrams' conclusions are confirmed by other investigators and they become thoroughly established, it will be a tribute to Samuel Hahnemann and should serve to lessen much of the prejudice now existing against homeopathy."

With all due regard for our learned New York contemporary it will do nothing of the kind, for Abrams, while proving the actuality of the so-called infinitesimal rather makes light of real homeopathy of which the infinitesimal is but a corollary. Homeopathy is the only thing in therapeutics that is scientific and it can and must stand on its own bottom. The seemingly near approaches, and the patronizing half-approvals from the outside are of no real benefit without a recognition of the great fundamental, the law. A man may believe that an ion can buzz around in an atom like a fly in a cathedral, but that belief does not make him a homeopath any more than the seeing and believing in the existence of a cathedral makes a man a Christian.

When we get down to brass tacks there is precious little any of us know of what is below the surface of things, though most of us are cock-sure we know much or even "know it all." What causes diphtheria?

"The bacillus of diphtheria, of course."

What causes the bacillus?

"Give it up!"

And even here it is by no means certain whether the bacillus causes the disease or the disease causes the bacillus. Every experienced homeopath knows that a drug administered on clear cut, homeopathic indications will quickly cure the patient whether it be given in material or infinitesimal dosage if cure be possible, but a belief in infinitesimals without the law would leave the physician helpless.

And after all is said, why should homeopaths be so eager for the crumbs of commendation that fall from the allopathic table as though they were our superiors?

THE HOMŒOPATHIC RECORDER

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UNIFICATION OF DOCTRINE IN HOMŒOPATHY.

A Paper Submitted to the Consideration of the International
Homœopathic League.

By Dr. Higinio G. Perez.

General Director of the Free School Homœopathic of Mexico.

Homeopathy as a humanitarian benefaction has invariably aroused in generous souls the noblest kind of emulation through the diffusion and propagation of this Doctrine. The sincerity of those convinced it its force of attraction for making proselytes.

The International Homœopathic League constituted by a nucleus of eminent and abnegated scientists have undertaken the mission of an apostleship, with all zeal and constancy, for the purpose of enabling the whole world to participate in this inestimable benefaction and panacea for all ills of the flesh.

In order to attain to attain this humanitarian finality, it is necessary to unify the spirits by means of positive convictions and a spontaneous action. The homœopathic system should verily constitute a species of religion such as may distinguish and unite us everywhere.

The diversity of criteria in connection with the doctrine and methods as observed among homœopaths, in spite of same being inspired by our great code, the Organon of Hahnemann, implies the necessity for unifying ourselves as soon as possible.

The Apostolic Roman Catholic Church did not acquire its preponderance throughout the world until it defined its doctrine by means of a credo at the Council of Trent.

And we need to define homœopathic orthodoxy. Without this form of association we shall continue to exist always as dispersed elements and without cohesion; and as dissentients we will go on straying away from the straight road as indicated by Hahnemann.

There is no group more authorized than the International Homœopathic League is for undertaking this task, whose see has been established in the capital of the United Kingdom, one of the very greatest modern nations, not specially because of its dominions and citizenship, but on account of its advanced learning and equanimity.

But beforehand, it is convenient to say something in regard to the concept which should be held in connection with the orthodox practice as observed in homœopathy, without arriving at a dogmatism which would undoubtedly mean stagnation.

By scientific orthodoxy we should understand it as signifying a perfect adaptation to fixed principles of truth.

Homœopathy has passed through stages the same as all new sciences: those of hypothesis, of system and of doctrine. That is to say, it has reached the plenitude of evident truth.

Homœopathy is a doctrine whose principles are interlaced in the most rigorous manner in formation of a whole. The truth on which it rests and from which are derived a number of other truths as natural corollaries is immutable and eternal the same as every indisputable truth. On this it bases its irresistible potency and the expansion of its irreducible light.

Homœopathic medicine has its axioms, its style, its faculties, its physiognomy, its language, its classifications and its analogies. In its investigation it analyzes, and in its speculative part it synthesizes in the very best way. Its pharmacological lexicon is as perfect as the one relating to chemistry, and its abbreviated formulas are understood as readily by a Japanese as by an American.

Homœopathic logic is not reduced to a formalism of induction, but it includes mental processes which elevate from the symptom to the sign, from the function to the organ, from the cause to the effect, and from the image of the disease to that of the medication.

The practice of medicine as a science of live beings and of concrete facts as the functions are, has the selfsame nature for its guide: *Natura Morborum Medicatrix*, as Hippocrates said. Now, if nature is the guide and teacher, the most logical thing to do is to follow it and imitate it in its processes: *Similia Similibus Curentur*, was what Hahnemann commanded.

These universal principles constitute the basis of the philosophy of homœopathy which is the real science and art for restoring health to the sick.

The decalogue as accepted by the members of the National Academy of Homœopathy of Mexico, reads as follows:

- I. To adjust all medical indications to the principles of homœopathy.
- II. To prescribe only those medicines 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 there is no other recourse.
- VI. To never prefer a palliative to the indicated medicament.
- VII. To not employ antiseptics *in vivo*, nor antibodies, tonics, laxatives, specifics (patent medicines).
- VIII. To prefer prophylaxis to medicament.
- IX. To employ hygiene before administering any medicine.
- X. The mission of the practitioner of homœopathy should be one of piety and of apostleship.

All the foregoing rules are reduced to two: to that of assisting nature in its curative processes, and to never harm the diseased persons.

Once we unify ourselves in our doctrinal criteria and recognize an intellectual center such as may impose its opinion by means of selfevident reasons we are to subject ourselves to those indications, provided that later reasons or occurrences do not prove the contrary. Only in this way can we continue along in concord and avoid a regression to empiricism.

Thanks to the great discovery of Hahnemann, allopathy has become humanized, and its inquisitorial methods of the yesteryears are disappearing, although being substituted by other ones not less dangerous.

Now more than ever there is a crying need for the merciful hand of homœopathy, which upon administering its medicaments through the natural channels and by means of imponderable doses pre-

vents the profanation of the organic integrity and the perforation of the skin for the purpose of introducing into the blood current extraneous and poisonous agents which act so fatally on the organism, without it being able to defend itself against such an outrage.

Our medicaments with their opsonic power and with the anaphylaxis that they provoke, can very advantageously take the place of all the vaccines and serums which are continually placed on the market, whose action is quite hypothetical. Therefore, today more than ever, we should increase our activities towards protecting suffering humanity from the ever present danger of becoming the victims of the empiricism of the allopathists.

But it is urgent for us to define what should be accepted at this time when allopathy is tending towards a nearer approach to homœopathy, and here it can be said that its achievements are precisely due to this closer approach to homœopathy.

It is necessary to educate our successors and the public in general in regard to homœopathic doctrines and methods. It is necessary to create the habit, by educational means, in such a manner that our clientele being duly prepared by or for infinitesimal doses will not be able to bear the irritating doses of allopathic drugs.

I insist upon repeating that a medical homœopathic education is becoming an absolute necessity, either through the channel of schools, offices for free consultation, popular lectures, or publications, etc. And, above all, such valuable information should be transmitted by means of practical manuals of homœopathy to all the homes throughout each and every locality. Simplicity and economy are powerful weapons with which to achieve a victory. The mothers of families constitute the very best auxiliaries of the homœopathic physician and the most sonorous heralds of our curative method. For this purpose it behooves us to encourage faith and confidence in it by means of exhibiting the successful results of such practice and which is the best advertisement for any new method. The incredulous, the infidel, the lukewarm, have never been able to create any enthusiasms, unify different opinions, nor devote themselves to proselytism.

The educational teaching of homœopathy ought to begin with the youth of the world for the purpose of molding strong and unyielding characters, resisting everything that is not homœopathy.

The best monuments that have ever been erected to the memory of Hahnemann are the schools.

The founding of homœopathic schools is and will always be the basis of our apostleship. In the countries where there is liberty of instruction—and it exists in all the cultured nations of the world—it is easy to establish such; but where the official medicine is administered by the allopathists, it is nevertheless necessary to found them; not for the purpose of training professional men, but for convincing the people of their great importance.

These new truths need the free school because they cannot find an abiding place within the official restrictions as molded by the allopathists who up to the present time are and have been those who impose as a dogma their mistaken opinions. I have before stated that every school not only instructs, but that it also educates and creates its type. The students of the allopathic schools will always carry the mark of their school unless they complete forsake that habit which constitutes their second nature.

The free school of Mexico has given greater results during its short life of fifteen years than the official school gave which was founded thirty years ago. This is due to the ample field of liberty wherein we actuate, and in view of the fact that we adjust our methods and program in accordance with our doctrine, without considering the routine which at all times has enervated the intellectual life of youth.

With reference to surgery and other means that have been provided for us by industry and mechanical inventions, we are by no means behind the times—but we know how to duly avail ourselves of such benefits without that exclusivism as displayed by those who want to reduce every healing of the sick to the application of a means, as done by the chiropractors, hydrotherapists, electrotherapists, opootherapists, etc.

I sincerely believe that if these ideas of mine should merit the attention of such an eminent society as yours is, the practice of homœopathy will soon become an important part of the teaching of the schools throughout the world and command the respect and consideration of all governments which up to the present time have had it relegated to disdain, simply because routinism and error as impassable frontiers oppose the establishment of same to the extent and with the splendor such as is merited by every truth which is a benefactor of humanity. But powerful interests are at work op-

posing this triumph of the new truth; however, this one like and infectible light will be diffused and filter through every obstacle and pervade the whole world, carrying with it that consolation such as is so much needed by diseased persons who up to the present day have been so harmed by the reigning medical empiricism.

The selfsame pontiffs of the allopathic school of medicine are already recognizing the efficacy of homœopathy, without fear of criticism or of excommunication, and publicly profess an open faith in their new convictions. Dr. A. Bier, of Berlin, is one of these great savants who has forsaken his former errors and is now on the new highway of homœopathy.

I will now close my paper with the repetition of what I have already said in my book entitled "The Philosophy of Medicine."

The most notable and outstanding feature of the doctrine of Hahnemann is, that in spite of the time and of the modifications which it has undergone in connection with the progress of the sciences, the basic truth on which homœopathy rests has remained unshaken and is giving constant testimony of the fact that its discoverer was verily in possession of the truth. Centuries will pass and the future generations will have to render full homage and honors to that great man, to that great benefactor of humanity who consecrated his life to the construction of the most solid and grandest edifice of medicine.

Hahnemann could repeat without lacking in modesty that thought of Horace: *Exegi monumentum ære perennius*.

Notes.

I. The teaching of homœopathy was officially authorized in the Republic of Mexico, by virtue of a decree issued by the National Congress on July 15, 1895. In that same year the National School of Homœopathic Medicine was founded, which continued to function independently up to the date of its incorporation with the National University, and was discontinued in the year of 1924.

II. The Free School of Homœopathy of Mexico was founded in the year of 1913, without any connections with the government other than those as established by our laws which recognize the liberty of instruction and that of professions. The average attendance at this school ranges between 300 to 400 students, including those who are taking the preparatory courses. Up to the

present time 170 professional men have received their diplomas and who are now devoted to the practice of their profession as homœopaths, surgeons and obstetricians in this capital and in some of the states of the republic.

Instruction in our school is imparted in accordance with a program and methods that are scientifically adjusted to the doctrine of Hahnemann, and its curriculum and hours are analogous to those of the official schools.

III. The Mexican Homœopathic League includes groups of universality, free and associated professional men, scientific societies of specialties, and of sciences in general.

The homœopaths of Mexico have united themselves in spirit with the homœopaths of the whole world, and hereby desire to convey to each and every one of them a most effusive and cordial greeting in name of our immortal master Samuel Hahnemann, and they trust that in the year of 1929, they may have the opportunity to further strengthen the bond which thus so happily unites them, by receiving the homœopaths of the world as guests of honor here in their hospitable land.

Our motto is: SCIENTIA, LABOR, ABNEGATION.

THE CONCEPTS OF TRUTH AND LAW IN MEDICINE.

By Dr. Pierre Schmidt, 6 Boulevard Helvétique, Genève.

"There is something harder and stronger than bronze or marble: It is a prejudice."—HORACE.

"The search for truth is the supreme goal toward which science struggles. We pursue truth and yet, when almost perceived, it frightens us. Deceiving us time and again, this phantom appears for an instant, and is gone; we must pursue it further and ever further, without hope of overtaking it . . . and he who would join in this pursuit of truth must be absolutely independent, he must completely free his soul of prejudices and passions; he must resolve himself to an absolute sincerity."¹

¹ Introduction of the Thesis made by the author of the Law of Similars.

"It would seem almost impossible to find at the present time an unprejudiced observer. All men are prejudiced. Man is fixed in his politics, fixed in his religion, fixed in his ideas of medicine; because of his prejudice he cannot reason. You need only talk to him a moment on these subjects and he will begin to tell you what he thinks, he will give his opinion, as if that had anything to do with it."²

"An unprejudiced student is the only truly scientific observer, and it is only to the extent to which we can really free ourselves from preconceived ideas that scientific truth united with moral truth can procure joy for us. These verities entice us and elude us; even in the moment when the pursuing mortal believes himself to have attained to her feet, truth is gone, and he is condemned ever to follow after, nor may he know repose."³

Science.

According to Boutroux, science is: "The hypothesis of a constant relation between phenomena and an indefinitely perfectible induction." Science no longer dreams of giving the intellect an image of externalities which perhaps do not exist; it exposes relationships that may be obviously verified by experience. And this is sufficient to justify our applying to science the adjective true. *Scientific investigation consists in questioning nature in accordance with the hypothesis of this constant interphenomenal relationship.* The object of the scientific intellect is always the same: to create for the human intelligence as faithful and serviceable a representation of the conditions under which phenomena appear as may be possible.

Formerly science pretended to be the absolute knowledge of the nature of things, knowledge which is certain and definitive, as opposed to belief which is variable and individual; but this concept of science as absolute and illimitable has not been maintained. At the moment, science holds that it is based on experience and on experience only. Thus, by giving to man the means whereby he may induce nature to repeat herself, it lays hold on reality. It escapes from the everlasting and infinite variety of opinion. In this sense, it is not only compelling on all intelligences, but all its acquisitions

² Kent's Lecture of Homœopathic Philosophy. Lecture II.

³ H. Poincaré. La valeur de la Science.

are definitive. But, on the other hand, these very assets form a limitation of its extent and its philosophic value.

Boutroux defined the scientific spirit as essentially "The fact considered as the source, the rule, the measure and the control of all knowledge."

The Fact.

But a *fact*, from the standpoint of science, is not merely a reality which may be ascertained or verified. The investigator who proposes to establish a fact, sets himself before this fact and observes it, as could any other individual, equally motivated solely by a desire for knowledge. In this sense, he applies himself to discern, to watch, to reckon, to express by means of symbols and, if possible, to measure this phenomenon. But the reflecting mind wonders whether experience can furnish nothing more than mere fact, and whether it would not be possible, solely under the guidance of this same experience, to pass beyond the fact as here defined and attain to that which we call law.

The real object of science is essentially to explain the fact through the discovery of the laws which govern it.

In beginning this study, in order to avoid the sophisms, the false ideas and ambiguities which cling to words, it is necessary to rigorously define the terms employed.

Law.

Law (Latin, *lex*) is defined as the necessary linkage by which phenomena succeed one another, or more simply:

"A constant relationship, invariable and necessary, uniting two phenomena."⁴

Regnault⁵ defines it: "The regular sequel (or the idea therein) indefinitely identical, of effects of the same cause." According to Boutroux⁶ it is the coupling of phenomena, related among themselves, but isolated from other phenomena. To Montesquieu, it is the necessary relationship existing in the nature of things.

⁴ Larousse. Encyclopédie.

⁵ Regnault. Précis de logique évolutionniste. Bib. phil., p. 118.

⁶ Boutroux. *Loc. cit.*

In order to be of a scientific character, law must be based on observation and on experience; moreover, it must analyse the circumstances producing phenomena and resynthesise them with respect to their normal relationships of similarity and succession.⁷

This idea of law is the directing concept of modern science. Unquestionably, it is every old; even in the days of Greek science, investigators such as Archimedes found laws analogous to those which our physicists formulate. But it is only in our day that it has become the fundamental idea of science.

Thus, the law of falling bodies is a constant relationship; invariable and necessary: during a given time, a falling body always traverses the same distance.

Of course, such accuracy in the determination of law cannot be the object of all sciences. When biology, for instance, investigates the behavior of an organism under variations of its environment, it does not pretend to measure these variations. It is, however, no less true that all sciences work toward the establishment of a definite law.

Science, thus, by general recognition, is characterised by its endeavor to discover the constant, invariable and necessary relationships existing between the facts of observation.

Medicine.

Despite the present tendency to consider applied medicine as a science, it possesses neither principle nor law in anything resembling therapeutic medication.

In general definition, medicine is at one time both an art and a science; a science in its scientific perception, an art in its application. But there are times when all recognition of a scientific character is denied. In the last edition of the dictionary of medicine, Littré defines it as follows:

"An art and not a science, for it seeks a practical result and not a scientific truth. It rests on individual procedures and not on principles or constant formulations."

This definition, however, cannot be considered as adequate today. In reality, while surgery, anatomy and physiology are rapidly becoming medical sciences, therapy remains as ever an art, pure and

⁷ Littré. Dictionary of Medicine. Art.: Law.

simple, inasmuch as no law has been formulated in accordance with which the physician decrees his prescription.

Anyone is capable of understanding the science of medicine, and most succeed in brilliantly passing their examinations. In spite of this, however, many are incapable of applying and practicing that which one may still call the medical art, the art of healing. To apprehend the mere science, application and perseverance coupled with intelligence are necessary. The art requires more.

If the physician has not the love of his art and his profession, united with a sincere desire to heal, he cannot succeed. But though he may combine all these qualities, lacking a law and principle of therapy, he lacks a compass, he wanders aimlessly, dependent on authority, obliged to follow hidden paths, to pay homage to the goddess called "Fashion," who exists unfortunately even in medicine.

Therapeutic treatises of past centuries hold for us today nothing more than historic interest and amusement, for the interpretations and the hypotheses built on the experiences of that period have been modified by a succeeding age. And to the extent to which theories change, therapeutic agents change also.

At first it seemed as though theories lasted only a few moments, and that ruins were piled on ruins. On one day they are born, on the following they are the mode, the third day they are classic, and the fourth they are obsolete. But if one searches more profoundly, one sees that those which die in this fashion are theories, properly so-called theories which pretend to teach us the nature of things. However, they frequently hold within themselves a something which survives. If one of them has shown us a true relationship, the knowledge of that relationship is definitely acquired and one finds it again, disguised anew in the other theories which have successively reigned in its place. This certainly should give us a little courage!

Today, the traveller is struck by the realization of the extent to which the great medical centres of different countries lack unity of opinion concerning the administration, as well as the choice and the dosage of remedies. Here it is opotherapy, there vaccination, somewhere else serotherapy, which is being developed and tested. Still elsewhere a scepticism born of past experiences and an examination of statistics brings a return to the Hippocratic method of expectation, or reinstates physiotherapy as the only

method of treatment, "*primum non nocere*" becoming the order of the day. Thus, according to Johns Hopkins University at Baltimore, one of the best American universities, statistics show a lower mortality wherever medication has been supplanted by rigid hygienic and dietetic measures. Meanwhile the laboratories multiply; researches, of which numerous publications are the fruit, grow, but all aim rather at producing new remedies, than demonstrating the danger of such medication habitually employed. No one seeks through research to synthesize a guiding law in the art of healing. Has such a definite law, such a compass on our uncharted sea, never existed in our therapy?

A priori, one may wonder or conjecture . . . but that is not the attitude of the man of science. To seek it, that is his duty!

But this unhelped for law the homeopathic physicians think they possess—the homeopathic doctrine pretends to disclose it. Should the fact that this doctrine is considered by the best European scientists as empirical prevent our testing it by the criterion of experience and reason? A paucity of partisans of any given doctrine does not *a priori*, weaken its conclusions. Among its supporters there may be such as give proof of their ignorance, their lack, not merely of scientific spirit, but of professional probity itself. Even this is not a valid argument against the theory, which is an entity in itself, independent of individuals. Any doctrine, be it what it may, is always worthy of attention and criticism, though this may be given merely from the viewpoint of the history of the sciences. Finally, if there be reality here, it is urgently necessary to study this system with the most profound care, for it would indicate the dawn of a new era in medicine.

The art of therapy would be transformed into a science!

It is the resolution of precisely this problem, which has forced us to undertake a voyage of discovery and study to this new world. Seven years of investigation of the facts yielding these conclusions, have led to the work presented in this thesis, written to fulfill the requirement for the doctorate of medicine, and refused by the faculty of medicine of Geneva.

TO WHAT EXTENT DOES ANIMAL EXPERIMENTATION AID PRESCRIBING?*

Daniel E. S. Coleman, Ph. B., M. D., F. A. C. P.

We are not concerned with the great benefits derived from animal experimentation as developed by such masters as Pasteur, Koch, Behring, Ehrlich, Wassermann, Harvey, etc., but to what extent can the symptoms produced on the lower animals by the action of drugs enable us to select the homeopathically indicated remedy. Crude would our prescribing be, and scanty our practices, if we depended upon such superficial indications.

It is impossible to accomplish consistent therapeutic results unless we are familiar with and constantly make use of the subjective symptoms developed in the provings, or those repeatedly verified at the bedside (co-called clinical symptoms).

Some years ago I was consulted by a hay fever patient. Her symptoms recurred year after year, with very little relief from treatment. Marked *aggravation from sleep* was the outstanding characteristic symptom. I prescribed Lachesis 30th in repeated doses. Her symptoms were entirely controlled for the season. The following year they reappeared and Lachesis again acted with the same effectiveness. She was highly pleased and said: "Doctor, that remedy was wonderful. Will you please write it down so that I can have it in case you should die." A cheerful thought. I repeat the lines of a once popular song, "That isn't all; that isn't all." When the calendar moved around, all her hay fever symptoms returned. Lachesis this time *failed absolutely to relieve her*. Why was this so? I reviewed her case. *The aggravation from sleep was absent*. Arsenicum iod. was indicated. Now, could the symptoms obtained from any possible animal experimentation have aided me in this case? The apparent pathology was the same each year.

A prominent New York business man was spending a vacation in Florida. He telegraphed that he was suffering from asthmatic attacks, and that his usual remedies had failed. The peculiarity of these attacks was their appearance *between 2 and 4 A. M.* I sent him Kali carb. 6x. It relieved him promptly.

Female, forty years old, consulted me on February 25, 1927.

*Read before the Annual Meeting of The International Hahnemannian Association, on board SS. Lapland, 1927.

She had been suffering from gastric symptoms for about eight years. Knowing considerable *materia medica*, she often prescribed for herself. At other times she would be attended by a homœopathic physician. At present she was not obtaining any relief, notwithstanding a very strict diet. Her symptoms were many. She was a mild disposition, inclined to be somewhat tearful. Menses irregular; flatulence; distress if eats a little too much, etc. *The relief from cold food and the aggravation from fats* put the selection of the remedy beyond doubt. I prescribed Puls. 6 four times daily. She noticed improvement within twenty-four hours and has continued to grow better ever since. She felt provoked at her own prescribing and said: "Why did I not think of Pulsatilla?"

Lady, eighty-six years old, remarkable for her mentality up to a very short time ago, at last began to show the inevitable symptoms of senility. Last week she would mutter and pick at the bedclothes. Her mind cleared rapidly under Hyocyamus 30.

Female, age fifty-five. Depressed, cries, sighs, and broods. Dyspnoea, *desires to take a deep breath*. These symptoms were caused by *loss of sister*. Improved quickly under Ignatia 3x.

Female, age thirty. Heavy, *constricted* feeling about the heart, dyspnoea, anxiety, numbness of the left arm, etc. Pulse 91. Systolic and diastolic murmurs heard over apex. Prompt relief from Cactus grand., gtt. X in half glass of water, three doses repeated frequently.

I could recite many more cases showing the value of subjective symptoms, but I will limit myself to one other which illustrated to me very early in my medical life the superiority of subjective symptoms over purely objective ones. The late Dr. Henry M. Dearborn was a skillful prescriber as well as a great dermatologist. It was his custom during the clinical lecture to assign cases to the students. A diagnosis was to be made and a remedy suggested. A fellow-student and myself departed from the lecture room with a patient. It was a typical case of herpes zoster. The vesicular lesions suggested Rhus tox., but the characteristic modality, *relief of the burning and itching by the application of heat, pointed to Arsenicum*. We left the choice to Dr. Dearborn. He selected Arsenicum on its *modality* (subjective symptom), making the statement (which we all know so well) that the modalities ranked first in homœopathic prescribing. Such an assertion coming from a dermatologist, forced to prescribe on purely objective symptoms many times, was most

convincing. He also called our attention to the difficulty in curing psoriasis, because of its well-known absence of subjective sensations. If any were present, the selection of a remedy became infinitely more easy and the probability of a cure more likely.

Let me quote our old friend, Dr. Nash, again. Under Kali iod. he writes: "I give you Farrington's words for it: 'Pneumonia, in which disease it is an excellent remedy when hepatization has commenced, when the disease localizes itself, and infiltration begins. In such cases, in the absence of other symptoms calling distinctly for Bryonia, Phosphorus or Sulphur, I would advise you to select Iodine or Iodide of Potassia. It is also called for when the hepatization is so extensive that we have cerebral congestion, or even an effusion into the brain as a result of this congestion. The symptoms are as follows in these cases:

" 'First they begin with a very red face, the pupils are more or less dilated, and the patient is drowsy; in fact, showing a picture very much like that of Belladonna. You will probably give that remedy, but it does no good. The patient becomes worse, breathes more heavily, and the pupils more inactive to the light, and you know then that you have serous effusion into the brain, which must be checked or the patient dies.' So far so good but now even Farrington *dulls*—all great men sometimes do. He says, 'Why did not Belladonna cure?' 'He who prescribes on the *symptoms* alone in this case would fail, because he has not taken the totality of the case.' What does Farrington mean? Does he mean that in his picture of Belladonna he had the totality of the case without the hepatization, or does he mean that the hepatization was the totality without the other symptoms? Here are the two horns of his dilemma—which would he take? I contend that all the other symptoms of the case, without the hepatization was not the totality of the case. The hepatization was one, and only one, of the totality of the symptoms. Now, he says, 'Put your ear to the patient's chest, and you will find one or both lungs consolidated.' Well, I should call that a very important *objective* symptom, and one that could not be left out of the *totality* of the case. Remember that both subjective and objective symptoms must enter into every case in order to make the totality complete."

The above quotation shows that the objective symptoms (pathology) do play a part, and sometimes an important part, in the selection of a remedy. The careful, thinking mind of Dr. Richard

Hughes appreciated this, but he did not fail to comprehend and record the subjective symptomatology in his *Pharmacodynamics*. The statement is sometimes made that the objective or pathological symptoms are more trustworthy because the imagination can play no part in their production. This statement is based on false reasoning. If we were to accept "out of whole cloth" all the sensations expressed by the provers, our *materia medica* would be as untrustworthy as it would be unworkable if the objective symptoms were alone admitted. It is only after repeated, careful and independent verification that we should admit subjective symptomatology. *It is then indispensable.*

Animal experimentation can furnish us with only the most superficial understanding of our remedies from a homeopathic prescriber's standpoint, provings on the healthy *human* body characterizing the work of our school. We do not claim, however, that animal experimentation is without merit. To observe a consolidated lung produced by Bryonia, or a congested liver caused by Chelidonium naturally aids us in our prescription, but its practical adaptability is extremely limited. The chief value of such experimentation is didactic. To be able to say to the student: "Observe the consolidation of the lung produced by Bryonia resembling that which occurs in pneumonia," or "Note the action of Chelidonium on the liver, etc." "Do these not show the truth of the homeopathic doctrine?" But if that is all a student learns of Bryonia in connection with pneumonia, or of Chelidonium in connection with the liver, we advise that he discontinue any ambition (if he has any) of becoming a first-class homeopathic prescriber. Failure to hold his practice, if such were held on results obtained, would be the unfortunate (for patient as well as doctor) consequence.

If we examine the heading "Experiments on Animals" under Hyoscyanus, in the *Cyclopædia of Drug Pathogenesis*, we see how imperfect such experiments can be from a homeopathic standpoint. "As the name implies, H. may be eaten by swine with impunity; it is also said to be innocuous to cows and sheep, while deer, barnyard fowls and fish are poisoned by it. According to Orfila's experiments, it acts upon dogs as upon the human species.

"1. Although the alkaloid is poisonous to rabbits, twenty times the quantity of strong alcoholic extract does not injure them. (Stille, *op. cit.*)

"2. Given to horses in large quantities, it causes dilatation of pupils, spasmodic movement of lips, and frequency of pulse. (Perrin, *op. cit.*)"

We admit, of course, that much of the animal experimentation of late has been conducted on more elaborate lines, nevertheless it can never take the place of human provings. Great care is necessary in the selection of the animals used because of their varying susceptibility to the action of drugs.

The only advantage, and it is not such a great one as some imagine, that animal experimentation can possibly have, is that the provings can be carried to pathological conclusions. In the human subject, this cannot usually be done. Dr. Nash, who was one of the kindest hearted old gentlemen, suggested that murderers be used for such purposes, claiming that they would then be of some use to the world, having in most cases failed to be during their lives. Such a step would be looked upon by certain individuals as inhuman, but the murderer could be given his choice between the electric chair and taking a chance with a drug proving. This is not new. To learn if leprosy could be transmitted, a murderer was given the choice of being hanged or receiving an injection of the products of a leprous lesion. He jumped at the latter chance for life. He was injected and in due time a report went out that the disease had not been transmitted. Scarcely had this news gone forth, than he showed the first symptoms of this dread malady.

We differ with the rhetorical but illogical Mr. Clarence Darrow in his opinion of the criminal. He thinks that they are "poor, sick young men," whereas we consider the ordinary criminal as a lazy, desperate character who thinks that the world owes him a living. To hold up an armed United States mail car and evade a strong pursuing force requires a nerve, even if it is perverted, absolutely incompatible with this celebrated criminal lawyer's notion of a criminal.

Just as a nation has a right to protect itself by any means against opposing violence, so have the law-abiding citizens a right to use such methods as will effectually stamp out or lessen crime. The idea of vengeance plays no part in the punishment of the criminal. *Self-protection is the only object.* Punishment should be such as to produce this protection. The remarkably efficient handling of the New York Police Department by the most able Mr.

McLaughlin diminished to a marked degree crime in that city. The therapeutic measures applied by the former commissioner to these "poor, sick young men" should earn for him the degree of M. D. Equally effective, although somewhat different, were the methods employed by the famous Thomas Burns, superintendent of the New York police, during my youth. The criminal feared him personally and dreaded to be brought before "The Chief." He established the "dead line," below which no crook dared to go, and kept the city comparatively free from invasion by the criminal element. The old chief stood no fooling and carried a knockout punch in either hand. Captain Williams, of the same period, could wield his night-stick with a grace and efficiency that would have delighted Hercules. He once remarked: "There's more law in the end of a night-stick than in all the courts in the United States." These men believed in physical therapeutics and they obtained brilliant results. So, after all, Dr. Nash's suggestion, carried on in a humane manner, is not without merit.

One thing more. Recognizing the value of subjective symptoms is not confined to our school. The great Sir James Mackenzie knew their worth. Let me quote a few of his statements: "The proper appreciation of the patient's sensations enables us to understand many obscure complaints, as for example in the recognition of abnormal heart action." "The study of pain, its site, radiation and accompanying phenomena, reveals the mechanism by which it is produced." "The knowledge of the progress of disease reveals the meaning of abnormal signs and constitutes the basis for an intelligent prognosis." "The general practitioner is the only investigator that has the real opportunity." "The opportunity for investigation in hospitals is too restricted." "When heart failure sets in, the earliest manifestation is always a subjective sensation of a disagreeable kind."

Note what Sir James says regarding the general practitioner. The same is true in relation to the homeopathic materia medica. True knowledge of materia medica and prescribing can only be obtained at the bedside by one actively engaged in private practice. The hospital, using Mackenzie's own words, "is too restricted." The laboratory is still more so.

One of the best pathologists I know remarked to me one day: "Coleman, the young doctor of the present expects me to make all his diagnoses for him. He seems never to have acquired the skill

of drawing conclusions from the symptoms presented, or to make a good physical examination. You know that the laboratory is only confirmatory."

We conclude, then, that animal experimentation can aid, but only to a very limited extent, homeopathic prescribing. *The bulk of our knowledge must be obtained from provings on the healthy human body and from repeated verifications of the symptoms.*

HOMOEOPATHY—CHRONIC AND ACUTE.*

Alfred Pulford, M. D., Toledo, Ohio.

Fate has decreed that we make our debut before this association at this time. We therefore do so, but not without some misgivings. Handicapped by an unfinished high school education, a twelve-month stereotyped medical education, and with no one to point the proper course to take, we find ourself in no fit shape to pit our lack of education against the master prescribers we are destined to face here today. Therefore you will get an ignorant man's view of homeopathy and homeopaths. Logic, philosophy and intelligence from our viewpoint are nothing more than applied common sense and mean nothing where common sense is lacking.

To gain admission into this association had always been our goal. We are sorry to state, however, that when our hopes were fully realized at Cleveland in 1924 we were due for a rather painful shock as we listened to Dr. George Dienst's resolution regarding the holding of office by members of this association. Surely, ladies and gentlemen, you are not at this time beginning to hit the downward toboggan so fatal to the A. I. H.?

For any physician, who claims to be a homeopath. to join an allopathic society, to resort to serum, narcotic or other unnatural methods of treatment or to choose the course of least resistance is to take a decided step backward in medicine as well as being inconsistent, and inconsistency does not belong to the same firm as intelligence, especially a foolish inconsistency.

If we, in all the glory of the denseness of our ignorance, can

*Read before the Annual Meeting of The International Homeopathic Association, Philadelphia, July, 1926.

master homœopathy sufficiently, in spite of the most pernicious and diabolical opposition and persecution, to build up and maintain as good a practice as any one else without the aid of allopathy in any manner or form (as the late Dr. Hale would say), "it sheds no lustre on the so-called intelligence of the doctor who cannot."

Sometimes we feel rather proud of our ignorance, for you all know right well there is always a chance to put something useful into an empty vessel, but never into a vessel already filled with useless material, especially such as cannot be dislodged, the very reason so many of our recent graduates fail with homœopathy.

Herring spoke no idle words when he said: "If we ever give up the strict inductive method of Hahnemann we are lost and deserve to be remembered as mere caricatures in the history of medicine."

Hahnemann placed no idle stigma when he said: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly master of the same becomes a crime." Of course in going back to allopathy, in ceasing the unfolding of homœopathy and in the ceasing of drug provings we are making ourselves thoroughly masters of the art of healing, are we not?

We have lived long enough and had experience enough to prove the truth of Boenninghausen's statement, that: "I consider Hahnemann's doctrine a precious and inalienable jewel which must be carefully cherished and guarded from every impure admixture. Ever more glorious will homœopathy unfold its banner, ever more brightly will it beam in the firmament of science, ever more full of curative virtues she will show her wonderful powers if she is not decked with false finery or disfigured with borrowed attire or ornaments. Homœopathy is a natural growth and independent in its nature and every alien admixture is but to her detriment. The germ of its development lies in her own nature, etc."

The longer we study medicine and the more closely we practice homœopathy the more and more we are convinced that the modern medical profession is the most ignorant of all the ignorant professions, even though a prominent attorney-at-law said, "If it is more ignorant than the legal profession it has got to go some." Modern medicine had its origin in a false error, conceived in superstition, born of ignorance and raised on a foundation of quicksand, hence the constant need of change, proving itself valueless, dependent and unreliable.

On the other hand we have homœopathy, whose origin is truth, conceived in wisdom, born of intelligence and raised on the firm rock of natural law, a foundation which man finds impossible to change. The man who can change either a natural law or homœopathy has never yet been born. Natural law can neither be bent, improved, abridged, nor annulled. All that man can do to either the natural law or homœopathy is to extend their usefulness, and this can only be done for homœopathy in continuing its unfolding and above all in practicing it. All our propaganda for homœopathy will fall flat if we do not deliver the goods, and we cannot deliver the goods if we have not got them.

Homœopathy is all that Boenninghausen said it is. Unlike allopathy, it is valuably independent and will contain within its own range all that is necessary for prevention, cure and palliation when its unfolding is completed, and it is reliable, the lengthy articles of the surgeons of our school as to its limitations to the contrary notwithstanding. The limitation of it consists solely in ratio to our ignorance of the vast amount of remedial agents yet unproved.

None will deny that homœopathy cannot renew life to dead tissue, but it will, if given time and a chance, remove that dead tissue in a far neater and more economical and effectual manner than the surgeon can, and do what the surgeons cannot do, *i. e.*, remove the cause and prevent its return, as the following case will illustrate:

Early in 1923, George W., a lad of seventeen, was brought to us. Four years previous had developed what was stated to be a malignant growth on the right maxilla, which was extremely painful and caused the boy's health to gradually fail. For two years he received constant but ineffectual treatment at the hands of modern allopaths and homœopaths. He was then turned over to the surgeons, who diagnosed his case cancer. The teeth were extracted, the tumor and part of the bone excised. This brought temporary relief for six months. Then in turn the X-ray, then radium were pressed into service, but to no purpose. In desperation and as a last resort the father turned to us and promised to stick, and did.

As to history, we found nothing to bear on the case if their statements were true. With the old wood-chopper's words still ringing in our ears, "Any fool can split a straight stick, but it takes a wood-chopper to split a knot," we went to work to prove which

we were. We found the following: The lump stood out as though drawn tightly over a baseball, the under surface in the mouth looked like the root base of a hyacinth bulb, the face red, changing color, circumscribed, often in spots, the periosteum inflamed, the pain burning and pressing. > rubbing, > sleep, parts indurated, appetite ravenous with an ardent desire for cold food, cold drinks and ice cream, which satisfied and made him feel better together with the cancerous affection. These symptoms and conditions we found covered in the highest degree by one remedy—Phosphorus—which was given in seven powders of the 30x, one each night at bedtime, and placebo for the balance of the month. The first sign of improvements was his return to natural appetite. He was then given one dose of the 1 m. and placebo, the remedy being repeated only when it ceased to act and the potency not changed until it would cause no more reaction. Thus the boy gained in health constitutionally for nearly two years when the 1 m. had failed to act longer and had produced no impression on the growth. The potency was then raised to the 10 m., when in a very short time the growth began to slough away. It required a second dose of the 10 m. to complete the sloughing and permanently heal the wound. The boy is now nearly six feet tall, in the best of health, a law student in the Toledo University, and his mouth inside over the site of the late growth looks as natural as the surrounding tissue.

Our greatest failings are the lack of acute powers of observation and an ardent desire to repeat too quickly after the cure once starts. The frequent repetition does not speed up the cure; it merely mounts up to a physiological action and a consequent suppression. Nature does the real curing and works just so fast. If the above were truly a case of cancer, then we have proved conclusively that the indicated remedy will rid one of cancer when the symptoms agree. If it were not a case of cancer, the surgeon would display better taste in writing of the limitations of surgery rather than of homœopathy.

The above case illustrates homœopathy in chronic conditions. Now, for one acute: About 4 A. M. on a real balmy August day we were called to the bedside of a retired farmer, age sixty. On arrival at his bedside the first thing that struck our eye was a real Hahnemannian prescription left by a predecessor who claimed to

be a real homœopath; it lay on a stand near the bed. On the extreme left was a box of active cathartic pills, on the right a number of $\frac{1}{4}$ -grain morphine tablets, and in between these two were three glasses partially filled by a liquid colored with the medicine, these being taken in rotation. We turned to the patient, who was sobbing, moaning and almost frantic from pain and loss of sleep. He had been in this predicament for three days and three nights, and the disease was ungrateful enough not to succumb to that wonderful array of dope. On examination we found the following: Pain beginning at the crest of the right ilium and extending in a fine line toward the umbilicus, of a burning character when not active, but in action it became a severe cutting, excruciating, increasing in intensity as it approached the umbilicus. Thinking of the pain would reproduce it if quiescent or decidedly aggravate it if in action, as also would sour fruit or sugar, and it was decidedly < on motion or exertion. The abdomen was extremely sensitive and a fine streak of red marked the course of the pain. The patient had always been sensitive to cold air. We placed 15 drops of the remedy—Oxalic acid—in a half glass of water, intending to give it every fifteen minutes until relief appeared and then drop it out. He was given one dose. In fifteen minutes, the time we expected to give the second dose, he showed signs of improvement. After thirty minutes and against our better judgment we gave a second dose to assuage his pleading. In just forty-five minutes from the first dose he was in a sound, peaceful, quiet, natural sleep from which he did not awake until 7 A. M. the following morning, when he awoke refreshed, got up, shaved, ate breakfast, and was the first patient at the office that day. There has been no return of the pain.

In the first case homœopathy triumphantly did what all other methods failed to do in a chronic condition. In the acute case homœopathy accomplished in just forty-five minutes what modern homœopathy aided by allopathy failed to do in seventy-two hours.

In conclusion, ladies and gentlemen, an ignorant man's idea of an intelligent man is one who criticises his equals and his superiors and who enlightens his inferiors, and as your inferior we are here to be enlightened.

CORRESPONDENCE.

EDITOR HOMŒOPATHIC RECORDER:

Various articles appearing of late in the *Recorder* have interested me very much and the spirit moves me to contribute the enclosure, provided you consider the matter pertinent.

Fraternally yours,

J. B. GRIFFITH.

To me it seems many people are groping in the dark trying to understand what is life and the meaning of birth and death.

There is a very simple, understandable hypothesis if one will but discard all theological stumbling blocks.

All life comes from God, is a part of God, a tiny spark of the Divine fire put down into dense matter to evolve through the various kingdoms of physical matter—mineral, vegetable, animal and human. The spark, or soul, grows slowly, so very slowly until, in the human kingdom it becomes an individual Ego, clothed not only with all the different grades of physical matter from etheric to dense, but also with higher, more tenuous forms of matter above physical matter which form bodies for this evolving Ego, in which bodies he functions in higher worlds between births and deaths.

Birth is but the putting on of a new physical body, death but its discarding when worn out or put off for any other reason.

Unless we accept the theory of reincarnation we are in the predicament of accepting the idea of a stick with only one end, which seems just as silly as to talk of a stick with no ends at all.

In speaking of evolution it should be understood as the upward trend of physical forms in the direction of betterment—more perfect use of the body, its greater utility as a physical mechanism—assuming that there is a purpose in this reach towards perfection.

What is this purpose? or who or what directs this purpose? Doubtless the answer to this would be "Nature directs this evolution for the benefit of the species." But then how does the individual man profit by this betterment? What man is satisfied by so exalted an altruism?

Granting that there is a something called a soul in this human evolving body, it follows as an obvious corollary that that soul

must be undergoing evolutionary changes conjointly with its physical form; else may I ask, why are we here?

Now taking it as a necessity that the soul is evolving along with the physical form; what is the *modus operandi*? To answer that we have but to open our eyes to see all about us; to listen to our intuition; to understand, from the reproduction of its kind from the minutest seed in the vegetable kingdom to the reincarnation of the human ego in its appropriate physical body, to which it is directed by divinely appointed agents—attaining to the perfect or the imperfect form to the environment, to the comforts or to the discomforts of a physical life to which it is entitled by virtue of that soul's use of its one or its ten talents, its debts owing or its debts due in past lives, *i. e.*, the action of the law of cause and effect.

Reincarnation of the human ego is the only workable hypothesis, accounting as it does in conjunction with its companion law of Karma (the law of cause and effect), for all the apparent inequalities and ills of life and answering the question "Why"—why one person is born to ease and luxury, another to a deformed body or to a life of trouble and pain.

"The Lord let the house of a brute to the soul of a man—and man said, 'Am I your debtor?'"

The Lord: "Not yet, but make it as clean as you can and then I will let you a better."

It is not difficult to find many other references in Tennyson and elsewhere to this law of reincarnation. To rightly understand the object of evolution it must be associated with two other closely related laws, those of reincarnation and Karma, that Eastern term for the law of cause and effect, or one might call it the law of eternal justice.

The evolution of the soul and the evolution of the body go on coincidentally. We may thus form a better understanding of the mechanism of birth and death—likewise a flood of light is let in upon what goes on between those two great events.

The soul is a spark of that "Divine Fire" sent down into dense matter to evolve. It is a tiny portion of the Divine Life coming from God and containing all the potentialities of a God in the making, thus explaining the saying of Christ, "Be ye perfect even as your Father in heaven is perfect," otherwise such saying would be the veriest nonsense. But in the light of reincarnation it is inspiring.

VETERINARY CASES

EDITOR HOMŒOPATHIC RECORDER:

I notice a request in the June number of the *Homœopathic Recorder* for reports of veterinary cases treated homœopathically. I will endeavor to give a few cases of interest treated here at our hospital. I would first crave indulgence on the part of the readers for any faults made in these reports, as I do not pretend to be a writer of scientific articles, and certainly not a first-class homœopath, only a very enthusiastic one and a staunch believer in the system of homœopathy. First I would like to say that I practiced allopathy for about twenty years. I several times read considerable about homœopathy, but always felt it would be a very difficult system to follow. However I was all the time growing more dissatisfied with the allopathic method, although I was not in any way having bad results as far as recovery was concerned; only I felt (as of course I still feel) that Nature was playing a very big part in recovery (and that is where I think homœopathy is a far superior system to allopathy in helping Nature and not in hampering her), and with good nursing, and the limited amount of medicine. My loss of faith in allopathy led me into taking a more interested view of homœopathy with the result I purchased every homœopathic veterinary work I could get and studied them and started right in with the best of results.

I would say that "Veterinary Homœopathy" by Hurndall, has been a great assistance to me in working out treatments. One of most remarkable recoveries that I know of with this treatment was a case of a greyhound suffering from intestinal "flu," having very severe hemorrhages from the bowel. They (the owners) had already lost one dog which on P. M. appeared to be "intestinal flu."

This animal was brought to us in a very low condition and having very profuse hemorrhages. One dose of Ipecac ix, three drops in water was given immediately on arrival at hospital, this cleared up the bleeding. The next day a dose or two of Carbo Veg. 3x was given. While recovery went on without interruption during the next week there were a few loose and foul smelling bowel movements, when a dose of Sulphur and a few more doses of Carbo Veg. were administered with complete recovery.

Another case of interest was a toy dog weighing about three or four pounds brought to the hospital with a history of having been under treatment at another hospital for about a week without any improvement. On being asked by the owners what was wrong with the dog, they told them they did not know, but that they had given him a good cleaning out, probably *Castor Oil* or a *Compound Cathartic*.

On examination we found a peculiar stiffness of the whole body, especially the forequarters, head and neck, the eyes, mouth, lips and tongue were terribly cyanosed. An examination of the heart by the stethoscope proved negative. On palpation and manipulation there seemed to be a peculiar indurated condition of the whole muscular system, especially the neck and a very large swelling, embracing the whole cervical vertebræ. The head could not be either elevated or turned without the dog crying out in pain. On clipping the hair from the neck the swelling showed up clearly. Diagnosis was injury to the neck, possibly a dislocation with some congestion. We applied a thick tape of absorbent cotton soaked in arnica lotion and bandaged, and gave Arnica ix three drops in water three time a day. Next morning there was marked improvement. Same treatment continued for two days more. Almost complete recovery, and a day's more treatment completed the recovery. Dog can now lie in any position, eats well, and can elevate and lower head without any difficulty.

We have found Pulsatilla a very useful remedy to give three times a day for a month to females before whelping, making an easy and safe delivery of pups.

Rhus Tox., external and internal, excellent in eczema.

Euphrasia, for eye treatment in conjunctivitis.

Nux Vom., for gastric and intestinal treatment.

Arnica, for injuries, bruises, etc.

Calendula, for wounds, especially safe for cuts.

Cactus Grandiflor., for heart treatment in shock.

Ipecac., for vomiting, hemorrhage of bowels

Chimph. Umbel., for discharge from piles, balanitis, etc.

Pasiflora Incarnat., for nervousness.

Chelidonium, for jaundice.

Mullein Oil, for ear troubles, deafness, etc.

Oenanthe Crocata, for fits, convulsions; also *Hyoscyamus*.

Bryonia for cough worse from moving about. With regard to cholera following distemper, we have had some success with *Cuprum Acet.*; also *Cocculus* and *Cicuta Virosa* in chorea with paralysis.

Cannabis Indica, in corneal ulcers.

Trusting this may be of some interest and use to your readers.

Yours faithfully,

GEORGE R. BOWYER,
4234 Euclid Ave., San Diego, Cal.

TUBERCULOSIS OF JOINTS IN CHILDREN.*

(Report of Two Cases.)

Nathan Schwartz, M. D., New York City.

In my six years of homeopathic prescribing I had many cases with very gratifying and some with brilliant results. I believe that I have tested the remedies in every kind of physical ailments and disturbances, and have obtained results in every instance where good indication for remedies existed. I am in a position to know the difference between the results of homeopathic prescribing and that of the allopathic prescribing, because I practiced allopathy for eleven years before I took up homeopathy. Formerly I observed chronic skin conditions, asthmatic conditions, neurasthenic, psychasthenic, as well as chronic pathological conditions such as tuberculosis, lues, nephritis, malignant growths, ulcers, etc., and concluded that none of these conditions has a fair chance in the hands of the allopath. The physiological stimulation by means of crude medication, physio-, or mechano-therapy, gives here and there relief and at times even approaches a simulation of a cure. But I cannot any longer feel that they are of any curative value. Very often the allopathic efforts both local and internal which, from apparent indication seem to relieve the pain or cure the local lesion, result in fact, in a suppression of the disease. As a result of the suppression most serious disturbances

*Read before the Annual Meeting of the International Hahnemannian Association, 1925.

occur, such as nephritis, cancer, or ulcer of the stomach. I have frequently seen psoriasis complicated by ulcer of the stomach due to allopathic local applications.

It seems that a real cure is not possible without homeopathy. Particularly gratifying are the results in pediatric practice. As illustrative of this I will report two cases of joint tuberculosis.

Case No. 1: Male, age fifteen. The patient came under my observation in July, 1923. Family history is negative. Previous history: had scarlet fever at the age of seven, and influenza at the age of nine.

Present complaint: About June, 1921, the patient noticed a swelling of his left knee, with cutting pains. The swelling was hot to touch but white in appearance. After three months black discoloration appeared on the skin over swelling. At times he complained of sticking pains about the left knee. It was worse on motion, and better from heat. He was usually thirsty, liked salty food, meat and soups. Felt hungry at 11 A. M., occasionally had temporal pulsating headache. At times he liked, and at other times disliked milk.

The patient was at a sanitarium and later at a hospital. The tubercular joint was irrigated and curetted at times both at the hospital and at the sanitarium. He was under allopathic care from June, 1921 to July, 1923, at which latter date I adopted homeopathic treatment. Under the allopathic treatment he was constantly getting worse. He was reduced to 104 pounds and the prognosis even as to life was very bad. Under the homeopathic treatment he took a change for the better and improved constantly. His weight gradually increased to 160 pounds, his general health and his local tubercular joint constantly improved. When I started treatment the joint was extremely swollen and there was no motion present. There was a greenish pussy discharge, and there were two fistulous openings, draining the pus. Today the openings have closed, the swelling has disappeared, complete motion of the knee joint has been restored and the patient is working.

Medicines given were: In July, 1923—Silica, 60x, one dose; September, 1923, Fluoric Acid 12x, one dose; October, 1923, Calcarea Carb. 60x, one dose; January, 1924—Sulphur 60x, one dose; May, 1924, Tuberculinum (Koch) 1M, one dose; January 1925—Tuberculinum (Bov.) 50M, one dose.

The greatest amount of improvement during the treatment was obtained when tuberculinum 50M was given.

I am herewith quoting verbatim the X-ray diagnosis given at the hospital, a copy of which was mailed to me in March, 1923.

"The examination of the radiographs taken of the left knee and femur, lateral view only, of Frederick lig shows considerable atrophy and decalcification of the bones comprising the knee joint. There is a large thickened area on the middle third of the femur. There is no doubt that this condition is tuberculosis of the knee joint with the extension of the process to the femur.

Diagnosis: Tuberculosis of the knee joint and femur."

BOOK REVIEWS.

THE HUMAN BODY IN PICTURES. A Visual Text of Anatomy, Physiology and Embryology. By Jacob Sarnoff, M. D. Physicians and Surgeons Book Co. Brooklyn, N. Y., 1927.

This novel and attractive little book of 120 pages and 190 original illustrations from motion-picture reels, film slides and photographs of dissections and animated drawings by the author is a pioneer in the field it depicts. Designed to simplify and make more interesting the study of the human body for students, physicians and laymen, the descriptions of parts, systems and functions are in simple, mostly non-technical language, with technical terms in parentheses. With the accompanying pictures the book becomes as interesting to the layman as to the profession. It is to be hoped it will have a large sale and that every family will add it to their library. It would be boon to the boys and girls as well as their parents.

To quote from the Preface:

"Practical facts and hints are interposed along with the text when they have some interesting or important bearing on the subject under discussion, such as the significance of appendicitis, peritonitis, gall stones, diabetes, adenoids, enlarged tonsils, mouth breathing, hoarseness, bronchitis, pleurisy, kidney stones, heart murmurs, high blood pressure and heredity. Proper hygienic measures are likewise emphasized which materially aid in the normal functioning of the organs and their systems during

the various phases of their activity, such as digestion, respiration, elimination, circulation and regeneration."

The work is especially adapted for schools, colleges, nurses training and physical education, as well as for families.

In connection with the book complete sets of motion-picture and still-picture films have been prepared for distribution by sale or rental. These have created great interest wherever they have been shown. Both the Book and the films well deserve a wide circulation. It is a fine example of *multum in parvo* on a subject of vital importance.—S. C.

DISSEMINATED SCLEROSIS.*

By Thomas G. Sloan, M. D., South Manchester, Conn.

In April, 1925, I saw a woman of fifty-three, who complained of arthritis of all the extremities. There was pain, stiffness and numbness, worse before and during wet weather, rest, beginning motion, cold draft and lying on the painful side. Long-lasting constipation. She got very little rest or sleep. Her bowels had not moved naturally for months. She was fat, with a dry skin, could not sweat, good natured and cheerful. Very restless at night. Was much worse generally, and as regards her arthritis, during menstruation.

She was given Sil. and Puis. with little benefit. In May, reports that her eyes focus differently, and an itching eruption has appeared between the fingers. Pulse high. Rhus. and Caul. were of no help.

In June, in addition to the double vision, she began to talk very slowly (scanning speech) and ataxia of the lower limbs became increasingly evident. I suspected multiple sclerosis, and this diagnosis was confirmed by a leading diagnostician after the usual laboratory procedures had been done and a bad prognosis was given by him and by myself.

After two poor prescription, Phos. cm. one dose was given August 10th. In a week she showed improvement, which has con-

*Read before the Annual Meeting (1926) of the International Hahnemannian Association.

tinued. She had several remedies for intercurrent troubles from time to time.

Phos. cm. was repeated October 4th. Ars. 40 m. October 28th, as she could not sleep and had other symptoms indicating that remedy.

November 16th Sulph. cm. was given with no result. November 22d Nat. m. cleared up the following symptoms: constriction of the throat on swallowing solids, trembling of hands, numbness in fingers and heels, jerking of limbs during sleep, trembling internally, double vision and marked irritability.

January 3d, there was some return of the ataxic gait, difficulty in swallowing, scanning speech and double vision, and some ataxia of the hands developed.

Nat. m., cm. greatly improved these conditions. January 24th she was given Caust. cm. for contraction of the palmar tendons, which had been gradually developing.

February 8th Tuberc. cm. April 4th Psor. cm., and May 24th Phos. cm. greatly helped.

Since September, 1925, she has been free from her ataxic symptoms with the exception of a short time in January. Her arthritis is practically gone. There remains contraction of the palmar tendons (Dupeytre's contraction). She sleeps well. Her bowels move naturally. She goes shopping and to the theatre. Does some housework and leads a fairly normal life.

NEWS ITEM.

The Cincinnati Homeopathic Lyceum closed its year's work with an Outing and Chicken Dinner at the summer home of Mrs. W. V. Mills, near Rylands, Ky.

The meeting was in the nature of a résumé of the "Lapland" cruise. Informal talks were given by Dr. and Mrs. H. H. Wiggers, Dr. and Mrs. J. R. McCleary, Dr. Ella G. Hunt, Dr. and Mrs. Chas. E. Geiser and Miss Alma Finkelmeir—Boericke and Tafel's most popular exhibitor.

The newly elected officers are as follows: President, Dr. Paul D. Grove; vice-president, Dr. James A. Davis; secretary, Dr. Benjamin Goldberg; treasurer, Dr. C. C. Meade.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION. Office of the Secretary.

DERBY, CONN, U. S. A., July 19, 1927.

DEAR FELLOW-MEMBER:

The forty-eighth session was held on the SS. "Lapland" and proved to be an exceptionally fine convention. Much was accomplished on good understandings, both in this Association and out, in that the American Institute realizes that much of the leadership of real homeopathy is within our ranks. The American Institute elected two of our members to their Board of Trustees, and the Secretary of the Institute, Dr. Garth Boericke, is also a member of our Association.

The International elected Dr. D. C. McLaren of Ottawa, Canada, president for the ensuing year; Dr. Julia M. Green, vice-president; the rest of the officers were re-elected. It was voted to hold the next meeting in Pittsburgh, Pa., U. S. A.

Dr. F. E. Gladwin presented a paper for the International Hahnemannian Institute, in which she gives all the corrections of Kent's Repertory from the last notes of Kent. These we have printed in eleven pages. These can be used to correct the third revised edition of Kent's Repertory, which when incorporated in the text will virtually mean a fourth edition. These are ready for distribution, and can be procured through this office for one dollar each.

I trust that we can all work during the next year, each one bringing out some of his best work, so that the convention at Pittsburgh will be a very valuable one.

Fraternally yours,

H. A. ROBERTS.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

**DISCUSSIONS OF THE THEORY AND PRINCIPLES OF
HOMŒOTHERAPEUTICS AND RELATED
MEDICAL TOPICS.**

MEDICAL PROTESTANTISM.

Since "Time whereof the memory of (this) man runneth not to the contrary" I have always been a "medical protestant." Mother told me that even in infancy I protested, feebly as a baby must, against the well-intentioned doses of catnip and chamomile tea she prescribed for me when I had wind on my stomach. She did not need to tell me, for I remember it well, that I protested so vigorously against castor oil that she had to hold my nose in order to make me swallow it, the while father held my thrashing arms and legs. Later I protested vociferously but vainly against the inexpressibly bitter, shuddery teacupful doses of hot "boneset tea," ("Thoroughwort," *Eupatorium perfoliatum*), which I was obliged to take every spring to ward off fever. Liberal sweetening with brown sugar did not help it a bit in spite of seductive assurances to the contrary. I protested against the astringent drafts of white oak bark decoction which I had to take when I had the choleryobles. I protested against mustard plasters and footbaths. I regarded it as insult added to injury when I was sent out into the woods and fields in their season to gather the raw material for these domestic internal and external hot and cold aspersions and hang them up in the woodshed to dry. I protested against the annual doses of "sulphur, cream o' tartar and molasses" for my blood. I protested with all my might against vaccination when I was about six years old and submitted only to "force of arms." Always, then, I was protesting, and I have continued to do so ever since.

It was not until my parents were converted from the error of their medical ways and took me to the nearby city of Fond du Lac, Wisconsin, to see the new doctor who gave little sugar pills to his patients that I found my ideal medicine and was contented.

The child was father to the man. Consistently, all my medical life, covering a period of now more than forty-five years (if my four years of preceptorial and college preparation be included) I have been a medical protestant—a rebel against the medico-political hierarchy and its therapeutic methods. In spite of the sinister interpretation (since the World War) of the previously honorable term, I am not ashamed to call myself a "Conscientious Objector," for I have steadfastly and conscientiously refused to submit my will or govern my practice according to the dictates of the "powers that be" in matters therapeutical. Narcotics and stimulants, tonics and sedatives, laxatives and cathartics, ointments and lotions, and all other forms of topical palliatives and habit-forming drugs have never had a place in my pharmacopœia, nor have been used by me. Against bloodletting and blistering, against the use of the hypodermic needle for therapeutic purposes; against vaccination and all other forms of inoculation; against internal antiseptics, anti-toxins and vaccines of all kinds; against vivisection and animal experimentation; against reckless surgery, especially when it invades the legitimate field of medicine, I have protested and fought with all my might.

This I have done because I saw not only that these things were evil, deceiving the people and leading them into physical slavery, degradation and degeneration, but that there was a better method of treating the sick. That method I learned and practiced in due time with results which proved that I and others who followed the same course were right.

The experience and success of thousands of physicians in healing the sick by internal homœopathic medication for more than a century since the method was promulgated by Hahnemann, is not to be lightly brushed away as a delusion, suppressed by an edict of a dominant medical organization nor ridiculed out of existence. The record and the proof is indelibly written for all time.

On October 31, 1517, Martin Luther of Saxony nailed his celebrated ninety-five protesting theses against the door of the church at Wittenberg, thus inaugurating the great ecclesiastical Reformation. Nearly two hundred years later, by the publication (in 1810) of his *Organon of Medicine*, Samuel Hahnemann, also of Saxony, after more than twenty years of study and research,

"nailed his theses to the church door" and inaugurated the great medical Reformation.

The two reformations had and still have much in common. Under the Roman hierarchy the state of religion in Europe had sunk very low. Working in close political conjunction with the princes, lords and barons it oppressed and tyrannized over the souls and bodies of the people. Submerged in ignorance and denied the privileges of secular education, impoverished by excessive taxation, chained and fettered by superstition and monkish domination, the people could not call their souls their own. From the cradle to the grave every act and thought was held in subjection to the dictates of the priests with excommunication or death as the penalties of disobedience. It was during that bloody period that leaders like Wycliffe and Huss and hosts of others suffered martyrdom for their rebellion against the church.

In medicine, of course, there was no such compact organization as there was in the church, having civil and military as well as ecclesiastical power over the masses. But there was organization of a sort, and the same spirit of professional and official intolerance, bigotry and tyranny, rooted in ignorance of the true healing art, and there was hypocrisy, superstition and brutality. The medical authorities were just as quick to persecute and excommunicate any who showed signs of independence and originality as were the ecclesiastical rulers. The times were ripe for a reformation in medicine.

It was the indiscriminate sale of "Indulgences," or remissions of penalties for sins, in whole or in part, for money by the Roman church authorities, that culminated in the ecclesiastical Reformation. The custom was ancient, but in raising money to build St. Peter's at Rome early in the sixteenth century, it was carried to such extremes that a great scandal arose. Luther availed himself of the opportunity thus provided and carried his warfare to the gates of the Vatican itself with results known to all the world.

Here appears one of the analogies between ecclesiasticism and orthodox medicine. It does not take any great power of penetration to see that physicians who sell prescriptions for drugs to be used as palliatives against the pains and penalties of disease without regard to the law of cure, are guilty of selling "indulgences."

Do they not provide a specious, deceptive and fleeting "remission of penalty," which leaves the deluded victim in a worse state than before? Does it not enslave and degrade and demoralize both parties to it and render disease inveterate? Does it not, in its commercial aspect, create great manufacturing vested interests, preying constantly upon the woes and weakness of humanity?

The analogy is very close and the medical practice is as false and as pernicious to the moral and physical well being of all concerned in it as ever the ecclesiastical practice was, if not more so. It is a shameful prostitution of the divine art of healing and the source of innumerable evils.

Hahnemann's entrance upon his career as a medical reformer precipitated a conflict in the medical world which was to last more than a century. Subjected personally to derision, denunciation, persecution and ostracism, he stood by his guns and fought back as vigorously as he could. Denied the right to prescribe his own medicines, reduced to dire poverty, hounded from town to town with his brave wife and children, he continued the struggle to promulgate his ideas by pen, precept and example.

Gradually disciples and followers gathered to Hahnemann's support, his writings obtained wide currency and the new method became firmly established. Eventually he found a haven of rest from persecution in the quiet little town of Köthen, where, under the patronage and protection of Ferdinand, reigning Duke of Anhalt-Köthen, he entered upon a period of intensive study, research and experimentation which lasted fifteen years. During this period he conducted a practice drawn to him from all parts of Europe by the fame of his cures, and worked all his spare hours in the preparation of his great work on Chronic Diseases.

There are many similarities between the careers and personalities of Hahnemann and Luther. They may be summed up by a paragraph written of Luther, but equally well descriptive of Hahnemann:

"He was a brave, strong, altogether healthy nature; he combined a penetrating insight into facts, lofty courage and indefatigable energy in dealing with them, and a sincere and simple piety. A signal flaw in his character was his tendency to use rude and intemperate language toward his adversaries."

The new-born baby is the true prototype of the Protestant. The Reformer is only the baby Protestant grown up. The normal baby begins squalling and protesting the moment he comes into the world, and by the same token he proves himself a normal baby. He does not like his new surroundings and immediately registers a protest. Everybody in attendance, especially the doctor, smiles at this exhibition of prophetic infantile energy and independence. Forthwith they credit him in advance with the ability, other things being equal, to make his wants known, hold his own and win out in the life struggle ahead of him. If the baby protestant develops eventually into reformer it will be by virtue of his inherent ability to give force and effectiveness to his earlier protestations.

This, in brief, is the history of every reformer. From small beginnings, modified by the character and circumstances of his environment, but governed always by the spirit and principle of non-conformity to "things as they are"—to conventionality and "orthodoxy"—the budding protestant develops into a full fledged reformer. From the orthodox point of view he is a heretic, a disturber of the peace, a troublemaker—altogether a pestilent fellow who must be suppressed and laid by the heels at any cost. Innumerable are the means used to bring this about: Citation and trial, the inquisition, *auto da fe*, excommunication, ostracism, persecution, outlawry, expulsion, exile, assassination, boycotting—all these and more in the name of orthodoxy.

The reformer's lot, like that of the Gilbert and Sullivan policeman's, "is not a happy one." His life is a turbulent one, full of self-sacrifice, struggle and danger. He is always a cross-bearer headed toward Cavalry, always a martyr, and always in the long run and final outcome, a conqueror and a hero. In all his trials he is sustained by his convictions of truth and the Beatific Vision.

So it was with Copernicus and Galileo, with Wyckliffe and Huss, with Luther and Zwingli, and so it was with Hahnemann. So it has been, virtually, with all the faithful followers of Hahnemann. All these were and are "Protestants." Homeopathy is the original protestant offshoot from the "Romish Church" of medicine, and Hahnemann was its Luther. It represents the revolt of thinking, progressive men against the tyranny of tradition; against corrupt alliances and perversion of principles, against ignorance,

bigotry and intolerance; against medical "priestcraft" and aggression; against "Medical Trusts" and oligarchies, all of which have had and still have representation and embodiment in medicine.

Luther, defending himself before the Diet of Worms by which he was ordered to recant, concluded his two-hour speech with a ringing challenge:

"Confute me by proofs of Scripture, or else by plain just arguments. I cannot recant otherwise. For it is neither safe nor prudent to do aught against conscience. Here stand I, I can do no other. God assist me."

"It was," said Carlyle, "the greatest moment in the Modern History of Men: English Puritanism, England and its Parliaments, Americas and vast works of these two centuries; French Revolution, Europe and its work everywhere at present: the germ of it all lay there: Had Luther at that moment done other, it had all been otherwise! The European world was asking him: Am I to sink lower into falsehood, stagnant putrescence, loathesome accursed death; or, with whatever paroxysm, to cast the falsehoods out of me and be cured and live?"

Hahnemann, too, was called upon to defend himself before the bar of orthodox medicine, against which he had revolted.

Hear first his scathing indictment of orthodox medicine:

"In recent times the old school practitioners have quite surpassed themselves in their cruelty toward their sick fellow-creatures, and in the unsuitableness of their operations, as every unprejudiced observer must admit, and as even physicians of their own school have been forced, by the pricks of their consciences, to confess before the world.

"It was high time for the wise and benevolent Creator and Preserver of mankind to put a stop to these abominations, to command a cessation of these tortures, and to reveal a healing art the every opposite of all this, which should not waste the vital juices and powers by emetics, perennial scourings out of the bowels, warm baths, diaphoretics or salivation; nor shed the life's blood; nor torment and weaken with painful appliances; nor in place of curing patients, suffering from diseases, render them incurable by the addition of new, chronic medicinal maladies by means of the prolonged use of wrong, powerful medicines of unknown properties; nor yoke the horse behind the cart by

giving strong palliatives according to the old favorite axiom, *contraria contrariis curentur*; nor, in short, in place of lending the patient aid, to guide him in the way to death, as is done by the merciless routine practitioners;—but which, on the contrary, should spare the patient's strength as much as possible, and should, rapidly and mildly, effect an unalloyed and permanent cure, and restore to health by means of smallest doses of few simple medicines, carefully selected according to their proved effects, by the only therapeutic law conformable to nature: *similia similibus curentur*. It was high time that he should permit the discovery of homœopathy."

Listen now to Hahnemann's challenge and compare it with Luther's:

"My respected brethren on the opposite benches, I can give you better advice as to how you should set about overthrowing, if possible, this doctrine which threatens to stifle your art, that is founded on mere assumption, and to bring to ruin all your therapeutic lumber. . . .

"This doctrine appeals not only chiefly, but solely to the verdict of experience. 'Repeat the experiments,' it cries aloud, 'repeat them carefully and accurately,' and you will find the doctrine confirmed at every step. It does what no medical doctrine, no system of physics ever did or could do, it insists upon being 'judged by the result.' . . . Take one disease after another, note it down according to the directions given in the Organon, specially in respect of all its discernible symptoms, in so exact a manner that the founder of homœopathy himself shall be unable to find fault with the minuteness of the report . . . administer the most appropriate homœopathic medicine, pure and unmixed . . . taking care to remove all other kinds of medicinal influences from the patient, and if it do not give relief, speedy, mild and permanent relief, then by a publication of the duly attested history of the treatment according to the homœopathic system strictly followed out, you will be able to give a public refutation of this doctrine which so seriously threatens the old darkness."

Hahnemann's peroration:

"It was requisite that some one should at length beat the way, and this I did.

"The way now lies open. Every attentive, zealous and conscientious physician may freely tread it.

"What though the way, which alone leads with certainty and safety to the goal of health, and which I, setting aside all current prejudice, discovered by a calm observation of nature, is directly opposed to all the dogmas of our medical scholar, just as the theses which Luther of yore courageously posted on the door of the Schloskirche of Wittenberg were opposed to the mind-enslaving hierarchy—the fault lies neither with Luther's truths nor mine. Neither he nor I deserved the venom of the prejudiced.

"Refute,' I cry to my contemporaries, 'refute these truths if you can, by pointing out a still more efficacious, sure and agreeable mode of treatment than mine—and do not combat them with mere words, of which we have already too many.

"But should experience show you, as it has me, that mine is the best, then make use of it for the benefit, for the deliverance of humanity, and give God the glory.'"

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HOMOEOPATHIC REACTIONS.*

C. M. Boger, M. D., Parkersburg, W. Va.

Vitality is measured by the ease with which living things adapt themselves to the vicissitudes and circumstances of life. Failure to do so spells discomfort, sickness, settled disease or even death. It is an inherent power, capable of being slowly augmented but can, on the other hand, be rapidly dissipated. It is strongly coherent, yet is very mobile and easily disturbed; acting somewhat like an electrified heavy gas.

Its vibrations are very sensitive to contracting matter, and even respond to the power of thought, being, as Hahnemann intimated, of an ethereal, or superphysical nature; a very indefinite term to be sure, but seeing that our ultra materialists have as yet not shown just how even crude substance is really activated in the living body, we ourselves need not feel greatly embarrassed.

Reactions of this vital power may take on any degree of intensity, but viewed from all angles it is soon apparent that it is violent in an inverse ratio to the benefit derived. Older homoeopaths realize this very well when they said "Die milde Macht ist Gross"! which we now know as a fully proven theorem.

Commonly, reactions occur between things occupying kindred states or planes; when these are overstepped more violent effects appear. A little reflection will soon convince you of this, as well as carry the implication that an irregularly acting vital force can be best stabilized on its own plane of action; all of which leads inferentially into the field of potency activity.

That potentised substances interact with the vital force may no longer be disputed; but to exhibit their highest possibilities re-

*Read before the Annual Meeting of the International Hahnemannian Association, June, 1926.

quires a full understanding of all of the factors involved, as well as clear reasoning, before we can take full advantage of this mutual interaction. The older method of depending entirely upon memory severely handicapped the prescriber, leading almost invariably into empiricism and crude drugging methods.

The use of the repertory, first by Hahnemann himself, has been a great help; but with a continuously growing symptomatology even it has become too time-consuming. Coaptation of widely separated rubrics was a troublesome business until the advent of one of the perforated card systems. These also afford a new and singularly efficient means for comparative study by the use of translucent cards of several tints. However, using the repertory only points toward some group of remedies from which the final choice must be made by careful comparison with the pathogenetic text.

In the recent past there has been too much running after individual symptoms to the neglect of the general trend or aspect of each case, to do really good work. Each symptom has its true place, but it is only as a component of a generally outlined picture. All of its parts go to make up the general and harmonious whole.

It is a mistake to get a reaction from but one or two organs; it savors too much of stimulation, as we see it in crude prescribing, and always leaves undesirable after effects. When the whole symptom phase is covered by a corresponding remedy a general reaction occurs, leaving only such remnants of the former state as may have some more permanent connection behind. A repetition of the once successful remedy, but in a different, often lower potency, usually sweeps these aside also and the next vital storm may be awaited before considering a different remedy.

The last vestige of chronic diseases can not be removed without attacking the fundamental miasms which are deeply rooted within the human economy, all of which leads us into quite another field of endeavor.

The length of a given reaction bears a close relation to its permanency. Slow and gentle improvement indicating final recovery, while a violent storm is soon over and does not accomplish much actual good. The earliest signs of genuine betterment are shown in a more cheerful frame of mind, the rest following in the reverse order of their appearance, although this recession may seem almost imperceptible.

Non-homœopathic reaction is necessarily of a more or less violent nature and may even do vital damage. It often throws the symptom image into great disorder, over activating non-essentials, suppressing others, etc., etc.

THESE MANY YEARS.*

By Benjamin C. Woodbury, M. D., Boston, Mass.

Under the above title, Brander Matthews, Professor of Dramatic Literature at Columbia University, has written a very interesting and delightful collection of essays by way of reminiscences.

"When a man squares himself at his desk," he writes, "and for a moment stays his hand from the pen while he tries to squeeze the sponge of memory—to borrow the apt phrase of Henry James—when he seeks to recall and to set in order his most salient recollections, he finds himself confronted by the duty of making a choice between the two kinds of autobiography, loosely so called: He must decide whether he will write about himself, bringing up to date the log of his own voyage through life, or whether he will not talk mainly about his fellow-passengers on that Noah's Ark whereon we are all embarked as it drifts over the endless waters. If he shall choose rather to recall what he remembers about others than what he remembers about himself, the result will be only a book of reminiscences, and a true autobiography."

I should like to reminisce at this time of these many years—they really are but few in number—that I have had the honor of being a member of this Society (it is, in fact, but a dozen short years). It is not, however, to speak of my own experiences, or of my own decades, but to go back over these many years bridging a century to the introduction of homœopathy in America—not entering into a discussion of all the interesting history of that period. In fact this period has already been reviewed most exhaustively and admirably by Dr. Stuart Close, in his paper on "A Century of Homœopathy in America," published in *THE HOMŒOPATHIC RECORDER* for November, 1925. There are a few salient features pertaining to our discussions of Hans Burch Gram and his associates that were not brought to light upon the occasion of the Centen-

*Read before the Annual Meeting (1926) of the International Hahnemannian Association.

ary Celebration of the Introduction of Homœopathy into America. Some of these points were singularly neglected, if not in a great measure entirely overlooked; and it is to the consideration of some of these data that I wish to call the attention of the International Hahnemannian Association at this time.

The facts concerning Gram himself, and his immediate associates, Dr. John F. Gray, Dr. R. B. Folger, his friend Mr. Wilsey (*vide Trans. World's Homœopathic Convention, 1876, p. 440, et seq.*), Dr. A. G. Hull, the first student of homœopathy in America, *et al.*, were comparatively well covered at that time. A few important points, are, however, worthy of note.

First as to Gram: As we generally know, he was the grandson of a wealthy sea captain of Copenhagen. His father, Hans Burch Gram, was private secretary to the Governor of the Danish Island of Santa Cruz, who, while touring the United States en route to his destination, in the year 1782 (or 1783), stopped in Boston at a well-known hostelry. Here he met and married (against his father's consent) a Miss Burdick, the daughter of the tavern-keeper. Resigning thereupon from his position, he remained in Boston until his father's death, which occurred, in all probability in 1803; he himself died on the eve of his departure to Denmark to attend to his inheritance. For, as is always the case in well-regulated romances, his dignified and worthy parent had repented his rash act in disinheriting his son and, upon reconsideration, had bestowed upon him the bulk of his property, which for the times, was a sizable legacy.

The son's story is soon told: On the death of his father (who had earned a meager existence for himself and family as an organist and teacher of music; and while in Boston had lived at successive periods on Common Street, and later on Cambridge Street), Gram left America in 1803 for Copenhagen, at the age of eighteen, to attend to his family estates, which were now descended to him. He was successful in recovering to a large extent the family inheritance, but not being content merely with the life of a gentleman of leisure, he resolved upon some useful pursuit. At the suggestion of his uncle, Dr. Fenger, who was a physician to the king, he began the study of medicine; and so gifted was he that he graduated from the University of Copenhagen with the highest of the three honors conferred, the degree of C. M. L. (Magister in Surgery), and being held in high esteem in court circles, he soon ac-

quired a distinguished practice. Hearing, however, of the salutary method of Hahnemann, he studied the new system carefully and methodically, and tested it clinically to his entire satisfaction. Inbued as he was with republican principles, he decided to introduce this method of therapeutics, which was rapidly gaining ground in Europe, into his native country. Accordingly, returning by way of Canada, where he landed in the springtime, he reached New York by early autumn (September 10th is the authentic date, though not generally mentioned), in the year 1825, where he had the honor of introducing homoeopathy to the New World.

Gram's contributions to medicine consisted mainly of his translation of Hahnemann's "*Geist der Homoeopathischen Heillehre*," a pamphlet of twenty-four pages, which he called "The Character of Homoeopathia." This tract he distributed among his professional friends and acquaintances, of whom, with his excellent introductions from abroad, he soon had an extended and influential circle.

His efforts to convert his professional brethren, however, ended for the most part in failure. Although this pamphlet was dedicated to his friend, Professor David Hosack, owing to his imperfect English, it failed to convince many of the truth of the method; and his efforts succeeded only in alienating what friends he now possessed. His personal efforts and especially his clinical results with homoeopathic remedies were more successful, and it was from this source, more than from his writings, that Gram's influence spread.

In his "Dedication," Gram had written:

"The doctrines of homoeopathia are not in unison with those generally accepted and promulgated by medical men. The subject is a new one, tending not only to reformation in theoretical and practical medicine, but threatening to invalidate many of the doctrines at present admitted to be correct, and propagated as indispensably necessary in the study and practice of medicine. This 'new doctrine' is already considerably advanced in Europe, and the number of its adherents is daily increasing. An examination of its principles will show that it is not to be contemned, but that it deserves serious consideration, especially so as its propagators contend that not only theory and reasoning but experience establishes its truth."

Soon after his arrival in New York, Gram signed notes for his brother, involving him so seriously that he was thereafter financially embarrassed, hence his return to the practice of medicine.

Broken in health and disappointed in the reception accorded his efforts toward a much needed reformation in medicine, Gram was not destined long to survive. His death occurred on February 26, 1840, three years before the death of Hahnemann, whom he had so faithfully and wholeheartedly served.

Gram's only other contribution to the literature of homoeopathy was a paper entitled "*The Pharmacodynamic Properties of Drugs*," which, after writing, he placed in the possession of Dr. R. B. Folger. This manuscript was afterward lost, and is probably not now in existence. Thus did this modest and conscientious servant of homoeopathy make his apparently feeble, but all potent impress upon the medical profession of America. He suffered a paralytic attack while in North Carolina, and died in New York, where he is buried in Greenwood Cemetery, Brooklyn, beside the remains of his friend and pupil, Dr. John F. Gray.

The particular point I wish to emphasize regarding Gram at this time, is the fact that there seems to be a good deal of obscurity regarding the actual date of his birth. Even so excellent and accurate an account as that given by Dr. Henry M. Smith of New York (at the time of his death, one of the two surviving charter members of this association) does not definitely fix this date, even though Dr. Smith was in touch with Mrs. Greenleaf, the sister of Gram. The year of birth as given by Dr. Smith is 1786, and this is generally conceded to be the correct one. It singularly omits the exact date, yet in one reference it is stated that, according to Mrs. Greenleaf, it was the month of July. This obscurity of facts, led me to believe that there was in all probability some disparity in this report, owing to the fact that no one had definitely investigated the records. It was also confirmed by noting that the tablet erected at Boston University School of Medicine, presented by the Massachusetts Homoeopathic Medical Society in 1908, also gives this same year—1786. I accordingly made an inquiry into the matter, during the summer of 1925, while president of the Boston district of the Homoeopathic Medical Society, in view of a forthcoming meeting in September, commemorating Gram's introduction of homoeopathy in America. It was at this meeting that the above-mentioned survey by Dr. Close was presented. The following facts were ascertained:

An extended search first of the historical records in the Massachusetts Genealogical Society at Ashburton Place, later at the Massachusetts Historical Society at the Old State House (with the

kind assistance of Captain Clark, Mr. Graham and Mr. Smith, custodians of the society rooms), failed to throw any light upon the subject. The records at the Boston City Hall were also consulted, through the courtesy of Mr. Edward McGlinnon, who informed me that undoubtedly if the birth of Gram had been recorded, it must be found in the one small volume of records extending over the century (from 1700 to 1800) including the period of the Revolution, for prior to 1800 the city was not required to record them, they being found for the most part in parish books, or, as was for long the custom of recording them, only in family records. Furthermore, all the records contained in this one volume were obtained from this source. A careful search of the history of the Burdick family failed to note any marriage with a Gram.

My first search through the city records was unsuccessful, and I had about given up hope of reward, when a casual reference to this same volume at the Boston Public Library revealed the following notations:

"Hans Benj. (not Burch be it noted), son of Hans Gram and Jane, his wife, 18 July, 1787."

"Joanna Burdick, daughter of Hans Gram and Jane, his wife, 1 June, 1801."

It is known that Gram had at least one sister (according to Dr. Smith, possibly another beside Mrs. Greenlief) and from the association of the name of Burdick, might it not be inferred this record is that of his younger sister? At any rate, the date here given—July 13, 1787 (instead of 1786) might easily be that of Hans Burch Gram, despite the discrepancy in spelling, as children were frequently christened under a slightly different name from that recorded by the registrar of births. At all events, my personal efforts have convinced me that the date here given is undoubtedly the correct one, especially as no such name as Gram appears in the year 1786 or 1788. Hence the very definite entry in the year 1787, giving the month and actual day of the month cannot fail to be convincing.

Therefore, it seems only fitting that some definite record be made of this important date in the history of American homœopathy, and likewise be given to the world. And to this end, I wish to present to the International Hahnemannian Association, these brief data regarding Hans Burch Gram, acquired in the city of his birth.

11 Marlborough Street.

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OUR OBJECTIVE? OUR FUTURE?*

By George Royal, M. D.

In the August Journal of the A. I. H. are two very interesting articles; not only interesting, but if carefully read they are thought provoking. The one is by E. Wallace MacAdam. His subject is "The Future of Homœopathy." The other is by C. A. Weirick. His subject is, "Have We an Objective and the Wisdom to Fight For It?"

The former is the usual address, made at banquets whether of alumni associations, state or other societies. The object on all such occasions is either to prepare the hearers for the feast which is to follow or to assist in digesting the one just indulged in, according as the toastmaster's address precedes or follows the "eats." Everything said on such occasions should be light, rosy, cheerful, optimistic; nothing heavy, dark, gloomy or discouraging. On such occasions, especially after the feasting of the inner man, the speaker is not expected to stick closely to his text, but may wander far afield; he is permitted "to stretch the truth;" he is allowed to give the imagination full play provided that by wandering afield, stretching the truth and seeing visions he adds to the pleasure of the occasion. Neither the address nor its subject matter are formally discussed at the time, though both may be later.

Toastmaster MacAdam began by referring to a secret meeting of abolitionists held in New York City in 1860, at which meeting "Garrett Smith announced it was perfectly evident the abolition of slavery would not come in his own life" and "Then called upon all those under thirty to rise and pledge themselves to continue the fight." The toastmaster further states, "On September 22, 1862,

*Reprinted from *Iowa Homœopathic Bulletin*, September, 1927.

Lincoln signed the Emancipation Proclamation and slavery was ended forever." Following the above Dr. MacAdam sounds the key-note of his address in the following sentence: "We never know what is just around the corner."

Then comes a paragraph pregnant with truth to be used as a black background on which to paint a bright, gloriously illuminated picture. It reads, "We who have become discouraged about the future of our school, we who have seen our colleges swept away, our county societies disappearing, our hospitals changing their names—we often feel very sad and discouraged about the future."

Then again with a quick rapid stroke of the brush he covers the black with white, "a white lie" as such statements are, especially the last two lines of the next paragraph, *viz.*, "The message I bring to you as your toastmaster tonight is this: Any sorrow or discouragement as to the future of homeopathy is based on a total misunderstanding as to what is actually taking place. Although sectarian homeopathy is dying, scientific homeopathy is growing stronger every year, every month, every day."

I wonder if there can be any *misunderstanding* about that paragraph? especially about the words "sectarian," "scientific" and "stronger."?

After referring to the relation between the homeopathic and allopathic physicians at the beginning of the Spanish War and of his boyhood days, and showing that it was that relation which forced the homeopaths of those days to become *sectarian* and build their own schools and hospitals "to save their professional lives," Dr. MacAdam says: "We did not want to be sectarian then, nor should we want to be sectarian now." "Has anyone here his sign—John Smith, M. D., Homeopath?" Why not? Because not one of us wants to be sectarian."

A little further on the toastmaster says: "Yet I believe that we have suffered much because of the feeling of *religious* fervor actuating Hahnemann and many of our associates. Homeopathy is a scientific truth, not a religion."

"As the years have passed we have gradually been able to live down the opprobrium of being homeopaths. Gradually opposition has been withdrawn, gradually it has been recognized that the homeopaths are scientists and successful in the treatment of the sick. Gradually medical societies have been opened to them, hospitals are no longer closed to them, the old school men are glad to

consult with them. Gradually all the causes of the original division into schools have disappeared. Our men have been welcomed everywhere, in the Army and Navy, in the American Medical Association, in the College of Surgeons and the College of Physicians. We are not required to give up our belief; on the contrary, we join these societies and promulgate our faith. Homeopathy is gaining in the profession at large. It has had a tremendous impetus in Germany, following the epoch-making pronouncement of August Bier.

"*Sectarian* homeopathy is dying because we homeopaths are associating and co-operating with members of the old school. *Scientific* homeopathy is growing stronger all the time because, mingling in friendly intercourse, we are spreading abroad our scientific principles." Still further on he is quoted as follows: "Therefore, let us not be discouraged because we see our homeopathic societies falling off. They are growing weaker, not because of defeat, but because we have won the good fight. We have not failed, we have succeeded." This is a remarkable statement, very heartily applauded. But still more remarkable is the last paragraph—the climax, *viz.*, "Just as the Abolitionist Party was killed when Lincoln signed the Emancipation Proclamation, so medical sectarianism was killed when August Bier published his defense and explanation of scientific homeopathy!"

Dr. MacAdam's address may be summed up about as follows: Our forefathers became sectarians from necessity; they put up a good and great fight; they won a beneficent, glorious and complete victory; they forced the allopaths to open the doors of their colleges and hospitals to homeopathic students and practitioners; they forced the allopaths to admit us homeopaths into their societies; they made the allopaths glad to consult with homeopathy; they forced the Government to welcome homeopaths in the Army and Navy, etc. Our fathers did all this. Now there is nothing for us to do. Homeopathy has fulfilled its mission. Let us show that we are worthy sons of such valiant, heroic, successful fighters by simply acknowledging that all is well "just around the corner."

Ah! Would That This Were True. Would that I could even believe that this were true.

Before expressing my doubts in form of questions let us look at Dr. Weirick's short article. His first two sentences are as follows: "Carrying forward the work of its predecessors, the generation im-

mediately preceding the present attained objectives: made the word homeopathy a familiar term, known to millions of people; compelled physicians of the dominant school to recognize members of the homeopathic school as physicians, to consult with them and admit them to their hospitals and societies; influenced public hospitals to place them on their staffs; by their better therapeutic results caused the old school to abandon the basis, *contraria contrariis curantur*, upon which its prescriptions were made, and to change its name from allopathic to regular, also to use infinitesimals. Those ancestors made a successful, heroic, progressive fight." Then comes his first question, *viz.*: "Is there no objective for the homeopathy of the present?" He then states that "a defensive warfare such as our school is carrying on today is a losing one"; that "the word homeopathy is in the obsolescent stage"; that "many of the young men and women do not even know what it is." He then agrees with Dr. MacAdam that our schools, hospitals, etc., are slipping away; that our literary output is "reduced to a low minimum." He further states: "At present we have no definite objective, but are satisfied to try to hold our own and trail along in close proximity to the regular school. The strong position we have inherited from our fathers has destroyed our aggressiveness, our pep, our fighting qualities. The regulars have given individual and quasi recognition of the homeopathic law; we should make the effort to secure official endorsement of it by the regular school. Then, as are all other medical laws, it would be taught and utilized by every medical college in the world and its status firmly fixed. Is the attainment of that objective feasible? Feasibility very often depends upon grit and ability. There are still in the school physicians of great and recognized ability. Will it not be possible through them to secure such an official recognition of the law of similia? That is a worthy objective; if there be those of us who think otherwise, will they name another worth struggling to attain? If they cannot, what is the use of trying to maintain a separate school of medicine?"

We note that both writers agreed that we have struck bottom. We also note the vast difference between the attitude of each toward our condition. Dr. MacAdam feels we should be satisfied with it. There is but little more to be desired and that little is "just around the corner." Dr. Weirick, on the other hand, feels that there is much ground to be secured—a great "objective." Weirick

then asks, "Is the attainment of that objective feasible?" And answers the question, "Feasibility very often depends upon grit and ability."

The object for which Weirick states we should fight is "To secure official endorsement of it (homeopathy) by the regular school." Weirick says that all the concessions made and favors granted by the old school are "*individual and quasi recognition*." He wants general and actual recognition, such as would have homeopathy "taught and utilized by every medical college in the world and its status firmly fixed."

I want to ask every reader of this article to answer the following questions, *viz.*: Is the attainment of Dr. Weirick's objective a hard or easy task? Is his objective a great way off or "just around the corner," as Dr. MacAdam's banquet address would have us believe? Let me give my reasons for thinking it is still a great way off and that much hard, skillful, conscientious work must be done by those of us who are "pledged to continue the fight."

I have lived and practiced homeopathy in Des Moines over forty-four years. I have met and consulted with members of the old school frequently. I have had access to all the hospitals of the city, one of which was founded by homeopaths and sold out by them to allopaths. In these hospitals I have worked side by side with not only old school members but also eclectics, osteopaths and chiropractics. It has been my privilege to see and know what the allopaths and eclectics have prescribed. Since reading the two articles I am discussing I have asked several old school physicians, and also several nurses who have worked under both allopathic and homeopathic physicians, if, as the result, "Our men have been welcomed everywhere, in Army and Navy, etc.;" if the homeopathic remedy is used homeopathically in the old school, hospitals, in Army and Navy, by allopathic physicians? *The result? Not one* has answered in the affirmative. Some of the physicians have answered frankly and said, "In my office work in the home of my private patients, I use your remedies, but I never send a prescription to the druggist for them or order them for patients at the hospitals." In answer to my question what homeopathic remedy do you use most frequently, those referred to above reply, "Mostly Luytjes and Boericke & Tafel. Combination tablets for constipation, pneumonia, and nervous prostration." One of the old school men with whom I have consulted most because we have different members of

the same families on our individual lists would say to his patients, "Dr. Royal has confidence in his remedies. He does not know as much of diagnosis as I do but knows more about therapeutics." "Now, Dr. Royal, go ahead." But he never knew or cared to know anything about Lyc. 30 m., Carbo veg. 1 m. or Cactus 1x. In fact in one desperate case of his to which he had called me and for which Carbo veg. was indicated he so far forgot himself when I took out my vial to make up some powders, that he blustered out, "Oh, hell! White Charcoal!"

I would like the experience of my readers in another respect. How many of you since "the barriers between the schools are giving way" and you have become members of old school medical societies, have held offices in said societies, or read papers before the members explaining the principles and practices of homeopathy? If the latter, what was the reception of your paper by the old school members?

The Linn County Homeopathic Society was the first county society of Iowa to go bodily into an old school society. Ten years later I asked a prominent homeopath of Waterloo the above questions. I shall never forget his expression and the tone of his voice as he answered, "None, never."

Again. What about recognition of homeopathy in the journals and books of the old school? Do my readers find the pages filled with directions for the use of homeopathic remedies and with the results obtained from their use? There come to my office five journals of the old school; one German, one French, and three American. I scan them fairly closely, but do not find much on homeopathy. What was the comment of old school journals on Bier's article?

I also have a fairly good opportunity for inspecting the new or recent books of that school. Does homeopathy have a fair and full recognition and presentation in the recent publications of the old school? Two such books which I have read within the past month are Wm. A. White's last edition of "Outlines of Psychiatry" and "Curschmann's Clinical Neurology," by Strecker and Meyers. I failed to find a single reference to a homeopathic prescription for the treatment of any of the diseases considered in either book. On page 365 of the latter I do find the following for the treatment of Meniere's syndrome. "Quinine sulphate 0.1, 0.2 or 0.3 Gm. three times daily in increasing doses." Also: "With careful dosage,

damage to the acoustic nerve need not be feared." And, finally, "Bromides, iodides, pilocarpine, arsenic, hydrotherapy, even lumbar puncture have been recommended."

Wm Boericke in the index to the eighth edition to his *Materia Medica* does not mention one of these remedies for Meniere's disease. Under Chininum sulph. he gives the following under ear: "Violent ringing, buzzing and roaring in the ears, with deafness." In my Text Book of Homeopathic Theory and Practice of Medicine I put Chininum sulph. at the head of the list, but instead of giving the largest dose possible that will not "damage . . . the acoustic nerve," I use the smallest dose that will cure the patient. I have recently had a most brilliant result with B. & T.'s 30th of that remedy.

I want to make the point here and that it is not the remedy but the reason for and manner of administering the remedy that makes its use homeopathic or allopathic.

It might not be out of place to ascertain whether this failure to recommend homeopathic therapeutic treatment could be due to the fact that the allopathic therapeutics is better. Do they have more confidence in their drug therapy than we do in ours? Have they a large number of remedies which they have used for a long period of years, in which they have confidence and recommend because they know they will produce the desired results? Let us take a few sentences, at random, from the two books just mentioned: "There is no pharmaceutical treatment for this disease—paranoia." *Outlines of Psychiatry*, page 122. Also in same volume:

For Arteriosclerosis, page 230, we read: "Treatment—for the insomnia—alcohol in the form of a small dose of whisky and water at night is excellent, but should be given with great care and its administration carefully guarded, as these patients are especially susceptible to it and often develop periods of confusion from very small doses."

From *Clinical Neuralgia*, page 46, we quote: "Treatment: None of the forms of Friedreich's ataxia is responsive to treatment, and care of the patient is largely symptomatic." For cerebral hemorrhage, page 185: "After all the treatment can only be protective, and it is quite important to treat the hemorrhage before it occurs. Medication should be used, though it is doubtful how much medicine in itself may accomplish. The iodide of potash is usually administered, and sometimes the nitrites. A mixture may be of

R Potassium bicarbonate 1.8 Gm., Potassium nitrate 1.2 Gm., and Sodium nitrite 0.03 Gm. Such a powder is given in a glass of water every morning before breakfast. The newer remedies for hypertension need not be discussed here. Recently, studies have been made which indicate that extract of liver MAY be useful. However, at the present time the chief weapons of the physician are reduction in physical and mental work, and sensible dietary restrictions."

On the treatment of epidemic encephalitis, page 171, we read: "A glance at the great number and diversity of therapeutic agents which have been used in the treatment of encephalitis epidemica bears testimony to the indifferent results which have been obtained." For cerebrospinal fever the author says (page 123): "Fortunately treatment is now able to be specific. The results following lumbar puncture and injection of the antimengococcal serum of Flexner have been very brilliant. It is customary to use urotropin, but it is doubtful if it accomplishes very much."

On page 120 we read: "Tuberculosis meningitis is a fatal disease and treatment is powerless to avert death."

I will quote just one more passage for the purpose of giving them credit for their attempts, their groping in the dark, for something "safe," "sane" and "sure" in therapeutics; also to show that always they go as near the edge of the precipice as possible. "More recently some variety of iodides has been administered with seemingly good results. However, in the use of iodides and iodine preparations, chiefly Lugol's solution (Liquor Iodi Comp. U. S. P.), in doses from three to five minims three times a day upwards to as much as 15 minims t. i. d., caution is required. Used indiscriminately in adenoma of the thyroid they may set up iodine hyperthyroidism—a grave form. They are probably more efficacious in ophthalmic goitre than in toxic adenoma. It is doubtful whether digitalis or strophanthus helps the heart. Quinidine sulphate 0.2-0.4 Gm. t. i. d., has been recommended. Sedatives such as bromides and hypnotics such as veronal, luminal, and allonal are often needed. The alleged *specific antisera* have largely failed, although recently there has been a revival of interest in them." (Page 307, *Clinical Neurology*.)

How many times those of us who are in general practice have been called to save the life of a patient on whom experiments with the new remedies have been made.

"Personally the American authors have grave doubts as to the efficacy of the arsenical preparations. They feel that a revision of our therapeutic beliefs is not unlikely, and it may be that the arsenicals will in the future be used less and less frequently." (Page 44, *Clinical Neurology*.)

Let us sum up as follows: *The old school as a school of medicine, have not adopted homœopathy.* The individuals, and there are many, who are using it are *mere tyros* in the theory and practice of it. The old school have neither law to guide them in their application of drugs nor confidence in the efficacy of more than a half dozen remedies.

Therefore we must agree with Dr. Wierick that we should have an objective. Personally I can think of none better than the one he suggested; but I would add a few hints as to the methods of reaching that objective.

First.—The public must be educated so that they *will demand* homœopathic treatment. This must be done through the secular press and magazines. The A. I. H. should do this through a press committee.

Second.—We should establish a post-graduate college for the benefit of the individual members of the old school who sincerely desire to familiarize themselves with the principles and practice of homœopathy. This post-graduate college *should be manned exclusively by homœopaths*, not a mongrel faculty.*

Third.—We, who have gone astray, should return to the fold and "do work meet for repentance," and practice as good and pure homœopathy as possible.

*This is my old hobby you see, advocated thirty-five years ago.

THE CARBO VEG. PATHOGENESIS AND ITS MORPHOLOGICAL BASE.

By Philip Rice, M. D., F. A. C. S.

Individual variation in responsiveness to drugs is a fact too well known to require discussion; with it those who have made drug provings are especially familiar. However, with the cause of this variability no one is fully acquainted. Indeed most of us have as yet not a glimmer of a notion of the factors involved.

That this problem of variation has deep significance when we come to study and teach *materia medica*, and even more when we come to prescribe, must be apparent to all. Explanation of symptoms and appraisal of symptom values is quite out of the question unless one possesses a knowledge of the facts which furnish the background and which determine the special mode of manifestation of the vital processes in the individual. In no two individuals are these conditions identical and in no two are the functions and reactions identical. And what is extremely significant is the fact, as examination shows, that variation in function and reaction is always in relation with and proportionate to the variation in the individual structural or morphological state.

The truth of this may become more clear by a brief, and admittedly sketchy, study of the pathogenesis of *Carbo veg.*, and the morphological conditions which supply a suitably sensitive or susceptible state for the latent powers of the drug.

A careful reading of the symptom record discloses the fact that three conditions dominate the whole situation and play a part in every process—acute and chronic, local and general: (a) blood deterioration; (b) devitalization of the nervous system; (c) habitual venous engorgement of the mucous membranes, glands and parenchymatous organs. Apparently no matter what organ or part is affected or how it is affected, these three color the picture. And, moreover, they apparently have a common source, namely, sub-oxidation—habitual oxygen starvation with blueness, coldness and prostration as ever-present symptoms. The circulation of the lungs, heart and abdominal viscera is habitually impeded, the consequence being habitual venous engorgement in all the tissues and profound disturbance in the bio-chemical processes in the cell.

An obvious consequence of such a state is, that every morbid process early takes on a serious aspect. It is always low grade in character. Inflammatory processes are always destructive. Dissolution of tissue cells by active ulceration is an early manifestation. Bedsores, with foul, grumous and acrid discharge; varicose and gangrenous ulcers, with offensive, bloody pus, and burning pain; easily bleeding wounds, blood being dark, thick and grumous; surrounding tissues blue and cold, but with burning pains. These are some of the more marked characteristics of the *Carbo veg.* processes. When internal organs are affected very many of these characteristics are manifested. For example, in the last stage of a pneumonia or in tuberculosis of the lungs when this drug is the similia we find the expectoration is strikingly similar to the discharges from surface ulcerations. It will be thick, grumous, foul. The patient, though cold, will want the doors and windows open that he may get more air. He is literally dying for want of oxygen. He will have burning pains in the chest. Violent burning pain after cough and expectoration. The earlier these symptoms are manifested the more clearly is this remedy indicated. The fact cannot be too strongly emphasized that oxygen starvation is the chief factor in the entire pathogenesis. All the nerve centers are paralysed and all the cells are dying in consequence.

The mucous membranes, as has been said, are habitually engorged with venous blood. They are dry, swollen, bluish, even purplish in color and spongy to the touch. All proof of venous stasis. With this in mind it is not difficult to understand the character of the gastric functions. They will naturally be sluggish, retarded, with fermentation and gas formation. There will be heaviness and fullness, worse after eating; eructations; waterbrash; burning in the stomach and œsophagus; gastralgia; flatulence and other symptoms arising from faulty gastric secretions and delayed digestion. All these symptoms will be aggravated by anything and everything that increases sub-oxidation and the consequent venous stasis. This cannot be otherwise, as we see when we realize that there is a direct though inverse, relation between the amount of carbon-dioxide in the blood and the activity of the gastric juice. That is to say, the greater the amount of the carbon-dioxide present in the blood the less is the amount of gastric juice secreted. Moreover, it is true also that the greater the amount of carbon-dioxide present the more acrid are the mucous membrane secretions and the ulcer discharges.

A knowledge of this helps amazingly in interpreting the character of all the symptoms, no matter what they are or where produced.

But the *Carbo veg.* state of devitalization of the nervous system is not fully accounted for by the presence of the carbon-dioxide in this undue amount. In a large measure it is, of course. Yet there must be other factors in the case, for when we come to examine the *nux* and *natrum* records, not to mention a number of other remedies, we find that sub-oxidation plays an important part in these also. But when we come to examine the nervous manifestations of these drugs we find that they are characterized by irritability and excitability rather than by prostration and even paralysis from oxygen starvation. Hence we must look for other causes.

What now, are the morphological characteristics of the individual most susceptible to *Carbo veg.*?

Examination and measurement show that not only is the thorax deficient in circumference, but it is also deficient in all of its diameters—sagittal, bi-axillary and vertical. Moreover, we find the muscular development of the thorax very meager. These things denote deficient pulmonary development and function—respiratory insufficiency; suboxidation; arterial deficiency, both quantitative and qualitative; venous plethora and stasis; habitual engorgement of the mucous membranes, glands and parenchymatous organs; sluggish and low grade processes; early breaking down of tissues, with easy hemorrhages of venous blood; marked suppurative tendencies; the characteristic gastric symptoms, and quite all the rest.

When we come to examine the nervous system morphologically we find deficiency in development quite as marked as it is in the thoracic sphere. Hence the explanation of the extreme prostration which characterises every *Carbo veg.* morbid process; and, too, the explanation for the difference between *Carbo veg.*, *Nux* and *Natrum*, though the latter have sub-oxidation from deficient pulmonary development quite as characteristic as *Carbo veg.* *Nux* and *natrum* have excessive development of the nervous system just the opposite to that of *Carbo veg.*, hence the reverse in the character of the functions and reactions. Let it be repeated, that the reactions are always in relation to the vigor of the functions and the functions in relation to degree of development, other things being equal. The nervous system in the individual susceptible to *Carbo veg.* being deficient in development the functions are deficient, and the reactions correspond. Add now, the influence of carbon-dioxide ex-

cess and we have no difficulty in understanding why the whole organism goes to pieces at once when assailed by a virulent morbid influence such as will cause a violent diarrhoea, a dysentery, a typhoid, and the like.

The symptoms of special spheres will be found to be in keeping with the character of the organic development in those spheres plus those produced by the three general conditions above mentioned. For example, the bowel symptoms will be in keeping with the character of development of the intestinal tract. In those in whom the intestines are found deficient there will be constipation or a strong tendency to it, while in those in whom they are found excessive in development there will be a correspondingly strong tendency in diarrhoea. Accompanying the symptoms of the intestinal derangement will be those belonging to the general state.

The symptoms accompanying a derangement of the female generative organs show in a specially clear manner the influence of the general morphological state upon the local organs. The menses are too early and too profuse; menorrhagia and metrorrhagia; uterine atony; ichorous and offensive leucorrhoea; malignant ulcerations, with burning pains and foul discharge, etc.

It may be said, indeed has been said, that as we do or must, in the last analysis, prescribe on the symptoms, why study morphology?

It is not a question what we prescribe on, but a method which will disclose to us the basic factors in the problem and make rational and complete understanding possible and accurate interpretation of the symptoms a certainty. Surely no one is so rash as to say that the more or less disconnected and fragmentary recital of sensations by a patient, not infrequently greatly elaborated for sinister reasons, can be taken at its face value, or that what are stated as facts are facts in the scientific meaning of the term, or that this approaches, except in a remote and uncertain way, the real and true basis of the condition. But without a knowledge of the individual's morphology the physician is largely if not wholly dependent on just such a questionable story; on such facts as a patient is able or disposed to relate.

Again, we must not lose sight of the fact that a given sensation or condition is never described in the same words by two persons of different type. By a volatile or lugubrious patient it is described in one way and by a reticent patient in another way, if described at all. The importance of a symptom is over emphasized by one and

minimized by the other. In the mind of one it is certain to be plus in value and in the other minus. Of course it will be said in reply that it is up to the physician to distinguish facts and fiction, between wheat and chaff. But if he has no knowledge of the basic facts, which means the individual morphology, what guide has he for separating the wheat from chaff?

The charge has been made that the morphological method of *materia medica* study assumes to get along without the symptomatology; that the morphologist considers the symptoms of no particular value.

Only a person grossly ignorant of the method and of the theory of modern morphology will make such a charge. What the method aims to do is lead us to a knowledge of the conditions that are basic to the symptoms, to the conditions in which the symptoms have their origin and by which their special mode of manifestation is determined. The morphological method when carried out scientifically makes forgetting or ignoring of symptoms impossible. Symptoms are a part of the whole, and this method concerns itself with the whole, which makes it therefore quite different from the symptomatic method, which concerns itself with effects only.

And how a knowledge of the whole raises the physician above the level of the patient in knowledge of the real facts, and even above the physician who has only the patient's more or less questionable story on which to base his judgment! The morphological method makes it possible for the physician to discover all the facts for himself and relieves him of the necessity to depend on hearsay evidence. He becomes, with a knowledge of this method, truly master of a situation.

Modern morphology, as developed by Prof. De Giovanni, has for its foundation the related sciences of embryology, physiology, psychology and pathology. It clearly recognizes the fact of subjective states, but it does not content itself with merely this; it endeavors to find an explanation for them, for their variation in different individuals under different circumstances. And it seeks for explanations where they may only be found, namely, in the morphological state in which all have their origin, and frequently their sole cause, and by which their special mode of manifestation is determined in every instance. Modern morphology takes the position that aside from a physical base subjective phenomena have no existence, can, in fact, have none. It takes the position that neither

subjective nor objective physiological processes are possible except in a physical organism. In this they are born and bred. Hence the necessity of studying the physical facts. Modern morphology does not lead us to become materialists and to cast aside as useless the dynamic elements in the problem. On the contrary, it intensifies our regard for them because it gives us a clearer understanding of their place in the scheme of things. Modern morphology makes us better and wiser symptomatologists through an understanding of its principles and their direct and immediate bearing upon all functional processes.

CURE AND SOME FACTORS TO THIS END NOT USUALLY CONSIDERED.*

Alfred Pulford, M. D., Toledo, Ohio.

The love of wisdom should actuate all true homeopaths. As the editor of the *Toledo Times* truly stated: "Common sense is all that makes a college education valuable." We ourselves deem it more important to be intelligently ignorant than to be ignorantly intelligent, *i. e.*, to be open to conviction rather than closed to conviction. The empty vessel is always available, the filled one never.

There are some factors absolutely necessary in our philosophy, which are not usually brought out or considered and more often seldom practiced. They are: The knowledge of what constitutes a cure; the value of "sticktoitiveness," of ignorance, of patience and of being unprejudiced.

It took us forty years to prove to our own satisfaction just what constituted a cure in the true homeopathic conception of the term. The term cure, as it is used, is quite variable in its meaning, elusive and very often misunderstood by those who should and who are supposed to understand it best. To the surgeon elimination means cure. To the allopath, the modern homeopath or the pantherapist suppression, diversion or elimination means cure. But to the true homeopath a cure consists of but one thing, and that is the eradication of the predisposition to the disease to be cured. When this

*Read before the Annual Meeting of the International Hahnemannian Association, Philadelphia, July, 1926.

is accomplished the disease can never return, neither can it be transmitted. This and this alone constitutes a true homeopathic cure. We all talk freely and supposedly intelligently about the cures we make, but mighty few of us could positively state that we had made a positive cure. It is a subject easier stated than proved.

The truly philosophical mind is the truly unprejudiced mind. The most flagrant mark of ignorance any being can display is to close his mind to conviction. This one act alone cost us just thirty years of loss to ourselves and injury to our patients, a wrong we can never right. We have been dubbed intolerant and prejudiced because we would not hark back to the falsity we had left behind, but never by men who had anything better to offer. We are by no means wedded to homeopathy and as soon as some one can convince us of something better we shall gladly embrace it. Much of the prejudice brought to bear against homeopathy is brought by men who least understand it. Homeopathy is considered by them a finished product. Every curative agent according to their views has been thoroughly proved, homeopathy has therefore been weighed and found wanting, and because they have failed in some particular cases in which they did not have the right remedy they blamed their failures on homeopathy instead of blaming their own ignorance, and this developed a prejudice to homeopathy. As a result they start to shout from the housetops the limitations of homeopathy. These men must have a wonderful insight. Suppose for one moment if the radio, the telephone, the automobile or the aeroplane had been treated when half completed as homeopathy is now being treated, would we be enjoying what we are enjoying today? Then why not destroy green-eyed prejudice and go on with the developing and perfecting of homeopathy and put ourselves in a position to cure the cases that are baffling us today?

Now let us stress to you the value of ignorance in medicine. By this we mean intelligent ignorance, the ignorance that maintains an open mind. It is this kind of ignorance that has enabled us to accomplish many things that our more fortunately (?) intelligent brethren failed to accomplish. On the one hand it made us more anxious to learn, on the other we are not so positive. The physician who does not know, but is so positive that he does know, seals far more deaths than the man who does not know and knows that he does not know. We have often taken a patient

over a crisis because we did not know the patient was moribund, after the man who did not know, but was positive that he did know, had sealed the patient's doom in his own mind. We are frank to state to you right here that we do not know the limitation of homeopathy and feel that no one living has sufficient grasp of it in its entirety to define its limits. We are curing right along patients who are said to have passed the line of demarcation placed by those who are egotistical enough to think they know just where to place that mark. We are frank to state that we do not know when a case is or is not curable. We have had so many pleasant surprises that we are not surprised at anything any more, excepting at the ignorance of men who are supposed to be intelligent.

Lastly, let me call your attention to two very important prerequisites for a homeopathic physician: patience and sticktoitiveness. From lack of patience we lose most of our patients. Too many of us are looking for results, quick results at all costs, the cure being quite forgotten in the melee. In our haste and superintelligence we try to out-do God and override every known natural law. Like Arrowsmith's medical scientists we must discover the diphtheria germ today and promise a life immunity tomorrow; or like the inventor, we must discover a coat of paint that will never wear off. Anything for a name and fame, and to get rich quickly. The patient? Oh, the patient be damned. We have not time to wait for the remedy to act, or a cure to take place, we must get action. This is the idea of the modern doctor. Then with a lying heart he tells the bereaved that all that science can devise has been done for the patient and lets them get all the solace they can out of a spectacular funeral. All of this is revolting to the true physician. The true physician is born and not made, and among his prerequisites are patience to study and await results, and sticktoitiveness to make his work not only a success but a real pleasure. The greatest recreation we have found yet has been in reaching the goal in a real critical case and restoring to the bosom of the family the patient whose health they so honestly longed for.

IDEAL CARE OF THE SICK CHILD.

By C. E. Prescott, Brookline, Mass.

It often seems that we are told so much "not to do" and so little "to do" in the place of the myriad "nots."

To begin with it seems to me wise as a first step in caring for a child of few years or many years (everyone is more or less a child when ill) as the first step in helping to a quick and thorough cure; empty the mind of worry, take a wholesome interest in the patient as a maker or developer of interesting symptoms—see all that can be seen—ask as few questions as possible and only those you have reason to believe are pertinent—lead the child to tell you *just* what they have been playing and eating—often a bad fall will come to light, which has not been suspected—or the frequent "treat" of unwholesome food at school (from the child with the parent unversed in food value)—ask as few questions as possible and at as long intervals as possible, be *thorough* each time and brief—do not continually ask "how are you feeling now." Many mothers make this mistake and keep the child dwelling on the fact of illness and irritate by the asking and the attitude of over-apparent "watchful waiting."

To keep a calm, happy, contented atmosphere is a rest to the irritated nerves.

Never allow any solid food when the temperature is at all above normal—no milk or cream, preferably orange juice and as much as is desired at a time—and always cool water at the bed side and a glass tube with a crook in it to drink with: this is diverting and makes drinking less of a burden—no lifting the aching head.

In usual upsets with children to have them lie flat without a pillow or only a small one as much as possible—and shut their eyes and relax—a quiet rubbing of the back of the neck, spine, stomach and intestines when a cold has started is very restful and beneficial I find.

To read some of the Psalms is soothing—and stories which are picturesque and have good descriptions of the out of doors—and the pleasant lives of normal children, taking the little mind off of the present discomforts and leads it into pleasant channels and often to sleep when reading is done in a soft leisurely way.

When the child has been out in the wind, gotten too hot, cooled off suddenly and been chilled (also the child allowed to stay out and play on the ground after sunset) Aconite 30 degrees three times, given at half-hour intervals, I have found successful. Many a time the usual "colds" this time of the year seem to start from these causes, even with children who are properly fed and not allowed *candy* (candies cause many colds or other stomach poisoners)—and have appetites unruined by cane sugar sweets. (White sugar is bleached with sulphur and much candy has coal tar preparations as an integral part—for color and taste.) These children respond to remedies with startling rapidity, and find all the sweets they need in fresh fruits; honey and maple sugar syrups—pure food.

If you are firm and allow no solid foods (not even milk) to be taken until the child has had a normal (or little subnormal in the morning) temperature for 24 hours you have the foundation started for a swift and reasonable return to health—it works well to begin real meals with only two articles after the first two *milk* meals.

I never use white flour breads in illness nor macaroni, spaghetti nor tapioca.

A quick sponge bath given to the child while in an all-wool blanket in bed is restful after the child begins to feel better; but at the height of the illness to *not* wash, move, question nor disturb. The trained nurses have made illness hell by their routine—washing, moving, talking. Nature asks to be left in quiet and peace to help the patient back to normal—and the Hahnemannian principles help nature without any unnatural forcing or destroying.

I have observed the most rapid, gentle, deep-seated and long-lasting effects from the high potencies, given by those members of the homœopathic fraternity who have the Art and Science of Hahnemann at their finger tips—those who are never led away from "the one best way."

To study a child thoroughly and be sure of their unconsciousness of your action, I find going to bed with them ideal. They feel comfortable in the knowledge that they are not going to be left alone and *you* are free from the usual calls and interruptions. I spend one night a month sleeping with a child to check up on their sleeping, etc.

A day in bed now and then is good medicine for any active parent—and a wonderful time to concentrate upon the child.

It is best to have a large bed in a sunny room where the child can sleep like a star fish and have plenty of space. Narrow beds are not as restful as wide beds. There is a consciousness or subconsciousness of their edges and the proximity of the floor.

Have two rooms to be used by the patient, one with morning sun and one with the afternoon sun. Make the changes at noon and midnight or when the child goes to the bathroom in the night. This is also very wholesome for the nervous patient who wants to do something or have something done for them, and keeps them in sunshine night and morning. Avoid north rooms for children whenever possible.

Four pillows are not too much for the little one sitting up in bed—but be sure the pillows are holding the child and not the child the pillows. I use three sizes, a long big one for the foundation of the pile.

An excellent bed table can be made of a drawing board and four shelf angle irons—a big board and painted white. This means real comfort for feeding times or when toys are allowed.

I of course send for the doctor (always a good *Hahnemannian*) so early in the morning that he may plan his day and get to the child early. Sometimes the doctor tells the remedy he wishes given when I call up and give symptoms—in simple cases—but when there are symptoms I do not like I want the old, experienced eye on the patient.

A bed jacket makes a comfortable child in bed when they are able to sit up and play. The long wrapper is too cumbersome.

In the very cold winter weather a steady coal grate-fire makes a good even temperature, and I always keep water on the radiator and in the water box in the furnace. We have few colds.

I never mention unpleasant subjects, accidents or illnesses to the sick child, nor do I sympathize with them. I say I am sorry they are ill and that we must try and be well as soon as possible. If I know the cause I tell them why they are ill and suggest that they refrain from doing the same thing again, and try to see that they do not repeat.

If children are taught to take illnesses as a natural consequence of carelessness or ignorance and do not expect constant nursing and coddling, no staying up nights with them—(looking in on them a few times to study their respiration—kind of sleep, if any, positions, etc.) they learn to be self-reliant, help get themselves

well and are training for comfort all their lives. They learn to take illnesses in a calm and natural way and help nature to return to equilibrium—no fussing! no fear! no worrying!

Plenty of raw milk and cream; tub baths (not long *sosings* in the tub, but being sure water goes over every pore in the body) once a day and brisk rubbing with rough towels, in my opinion, form a wonderful safeguard to diseases. We try to build bodies immune to disease and go to the doctor to prevent upsets when they start.

I have told what I consider the ideal method of treating and combating illness. Of course I know everyone cannot do exactly this way, but I know the nearer these methods are followed the easier it will be for the child and the parents, and the sooner normal conditions return.

There is no more thrilling experience than watching a perfectly selected remedy assist nature to overthrow disease!

Diet—in Health.

We use many vegetables and fruits, dark, home-made breads, all the raw milk and creams and butter the children will eat, eggs in moderation, real wheat cereals, yellow and white corn meal, honey, maple syrup and maple sugars: Meats in moderation; only chicken, lamb, beef and some fish; raw vegetable salads, no vinegar (lemon juice), olive oil from Boericke & Tafel, also their grape juice for drinking and jelly.

PRECIS OF DR. LE HUNTE COOPER'S PAPER.*

The Cancer Problem. Deductions Based on Clinical Experience.

Reference to the Late Dr. Robert T. Cooper's Work, With His Portrait on Screen.

How the writer convinced himself of the truth of his father's findings.

Cases described which he himself had treated and which convinced him. The following flowers thrown on the screen by means of the Episcopes, being paintings by Dr. Le Hunte Cooper, Bella-

*Read before the International Homœopathic Congress, London, July, 1937.

donna, Orn. umb., Lobelia erinus, Scroph. nod., Ruta, Symphytum officinale and Mentha pulegium, with details of cases cured by them, illustrated by lantern slides.

Deductions from twenty-four years' clinical work: That cancer is a constitutional disease, not a local one. That it must be treated constitutionally *first, mainly, and all the time*.

That if treated in this way it frequently happens that the tumor is absorbed. That if this is not brought about, and operation is eventually needed, it can be performed with far less danger of metastasis if this has been carried out thoroughly.

That the more rapidly growing a tumor is the greater the danger of operation, the danger being in direct ratio to the rapidity of the growth.

That the nature of cancer, as it is ordinarily met with, cannot be judged by local malignancy set up, *in an otherwise absolutely healthy individual*, by local irritation, as occurs after long exposure to X-rays.

The hands of a victim of X-ray epithelioma thrown on the screen and described. It being shown that the cancer thus produced is a purely local condition, with no tendency to recur at the site of removal and in which the glands, when they were removed were not found affected, and the deeper structures, such as the tendons and bones were not involved. Additionally, he lays the greatest stress on the point that all through the course of the illness the patient has continued in vigorous and perfect health.

From this Dr. Le Hunte Cooper deduces that there are two forms of carcinoma, the ordinary one being due to a constitutional blood condition probably of microbic character, which he calls "Specific Carcinoma," and the other "Local Carcinoma." That the latter may be removed with impunity and with no danger to the system, whereas removal in the former case dams back something on the system which is inimical to health.

Deduction from this, *the tumor is not the disease*, but an expression of some biological or chemical action which is producing substances antagonistic to the disease, and that by its removal, when in an active state, danger to life is increased.

He regards metastasis, on this basis, as due to separate independent foci, having no parentage in the original growth.

He describes a new method of removal of neoplasmic material by rays, with hitherto not a single failure to remove all abnormal tissue, both carcinomatous and sarcomatous.

Warning that this is no more a cure than the knife, and should not be undertaken until the disease has been got under control constitutionally.

Anti-bacterial therapy discussed.

Finally, we have three weapons of attack:

1. *Homœopathy* as ordinarily understood.
2. Anti-bacterial therapy, which is only *homœopathy* in another guise.
3. Rays on this new principle which, seeing that they can produce epitheliomatous proliferation, is *homœopathy* again.

With these the nightmare of cancer should be removed from the world for all time.

Paper described by president of the congress as "epoch-making."

THE USE OF OZONE IN THE VENTILATION OF THE AUTOMOBILE SERVICE STATION.*

By May R. Meyers, M. A., M. D.

The public garage or service station presents a special problem in ventilation—that of adequately disposing of the carbon monoxide which is being constantly generated by cars undergoing repair. The extent of the carbon monoxide hazard in these service stations can only be appreciated when one considers that cars, in the process of repair are being constantly started and stopped, and that in the course of the testing process, the air-gasoline ratio in the carbureter may at times be very low. The exhaust from a car which is being run under these conditions has a far larger percentage of carbon monoxide than has the exhaust from a car which is being normally operated. The further fact that the density of carbon monoxide is practically that of air (0.9678) prevents it either from rising to the ceiling of the workroom, or from settling to the floor in the way that carbon dioxide tends to do. Because

*From *Industrial Hygiene Bulletin*.

the cars are often in motion when they are being tested any attempt to remove the gas at its source becomes a very difficult task indeed. Air tests recently conducted by Dr. Sallis, chemical engineer of the Bureau of Industrial Hygiene, revealed the fact that two feet in back of cars which were actively exhausting, the concentration of carbon monoxide in the air was from seven to eleven parts of carbon monoxide per 10,000 parts of air.

The Public Health Committee of the New York Academy of Medicine reports the results of the analyses of the exhaust gases of 23 cars by volume, as follows:

| | On Level Grade Per Cent. | Ascending 3% Grade Per Cent. |
|-----------------------|--------------------------------|------------------------------------|
| Carbon dioxide | 8.6 | 7.6 |
| Oxygen | 2.3 | 1.3 |
| Carbon monoxide | 6.3 | 6.4 |
| Methane | 0.9 | 0.6 |
| Hydrogen | 3.0 | 2.9 |
| Nitrogen | 78.6 | 79.2 |

During the warm weather, it must be remembered that a unit weight of air will occupy a considerably greater volume than when it is cold, with the result that the same carbureter adjustment will suck in a smaller amount of oxygen, and the percentage of carbon monoxide in the exhaust gas will in consequence be correspondingly higher.

An investigation by the Bureau of Industrial Hygiene of 31 service stations brought to light the fact that 24, or 77.4 per cent., showed the presence of carbon monoxide in the air, and 17, or 54.8 per cent., showed a concentration of this gas which was in excess of the 0.1 per cent. regarded by authorities as the danger limit. Of the 42 workers examined at the time, 29, or 69 per cent., showed definite evidence of carbon monoxide in their blood, and a number presented clinical symptoms of carbon monoxide poisoning. In subsequent examinations made by the bureau of the blood of another series of 22 workers the carbon monoxide was found to range from 2.3 per cent. to 40 per cent. saturation. The oxygen content of the blood of these men ranged from 2.4 volumes per cent. to 10.8 volumes per cent.—the normal being approximately 19 volumes per

cent. The average oxygen content was found to be 5.8 volumes per cent., or only little more than one-fourth the normal oxygen content of the blood. This very striking anoxemia is a serious menace to health, since it is indicative of marked reduction in the amount of oxygen which the blood can carry to nourish the tissues of the body.

Of all the clinical manifestations of prolonged exposure to carbon monoxide poisoning exhibited by these men, it was the prevalence of the carbon monoxide headache which has above all else called attention of the automobile industry to the seriousness of the hazard, and the urgent need for doing something drastic about it. The carbon monoxide headache is a most intense pounding headache which may come on hours after exposure to the gas has ceased, and which is of very long duration. Indeed, it may continue for hours after all carbon monoxide has been removed from the blood, by prolonged exposure of the individual to fresh air. This headache is in itself responsible for more loss of time on the part of workers exposed to even relatively low concentrations of carbon monoxide than any other one or group of symptoms complained of. Dizziness, smarting of the eyes, nausea, drowsiness and lack of proper muscular coordination were all complained of to greater or less degree by the men examined. But these were not usually the cause for laying off work, although they undoubtedly seriously impaired efficiency, and predisposed to accident. The carbon monoxide headache, however, is the usual and chief cause for loss of time.

Various methods are being experimented with by the automobile industry at the present time with a view to ridding their service stations of the carbon monoxide hazard. The installation of elaborate forced draft ventilating systems, capable of keeping the air fresh at all times appears to be far too expensive to be practicable in most instances. Instead, therefore, managers of service stations are becoming interested in the use of various chemical substances now on sale, which if sprayed, or otherwise introduced into the air are supposed to "improve the condition of the air." Just how this is to be accomplished is frequently very vague both in the minds of the manufacturers of these products and those who purchase them for their service stations.

The Bureau of Industrial Hygiene has been called upon by some of the more intelligent service station managers—particularly those having a large number of service stations to provide for—a

disinterested opinion as to the efficacy of these measures. One of the chemical substances on the market is essentially a combination of chlorine and formaldehyde, which is to be sprayed into the workroom. This is now under investigation by the bureau. The other chemical substance which is making considerable headway in garages and service stations is ozone, chemically designated as O_3 . Ozone is generated in the room by means of one or more ozone generators of varying sizes depending upon the size of the service station.

Manufacturers of these ozone machines are not all agreed as to its effect either upon the air of the workroom or upon the men exposed. One manufacturer in his sales literature points out that ozone or O_3 is broken down into O_2 plus O , and that the one atom of nascent oxygen combines with the carbon monoxide in the air to form carbon dioxide which in the concentration produced would be quite harmless ($O + CO \rightarrow CO_2$). In this contention he is not supported either by the other manufacturers of these machines or by experimental evidence. That under conditions prevalent in service stations, this reaction does not occur to any appreciable extent whatever is well established scientifically. This conclusion has further been independently arrived at and confirmed by experimental work conducted by the Bureau of Industrial Hygiene.

The fact that many of the men working in service stations where these machines have been installed "on approval" appear to be genuinely enthusiastic about them, however, and claim that they feel so much better and have fewer or no headaches since their installation has caused the Bureau of Industrial Hygiene to investigate the matter further. It has been our experience as a result of an examination of a considerable number of these men that exposure to carbon monoxide seems to make them hyper-suggestible. The question immediately arose, therefore, whether perhaps the sole effect of these machines was psychological. On the other hand, the men continue to insist that they really do have fewer headaches, and some claim to have none at all any more since the ozone machines have been installed. The carbon monoxide headache is too real and too intense to be disposed of purely by suggestion.

Despite the fact, therefore, that the use of ozone in ventilation has no scientific standing at the present time, and despite the fact that it is well known that ozone will not oxidize CO into CO_2 the Bureau of Industrial Hygiene feels that the question of the use of

ozone in service stations requires careful study. If the effect of exposure to this gas is entirely psychological, this should be established very definitely. On the other hand, it is felt that the direct effect of exposure to ozone upon the physiological and chemical function of the body is not entirely understood at the present time, and that possibly further study along these lines might bring to light an explanation of the popularity of these machines with workers who are exposed to the carbon monoxide hazard in garages and service stations.

In the investigation now in progress, careful physical examinations are being made and blood tests taken. The question of the physiological effects of exposure to ozone are being considered from several angles, most important of which perhaps are the following:

1. Does exposure to ozone tend to cause a rise in the haemoglobin of the blood, thereby assisting the body in maintaining a normal oxygen carrying capacity despite the fact that some of the haemoglobin is tied up with carbon monoxide and so cannot adequately fulfil its normal oxygen carrying function? Blood tests made by the bureau recently of workers exposed to carbon monoxide in service stations seemed to show that the normal reaction of the blood to such exposure is first to cause a compensatory increase in the haemoglobin, apparently for this very purpose. This is then followed by considerable destruction both of red cells and haemoglobin.

2. Does the presence of ozone in the air tend to increase the partial pressure of the oxygen in the alveolar air, thus making it more available to the tissues? Stadie has advanced the theory, as a result of animal experimentation, that the primary effect of carbon monoxide inhalation is its profound alteration of the normal oxygen dissociation curve, rather than the mere loss of functioning haemoglobin. This alteration, he believes, is caused by the fact that the partial pressure of carbon monoxide in the alveolar air, the partial pressure of oxygen is markedly reduced, so that the same volume of oxygen if carried in the capillaries would still not be equally available to the tissues. If ozone, in quantities produced by the ozone machines now in use, can materially alter the partial pressure of oxygen in the alveolar air, this might offer an explanation for their popularity with the men.

There are still other questions along these general lines which the Bureau of Industrial Hygiene is now working on.

With the cooperation of the Cornell Research Laboratories located at Nursery and Childs Hospital, and the manufacturers of one of the ozone machines now on the market, an "Ozonator" has been installed in the hospital. Experimental work is now in progress there both for the purpose of getting a normal control series, and for the purpose of conducting further and more intensive investigations of the general physiological effects of exposure to ozone.

A report of the findings will be issued for the information of the automobile industry and others interested as soon as this data has been assembled.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

"FIFTEEN DRUGS IN THE DOCTOR'S CHEST—

Yo-Ho-Ho, and a Bottle of Rum!"
(With Apologies to R. L. S.)

In the light of passing events and by the exercise of a little imagination, it is conceivable, metaphorically speaking, that the "gold and jewels" of homœopathy will eventually be sought by adventurous spirits upon some far "Treasure Island," where they have been buried long before by bloody pirates who despoiled the owners and forced them to "walk the plank." In that event the rollicking strains of R. L. S.'s grewsome ditty, paraphrased as above, may once again be heard.

Not to press the metaphor too far, is it not evident that something analogous to this has been going on for a long time? Is not homœopathy being robbed of its jewels and murdered by those in its own ranks who scorn, ignore or pervert its cardinal principles in their practice and ridicule its theories; who advocate cutting out from the *materia medica* the greater part of its remedies, stopping the use of all potencies above the twelfth, and dropping its distinctive name? Is not this a species of piracy?

The typical pirate, literally or metaphorically, always buries his stolen treasure. That is the only way he knows of disposing of it, for he cannot use it as it is. He fondly hopes to escape the law and enjoy his ill-gotten gains at some future time. But that time never comes. His treasure in its original form is a burden and a terror to him. He thinks that when he can dig it up and turn it into currency he will be able to spend and enjoy it. He does not realize, poor fool, that the currency would be as much of a curse to him as the gold and jewels, for he does not know how to use it. So his treasure always remains "buried" for him.

About once in a blue moon the editor of a journal like this gets a letter which reveals frankly and without circumlocution what is going on in the minds of the usually silent "rank and file" of homoeopathy, as the following letter will show. Such a letter deserves a reply, even if the view it presents is that of one who evidently is not widely read in homoeopathic literature, not to mention THE HOMOEOPATHIC RECORDER itself, in which he might have found answers to all of his questions if he had read it attentively. Allowance must be made, however, for one who can read a foreign language only with difficulty and who therefore probably skips what seem to him the more difficult or abstruse articles. Nevertheless he has read with a purpose and written accordingly. But to the letter itself:

"Kumla, Sweden, Aug. 1, 1927.

THE HOMOEOPATHIC RECORDER,
Philadelphia.

I read your RECORDER with much interest and now I shall try to write a few lines to you. I cannot write English well, but I hope you may get some understanding of my letter.

I read in THE RECORDER for July: 'Several letters have come to us taking issue with us upon the question of sectarianism and the proposed dropping of the title "homoeopathic"; etc., and: 'So far as we have been able to see, German homoeopaths balk at the use of high potencies,' etc., and: 'Many of us have wandered off after strange gods,' etc.

What is the reason of all this? I can tell it in a few words. It is the many medicines and the high potencies. In the Repertory I find for toothache, for example, several hundred remedies. It is all nonsense! I have every day some coming for relief of toothache and I give them all and every one Aconitum 4 D and Belladonna 4 D, and 90% get well in from 1 hour to 2 days. How tiresome would it not be if I should use the Repertory!

One lady here got headaches with such dizziness that she must stay in bed, for seven weeks. Was under the care of one allopath 2 weeks and then under the care of another allopath 5 weeks. She did not believe in homoeopathy. Now since nothing had helped her, she sent for me. I gave her Cimicifuga 2 D, 3 pills every hour for five or six times that afternoon. After she had taken 15 pills the headache was gone. The day after the dizziness was gone and she was all right and healthy.

One 40 years old woman came to me with pain in her sexual organs. She said: 'I have had pain for two years and I have seen every allopathic doctor in the city, but I can get no help.

Can I get help from you? I must take my life if I cannot as I can not stand it longer.'

I gave her Schüssler's Magnesia Phos. 4 D, 1 powder every hour for 5 or 6 times that night. The next day she was all right. One man had Sciatica since 18 months and had seen many doctors and specialists without any help. He got Nux 4 D and Locopod. 8 D, and was well in 3 weeks.

I cannot understand why You in America should bother with these many remedies and high potencies. Don't you see that your RECORDER and your school is by and by getting all alone? The doctors are going over to allopathy, eclecticism, osteopathy, etc.? I say this for the sake of homoeopathy, which method or system I love.

My dear RECORDER! teach us homoeopathy with low potencies, 3-4-6-12 D and homoeopathy will again prosper in the U. S.

If I could write English well I would have a whole lot more to say, but I must close my letter and hope you will excuse my writing.

Yours respectfully,

O. EXHOLM."

Can you in the RECORDER give us, your readers, a good reason for the many remedies and the high potencies?

Have you any evidence to prove that high potencies are any better for the sick than the low potencies?

Why were the old homoeopaths so successful with their low potencies? Why could we not have a repertory with our best forty remedies, including Schüssler's twelve?

Why are you losing hold of your doctors and the people by holding on to your high potencies and bewildering repertories and many remedies?

There you have it, the honest expression of a well-meaning physician who believes in homoeopathy as far as he knows it and avows he loves it; who sees the school declining, deploras it and thinks he sees the reason for it, but is entirely unaware that he is a perfect type of those who have caused the "Decline and Fall" of homoeopathy—who are themselves the fallen ones! And how great has been their fall!

To come directly to the gist of it, there is some truth in what our Swedish colleague says: that the trouble is "many remedies and

First, then, as to the why and how of such cases. Dr. Ekholm perhaps does himself scant justice as an observer when he conveys the impression that his prescription is based upon the patient's simple statement that he has a toothache. He may think he is prescribing for a single condition or symptom, but (if he uses his two remedies singly) how does he choose between Aconite or Belladonna? Something governs his choice. He cannot be an experienced physician without observing, consciously or subconsciously, several things about the patient who presents himself with toothache. The human mind is a wonderful thing, more or less mysterious in its operations. Not all of its activities are consciously realized or expressed, yet they go on just the same.

Dr. E. hears the patient say he has a toothache. His mind accepts that as a starting point and begins to act subconsciously. He observes, for example, that the patient has a flushed face and a countenance which expresses pain, anxiety or excitement; or it may be pale and drawn. Perhaps the face is swollen on one side or the other. The mouth may be open or closed, revealing the kind of reaction to inspired air upon the painful tooth, or to pressure. The lips may be dry, moist or wet from deficiency or excess of saliva. The position and status of the head and the bodily attitude are significant. The effects of rest, position and motion are deducible from attitude, gait and movement. The state of mind and mood are revealed by the manner and tone of speaking and address, etc.

All of these and other signs and symptoms will be perceived almost instantly by the experienced observer without conscious effort of the mind, and these are the real basis of his homœopathic prescription, whether it be made offhand or by the longer process of systematic study. Simultaneously a process of reflection and reasoning goes on. The homœopathic mind compares the symptoms thus observed and rapidly makes a choice between remedies known to be similar.

So-called "snap-shot," "off-hand," or intuitional prescriptions are made in this manner whether the prescriber realizes or not. There is always a background of knowledge and experience, a subconscious memory of previous teaching which becomes active on occasion and sets the mental machinery in motion.

Doubtless this is the "why" and "how" of Dr. Ekholm's cures, even if he does use only two remedies for toothache. Perhaps he has a better mind than he thinks he has. If so, he should not set

the high potencies." Dr. Ekholm is "in the right church, but the wrong pew."

"In the repertory, for toothache, several hundred (*sic*) remedies. It's all nonsense!" he exclaims in righteous indignation.

As an unqualified statement it is all nonsense and everybody who understands homœopathy knows it. The homœopathic physician who regards "toothache," or any other similar symptom, as a pathological entity to be named, classified in the repertory and treated as such with a hundred remedies, or one remedy, is—not to mince words—an ignoramus. He has a pathological mind and a very narrow one at that. He is so imbued with allopathic pathological ideas, so biased, that he cannot see that "toothache" (using the word metaphorically as well as literally) is merely a single symptom, anatomically classified in the repertory for convenience of reference, and never intended to be regarded or used as anything more than a very small part of the totality—the case as a whole—which is the sole basis of a real homœopathic prescription.

It is true that the experienced prescriber may and often does prescribe "off-hand" successfully for "toothache"; and he will be very apt, like our Swedish friend, to give Aconite or Belladonna, since they probably cover the majority of the kind of cases for which help is sought from a physician. The potency used is a matter of relative unimportance. Dr. Ekholm has cure 90 per cent. of his cases, he tells us, in from one hour to two days with Acon. 4 and Bell. 4. I have cured cases in ten minutes with a single dose of Acon. or Bell. in the 200th potency—but not always. So both high and low potencies cure—when rightly selected.

But how and why are such cases cured? Is it because Aconite and Belladonna, singly, mixed or in alternation (Dr. E. does not tell us how he uses them) are specifics for "toothache"? Is Dr. E. successful in 90 per cent. of his toothache cases because he employs only two remedies in low potencies? And has he therefore an advantage over the man who employs (if need be) any one or more of the "hundreds of remedies" listed for toothache in the repertory, using them in high potencies? (Remember, we are using "toothache" figuratively. The line of argument applies equally well to any pathological or diagnostic symptom regarded as an entity.)

such narrow limits to its operation. He should set it free and enlarge the scope of its operations in materia medica. He may be able to handle a hundred remedies as well as two if he tries, and so gain something which he now lacks—the ability to cure that embarrassing ten per cent. of cases in which he modestly admits he now fails.

But to return to the “many remedies” about which the Doctor complains:

From the common point of view Dr. E. may be justified in his strictures. Apparently there are too many medicines in the materia medica. *But no one is compelled to use or even pretend to use them all*—a point which is overlooked by those who clamor for “elimination.” Anyone is free to choose and use such as he likes, and *every one does so*. Listening to the hue and cry one might think the occupants of the materia medica were a band of blood-thirsty desperados, lying in wait to pounce upon unwary doctors and slay them. On the contrary, they are a host of gentle spirits patiently waiting to be evoked by the physician for the cure and mitigation of human ills.

By the same token there are too many words in the unabridged dictionary. The well-educated man does not ordinarily use a hundredth part of them. But he may want to use more of them and he likes to feel and know that they are all there, perhaps because he is interested in the origin and development of language, or because he takes pleasure in the thought that they afford material for enlarging his vocabulary if he wishes to do so. A very small dictionary that he can slip in his pocket will serve his ordinary purposes. The unabridged dictionary is for his library table, always at hand when needed.

So with the homœopathic materia medica. It embodies and preserves the records of the laudable labors of many men who have contributed their shares to the general encyclopedia of therapeutics, now available to all students and investigators, to use, select from, or let alone as they choose.

The homœopathic materia medica, like the unabridged dictionary, thus becomes very good reading for one who brings to it a little knowledge and imagination. For ordinary or personal use it may and several times has been condensed into a very small volume,

both as to the number of remedies treated and the amount of space assigned to each. Dr. Ekholm mentions forty (including Schüssler's twelve—which leaves twenty-eight others) as his ideal number of remedies. Why not fifteen?

We shall not quarrel about the number. I venture to say that the major part of the cures by our best prescribers are performed with about forty remedies and that, on a pinch, they could get along pretty well with less than that number. I know I could. Individual lists would differ, but there would be a pretty general agreement among them. They would all include a majority of the “Old Reliabies,” our friends the polychrests. With these an expert can perform miracles. The point is, that *every man may and does make his own working materia medica*—even Dr. Ekholm—without diminishing the source of supply nor depriving others of the same privilege.

But note: I said “the major part of the cures.” With only forty remedies there would be some cases we could not cure. Toothache, for example, may be incidental to many strange and peculiar cases and its cure depends upon finding a remedy for the individual. There are no specifics for “toothache,” Dr. E. and his apparent assumption to the contrary notwithstanding. Aconite and Bella-donna in the “4 D” or “200 C,” will not cure all cases, although they may cure the majority. What is to be done for the remainder—the peculiar, unusual, puzzling cases?

Here come in the “hundreds of remedies,” the encyclopedic materia medica, the “bewildering repertory” which Dr. E. does not know how to use, having never been taught. Confronted by such a case and recognizing its character, the competent homœopathician supplements his first, perhaps cursory, inspection with a thorough, systematic examination of the patient. With the written record of his observation he sits down with his rich materia medica and repertory and calmly works out the case, finding the indicated remedy among the less frequently or rarely used medicines. He gives it and cures his patient—not only of toothache, but of the general or local morbid process of which it was an incident or a product. Dr. E., on the contrary, would be “stumped.” Failing with his Acon. and Bella. he must resort to palliatives, blindly experiment, or send his patient to the dentist with orders to sacrifice what may be a perfectly good tooth.

What would you, my Children? With the world's market at our doors, would you have us cut down your larder to the "Hog and Hominy" which many of our pioneer ancestors had to subsist upon? Would you sacrifice all the luxuries and refinements of life and live like anchorites? Would you deprive yourselves of all the comforts and conveniences of civilization? Would you abolish literature, art and science—everything that makes for and represents culture, progress and development?

If that is your spirit and purpose, then, as homœopathic physicians, abolish the great materia medica and its repertories and substitute for it a meager little digest of fifteen or twenty medicines and a list of the diseases they are "good for," like the old-fashioned "Domestic Physician." But if not, keep the materia medica as it is—a record and repository of the facts of experimentation with drugs—and learn how to appreciate and use it. Improve it, correct it, clarify it, develop it, condense or abstract it for personal, practical purposes, verify it by clinical experience, but cherish it as a precious heritage. If destroyed it will never be replaced nor reproduced, for the men who made it have passed on. "And there were giants in those days."

What has been said of remedies and the method of using them is in principle equally applicable to high potencies. No one is compelled to use them. But there is as great an advantage in having a large scale of potencies as there is in having a large number of remedies. Different potencies, or developments of drug powers, act differently in different cases and individuals at different times and under different conditions. All are or may be needed. No one potency, high or low, will meet the requirements of all cases at all times. The exclusive devotee of one or the other stamps himself as a narrow minded individual who deprives himself and his patients of benefits which might accrue if he broadened his mind and learned how and when to use the agents which he now neglects.

Proof of the efficiency and sometimes superiority of high potencies, which our Swedish friend asks for, exists in reams and volumes in homœopathic literature—the accumulation of a century and a quarter. Proof for the individual waits only upon his willingness to put a high potency of an individual medicine to the test of experience. The next time Dr. Ekholm meets a case which in-

dubitably calls for Aconite or Belladonna let him give a dose or two of the 200th or 1000th potency and watch the result. Unless he is like the Scotchman who was "willin' to be convinced, but whaur is the mon who can convince me," he will not need many such illustrations to bring him to a better mind on the subject of high potencies.

One more phase of the subject suggested by our friend's strictures remains to be touched upon: the relation of materia medica to the decline of interest in homœopathy and the drift to other schools and methods, for which there are many reasons. It is admitted that there is a relation, but the real reason is commonly overlooked. It is not primarily in the size of the materia medica nor the number of remedies, but in the manner in which materia medica is taught and studied.

The evils of the pathological, or empirical method, by which a few remedies are more or less arbitrarily associated with "diseases," or pathological entities, have already been alluded to. This plausible and seductive (because seemingly simple) method has led more students of homœopathy astray than any other. It violates or perverts every principle of the Inductive Method of Science upon which Homœopathy is based and is fatal in its results.

The opposite method, which teaches the mere thoughtless, mechanical matching of the symptoms of diseases with the symptoms of remedies by means of repertories or indexes, is almost if not quite as bad; but as it has appealed only to a few superficial formalists who pride themselves on being governed by what they take to be the "letter of the law," the mischief it does is not so widespread.

The usual method of teaching materia medica followed by nearly all teachers is so well known that it requires no lengthy description. The drug is described, its characteristic symptoms are pointed out, comparisons with other drugs and clinical suggestions are made and the student is expected to memorize as much of it as he can. Study of the materia medica by this method is utterly dry, bewildering and uninteresting. No appeal is made to reason. No logical explanation of the why and how of drug action is or can be made. The student learns by rote, assisted by such other aids as he can devise to fix the symptoms in his mem-

ory. And this is the fundamental objection to the method—that it deals only with the memory and sets before the student a task which he at once perceives to be utterly impossible of accomplishment, since no one is capable of memorizing the entire materia medica, either from a book or the lips of a teacher. No wonder the average student quickly loses any interest he may have had in the subject and turns away from it to something that seems more rational. Only the exceptional student continues to plug along, absorbing and retaining as much as he can, but really assimilating only a small part of his unbalanced ration.

Until the materia medica is firmly grounded upon Human Morphology, which deals by actual measurement with the form, proportions and relative degrees of development of the various organs and system of organs of the human body, and the relation of these to its mode of functioning, there can be no scientific or logical explanation, teaching or understanding of the individual differences and peculiarities of drug action which are constantly met in provings and practice.

Form and character of organization determine the mode of functioning. When either is known the other can be logically inferred and explained by the morphological method. The influence of constitutional tendencies and predispositions as they appear at different stages of development, in health or disease, can be intelligently observed, valued and even predicted.

By linking it with the Science of Human Morphology, the homœopathic materia medica becomes as interesting and fascinating to the qualified student as a good novel or a biography. It enables him to see why and how a remedy acts as it does in a given case and gives him a scientific foundation for his prescription. In one word, it enables him to *individualize* both case and remedy.

When all is said and done—when all the critics, the emasculators, the condensers, the morons and the pirates have done their best (and worst), what shall we have? *Just the same grand old materia medica we had when they began—imperishable, impregnable, immortal—accessible and available to all who have the inclination and the ability to rightly consult and make use of it.*

Let no one delude himself with the idea that the materia medica can be abolished, destroyed or obliterated. It is an accomplished fact. The work has been done. The record of it has been made, filed, printed, published and disseminated. It constitutes a part of the literary and scientific heritage of the world. It may be ignored, neglected or forgotten by the *hoi polloi*, but it is still there for the use of all who know and appreciate it. Immortal, humanly speaking, with the immortality conferred by type, printing, publication and distribution to the libraries of the world, it can never be lost. As well say that the works of Moses, the Prophets, Hippocrates, Galen, Dante, Shakespeare, Goethe, Darwin and Pasteur could be obliterated from the world as that the works of Hahnemann and his disciples could be obliterated. Humanly speaking, it can't be done. Those who attempt it obliterate only themselves as active factors in the world's attainments and progress. They take their place with the great, unthinking, slow-moving mass of mankind who respond and react to leadership only under pressure. *But they do react eventually*, and so the world moves on in its appointed course.

Lord Dysart (the Earl) invited a large Congress Party to Ham House, one of the beautiful historical homes of England, to a Garden Party. Sir Jagadis Bose gave a wonderful lecture, in connection with the Congress, but just before it took place, showing the effects of poisons on plants, lethal in large doses, and revivifying and stimulating, in small doses. Sir Oliver Lodge also gave us a lecture, and Sir Frederick Keeble. These were for Congress members and friends and patients. They were all crowded, and very successful.

I will enclose programme of the real Congress business. There were a lot of good papers, which will be printed in Congress Transactions. Boyd had a lot of his apparatus down from Glasgow, and gave some fine demonstrations, besides his paper. This will be printed.

Lady Perks and Mrs. Balfour Williamson also entertained the Congress ladies and took them to Windsor Castle and to Hampton Court.

Altogether—with a large banquet to end up, it all went off very well. Besides the Americans, there were some very live wires among the foreign doctors—keen men—and men of our way of thinking—Mattoli from Italy—Pierre Schmidt from Switzerland—a fine old Swede—and many languages were spoken. The Germans are going ahead with homeopathy—among them Haehl was very interesting, and the elder Meng is quite a personality. Professor Friedlander came over at his own request, to address the Congress. He is not a doctor, and not a homeopath, but very interested.

Haehl's address was very interesting. He told us how he began collecting Hahnemann relics at the age of eighteen, and how he had practically devoted his life to it. And he told us a lot about how he had at last discovered Hahnemann's Casebooks—forty of them!—and a lot of valuable stuff with them.

Dr. Gladwin also charmed the Congress. We got her to talk, instead of reading her paper. And we drew our chairs up 'round her while she told us, in her charming way, about the last corrections to the Repertory, and about Kent, and the last time she saw him. She made us all realise his undaunted will: working—lying down—rising to do a little more—then having to lie down

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EDITORIAL NOTES AND COMMENTS.

By Stuart Close, Acting Editor.

Editorial Correspondence—

47b Welbeck Street,
Cavendish Square, W. I.
July 29, 1927.

DEAR DR. STUART CLOSE:

It was a great disappointment to some of us not to see you. And you would have enjoyed the Congress! It went off very well, and made up for all the work—and worry—preparing for it.

I am just off—to recover!—but must write you a line before I go.

The Congress should help to raise the status of Homeopathy here. And some of the American doctors were very pleased with how things went. They will tell you. The Prince of Wales was not only our Patron, but he wrote us a charming message of greeting. The Lord Mayor presided at a meeting at the Mansion House, at his invitation, and we had a fine crowd there. And Wheeler made one of his telling and tactful orations. He has the power of putting things instructively and charmingly for the laity and for non-homeopaths. He is interesting—and convincing. Nothing but good can come of that. Then Gordon Selfridge gave a reception to the Congress at Lansdowne House—one of the great houses of London, which he leases from Lord Lansdowne. Princess Louise, Duchess of Argyll, was present, and very charming, and Selfridge's daughter, Princess Wiasemsky, was receiving.

and rest again. We shall all remember the touching picture she painted for us.

Many big men have poured out their lives into Homœopathy—besides Hahnemann. A Cause for which so much has been sacrificed, cannot die.

Yours sincerely,

JOHN WEIR.

To the Editor,

THE HOMŒOPATHIC RECORDER,
1011 Arch St.,
Philadelphia, Pa., U. S. A.

Sir:

I hope that the following remarks will not be classed as "fanatical, hysterical," or as savoring of "inane vacuity" (see page 238, May Recorder), but there *are* two sides to every question.

Personally, I think it a mistake to drop the word or name "Homœopathic" belonging to any institution, organisation, book, pharmacy, or what not, until, and *not until*, the old school shall have made some honorable pronouncement as to Homœopathy! It is our due, and our clientele have some rights herein!

Only this last winter, during my very humble wanderings in the south of France, I came across elderly ladies, in two hotels, who were suffering greatly. They had wanted Homœopathy at the local doctors' hands, and had been told they could have it. But from what I found, they were being made ill solely from overdrugging, at the hands of men who knew nothing of Homœopathy. These women had been used to Homœopathy all their lives; there are thousands such so stranded, from time to time.

I think, the world over, we should retain our classification, as physicians, and for literature, pharmacies, hospitals, etc., else how can our clientele know where to seek the beneficent aid they want and demand.

I grant that the old school *are* coming our way, and nothing suits their book so well as to be allowed their silent (if somewhat crude) appropriation of our methods—until we shall be left high and dry, with a very bastard substitute foisted on our clientele.

and we never having obtained a just and honorable acknowledgment of what we have stood for during 130 odd years.

It is one thing for doctors working in such huge centers, such as in this New York Homœopathic Hospital mentioned in your article, which is firmly established by the contributions and privations of countless subscriptions from ardent Homœopaths; and it is quite another thing for the majority of our profession laboring far away from the protection of such huge hospitals and bodies.

The majority of our men are losing strength, and caste even, by the "volte face" of our big centers which are dropping the word Homœopathy. I must confess, without any fanaticism or hysteria or inane vacuity, that I am heart and soul in the preservation of our distinctive nomenclature, until such time as we have open admission that there was, and is, a truth in Homœopathy and Hahnemann, and I will throw my lot in with any organization which is wise enough to so proclaim and insist, until we have some admission from the leading colleges in the Old School, even then I don't quite see how we can erase the name from books and pharmacies, else how can we discover just such teaching and reference as will be required for all time to come.

I see in the article quoted above (Recorder, May '27, p. 238) mention is made of "Rohr of England, using highly potentised (attenuated) doses of Tuberculin."—Did he mention that he was following in somebody's guiding footsteps, or did he infer all this was his own brain wave?

I have seen in the old school journals of England a strange claim: "Comfrey—a new cell proliferent," by old school leaders (two working together) who said they had searched all literature for fifty years back and had not found a single instance of the use, or mention of, such a wonderful drug. They stole it wholesale, and had not the generosity nor honor to say that Homœopathy had used it for the whole of said fifty years, and so it will go on. Their "discoveries" are all their own and Homœopathy be damned!

Is it fair? It is sane? Should we not still hold on. The admission will never come if our big centers betray their (our) trust. The Hindoos have a saying "under the lamp is the greater darkness."

Yours sincerely, for a square deal, which is in our keeping for our patrons, and financial adherents, who are more enthusiastic

for Homeopathic benefits than many of the profession (evidently).

E. PETRIE HOYLE,
 Hon. Administrative Secretary, Ninth
 Quinquennial International Homeo-
 pathic Congress.

Editor HOMŒOPATHIC RECORDER,

Dear Doctor:

Open and free discussion of a subject is a good thing, and to be encouraged. The responses to my letter in the May RECORDER, though they give a few indications of irritation, if not of real anger, make me feel that the few "digs" I gave our good-natured editor in that letter were worth giving, especially as he told me he enjoyed them.

The third paragraph in Dr. Underhill's letter, page 350, August RECORDER may, I think, be taken as a clear, concise and authoritative statement of the position of the symptomatologists as a group. At any rate, the position which he therein takes is really the crux of the present discussion. He says: "In each case of illness, the subjective and objective symptoms present to the 'observing and intelligent physician' the picture of the individual sick patient. The remedy that has produced in its provings essentially similar symptoms is the indicated or homeopathic remedy for the patient."

This statement at once leads one to ask: What criterion has the physician which enables him to say definitely that he has disclosed all or even the essential symptoms in a case if he has concerned himself with symptoms only? A loquacious patient we all know is not stingy about handing out symptoms, but what about a reticent or morose patient or one that does not speak the doctor's language? Obviously his "grubbing" ability and capacity is his only criterion.

It is not in the least difficult to prescribe for the prostrated, cold, restless, tormented and fearful patient who has a burning thirst, etc., but do we always have the symptoms so clearly presented? How about our many failures? Why doesn't some one try and defend the symptomatic method of selecting a remedy by his fail-

ures? We all know only too well how difficult it is to get clearly defined symptoms, in chronic cases particularly, and how often we fumble in the selection of the appropriate remedy; why is it no one ever speaks of this, and show how wonderfully easy it is to fail with this method?

But even if we were always successful in finding the *similimum* with this method, it is possible that even then we should be lacking in essential knowledge in the case. Symptoms *per se* tell us nothing of the cause of variation, of predisposition or of susceptibility; tell us no more than does pathological tissue under the microscope. Moreover, symptoms tell us nothing of the cause of variation in reaction which is always observed when making a proving on a number of individuals. They do not tell us why one reacted in one way, another in a different way while another failed utterly to react. And does anyone mean to say that a knowledge of these things is unessential when we come to study and to teach *materia medica* and to prescribe? Do the pathogenetic records of *bryonia* and *nux*, for example, tell us anything about why in some respects there are marked similarities and in other respects equally marked dissimilarities? Why does opium make one person desperately sleepy while another is aroused to the point of ecstasy? How is it that ginseng is able to produce symptoms in some individuals quite identical to those which *belladonna* produces in others? Why does *bryonia* produce constipation in some and diarrhoea in others? Why a thousand other whys? Do the symptoms themselves tell us?

Dr. Underhill further tells us that: "Structural changes, observable pathology and demonstrable alterations in the body are very often late manifestations—too late, in fact, to be of much service in prescribing for the patient." Perfectly true. But so are symptoms many times. Only a knowledge of Modern Morphology enables the physician to get there first. This knowledge makes predisposition and susceptibility as clear if not clearer than symptoms and pathology make the end products of disease. And the physician who possesses this knowledge can make far better use of his homeopathic remedies in combatting these than the symptomatologist can the symptoms of actual disease. Neither pathology alone nor symptoms alone can tell us with absolute certainty the cause of a morbid process or the reason for the particular clinical course which it assumes in different individuals. Hence both are

to that extent uncertain as bases for therapeutic measures. Only the science of Morphology makes these things clear.

Let us not forget that it is Morphology only which concerns itself with a study of the factors which make the individual what he is. Neither pathology nor symptomatology does. They concern themselves with end-products of morbid processes only. What the symptomatologist does with the time-honored method of examining a patient is, he extracts such symptoms from the individual as he is able, separates them from the individual entirely, creates what he is pleased to call an image, which he seeks to match with another artificially and arbitrarily created image. The real image, the individual, is hunted to one side. He has delivered something to work with, and nothing more is expected of him, or wanted with him. The arrangement of the symptoms which have been extracted in the creation of the image depends on what repertory is used. The person who uses Kent's arranges his symptoms one way while the one who uses Boeninghausen's arranges them in another way. The hole in the card repertory demands still a different arrangement. And in all this what becomes of the individual from whom the symptoms were extracted? Entirely lost sight of.

Thus we have gone on struggling with methods in a measure useful, but wholly unscientific. Because we have been able to learn a scheme or a trick which now and then enabled us to hit the nail on the head we have felt that we were scientists. When the scheme or trick failed us we were not dismayed; in the next case we simply tried a little harder to make it work. Zeal has been made to take the place of science. And so we have gone on until the shadow of the undertaker is at the gate of the homeopathic institution. The doleful last gasps some think they already hear. The thousand whys in the *materia medica* not only remain unanswered, but there are those who look upon every attempt to find an answer as an impertinence.

And finally, let no one jump to the conclusion that I condemn the repertory, or that I have no use for symptoms. What I condemn is the idea that all that is needed to treat a patient intelligently is symptoms and that the repertory is the last word. In such folly lies death to our cause.

PHILIP RICE.

Hotel Buckingham, New York,
August 30, 1927.

Editor, THE HOMŒOPATHIC RECORDER:

I want to voice my wholehearted appreciation of Dr. Philip Rice's very much needed article. Totality of symptoms means one thing to one person and an entirely different thing to someone else. Our present *modus operandi* leaves entirely too much leeway to the personal equation to ever become very popular with students or to become successfully manipulated by many physicians, and some definite signposts to assist in the work are sorely needed. Dr. Tomhagen worked some along temperatures; however, it was a little too crude to be of much value. Now, if we take into consideration that results are always predestined by its causes, and that it requires certain soils to grow and produce certain manner of vegetation, then can we appreciate that temperament is at least one of the legs necessary to be considered in an intelligent prescription. I want to thank Dr. Rice for voicing his conviction. The present-day direction of wanting to reprove medicine along laboratory lines of blood pressure, etc., may be very interesting but will never be a thousandth part as helpful as an accurate tabulation of medicines as they affect temperaments.

Another much mooted question is "potency." It took over twenty-three years of study to encounter my first *reasonable* exposition of when to prefer giving certain potencies, and why?

Dr. John Hutchinson deserves the wholehearted and unrestricted gratitude of every conscientious homeopathic physician for his valuable essay.

Now, we come to probably the most important of all the disputed questions, namely "Repetition of Dose." I would like to read some rules, if there are any, that are somewhat workable. To give a dose and let it work 3-6 months is simply ridiculous, and if the prescription in the case has been S. L. then is it beyond my ability to express my thoughts.

In one case I have repeated daily for several years in 1 m., 50 m. and c.m. potencies with steady improvement which ceased the minute S. L. was substituted. I was told that I made a poor selection. Maybe I did, but why was there no aggravation or proving at any time?

The question to be proven or disproven is: "Does too early repetition of dose interfere with curative action? If not, then why not repeat as long as no aggravation results?"

My rule has been to repeat as soon as symptoms reappear, but that necessitates to let patient know that he has two different kinds of powders and I do not consider that the wisest kind of procedure—it makes the patient the judge.

Sincerely yours,

H. C. SCHMIDT, M. D.,

11100 Sunshine Terrace,
Los Angeles, Cal.

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(Signed) A. L. TAFEL.

Sworn to and subscribed before me this
15th day of September, 1927.

EDWIN W. PAGE,

Notary Public.

(Seal)
My commission expires February 10, 1928.

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HOMŒOPATHIC RECORDER

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**THE DEVELOPMENT OF BODILY RESISTANCE
AGAINST DISEASE.***

Daniel E. S. Coleman, Ph. B., M. D., F. A. C. P.

There is a belief among a number of individuals in general and medical men in particular that modern therapeutic developments have caused the practice of homeopathy to become obsolete, that it has served its purpose and should be discarded. Nothing could be further from the facts. No one will deny that general medicine has made remarkable advances within the last few years. Typhoid fever, diphtheria and other diseases are diminishing so rapidly that we may expect them to pass into history. The question that confronts us as scientific medical men seeking the truth is, how has all this been achieved? We answer: sanitation and the development of bodily resistance. Yellow fever, typhus and the plague are examples of the splendid conquests won through the knowledge of modes of transmission. Sanitary measures, public or individual, prevent disease by excluding the cause from contact with the host. The great workers in this field, many sacrificing their lives in experimentation, deserve places in history undiminishing in the march of time. The development of bodily resistance against disease is the chief concern in these remarks.

If we examine carefully into the *modus operandi* of present-day medical achievements, no high degree of logical attainments is needed to form the conclusion that *Modern Medicine Is Really Proving the Truth of Homeopathy*.

Present-day experimentation is directed largely toward developing so-called antigens. These are really similar acting. Vaccine

*President's address, delivered before the I. H. A., at the Annual Meeting on board SS. "Lapland," May 21, 1927.

therapy is simply another name for Isopathy, introduced by Dr. Lux, a homœopathic veterinarian, in 1823. This method was not new with him, however. Xenocrates practiced it in 400 B. C. The prophylactic use of smallpox virus was mentioned in the Athava Vera (1500 B. C.). "Fox-sewing" was practiced by the Chinese in 1000 B. C. Early in history the Greeks, Circassians, Arabians, Africans, Scots, Danes and others practiced isopathic inoculations. All these and the introduction of cow-pox by Jenner are based on the law of similars.

Let us review a little history. Constantine Hering antedated Pasteur in proposing the diluted rabietic saliva as a prophylactic for hydrophobia in 1833. Swan antedated Koch in the introduction of Tuberculinum. Burnett treated cases of tuberculosis with Bacillinum in 1885. Koch's Tuberculin appeared in 1890. Inoculations against typhoid, diphtheria, etc., are purely homœopathic (or isopathic) in principle. Therapeutically, the vaccines are not as efficacious. This is due to the fact that an isopathic remedy has not the same curative power as a homœopathic one (similar but not the same). The nosodes, Tuberculinum, Sybillinum, etc., produce better results when not prescribed for the actual diseases from which they are obtained, but for other conditions presenting a *similar* symptomatology.

There is no tendency on the part of the "old school" to limit the introduction of homœopathic and isopathic remedies to the vaccines. We are all familiar with the paper by W. M. Storer, L. R. C. P., L. R. C. S., Ed., "Therapeutic Reform," read before the Ulster Branch of the British Medical Association in 1905. He gave *homœopathic* indications for Ant. tart., Belladonna, Cinchona and Quinine, Ergot (Secale corn.), Cantharis, Terebinth and Arsenicum. He said: "*The therapeutic value of a drug corresponds exactly with its pathogenetic, or disease-producing powers.*" "*The key to therapeutics is toxicology.*" "*Every substance which can paralyze or kill cell protoplasm can also act in small quantities (on the other side of an indifferent point) as a stimulus to cell activity.*" "*The absolute quantities are very different with different substances.*" The recognition of homœopathic principles by such famous "old school" representatives as Bier, Schulz and Rapp is encouraging to those of us who cherish fair play as well as scientific advance.

The entirely dissimilar, like Dr. Morris Fishbein, known by his "Follies," take a different attitude. Could we expect anything else? "None are so blind as those who will not see." Fishbein writes: "Before the rapid effects of the satisfactory administration of mercury and '606,' measurable by the Wassermann test, theories of 'psora' and similars could not exist." Such superficial reasoning really helps the cause of homœopathy. The theory of psora has nothing to do with the principles of similars, it was a later thought of Hahnemann which can be accepted or rejected insofar as Homœopathy is concerned. Belief or disbelief in the so-called doctrine of psora affect our results as practitioners of medicine, however. Our old friend, Dr. Eugene Nash, well known for his wit as well as his prescribing, expressed himself thus in regard to psora:

"If you ask me, what is psora? I answer in true Yankee style, what is scrofula? Perhaps psora is scrofula, or scrofula is psora. Call it either or neither. Yet it is present, a something named or unnamed which must be recognized and which complicates so-called acute diseases. Now there is nothing so very remarkable about this. Syphilis does the same. Once contracted or inherited, no matter what ordinary acute disease appears, we are at times obliged to turn aside from its treatment to give a quietus to the enemy before we can overcome the acute affection."

Let us consider Dr. Fishbein's remarks regarding mercury and "606." It is inconceivable that any modern physician would deny the cause of syphilis. The existence of the spirochaeta pallida is an established fact. It is also absolutely true that mercury and "606" are capable of destroying these organisms in the body by their direct anti-parasitic action. So far so good, but Dr. Fishbein only scratches the surface. We know, as logical and practical physicians, that disease can be combated in two ways. By direct anti-parasitic action and by stimulating the resistive forces of the body. The first is extremely limited in its application, few diseases are cured in this way. The latter has a wide range of adaptability. Homœopathy cures by virtue of its power to stimulate reaction, or, if one wishes to clothe it in modern terms, by the formation of antitoxins by the action of antigens (homœopathic remedies).

Examination of the pathogeneses of Mercury reveals the fact that it is capable of producing in the healthy human body, symptoms similar to the secondary manifestations of syphilis. *Arsenicum* (606), to a less extent, bears the same relationship. The falling hair, skin eruptions, etc., are familiar to us all. Bastedo says: "Yet in most cases (syphilis) they (salvarsan and neosalvarsan) are not completely curative and must be alternated or combined with the mercury treatment." The remedy (Mercury) possessing the greater symptom similarity is actually more curative than Arsenic (606), which has greater anti-spirochaetic power.

Dr. Fishbein "reasons" again as only he can: "Before such a fact as the inevitable response of the heart to an adequate dose of digitalis, any theory of dynamics and vibrations which called for splitting the dose into decillionth parts was bound to evaporate." Even those possessing the most superficial understanding of Homeopathy know that the *actual* size of the dose, whether it be the tincture, the 30th or higher potency, has nothing to do with its principles. *It is simply the smallest dose that will cure.* Digitalis was recommended by the celebrated Sir James Mackenzie (who appreciated the great value of symptomatology), for auricular flutter, auricular fibrillation, and cardiac conditions accompanied by dropsy. It is claimed, and justly so, that digitalis exerts its beneficial action by retarding the impulse passing through the bundle of His, thus giving the ventricular muscle time to rest. This is not all, however. On examination of the toxicology of Digitalis we find that it is capable of producing auricular flutter and auricular fibrillation by directly poisoning the heart muscle. Is this not another example of the law of similars? Dr. Richard Hughes' classical description of this remedy in his *Pharmacodynamic* is worthy of his fine, logical mind and his broad character.

Let us examine still further into modern medicine. Poison ivy antigen (the purified active principle in almond oil as prepared by Ralph Oaxley Clock) is receiving praise as is shown by the following quotation:

"As a rule, one injection of 1 cc. of the almond oil extract will be found to give relief. In severe cases two or three doses may be required at intervals of twenty-four hours. Usually the subjective symptoms of itching are relieved in twelve to twenty-

four hours after the first dose, and local reactions are absent. . . . The author believes any local treatment, even at its best, to be relatively ineffective when compared to the results that have been obtained by the intramuscular injection of the almond oil extract of poison ivy."

Another point, familiar to all homeopathic physicians, is brought out in this quotation. *The superior curative action of internal medication [injection. Editor.] over local measures.*

Careful examination into the symptomatology of Osler's "curative remedies" reveals the fact that they act homeopathically. Mercury we have already discussed. Quinine cures [*? Ed.*] malaria in the same manner that Mercury cures syphilis in large doses by its destructive action on the plasmodium malariae, and in small doses, when the symptoms correspond, by the similarity of the symptoms. The physiological action of Ferrum (iron) is to first increase the number of red blood corpuscles, then to diminish them. It produces anaemia and it cures it. The same is true regarding the salicylates in the treatment of rheumatism. They are capable of producing similar pains in the healthy human body.

No one should dispute the fact that antitoxin has almost conquered [*? Ed.*] diphtheria, and the world owes von Behring a debt of everlasting gratitude for his great achievement. But what is the *modus operandi* of serum therapy? Let us see. Antitoxin consists of the receptors (Ehrlich's Side-chain Theory) produced within the horse by repeated small doses of toxin (antigen). *The action is homeopathic. When we treat a case of diphtheria with a homeopathic remedy we are endeavoring to produce the formation of antitoxin. The injection of the already formed antitoxin is exactly the same in principle. It possesses the advantage of having immediate curative properties; we do not have to wait for antigenous receptor development.* [Italics by the editor.]

The homeopathicity of the pollen extracts comes to mind as we approach the hay fever season.

Why, if all we have said be true, is not homeopathy recognized and universally taught as part of the great science of medicine?

Endocrinology, the efficiency of which is too often grossly exaggerated today, was practiced in the time of Confucius, who was

born 500 B. C. Concoctions of toads, spiders, lizards and frogs were prescribed. According to Dr. Garretson they contained the hormones of these insects' and animals' cutaneous suprarenals. We as homœopaths have used such remedies for years.

Dr. Sajous, in "The Internal Secretions and the Principles of Medicine," says:

"Aconite has been used considerably for the arrest of colds. Its value in this connection is accounted for from the fact that it dilates the peripheral arterioles, and thus allows a greater volume of blood to penetrate the capillaries and to exercise more effectively the antitoxic action. It is also beneficial in *neuralgia* and *migraine* when the blood pressure is elevated, thus driving the blood into the diseased nerves."

"Aconite has been used in sthenic pneumonia, etc.," and "in fevers of various kinds." Is this not homœopathy, Dr. Sajous?

X-ray can produce *epithelioma* and can cure the same. Radium aggravates cancer in small doses and destroys it in large.

The size of the dose has probably caused more ill feeling than any other factor connected with homœopathy. Let us repeat. It is not the actual size, but the *smallest dose that will cure*.

Here are a few examples, taken from "old school" literature, showing the power of dilution. The *Journal of the American Medical Association* says: "A milligram (15/1000 grains) of thyroxin produces a 2% rise in basal metabolism in a man weighing 70 kilograms (154 lbs.)." Speaking of botulinus the following appears: "In such a reaction (speaking of botulinus) the fatal dose is diminished to .000,000,000,000,000,000,003 cc."

Three sixtillionths of a gram. Some dilution for the *Journal of the American Medical Association* to admit, we say. A therapeutic dose of 1/50,000 mg. of tuberculin is recommended, "future treatment being based on the reaction." Observe the word "reaction."

Dr. Brams in his article on Exophthalmic Goiter says that 1 mg. (15/1000) of a grain of thyroxin will produce symptoms.

Lieb stimulated the uterine contractions of a guinea pig with 1/100,000 quinine solution.

Dr. Ringer, speaking of amyl nitrite, began treatment with a minim dose, but found it too strong and was obliged to reduce it

to one-third of a minim. He continues: "The tenth, nay, even the thirtieth, of a minim will in some cases counteract the flushing."

Claude Bernard said: "Every substance which in large doses abolishes the property of an organic element stimulates it when given in small ones."

Christiansen, of Harvard, writes: "The effective therapeutic dose should be far below the toxic dose."

The extraordinarily distinct radiographs taken of the 60 trituration of Radium brom. by Boericke & Tafel some years ago, "knocked into a cocked hat" the old threadbare claim that "there is no medicine in the 30th potency."

Why, if all we have said be true, is not homœopathy recognized and universally taught as part of the great science of medicine?

Constructive development has always been hampered by one of the most ignoble manifestations of the human mind. Namely, *Intolerance*. The Greeks, especially in Athens under Pericles, were noted for liberality. Freedom of thought was characteristic. It may seem strange that Christianity, having love and tolerance as its basic teaching, should have produced among its followers such characters as Torquemada, a combination sadist and masochist. This fanatic, through his diabolical persecutions, inflicted a blow upon Spain from which she has never fully recovered. On the other hand it produced the truly saintly Father Damien. This spirit of bigotry was not confined to any one creed. The "legalized" murders of Presbyterians, Puritans and Catholics during the Elizabethan period is familiar history. The Puritans themselves, seeking religious freedom, practiced an inconceivable intolerance. This failing characterized the early Christians, and they brought much of their persecution on their own heads. This can be explained thus: Intensely strong beliefs, unless possessed by broad characters, are apt to develop bigotry. The pre-Christian beliefs were many but not intense. Everyone chose his own Deity, many of which were in the temples. It is not strange, therefore, that medicine should be contaminated by the same obnoxious influence that has too often dominated the most important subject of religion. When Hahnemann injected the truth of similars into moribund physic, he produced an unforeseen reaction. Perverse human nature running true to form rejected the truth of his great

discovery. If tolerance had dominated the majority of medical men of his day, if desire for the truth had inspired their actions, the charge of sectarian medicine would not be made today. But the spirit of intolerance is not yet dead. Sir William Osler, an extremely able man in many ways, was not above this ignoble passion. In his lectures delivered at the Yale University, "The Evolution of Modern Medicine," the name of Hahnemann is not mentioned. Even the most narrow-minded must admit that he existed, and that he made a lasting impression on the history of medicine. If Sir William had written a history of music would he have left out the immortal name of Beethoven or Wagner? Would the excuse that he did not like, or *understand*, Wagnerian music be sufficient excuse for so great an omission? Hahnemann, and the followers of Hahnemann, existed and are existing today. They have no desire for sectarian medicine, all they ask is that homoeopathy be accepted in its true light, and that it receive its just status in the great field of medicine. *This will be done when intolerance ceases to exist.*

Fairness forces us to admit, however, that all the intolerance is not possessed by the opposition. Unfortunately there are among us those who are not without it. Our object is to cure or relieve the sick. We are scientists seeking the truth in whatever form it may appear. I have heard members of our school rail at the "outrageous practice of injecting the blood of a horse into the body of a child"; that "appendicitis can always be cured with medicine," etc. Now, the fact is that the action of antitoxin is a demonstration of the law of similars. What really concerns us is, *will antitoxin cure diphtheria?* That it does cure diphtheria is an established fact. Again, appendicitis is nearly always a surgical disease. Those who do not regard it as such had better have their death certificate blanks handy. Dr. H. A. Roberts' excellent paper on this subject, presented at our last meeting, should be read by everyone.

Exaggerated claims do great harm to any cause. We know that all diseases cannot be cured by any one method of treatment. In our application of the homoeopathic remedy, we may find no remedy corresponding to a given case. This we think is not common, we can usually find a more or less corresponding simillium.

If not fully covered, we use complementary remedies. Again, a patient's vitality may be so low that no reaction will take place. Lastly, pathological changes may have advanced to such an extent that no regeneration is possible. Dr. Cadman, well known for his method of answering questions "right off the bat," was asked: "Do you believe in miracles?" He answered: "I believe in the radio, is not that the greatest of all miracles?" But Dr. Cadman stubbed his toe. The radio is not a miracle, but a scientific fact following natural laws. Miracles, as we understand them, act contrary to natural laws. This never happens. The forces or laws of nature, set in motion by the Divine Intelligence, are unchangeable. A rose bush grows as a rose bush, an oak tree as an oak tree, the water of Niagara flows over the falls, and this ship is propelled upon the ocean. If it should suddenly start to fly, that would be a miracle. King Canute commanded the waves to recede, but all he got for his trouble was a pair of wet feet, overshoes not having as yet come into use. Joshua commanded the sun to stand still. He did not know that he was doing the moving around the sun. He might as well have commanded a New York taxicab driver to stand still and give one the right of way. We do not believe in miracles. The changes that occur in the human body with the advance of years, must eventually lead to pathological degenerations from which recovery is impossible. We know that the timely homoeopathic remedy is capable of retarding this inevitable end, but there comes a time when even that must fail.

Frequently we hear the assertion that the homoeopathic materia medica contains too many unreliable symptoms. Our old friend Dr. Nash wrote:

"Not all the symptoms so appearing are equally valuable. Indeed, while some are of inestimable value, some are of absolutely no value at all, because they are not the effects of the drug claiming to have been proven."

"This sifting of the genuine from the spurious has occupied the time and painstaking care of the best observers of our school for many years, and the work is still going on, and must continue to go on in the years to come."

The fanatic, the oppressor, is still with us. Disregarding our beliefs or disbeliefs, all righteous advocates of the principles for which our country stands recoil with humility and chagrin at the injustice imposed upon all members of the medical profession by

such measures as the Harrison and Volstead Acts. Some may consider that a narcotic or alcohol are sometimes necessary, some may not. *All, however, believe in freedom.* The "red tape" involved in securing alcohol, the limitation of "a pint of whiskey to a patient in ten days" and the inability of the general public to procure a small amount of a homeopathic alcoholic dilution, when we know that certain remedies are more potent in this form, is a frightful example of the violation of personal rights. It seems that the only place where we can procure both "Life" and "Liberty" is the newsdealer's. "Give me liberty or give me death" has taken on a new significance.

Many branches make up the great field of therapeutics—electro-hydro-physical therapy (including osteopathy), etc., each has its respective efficiency. *Homeopathy, or Medicinal Therapeutics, the only method of prescribing remedies according to a definite system, should take its proper place as such in modern medicine.*

STUDIES ON THE PATHOGENIC EFFECTS OF DRUGS.*

SECOND PAPER—ABROTANUM.

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Abrotanum is a drug little used in the practice of medicine and a detailed study of the literature fails to reveal any information which can serve as an explanation of its occasional use. A glance at any homeopathic textbook of therapeutics will show a wide range of applications, Cowperthwaite stating that the drug may be useful in marasmus of children, wasting diseases from malnutrition, rheumatism especially before swelling, gout, gastralgia, also the bad effects of suppressed gastralgia, hydrocele of children, chlorosis, furuncles, that it acts upon the fibrous and serous tissues, produces a hyperemia of the nervous system and gives rise to anesthesia and paralysis. Either the drug has an extremely wide application and is undeservedly neglected, or the applications are few and misunderstanding has limited and narrowed the

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range until it is rarely used. With these thoughts in mind we thought it advisable to determine whether or not the drug was sufficiently valuable to excite renewed interest.

We first examined the drug as to activity. With guinea pigs one series of animals received five cc. doses of the drug and after four doses (one daily) died presumably from the effects of the drug. Another group received twelve doses of 5 cc. without any apparent effect, but died after a single dose of 10 cc. The same general effect is seen in rabbits. We concluded that the drug is only slightly active in guinea pigs and rabbits.

In regard to loss of weight and emaciation (as suggested by the *materia medica*) the average loss in the first group was 30 grams, in the second group 60 grams. As controls, animals receiving *Abies Nigra* lost 210 grams in weight.

In guinea pigs and rabbits the *isolated intestine* perfuses in Tyrodé's solution showed little or no change in amplitude and frequency of contractions. The general tonicity diminished, allowing the intestine to relax. This might be an explanation of the symptom "Great distention of the abdomen." The *isolated bladder* showed a similar action except that the frequency of contraction diminished until it was lost in the general relaxation.

The *isolated non-pregnant uterus* showed a tetanic contraction after the first application, while a second application in a smaller dose merely increased the tonic contraction.

The action upon the isolated heart—Langendorf preparation—Locke's solution, was as follows:

0.1 cc.—In three seconds a falling off of amplitude lasting thirteen seconds with recovery in twenty seconds. The rate is slowed four beats per second and upon recovery gains back only two in the same period.

0.2 cc. Amplitude and rate lessened and slow with recovery as under 0.1 cc.

0.5 cc. The amplitude is lessened to almost zero. Rate slowed six beats. The recovery takes 50 seconds as regards rate while the amplitude recovers about 80 per cent.

1.0 cc. The heart is topped four seconds after the drug is perfused and the block lasts thirty-three seconds with recovery in fifty seconds as under 0.5 cc. 1.5 cc. same as 1.0 cc.

EFFECT OF ABROTANUM INTRAVENOUSLY IN RABBITS.

| | | | | |
|--------------------------------------|---|----------------------------|---|--|
| Blood Pressure. | 0.2 cc. No change. | 0.4 cc. Drop of 2 mm. | 0.6 cc. Inc. slowly 7 mm. in 60 seconds. | 1.0 cc. Dropped 4 mm. in 18 sec., then inc. |
| Respiration. | No change in amplitude. | Inc. rate for 12 sec. | Slowed to normal. | Slowed. Amplitude slightly increased. Irregularity in rhythm. |
| Left Ventricle. | No change. | Slightly slowed. | No change in rate, rhythm. Amp. increased. | In 14 sec. change. Marked inc. rate and decrease in ampli. with recovery in 44 sec. |
| Left Auricle. | No change. | Slightly slowed. | Same. Amplitude increased. | Same as above. |
| Time action of drug after injection. | 14 sec. | Action began in 5 seconds. | Began in 3 seconds. Lasted 60 seconds. | |
| Blood pressure. | 1.5 cc. Inc. with rapid fall. | 2.0 cc. Same. | 3.0 cc. Same. | 5.0 cc. Rapid drop to neg. pressure. |
| Respiration. | During inj. increased then slowed with recovery. | Increased rate during inj. | Same. | Increased with injection of drug stopped after. |
| Left Ventricle. | Rapid depression in rate and ampl. with recovery. | Same. | Same. | Rapid change, i. e., depression in rate, rhythm and force with cardiac failure. Heart stopped in diastole. |
| Left Auricle. | Same. | Same. | Same. | No change with cutting vagi. |
| Time. | 6 sec. | 6 sec. | 6 sec. | 6 sec. |

Examination of these statements shows that the principal effect of the drug is exerted upon the heart and respiration. Application of the drug in increasing doses causes first slight slowing, while large doses increase the rate with a diminution of amplitude while still larger doses cause a depression of the rate. This is a local action as seen by a comparison of the isolated heart findings with the intravenous, and the lack of appreciable change following section of the vagi. The auricle follows the ventricular changes to a less degree, so that the brunt of the action is upon the muscles of the ventricle. The effect upon respiration is exactly opposite to the

effect upon the heart, while blood pressure follows closely the output of the ventricles. It would seem then that there is ground for the production of cardiac symptoms following the administration of the drug. The end result is slowing, with lessening of the blood pressure, so that "small weak pulse" can be confirmed. It is also known that the heart rate after acute rheumatic fever is slow in a great majority of cases where there is any change. In short from the standpoint of function the effect of rheumatic fever and Abrotanum is not dissimilar. Whether an analysis of the electrocardiographic curves would further this the writer cannot state.

It is well known that the virus of acute rheumatic fever is characterized by a special tendency to involve the heart. The involvement of the heart is usually shown by the formation of the Aschoff body, as well as a pancarditis of varying intensity. We therefore thought it advisable to intoxicate animals in order to determine whether or not any changes could be found in the pericardium or endocardium. This was done with doses suggested in the paragraphs above (second paragraph). In no instance were we able to find any change in these structures. In fact, the chief finding in the entire autopsy was passive congestion, which was expected from the findings with the Langendorf and the intact heart, blood pressure and respiration preparation. No studies were made upon the blood so that no comment can be made upon a similarity to gout, chlorosis, etc. Unfortunately the sections of the spinal cord were not satisfactory so that no report can be made upon this structure, although it should be noted that the brain showed only passive congestion.

Conclusion: Abrotanum has a marked cardiac action characterized by changes in function rather than structure, in guinea pigs and rabbits. The action upon the uterus is new and deserves further investigation by provings and laboratory work. The remedy probably has a definite field of activity which at present is not utilized.

SIMILIA SIMILIBUS CURANTUR AND THE EXPLANATION.

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Since my interest in homeopathy was aroused, twelve years ago, by my teacher, the late Doctor Joseph Frankel, I have attempted to formulate an explanation for the action of drugs in minute quantities in the cure of disease.

Many of my theoretical conceptions have been substantiated by discoveries made in the domain of the vegetative nervous system. The effects of inorganic salts in an ionic state in the fluids of the body on the living cell with the aid of the vegetative nervous system give scientific proof of the law of *Similia Similibus Curantur*.

The principles of the Dominant School and that of the Homeopathic School, though apparently diametrically opposed, are readily explained and made one by the proof of the inter-relationship of the neuro-humeral-cellular systems.

In macroscopic and microscopic pathology, in the physical and chemical changes in the fluids of the body, in disordered functions of the voluntary and involuntary nervous system, the dominant school attempts to explain disease and find means for its cure.

The homeopathic school studies drug provings upon healthy individuals, thereby causing a reaction in the healthy human with subjective and objective manifestations. It uses these findings to cure disease on the principle that "like cures like."

In one case the symptoms are produced in a diseased condition of the body; in the other the symptoms are called forth in a healthy body by inducing changes in the normal physiology. Disease is an abnormal physiology. Similar reactions occurring in the same living organism can be explained by one and the same mechanism.

A study of the normal physiology throws important light upon body reactions. All activities within the body, whether voluntary or involuntary, are under the control of the nervous system.

The reactions within the body are modified by the endocrine glands and the state of the fluids therein. The condition of the individual, as well as previous diseases, immunities, operations, drugs, also influence the reactionability of the body.

The importance of the vegetative nervous system to the maintenance of life and health is conceded. Nature has provided every

tissue and organ with vegetative nerves. Perhaps every cell. With increasing fineness of investigation, nerve endings have been found where their presence was disputed. This system of nerve fibres takes care of all involuntary functions, motor for smooth muscles, secretory for glands. It controls the cardio-vascular system, the sweat glands, pilomotor muscles, and influences trophic changes. Through its connections with the cord and through the cord to the brain, as well as its connections with the mid-brain and medulla oblongata, it sends impulses to the exterior of the body as well as to the brain and, in turn, transmits impulses from the exterior of the body and the brain to the tissues which it innervates.

I shall touch upon the anatomy and physiology of the vegetative nervous system only as it directly affects the question under consideration. The vegetative nervous system is divided into two parts: the parasympathetic which arises from the mid-brain and medulla oblongata at the cranial end, and at the caudal end from the lower lumbar and sacral cord on the one hand, and the sympathetic which has its origin in the cord from the first dorsal segment to second and third lumbar segments. The two divisions are antagonistic in their action on the organs and tissues which are under their control. Where one stimulates the other inhibits. This antagonism is essential to the proper functioning of living matter.

Before reaching the tissues which they ultimately supply, their nerve fibres either pass through or end in and around plexuses of cells. There are a great many of these plexuses situated in the body. The first series or those nearest to the spine are called paravertebrae. Those further removed from the spine are called paravertebrae. Those further removed from the spine are called posterior ganglion. Afferent and efferent impulses pass through the fibres of the vegetative nervous system via the gray and white rami communicantes. In the cord and in the ganglion plexuses, the impulses are sent through other relays of fibres through the usual dendritic connections found in the nervous system.

The hollow viscera are assured of their autonomy by ganglia within their walls, so that they can continue to function independently. In the gastro-intestinal tract there ganglia are represented by Meisner's and Auerbach's plexus.

The fluids of the body surrounding and bathing the cells are of constant chemical composition, the cells taking from the fluid

what they need and giving the fluids the results of their chemical activities. The cells have a semi-permeable membrane. Within the cells are many substances, the most important being those which are in a colloidal state, chiefly the fats and proteids. Substances, especially inorganic, in the surrounding fluids to penetrate the cell membrane and act upon the colloids within the cell must be in an ionic state. Ionic dilutions are known to have a great chemical affinity for and effect upon colloids. The greater the dilution of a substance, the greater the number of Ions which are given off from the molecule.

Ions are electrically charged and are divided into Cathions or negative and Anions or positive ions. The Cathions are charged with positive electrons and wander to the negative charged substances and the reverse holds for Anions.

² All substances in dilution apparently go into the ionic state. The acids, bases and salts have been most thoroughly studied in regard to their ionic activities. Natrium, Kalium, Chlor and Calcium are the Cathions which interest us most, especially Natrium and Kalium, each carrying one electric charge, and their antagonist in their function on the cell, Calcium, carrying a double electric charge. As important as the antagonistic action of the vegetative nervous system is to the proper functioning of the cell, so it is of equal importance for the cell to have a proper antagonism between Kalium on the one hand and Calcium on the other. The amount of these chemicals must be in proper proportion in the surrounding fluids. A disturbance in this balance causes a disturbance in cell physiology. Calcium has an effect on the cells similar to that of stimulation of the sympathetic nervous system, that is, the tissues that the sympathetic stimulates are stimulated by Calcium and where the sympathetic inhibits, a like inhibition occurs through the action of Calcium. Kalium acts on the tissues in a manner similar to that of the parasympathetic branch of the vegetative nervous system, causing stimulation and inhibition as does the parasympathetic on a given tissue. Calcium and Kalium can act on the cell without the intervention of the nervous system, but the nervous system cannot affect the cell without the aid of Calcium and Kalium.

³ Quoting Dr. S. G. Zondek :

"Not the Kalium stimulates the vagus (parasympathetic), the vagus stimulates, that is influences, the Kalium; and not the Calcium stimulates the sympathetic, but on the contrary the sympathetic stimulates, that is influences, the Calcium."

The Ionic solution of a Cathode, therefore, by its quality of carrying an electrical charge and through the aid of the vegetative nervous system or by its own power, enters into the cells and combines with the colloids of the cells causing a disassociation or chemical change. A Calcium or sympathetic action causes a disassociation to the H or acid state and a Kalium or parasympathetic action causes a disassociation into the OH group or alkaline state. All ions go towards the H or OH group, that is to one or the other side of the two principal Cathions, or one or the other effect of the two antagonistic branches of the vegetative nervous system. The resultant effect can be measured quantitatively by the H-ionic state of a fluid.

The effect on the cell is to cause an electrolytic change within the cell, an addition or abstraction of its fluids, a change in its metabolism as a whole. A given tissue or group of cells has its optimum of ionic concentration in which it functions best. A disturbance in the relative ionic condition causes a disturbed physiology, a functional disturbance which produces symptoms.

⁴ Quoting Zondek again :

"The cause of function disturbance in organs, though attributable to a disturbance in the function of the vagus or sympathetic, is in the last analysis to be looked for in a disturbance of the physiological electrolytic combination. . . . The cause of the electrolytic functional disturbance lies in the pathology of the electrolytic."

In experimental work a heart placed in Ringer solution and beating normally, will on the addition of Kalium have a longer diastole and finally cease beating in a dilated or diastolic state. Here we have an over-balance of Kalium and a condition similar to the effect of vagus or parasympathetic stimulation of the heart. The addition of Calcium will cause the heart to beat normally again.

The adding of Calcium to a Ringer solution in which such a heart is placed will cause a relative increase in the Calcium ion, an increase of the systolic state, a sympathetic effect which can be

abolished by the addition of the proper amount of Kalium to the solution.

A striated muscle preparation placed in a Ringer⁴ solution with an over-balance of Kalium will cause active contraction of the muscle, an effect similar to that of parasymphathetic stimulation, and the addition of Calcium will abolish this overaction. This is seen clinically in tetany. In this disease there is a lack of Calcium in the blood, the muscles are irritable, easily brought into a state of spasm. Because of the lack of Calcium there is an over-balance of Kalium with its consequent irritability. Giving Calcium is specific in tetany therapeutically, and truly homeopathic in its principle. Disturbance in Calcium metabolism causes the diseased state and *Calcium is the indicated remedy*.

⁴ A heart of a cold-blooded animal whose cavities are filled with Ringer solution and which receives stimulation from the sympathetic nervous system through a Faradic current, will produce a substance which goes into the Ringer solution. The fluid from this heart added to a solution in which a similar heart preparation is placed will cause an increased systolic contraction similar to that of the first heart when it was stimulated by its sympathetic nervous system through the Faradic current.

Similarly a heart whose cavities are filled with Ringer solution, when stimulated through the vagus or parasymphathetic nervous system by a Faradic current produces a substance which has an effect on another heart similar to vagus stimulation or increased diastoly.

This proves that the cell has the power to form substances which automatically control its metabolism. From the homeopathic point of view, the indicated remedy causes a redistribution of the proper ionic concentrations and then a cellular metabolism which tends to keep this ionic state in proper proportions. The one dose of the indicated remedy can be thus explained.

The allopathic school, by the discoveries in Biochemistry, the vegetative nervous system and by clinical observation is beginning to recognize some of the homeopathic principles. The small dose is no longer ridiculed. The effect of small doses of Potassium or Sodium Iodide or Iodine in hyperthyroidism is to be found in our literature. In Austria where goitre is prevalent, bathing in Iodine-laden water is known to cause acute hyperthyroidism. The use of iodimized table salt is a recognized danger in that country.

The Reinz principle, as the non-specific protein therapy, the antityphoid vaccine in multiple sclerosis, infecting the general Paresis patient with Malaria, corresponds to the homeopathic sulphur and the allied remedies.

Let it once be recognized by the allopathic school that symptoms can be made to appear in a well individual by high dilutions given orally, then the gap dividing the homeopathic and allopathic schools will be bridged, and this, I believe, will be accomplished in the comparatively near future.

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² The Ion Theory is to be found in the works of Arrhenius and in works on Colloidal Chemistry.

³ *Deutsche Medizinische Wochenschrift*, No. 50, 1921, pages 1520-1522.

⁴ Lowe, "Überhumorale Übertragbarkeit der Herznervenwirkung." *Pflüger's Archivs f. d. gesamt Physiologie*, 189 H 4/6, and *Klinische Wochenschrift*, No. 1, 1920.

⁵ Ringer Solution: NaCl 0.8%, NaCl 0.02%, KCl 0.01%, NaHCO₃ 0.01%.

⁶ "Innere Sekretion," Julius Baure, page 257.

THE PHILOSOPHIC CONCEPT OF DISEASE.

Excerpted From "Philosophy of Medicine"

Dr. Higinio G. Pérez, Mexico City.

The language of pain in order to be more expressive avails itself of a lexicon which conveys impressions that are the signs of the perturbation such as moves the elements of the human body. The description of the symptomatic forms of the morbid states, invariably defined, owing to their being the expression of a physiological determinism, bring before our minds the images of intangible beings which lie in ambush and try to deal death to us, and in view of such aggression we undertake to oppose them by all the means and resources which science and art, genius and

fear can provide us with. The history of Medicine has been the language of this battle between man and the causes that are in activity within his organization, whether as inciting or as wound-inflicting agents.

The false concept which has been held in regard to disease has originated a great deal of abstract speculation, without any result other than that of resorting to metaphysical applications as in opposition to an intangible enemy. Disease should not be reputed as a concrete being but as an abstraction transformed into concepts or syntheses of symptoms and lesions.

Life in the plenitude of its evolution, which we call health, is actively maintained by virtue of multiplied efforts, with all of them being directed towards maintaining the equilibrium of all the constituent elements of the human body and of its principle of activity.

All the physiological efforts of the human compound tend towards the preservation of life. Vegetative potency, animal dynamism, and the impetus of the soul or immanent principle of human life, all contribute to the miracle of life.

Owing to having considered diseases as tangible enemies opposed to a state of health, owing to having given them a distinct personality, owing to having attributed their origin to secondary causes, owing to an attempt to apply the *sublata causa* to that which is capable of reaction, the finality of medical science has strayed away into a labyrinth of useless conceptions that have led to nothing practical.

To some pathologists disease is a derangement of the vital forces manifested through symptoms.

Disease can never be a manifestation of a derangement but rather that of a combination of forces multiplied by the instinct of the preservation of life. Vital dynamism combines, orders and activates its forces better in the pathological state than in the normal state.

We cannot say that diseases are always beneficial; but we do say that they are frequently necessary as reactionary movements which tend towards repairing or substituting elements that need to be changed owing to their deficiency or being exhausted by the wear and tear of life. Diseases which are the manifestations of an effort or say of resistance against a cause, although of a physiological order, produce a condition such as deranges the habitual

equilibrium that governs the health. Neither can the morbid causes be reputed as indispensable owing to their character of stimulants of vitality, inasmuch as the stimulating or inciting agent should be confined to the maintenance of a physiological necessity. All that which signifies an effort without a result is vexatious, and every activity that fatigues dispenses a greater number of forces which demand sacrifice.

Infirmities in live beings are necessary and natural, as occurs in birth and death. When the live beings of earth become immortal gods, only then shall the ills of the flesh cease to be.

The word infirmity which signifies *not firm*, really expresses a state of debility, of vacillation, of disequilibrium, and for this very reason, even when the vital instinct in this case multiplies its efforts in opposition to the cause, these forces are employed in processes of defense. This paradox of multiplication of forces which debilitate is of common order and is a natural phenomenon occurring in the life of the society of the world. A nation engaged in warfare exerts all its energies against the enemy, employing its most vigorous elements which are the ones most liable to perish. The weak or useless elements constitute the new progenitors of the future generations until another reaction occurs to restore the lost vigor. Infirmities or diseases are the sure signs of organic decadence. The weak creatures are food for the parasites and microbes. An old apothegm says that poor, skinny dogs are the most mangy ones.

There are organisms so privileged that they have never had any disease but that last one which put them in their graves; and on the other hand, there are many who pay their tribute to nearly all diseases, for they are like unto tender branches that cannot withstand the least little puff of wind.

Treatment of diseases depends upon the concept which is held in regard to them. Pathology and Therapeutics clasp hands: it is the necessary relation existing between the symptoms and the medicament. The therapeutic law should be reduced to the enunciation of a relation.

The history of Medicine reveals a succession of theories which have never been able to establish the certain and evident relation that exists between the *disease* and the *medicament*. Homosopathy came and solved this problem. To Hahnemann, the great Hah-

nemann, corresponds the glory for having deciphered the enigma of the sphinx of the therapeutic law.

The selfsame Hahnemann when theorizing forgot the principles that placed his discovery in the line of the sure-life as traced by Nature which is the creator and preserver of all its manifestations. The Hippocratic principle of the *natura morborum medicatrix* shed meridian light over the doctrines of the illustrious son of Meissen.

The proper concept of the morbid manifestations is that of an effort which tends towards restoring a state of health.

If we examine the symptoms or manifestations of the morbid state, we will immediately see that they are not abnormal acts nor are they distinct from those which are employed by Nature in its normal functions. Symptoms are *modifications of the vital activity*. *Pain*, physiologically considered, is nothing but a hyperesthesia, that is, an excess of sensibility; *coughing* is a brusque and spasmodic expiration which tends to the expulsion of fluids such as impede oxygenation; *vomiting*, *diarrhea*, *polyuria*, etc., are nothing but more active functions or, say, reactions which tend to normalize the functions.

The febrile reaction which traditional medicine has tried to combat and even continues to combat at all costs, is beneficial as a movement of defense and of activity which also opposes the fermentation of the morbid germs. The equilibrium of the thermic movement is constant and becomes more conspicuous at every change of the ambient medium, and is the modus whereby the organism can conserve the necessary combustion. The febrile reaction results from the movement of greater organic activity as is indispensable for all reparation, reorganization or elimination.

The elevation of temperature is a medium of defense against infections, says Cajal. It is not exactly the defense but the manifestation of the defense. The active movement of leucocytosis, in microbial language, such as also provokes any organ which functions with greater activity, is also a defense.

The organism in order to maintain the equilibrium of the vital forces, provokes reactions and remissions without which it would not be possible to counteract the excitations to which it is exposed when in contact with the medium wherein it actuates. The potency of reaction has to be proportional to the force of the ag-

gression. The dissociation between the potency of action and of reaction indicates gravity in the conflict.

Although we have considered disease in its manifestations as an *effort* and a *tendency* in accordance with the line of reasoning of Auber (Treatise on the Philosophy of Medicine), it is not always that the manifestations of the disease signify the existence of an active or passive effort, but also of a negative or divergent one.

In order to better comprehend the concept of disease it is necessary to bear in mind the meaning of a lesion, an affection, a deformation, senility, relaxations, dilatations, and the numerous other modes of regression as effected by the living elements which give form to diseases. A senile cataract cannot signify an effort but a condition of impotency, as occurs in the case of window-panes in old buildings where they have lost their transparency as the result of the corrosive action of the air, of water, or of the sun. This affection which is a malady owing to the fact that it has taken from the body one of its factors of vitality, is the manifestation of a regression process and has to be eliminated for the purpose of substituting an artificial crystalline lens with its equivalent potency of refraction.

All the modifications such as in some manner may impede the free action of the organism, can be considered as diseases in the sense that they debilitate it and lessen the number of its activities. For example: strabismus which prevents the united action of the retinal sensibility, produces diplopy that deadens its instinct, with the suppression of the activity of the disordered eye. As is natural the field of vision is diminished. This defect of conformation does not manifest an effort but an alteration which endeavors to adjust the organism with the atrophy of the organ. In all these acts, even when passive, there is manifested an effort, although indirectly, to provide compensation for the deficiency or a substitution for the defect.

The distinction between the movements of reaction and of regression is of importance, because upon imitating Nature in its curative processes, it will be necessary to follow different courses: one along the same lines as the effort, and the other divergently such as tends towards reaching the finality of Nature: its conservation.

The vital process does not cease its evolution until it has accomplished its complete development and complied with the mission corresponding to it on the stage of life.

The organism of normal type follows an ascending curve up to the age of maturity where it then stops and thereafter begins its descent or decadence on account of the senescence of the organization.

This regression is first noted in the strictly vegetative organs: as the hair, teeth, finger and toenails, skin, etc., and then in those having greater functions: as the lungs, heart, stomach, etc. Even when the human organism has not suffered any lacerations nor moral afflictions such as affect the health, the simple passing of the years would suffice for bringing on that most natural and necessary infirmity of them all: old age.

This form of debilitation, the really natural one, should constitute the normal ending of all living creatures, including man; but it does not so occur, because in man diseases become multiplied owing to the accidents which take place as the result of his mode of life. As long as men lived in accordance with the laws of Nature, they suffered from very few maladies, but as civilization continued to increase their necessities other ills made their appearance. Animals, owing to their natural instincts, do not require in life any satisfaction other than that which is demanded by the law of self-preservation. Once their hunger has been appeased, they cease their depredations; once the female becomes pregnant, they do not touch her again, and thus she conserves her fecundity during the whole natural period. Animals do not take stimulants nor narcotics; they do not perturb their desires by means of those incentives which man has invented for the purpose of making the satiation of his necessities more attractive; nor do they resort to those subterfuges of the imagination in order to excite their unviated desires, for their pleasures and their necessities are satiated according to their desires, and consequently they do not experience any loathings, nor have they a reason to deplore their behavior. Birds, fishes, insects, etc., require no physicians, for Nature takes charge of their preservation and restores their health on the few occasions that they lose it.

Man excites his functions by means of stimulants, depraves himself by means of medicinal drugs, exhausts himself by the immoderate use of his functions, and shortens his days as the

result of the artificial life which he leads. Instead of the sweet satisfaction of living in accordance with the laws of Nature, he lives contrary to them, and thereupon suffers the punishment which the selfsame Nature imposes upon all those who violate its mandates. Even death that is so feared would be pious enough as to come and close the eyes of a sick man and gladden him with a friendly smile.

Humanity continues its onward march down through the centuries, renovating itself continually, and as a part of that constant movement the human generations struggle and strive to occupy the place which the former generations have left on the stage of life. The human mowing is necessary and constant, the pretext is disease; and if this were not a natural accident of life which must perforce have an ending, senescence would eliminate the weak element for the purpose of providing a place for the vigorous ones, and for those who had completed the natural cycle of their existence.

Death, like sleep, is the well-earned rest after an incessant period of labor such as constitutes life.

CORRESPONDENCE.

CORRESPONDENCE: GOATS AND THEIR WAYS.

Los Angeles, Calif.,

September 14, 1927.

Editor, HOMŒOPATHIC RECORDER.

Dear Doctor:

In answer to your request in June RECORDER, am sending this as it may prove to be of interest.

To prescribe for animals and children is in a way more satisfactory than to work with grownups, because there is no pretense with the former and they are strongly individualistic.

We at one time had some twenty goats. We like the animals, and rate them among the most intelligent. To give you an idea how different they are from each other I will describe a few just as I found them.

Kinsey Kinnsa was a nubian grade. I only prescribed for her for septicæmia; gave Pyrogen and Lachesis and then chloroformed her. For any other ailment I should have given her platinum. She was about the proudest and statelyest goat I have ever seen. She always walked deliberately and gracefully—head high in the air, even as a small kid. She was pretty and she knew it. If she wanted to leave the corral she opened the gate and took the whole herd into the orchard, and everybody was blamed except the goat.

One day Mrs. S. had left the corral, doing some work before leaving into the house. To her surprise she presently saw the goats leaving the corral. She was sure she had closed the gate properly, but made doubly sure this second time. She had barely left the gate when again the whole herd came out.

Mrs. S. put them in again and then watched and waited. She saw that K. K. did the work and called me to watch how the animal did it. The gate was fastened with a button during the day and with a button and extra hook at night. K. K. put her head through the fence, pushed the button into a perpendicular position and the gate opened by gravity. We closed the gate again and this time fastened it additionally with the night hook, which was out of her reach. K. K. put her head again through the fence, pushed the button into perpendicular position and waited for the gate to open. As it failed to do so she withdrew her head and gave the gate a push. As the gate failed to yield she again put her head through the wire fence and inspected the button carefully but did not move it, as it was in the right position to allow the gate to swing open. The puzzled expression on her face was worth seeing. It expressed perplexity and a high degree of intelligence, one could almost say reasoning.

Wignore Pansy, Anglo-Nubian, fourteen years old, was reduced to skin and bones, shivering and barely able to stand on her feet when we first saw her. We bought her out of pity. She was hungry, but food caused bloating and pain, prevented further eating, and the other goats would take her food away from her. We put her in a separate stall and fed her on sprouts from rose-bushes, the only thing green available. She was alive with lice—I combed and combed, killing the lice in hot water. Then we put a blanket on her. (We always blanket all our animals every night during the cold season, although we seldom have any ice.)

Six o'clock next morning I was called by her cry. I went into the corral and found her with a bad chill and the whole body cold. I put an extra army coat on her and hot water bottles underneath and gave Verat. 1 m. dose. She had only one more chill and that the following morning.

Her daughter, "Wendepunkt," is always put to order by Nat. m. 1 m. She may need two or three powders in a month and again may go five or six months without medicine. She has the most amiable disposition I ever saw—she never fights, adores her mother and her daughter, who is six years old. She is excessively fond of rubbing, of salt, and of *hot* drinks (counterindicating Phos.). Her main aggravation is A. M.

Kundry is the daughter of Wendepunkt. She is very nasty to her mother, and we wondered why she should single her out. We concluded it was jealousy. Her mother is the great favorite and recipient of much petting. Besides jealousy there was an alertness that means fear. She *was afraid in the dark*. (We have light in the corral all night.) Hyos. 1 m. at intervals changed the animal completely.

Picara, a Toggenburg, would come bolting down the hill the minute she saw me and would never leave my side. She wanted to get her face stroked.

A little black doe would jump out of her skin if you touched her and yet if she had gas pains she would call me and let me knead her abdomen. Nux. 1 m. always helped her. During labor they got their constitutional medicine. All others got Puls. After labor all got Arn. 1 m.

The first dose usually has to be forced into their mouths, but if it helps they will ask for more and take it out of your hand. If one makes a wrong prescription, one has a hard time to administer the next dose unless one has help.

A friend of mine had a large male pet lion. He had quite an array of symptoms, especially loss of appetite and constipation and worse before noon. Sul. 1 m. usually helped him.

Fraternally yours,

H. C. SCHMIDT, M. D.

A CASE OF PHOTOPHOBIA.*

Harry B. Baker, M. D., Richmond, Va.

E. J., eight years old, was referred to me by Dr. Faris in April, 1925. His mother gave the following history: Shortly after birth she noticed that he sneezed a good deal, especially out of doors. When about sixteen months old he developed an intense photophobia, which has recurred every year since. This photophobia began at first in the hot weather, but now begins in the late winter or early spring and lasts until August or September. The photophobia is intense, the chin is drawn down the chest and he has to be kept in a dark room. It is accompanied by a copious watery discharge from the eyes and nose.

From August or September when the attack leaves him until the following spring he is apparently normal. He is bright mentally and always makes his grades at school in spite of the time that he has to lose. Physical examination is practically negative. The family history records a rather obstinate eczema cropping out in two generations.

The child has been under one of the best oculists in the city ever since the trouble developed, and has had numerous other consultants. Just previous to coming to Dr. Faris he went through a very thorough examination by one of the best internists in the city. Wassermann's were made on the child and his father and mother, all of which were negative, and he was tested for sensitivity to numerous substances with no result.

He came to me for the Abram's Treatment and I examined him and put him on the machine for treatment. The examination showed only one reaction, congenital Diminished Resistance, which I consider to be the same as Psora. In three weeks he was apparently normal and went back to school. This was the first time that treatment of any kind had ever helped him. In addition to the machine treatment I had given him a dose of Medorrhinum 1 m. which came through on the Boyd Interference Test. He also at that time had the symptom of sleeping on his face and knees which is so characteristic of Medorrhinum.

After being at school a week he relapsed and the eyes were very

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

much inflamed for a while and were greatly relieved by Hepar 1 cc. He then gradually improved and by early in July was able to go to the beach without inconvenience.

I kept him under observation and told his mother that I looked for some recurrence this spring and it came in February. While the attack was not so severe it has not yielded to treatment as readily as it did last year, and this has been especially so since he gathered some wild honeysuckle in bloom about a month ago.

I had his mother bring me a specimen of the plant and tested him out with it. He reacted very strongly to it. I then had her bring specimens of all the plants that she had on the place, but he did not react to any of them. He has had several remedies, including a 50 m. of Medorrhinum, which worked out by the Boyd Interference Test but which produced no results. His last remedy was Sul. mm.

I do not feel that I have selected the simillimum in this case and am open to suggestions.

CLINICAL CASES.*

Margaret Burgess-Webster, M. D., Philadelphia, Pa.

CASE 1.—Little girl of six; nocturnal enuresis three and four times a week. Restless, irritable, "when I get angry I slam the door." Sensitive to cold. *Calc. Carb.* 13 m., one powder cured without repetition of remedy.

CASE 2.—Little boy, age 8, slender, under size. Has wet the bed all his life, sometimes three nights in succession. Hands and feet cold and moist, frequent attacks of loose, cream-colored stools. *Calc. Carb.* 13 m., repeated in one month, cured.

CASE 3.—Well-developed girl of 13, weighing 113 pounds, has always wet the bed several times a week. Menstruated first six months ago normally. No energy, "wants to sit around and read," pale, especially in the morning, no appetite for breakfast, becomes faint while standing. Cries easily, irritable, "pouty in the morning." Offensive foot sweat. Sleeps doubled up like a jackknife,

*Read before the I. H. A., Bureau of Obstetrics and Pediatrics.

dreams of fire and parties. Generally worse in cold weather. Mother and father had both wet the bed until late childhood. I struggled with this case over a period of several months. Sulphur, Sepia, Puls., Silica were given without success, until *Psorinum* 500 proved to be the simillimum.

CASE 4.—Sister of above, age 10, very large for age, strong, healthy, vigorous, no symptoms except almost nightly bed wetting. After many failures *Equisetum* 6x was given and improvement began at once. It is too soon yet to report a permanent cure but the indications are favorable.

CASE 5.—Horny wart on palmar surface of right thumb, quarter of an inch in height. Various local measures had been used but without effect. The fair-haired little girl of two and a half presented no symptoms except a decided craving for fats and salt. *Nitric Acid* 1200 caused the wart to shrivel at once and in three days it was gone.

CASE 6.—Dorothy, age 10. One large seed wart and thirty-four small ones on hands and fingers. Pain and swelling in knees and ankles, worse in winter and before a storm, cervical glands swollen. *Rhus tox. m.* was followed by general improvement. In four weeks the warts which she had had for two years had disappeared and the knees and ankles were well.

CASE 7.—Mrs. P. had been married seven years, had been pregnant four times, but each time had miscarried at two, three, four and six months respectively. There was a paucity of symptoms, the patient never having been ill. She conceived in July, and progressed well under Puls., given for digestive disturbances, until October, when she had a sudden gush of blood, water and clots. She was put to bed, *Sabina m.* was given. All threatening symptoms subsided within a few days. In the following April a fine baby girl was born.

PASTEURIZED MILK AS FOOD FOR THE INFANT.*

Victor E. Levine.

Professor of Biological Chemistry and Nutrition, School of Medicine, Creighton University, Omaha, Nebraska.

Pure chemistry has added to the science of nutrition much valuable knowledge with reference to processes of digestion, to intermediate metabolism, to the composition and distribution of fats, carbohydrates, proteins, amino acids, purine bases, and with reference to the calorific value of foods in general. Bacteriology has added to nutrition the process of sterilization, better known as pasteurization.

It is a well recognized fact today that the greatest advances in the field of nutrition have come neither from pure chemistry nor from bacteriology. The biological evaluation of foods, which embraces the study of the ultimate effects of food upon the living animal or human being, completely dominates the methodology of present-day research in nutrition. Evaluation of food from a purely chemical standpoint has been almost completely discarded. It remains to be seen whether the bacteriological viewpoints in relation to the heat-sterilization of food could long survive in the face of the rapidly advancing knowledge of nutrition.

Pasteurization came into being before we knew much about the effects of dead bacteria upon the higher animals. It was based upon the conception forced upon us by the limited knowledge of those days that bacteria once killed could be of no harm to the human being.

That this conception is erroneous can be inferred from the following facts: Park and Holt,¹ in 1903, reported that the use in New York City of milk containing 7 million to 25 million organisms per cubic centimeter, and which was subsequently pasteurized, was accompanied by a distinct increase in the incidence of diarrheal disease. Schöberg and Wallis,² in 1909-10, studied the chemical changes in milk produced by bacteria and their relation to an epidemic of diarrheal in infants. They found that organisms formed products, which reacted injuriously upon the pancreas and which brought disturbances in metabolism with attendant

*Reprinted from Archives of Pediatrics, May, 1927, Vol. XLIV, No. 5.

diarrhea. Maud L. Menten³ has described the profound morphological changes in the liver, kidney, spleen, cerebellar cortex, cerebellum, and elsewhere resulting from injections of sterile filtrates obtained from cultures of organisms of the enteritidis-paratyphoid B group. Duval and Hubbard⁴ have experimentally produced glomerular nephritis in the rabbit by the administration of sterile filtrates obtained from the scarlatinal streptococcus. The pathological lesions studied in the rabbit presented a complete analogy to the nephritic lesions in human scarlatina.

That dead bacteria are by no means innocuous has also been shown experimentally by Menten and Manning,⁵ Zeckwer and Goodell,⁶ and Levine and Kolars.⁷ These investigators have shown that the injection of a suspension of dead organisms produces changes in blood sugar content, in temperature, and in the white count.

A still more striking illustration of the deleterious effects of killed bacteria upon human organisms is given in the death rate from gastroenteritis in infants, which occurred in Baltimore during 1922, 1923, and 1924. Dr. Mary Sherwood, director of the Bureau of Child Welfare in the Department of Health in Baltimore, called attention to the fact that during the summer of 1922 there was a surprising and inexplicable increase in the mortality rate of infants under two years of age as the result of gastroenteritis. After making inquiries she discovered that in spite of the fact that 98 per cent. of the milk of Baltimore was pasteurized, the average bacterial count of milk brought in for pasteurization during 1922, 1923, and 1924 was higher than the count during 1921.

Shrader and Swenarton⁸ have published an interesting report on the situation in Baltimore. They found that in the summer of 1922 the peaks in the curves for bacterial count and mortality coincided. In that year the average bacterial count rose to 10 to 12 million per cubic centimeter; in 1923 it was not over 8 million, and in 1924 it never rose above 2,200,000. In 1922 the mortality rate in Baltimore for gastroenteritis was 58 per cent. above the average rate for other American cities, but in 1923 it was 30 per cent., and in 1924 it was 39 per cent. above the average rate.

The facts cited above serve as convincing proof that pasteurization may at times prove to be sanitation at the wrong end. Whenever necessary the law in regard to pasteurization should be

amended so that only milk with a definite limit as to its bacterial population could be legally submitted to pasteurization. Besides the ever-present danger of the re-inoculation of pasteurized milk in the home, there is the additional danger in the careless handling of pre-pasteurized milk provided by the false sense of safety engendered by the subsequent treatment by heat. In the summer of 1922 the average bacterial content of the milk entering Baltimore was higher than the preceding year, but this fact at first occasioned no particular concern, because all the milk was to be effectively pasteurized.

Pasteurization came into being long before we suspected that heat could produce any serious changes in the various food factors, such as vitamins, proteins, and inorganic compounds, or in the physico-chemical nature of the components of a food mixture.

In 1912 Fröhlich⁹ showed that milk heated at 98° C. for ten minutes loses its protective action against guinea pig scurvy, while heating at 70° C. for thirty minutes gives uncertain results. The thermolability of the antiscorbutic substance in milk has also been demonstrated by Hess,¹⁰ Hess and Fish,¹¹ Chick, Hume and Skelton,¹² and Hart, Steenbock and Smith.¹³ The addition of antiscorbutic to the milk diet of the infant is an attempt to compensate for the loss in vitamin C through the application of heat.

Under the influence of heat the proteins of milk undergo modification. The production of hydrogen sulphide and of ammonia points to decomposition of these proteins. The whey proteins, albumin and globulin, suffer coagulation. When heated to 80° C. for fifteen minutes, caseinogen is so modified that the time required for coagulation by rennin is prolonged. According to Soldner,¹⁴ the calcium salts are altered by heat to the extent that they become unsuitable for rennet coagulation and for absorption. Rona and Michaelis¹⁵ observed in 1909 that colloidal ferric hydroxide splits up the casein-calcium compound of milk. When calcium is determined quantitatively and recorded in terms of calciumoxide, precipitation by collateral ferric hydroxide results in the appearance of 70 to 80 per cent. of the calcium oxide in soluble form, most of the phosphorus calculated as phosphorus pentoxide being carried down by absorption. Magee and Harvey¹⁶ compared the amounts of calcium oxide found in solution after precipitation of protein from fresh and heated milk with colloidal ferric hydroxide. In the case of whole raw milk, 85 per cent. was

found in solution; in the case of whole milk heated for thirty minutes at 65°, only 71 per cent. Magee and Harvey also observed that the percentage of loss by dialysis of calcium calculated as calcium oxide is greater for pasteurized milk and still greater for boiled milk. That there is a loss in the soluble calcium and also in the soluble phosphorus compounds of milk has also been reported by Bell¹⁷ and others. The extent of the loss depends upon the temperature to which the milk has been heated.

Milk when heated shows interesting physico-chemical alterations. All the samples of milk boiled for one hour tested by Magee and Harvey showed a greater viscosity than corresponding fresh samples, and almost all the samples of milk pasteurized for thirty minutes showed slightly lower viscosities than the fresh samples. Heating made a difference in the volume of the curd. The increase in swelling of the curd prepared from 20 cc. of milk amounted to 0.07 cc. after pasteurizing and to 1.70 cc. after boiling. The quantity of colloidal ferric hydroxide necessary to precipitate the proteins of milk varied with the type of milk. Fresh milk (5 cc.) required 1.04 cc. more than pasteurized milk, and 1.5 cc. more than boiled milk. They also found that the boiled samples of milk invariably gave a smaller depression in freezing point than the fresh samples. It is evident that heat progressively reduces the number of free ions and molecules in solution in milk. In 1915, Milroy¹⁸ reported that the pH of milk is lowered by boiling. Fresh milk gave a pH of 6.73, boiled milk, a pH of 6.59. The figures of Magee and Harvey are pH 6.69 for fresh milk, and pH 6.55 for boiled milk.

(Continued on Page xi Trade Winds.)

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

SCIENTIFIC FUTILITIES.

"Knowledge is not happiness, and science
But an exchange of ignorance for that
Which is another kind of ignorance."

—Byron. *Manfred. Act II, Sc. 4.*

Cynical though they seem, these lines of Lord Byron are as true and applicable today as they were when they were written in 1822. In no department of science are they more applicable than in medicine. The greater part of that which passes for medical science is proven in each of its succeeding stages of so-called progress to have been only "another kind of ignorance."

Orthodox medicine uses the technical processes of science to arrive at conclusions that are unscientific and methods that are futile because they do not conform to the first requirement of real science—that they shall be true and of benefit to humanity. Tested by this standard how many of the drugs, natural and synthetic, as produced and distributed by the manufacturers and used by "scientific" physicians today are of the slightest real value or benefit to the people who take them? Not one of them—in the form and by the method in which they are commonly used. At best, most of them—insulin, for example—are merely palliatives of conditions to which they have no curative relation—mere secondary conditions which should be approached from the standpoint of a true therapy directed toward cure of the primary disease by constitutional homœopathic treatment.

President Hibben, of Princeton, speaking not long ago on "The Flowers and Fruits of Knowledge" before the student body, made a fine distinction between two phases of education which is useful in every department of science. He said:

"The bare results of scholarly investigation, accumulated facts, generalities, formulas and hypotheses based upon these facts and resulting from the activities of the brooding mind—these I would characterize as the 'fruit' of knowledge. But there is also a residual element of significant value, a possible by-product of all scholarly research. The scholar does not possess it; it rather possesses him. I refer to the effect produced upon the inquiring mind by daily and hourly contact with truth. It is not only the question of what the scholar is able to acquire as the fruit of knowledge, but also to what extent is his own nature enriched and deepened by such knowledge. The latter I would characterize as the 'flower' of knowledge."

Here is something to which scientific men, including medical men, might well give more thought than they do. The tendency to become completely absorbed in the observation and collection of facts, as in the case of research workers, or in the details of technique and practice as with the practitioner, works against the realization and development of these finer personal, esthetic and spiritual qualities which are, or should be, both the flower and fruit of the profession—a man's life. No greater mistake can be made than to fall into the rut of routine, to narrow and obscure the larger outlook upon life by constant absorption in details and minutiae. As a result the mind becomes narrowed and distorted, sympathies are submerged, the sense of the larger fellowship with God and man is lost, the spirit becomes dulled until the man finds himself, like Macbeth, "cabin'd, cribb'd, confined, bound into saucy doubts and fears," in an ever-narrowing passage which too often turns out to be nothing but a blind alley. To do this is to pervert science and frustrate its highest aims and purpose.

For the aim and purpose of science is *the discovery of truth*. "Truth," said Schiller, "dwells underground." To find it we must dig and delve and explore in many dark regions, to be sure, but having found it we must bring it up into the light that its beauty, like that of the diamond, may be seen; for Truth is Beauty and Beauty is Truth.

"A threefold measure dwells in space—
Restless Length, with flying race;
Stretching forward, never endeth,
Ever widening, Breadth extendeth,
Ever groundless Depth descendeth.

Types in these thou dost possess:—

Restless onward thou must press,

Never halt nor languor know,

To the perfect wouldst thou go:—

Let the reach with Breadth extend

Till the world it comprehend—

Dive into the Depth to see

Germ and root of all that be.

Ever onward must thy soul;

'Tis the progress gains the goal;

Ever widen more its bound;

In the full the clear is found,

And the truth *dwells underground*."

—Schiller, "Space."

The laborious task of gathering material that is to be used only for the preparation of a learned disquisition before some scientific body, or for the buttressing of some shaky theoretical structure which will ultimately topple into a pile of ruins, tends only to pendency. It represents erudition without culture.

Dr. Hibben declared that "one of the outstanding obstacles which prevents the recognition and appreciation of the flower of knowledge is the laborious task of gathering material for the doctor of philosophy dissertation. From the standpoint of the scholar attainment it represents erudition without cultivation. If he is to be teacher he comes to his task, after his years of study and the obtaining of his degree as a doctor of philosophy, with a spirit often thoroughly dulled. He is on his way to becoming a pedant.

"Pride is an obstacle of the scholar's progress; complacent in his attainment, his interest weakens and his energies flag. Beware of the scholar who becomes an oracle. He is an uncertain guide and an impossible companion."

How much of the vast heap of matter or laboriously accumulated by medical research during the last decade is of any value to humanity? In laboratories, small and great, private and institutional, all over the civilized world the work has constantly gone on. Valuable to the exploiters of pseudo-scientific theories of

treatment, and to the manufacturers of pharmaceutical products, yes. Valuable to the proprietors of commercial "biological laboratories" who flood the profession with serums and vaccines and antitoxins, with which to pollute the blood of the innocent and gullible public, yes. Valuable to politico-medical "Health Department" with their army of underlings, who terrify and deceive and tyrannize over the public, yes. "There's millions in it"—literally.—millions of money invested in it and derived from it in dirty dividends. But to Humanity—to the children in the schools; to the men in the army and navy; to the employees of great corporations who must all submit under penalty to the dictation of "official medicine" when ordered to do so; to the "man in the street" who is deluded and hypnotized by the gaudy signs that stare him in the face from every drug store window and wayside billboard throughout the land; of what value are they?

Let medical history of the last decade answer with a list of the worthless laboratory products that have been "discovered," elaborated, advertised, exploited and crammed down the throats of the profession and the public for a time, and then abandoned or replaced by others of equal worthlessness. Let the record of "accidental" deaths; the ever-lengthening list of chronic and incurable "protein diseases" and "disorders of metabolism"; the rapid extension of "drug addiction" with its aftermath of crime and disease; the always overflowing jails and hospitals and asylums for the insane—let these answer.

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EDITORIAL NOTES AND COMMENTS.

Abandon Homœopathy!—In perusing the editorials in the April, 1910 issue of THE HOMŒOPATHIC RECORDER, the July issue of the *Drugless Phlebotomist* and a copy of the transactions of the I. H. A., we find three indisputable reasons why every Hahnemannian homœopath should renounce his faith in "moonshine" and embrace all that is modern and scientific. The following three reasons are incontrovertible and final:

FIRST: "*The Materia Medica of the Elder Brother*"—The editor of the *Review of Materia Medica*—credits the following "warm stuff" concerning the allopathic materia medica to Dr. Spence L. Davis, in the Albany Medical Annals: "Born of Ignorance—Beggotten by Superstition out of Chicanery—Suckled by Blind Faith, the half-sister of Fanaticism—Wedded to Commercialism, the daughter of Cupidity—The parent of a motley brood of nondescripts whose main virtues consist in their fecundity—This is our present-day materia medica."

"This is respectfully referred to all who have a grouch against our own splendid homœopathic materia medica."

SECOND: "It (medicine) learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to cure gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent smallpox and from an old market-woman how to catch the itch insect. It borrowed acupuncture and the moxa from the Japanese heathen, and was taught the use of lobelia by the American savage."—Oliver Wendell Holmes.

THIRD: "Today the barn, the sheep-pen and the hog-pen are ransacked for material to appease the aesthetic scientific taste and skill."

We have often wondered what there was about Allopathy that caused the dominant and ruling element of our school to turn pan-therapists. There is no accounting for tastes. There is one redeeming feature, however, in that he who can acquire such tastes can serve both God and Mammon and still be purely godly as witness a former president of the I. H. A. who promised in his report to do so much for Homeopathy, or was it a misprint? Should it not have been: "To Homeopathy: Beware of the Greeks (A. M. A.) bearing gifts"?

In contra-distinction to the above Homeopathy was conceived in an intelligent, enlightened brain and born of a natural law. As to whether we are intelligent or otherwise is shown by our choice between the two.

A. PULFORD, M. D.

The New Homeopathy.—Two articles appear in this issue that are of special significance as indicating in a striking manner the present tendencies and status of the homœopathic school in its efforts to "modernize" homœopathy. These articles are entitled "The Development of Bodily Resistance," by Daniel E. S. Coleman, M. D., and "Studies of the Pathogenetic Effects of Drugs—Abrotanum," by Linn J. Boyd, M. D., both of New York City.

Dr. Coleman's article was written and delivered as his presidential address before the International Hahnemannian Association at its annual meeting held last June on board the SS. Lapland. He, speaking in his official and representative capacity, was probably voicing more or less fully the views of at least an electing majority of the members of that hitherto highly conservative organization, since his personal views on the subject had been freely expressed prior to his election.

It should be stated that the title of Dr. Coleman's article has been supplied by the editor, as it was without title other than "Presidential Address." For the greater part the editor has contented himself with italicizing certain words, lines and paragraphs in it which he regards as peculiarly significant, and inserting in parentheses a few modest interrogation points—all clearly indicated. His object is not only to call the attention of readers to that which is expressed, but to suggest that there are implications

in these statements, and in the article as a whole, that should receive the thoughtful consideration of members of the I. H. A. (and others) who have at heart not only the preservation of homœopathy in its integrity of spirit and principle, but of that special technique of proving and prescribing medicines upon which it is based.

The editor is among those, in and out of the School, who believe that this technique, invented and applied by Hahnemann as the logical and necessary corollary of the vital-dynamical philosophy which underlies homœopathy, is his greatest and most original contribution to medicine, co-equal in value and importance with the "Law of Similars," of which Hahnemann, by the way, never pretended to be the discoverer. To eliminate this technique from its practice and substitute the method as well as the remedies of serum and vaccine therapy, is to combine Homeopathy with Serology—a mating which is nothing other than medical *miscegenation*, abhorrent to all who believe in medical as well as racial purity and individuality.

The editor feels that Dr. Coleman's article clearly evinces a strong tendency and disposition to do that very thing. If that is done the usual results of miscegenation will follow, and some of them are not pleasant to contemplate.

Criticism of Dr. Coleman's article, as well as that of Dr. Boyd which follows it, is intended to be *entirely impersonal in spirit*, if not quite so in form. The individual is criticized only in his representative capacity.

Dr. Boyd, as head of the Department of Medicine and Homœopathy in the New York Homœopathic Medical College and Flower Hospital, New York City, occupies a position of prominence and authority, in which he exercises a powerful influence upon the student body as well as the profession. Any article by him, therefore, revealing his attitude and methods as a teacher upon so vital a subject as drug proving, deserves serious attention.

Dr. Boyd's article was accepted for publication and filed by the editor, Dr. Rabe, before he departed for Europe. The acting editor, in releasing it at this time, recalls that he heard the author spoken of by an admiring colleague not long ago as "a modern Hahnemann," and was duly impressed. Naturally, therefore, when the editorial file was turned over to him, he perused this article

with special interest, not to say curiosity. He wanted to see just how "a modern Hahnemann" would proceed in meeting the popular demand for "re-proving the materia medica." He has seen, but his curiosity has been only partially satisfied.

In view of the standards and principles which seem to be exemplified by the author in this specimen of his work, he is curious to know what would be the fate of many of our old and tried friends in the materia medica—Carbo veg., Lycopodium, Natrum mur., Silica and Sulphur, or any of the minerals in their pure metallic state, for example—if they were submitted to him *inognito* to determine in advance whether or not they were worthy of proving and acceptance under the rules and tests by which he appears to be governed. Failing to kill or disable rabbits and guinea pigs into which they were injected intravenously, or otherwise administered in 5 cc. doses of their lowest fluid dilution (corresponding to the tincture of vegetable drugs), or to excite any definitely toxic symptoms (as they probably would), what would his report recommend?

Does Dr. Boyd believe and teach that the therapeutic value of drugs depends solely upon their possession of lethal qualities?

Does he believe and teach that the provings and practice of homœopathy should be conducted according to serological methods?

It is an intriguing idea, taken from the pugilistic world, to personify drugs and regard them as "fighters" who must be tested in "elimination bouts" before they are permitted to enter the ring and fight for championship honors. It could be developed quite handily into something pretty in a literary way—drugs the challengers, disease the champion, etc. But drugs in lethal and sub-lethal doses matched against rabbits and guinea pigs seem a pitifully unequal and futile contest, particularly as Dr. Boyd as "referee" seems to ignore the fine points and ethics of "the game" and have an eye only for a "knock-out." But "modern medicine" is like that. It belongs spiritually to the Kingdom of Spain, the poorest, most dignified and courtly nation in the world, but savage in its typical national sport, delighting in its gory bullfights, with their tortured bulls, disemboweled horses and mangled matadors.

The pomp, pageantry, plumes, gold lace and blaring trumpets,

as well as the callous and revolting cruelty of the bull-ring have their likeness in the medical world and its laboratories of today in its contests with disease; but none of these can dazzle the eyes or distract the mind of the discerning from its primitive savagery, cruelty and uselessness.

For useless and unnecessary a large part of it is from the standpoint of the true healing art, or else Hahnemann and his followers were (and are) a troop of ignorant fanatics and homœopathy a delusion.

It would be difficult to find a better example of useless, unnecessary and misleading experimentation in homœopathic research than is described in the article under review

Given the question: Is *Artemisia abrotanum* a true medicine? What, in the light of homœopathy, should the answer be? Or one might say: What, in the light of *common sense*, should the answer be—assuming that the general level of common sense rises with the general increase and diffusion of knowledge. (Unfortunately for this argument, "science" as apprehended and exemplified by the average "scientist," does not recognize common sense as a criterion.)

Obviously, from anyone acquainted with homœopathy, the answer would be: "Prove it in the regular way and find out."

Proving drugs on *healthy human beings* is a cardinal principle of homœopathy. It has a very definite, characteristic, thoroughly tested and well proven method of ascertaining the medicinal powers and qualities of drugs in their action upon human beings. That method, when competently used, is safe, simple, direct and reliable. It consists of administering the drug to be tested to healthy, susceptible, intelligent individuals in graduated doses, small, but sufficient to excite reaction and produce symptoms within a reasonable time. It is not only traditional, but essential to the success of this method that the drug shall be administered in minimum doses by the mouth and that no lethal, destructive, or permanently injurious dose shall ever be given. It is never pushed to the extent of creating actual pathology.

This rule is not founded in sentiment, but arises logically from the nature of the phenomena required for the purpose in view—symptoms of functional and systemic disturbance *similar to the symptoms which represent and express the natural processes of*

disease before it has reached the incurable stage. These may tend toward death, but when they reach the stage or degree where death impends by reason of profound intoxication, damage of tissues and organs, or exhaustion of the vital forces; or when a lethal dose has been given, they are of no value for therapeutic purposes. They then represent a terminal condition which is beyond the reach of medicine. All essential characteristic symptoms of value appear earlier and under minimum, sub-lethal doses. It is the duty of the proving director to make sure in advance that a proving never reaches the lethal stage or degree.

The primary and sole purpose of homeopathic therapeutics and, therefore, of its proving of drugs, is the medicinal cure and amelioration of disease by symptom-similarity, not the production of pathology or death in man or beast. To do otherwise is to violate both the spirit and principles of homeopathy and defeat its benign purpose.

It will be noted that after observing and recording the death of one group of guinea pigs from four 5-cc. doses, while another group took twelve such doses "without any apparent effect" but died after a single dose of 10 cc., the author "concluded that the drug is only slightly active in rabbits and guinea pigs." A strange conclusion! Is it perchance a *non-sequitur*? It would be interesting to have Dr. Boyd's definition of the word "active" as used in this connection. If he means that lethal doses of a drug are *not active in producing useful symptoms*—symptoms that are of value as therapeutic indications—we entirely agree with him. (Dr. Boyd is quite welcome to this suggestion of a way to clear himself of the suspicion that he is illogical.) They never are active in that sense. They suppress and destroy functional activity too quickly for that.

Useful symptoms must have time to develop. They do not and cannot appear when the organism is shocked into insensibility and death. The organism must have time to react naturally and manifest the character, degree and location of its disturbance. It can do this only under relatively small, sub-lethal doses, and then only when the drug is introduced through the natural channels and not forced into the circulation through the hypodermic needle. The finer, smaller and more assimilable the *efficient* dose, the finer, more definite, more individually characteristic and reliable are the

symptoms produced from the standpoint of both the homeopathic prover and prescriber. The purpose is not to demonstrate that a substance or drug is capable of killing or disabling a subject, nor to push a proving to the point of organic obstruction, impairment or breakdown with the production of pathological lesions; but to gently—one might say, politely—observe the prover and interrogate him, in the name and for the sake of science and humanity, about the changes in his or her feelings and functions while under the influence of a drug, willingly and voluntarily taken and intelligently observed.

Why should rabbits and guinea pigs—the children's little pets and playmates, curiously friendly and confiding, but pathetically dumb and submissive—be poisoned, mangled and killed by dozens, hundreds, thousands in the medical laboratories of the world in carrying out experiments like those described in the article under review (discreetly leaving some unspeakable things to the imagination), merely to reach a conclusion that a given drug is not "active"—that is, not capable of producing any phenomena of value to the homeo-therapeutist or to humanity but capable of killing them?

And why, for that matter, should the *children themselves* be "experimented" on (God save the mark!) by inoculating them with pathological serums and vaccines (every one of which has been shown to have the potentiality and possibility of serious injury and even death in it) when the desired result (immunity or cure) may be obtained by homeopathic means and methods which are efficacious, humane, harmless and safe?

Why, indeed, unless the medical profession has gone mad, or has been carried away with its inordinate egotism, vanity, love of display and predilection for power?

Why do homeopaths with all the therapeutic riches garnered from a century and a quarter of enlightened experience; with all their glorious records of triumphs over disease in which all other methods fail; with all their opportunities for improvement and progress in their art, turn to ape the manners and methods of the devotees of a glittering pseudo-science, miscalled "Modern Medical Science," or else sit supinely, basking in the reflected glory of their ancestors?

Homeopathy has nothing to do with intoxicating or killing. It deals gently with Life and its processes. The knowledge upon

which it is based is not derived primarily from the studies of dead or dying subjects, but from living, willing, healthy subjects. On occasion the homeopathic observer may and does study the lethal phenomena of poisons accidentally given or otherwise, but he never induces them in provings. He knows he would gain nothing essential or valuable if he did; for there is no drug that does not, when properly tested in susceptible subjects, clearly manifest its sphere and scope of action and its characteristic symptoms (or lack of them) from doses far, very far short of lethal.

Many of the oldest, greatest and most useful homeopathic medicines are incapable of causing death, or even serious injury. In their natural, simple, crude form they are almost totally inert—Charcoal, Lycopodium, Silicea, Sulphur and the metals, for example. Others, like salt and lime, are elements of nutrition, native to the organism, foods. Only as they are submitted to the physico-chemical processes of trituration, solution, dilution and ionization are their latent pathopoietic and curative powers developed; but even in this state they are non-toxic. Yet these preparations, when prescribed in full accordance with homeopathic principles and methods, prove to be true medicines, capable of curing many of the gravest forms of disease. Administered to individuals in health who are constitutionally and normally sensitive to the action of drugs in general, or peculiarly so to the particular substance being tested by reason of what, for want of a better name, we call "idiosyncrasy," they excite symptoms which represent sensory and functional disturbances that are clearly perceptible both to the prover and the competent observer. And that is all that is necessary.

Some delicately organized individuals make "involuntary provings." They frequently suffer from the effects of contact by ingestion, inhalation or absorption of substances which are harmless to others—pollens, dust, hair, feathers, exhalations from animals, plants, etc.—to which they are susceptible naturally and peculiarly, if not morbidly. The quantity of such irritating substances necessary to excite these peculiar reactions is extremely small, almost infinitesimal.

It is quite possible by penetrating the protective envelopes or blood vessels of the living body with the hypodermic needle and forcing into the circulation foreign substances even of an otherwise harmless nature, such as air, water, milk, not to mention poi-

sons, to injure or even kill. But this is not legitimate therapeutic art.

The needle is incompatible with "safe and sane" medical experimentation, with a true therapeutics and, beyond all, with homeopathy. It belongs to "the gentle art of medical manslaughter." This will be regarded by many as a mere prejudice or personal opinion, but the writer does not feel lonesome.

The hypodermic needle, copied from the fang of the venomous serpent, never belies its origin. When "The Serpent" entered Eden he brought his "Hypodermic" and poison with him. When the hypodermic syringe with its "fang" was taken up by the doctors the "Old Serpent" grinned. He foresaw the time when the medical profession, armed with his weapon and in the guise of therapeutists, would become his most powerful ally in disseminating body- and soul-destroying poisons throughout the human race.

All serums and most of the important drugs are now regularly administered by the hypodermic needle. Even the homeopaths are falling into line and boasting of the superior results they get by using the needle. They accept and laud serum therapy (and the needle) as being "homeopathic in principle." They prove drugs hypodermically.

BEHOLD "THE NEW HOMOEOPATHY"!

There is much to be done in the field of legitimate research—in *materia medica* and therapeutics—much left undone that should have been done. There are many useful drugs that have been only partly proved. There are many others that have been carelessly and incompetently proved, having many questionable and unreliable symptoms in their records. There are hundreds of new chemical substances and elements, products during the last fifteen or twenty years of the finest and most highly developed chemical and physical laboratories the world has ever known. Among these latter might be found remedies for some or many of the new or changed forms and phases of diseases that have appeared during the same period which perplex or baffle us—largely the result of serological methods of treatment. Some of these do not seem to respond to treatment with the old remedies as readily and perfectly as formerly. May not some of these new or changed forms and

phases of disease be due to the pathogenetic influence, by contact or absorption during manufacture or use in daily life, of some of these new elements that have been introduced? If this be true, they must find their cure in the *same elements* potentiated, or raised to the dynamical plane by trituration, solution, dilution and ionization, or transformed into colloids. The way to find out is to begin proving those substances in the regular way, and *do it rightly*.

It is a fascinating field and a subject of immense importance. Do we find anybody at work at it? Evidently not among those who regard homeopathy as a complete and finished product—a method incapable of modification, improvement or expansion along its original lines—the very ones who, as a rule, by reason of their familiarity with the method as thus far developed; by their thorough grasp of its fundamental principles and their conscientiousness in trying to apply them; by their ability as observers and interpreters of symptoms—particularly of the finer grade—should be best qualified to take up this work. They would be if they could free themselves from the deadening influence of the idea that homeopathy is complete and perfect and go to work.

Because they are neglecting their inherited estate their business is passing into the hands of a generation of different ancestry, different training, different methods, different ideals; a generation alert, active and aggressive, but with little reverence or respect for the old, and without the filial sentiment of direct descendants. The newcomers are bent upon acquiring and condemning the "Old Homestead," razing it to its bare foundation and building upon that, or rather, *a portion of it*, an entirely new edifice. The land and the building site now occupied are too prominently located and too valuable to escape the covetous eyes of the newcomers, but the old building, so long neglected, begins to look shabby and ruinous, entirely out of keeping with the pretentious mansions by which it is surrounded.

How long will it be, if the owners do not bestir themselves, before they will be evicted and have all their household furniture and precious heirlooms set out on the sidewalk?

STUART CLOSE, M. D.

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HOMŒOPATHY AND THE "OD"* THEORY.†

By Dr. Kirn, Berlin, Germany.

Translated by P. W. Shedd, M. D.

It is delightful to wander through one's own country, but it is also beneficial to occasionally cross the border, and, ascending some far-seeing mountain summit, to look back upon the familiar picture, its hamlets, cities, rivers, lakes and hills. Thus today I would consider our scientific fatherland, homeopathy, from the foreign viewpoint of the "Od" theory. Perchance we may behold vistas and see things hitherto invisible, and perfect our knowledge of Hahnemann's doctrine through that of Reichenbach to our own advancement and the healing of the sick.

Consideration of the relations of the Od theory to homeopathy I have thus far found only in the hand-book of Dr. A. von Gerhardt, where (pp. 25-39 of the introduction) is an excellent exposition of the ergistic action of the homeopathic dose from the Od standpoint. Elsewhere little mention of Reichenbach is to be found among us, and yet I am convinced that no department of science has such close relationship with homeopathy as the Od doctrine, and that homeopathic physicians should be peculiarly interested in the recognition and propagation of this neglected discovery.

Reichenbach says in the preface to his work—"The "present and future development of the laws of Od will work almost transmutation in many departments of medicine."

Life processes hitherto unexplained here find solution, and many practical therapeutic measures appear in a new light. The action of

*Pronounce ode.

†Reprinted from the *Pacific Coast Journal of Homeopathy*, May, 1920.

our potencies can depend only upon what Reichenbach termed the "Od." Let us see what the science of "Od" offers the homœopath, and whether the results of this theory coincide with our views and experiences, recognizing our peculiar fitness to comprehend the value of Reichenbach's discovery.

I. Sensitivity. (Sensitivitat.)

The reason why the Od doctrine is comparatively unknown lies in the fact that not mankind in general, but only the so-called "sensitive," may feel and see (?) the Od.

This differentiation of mankind into "sensitives" and "non-sensitives" is of great practical import. "The physician who does not recognize the powerful influence of the Od upon sensitives will frequently play a sorry rôle at the bedside," says Gerhardt in the previously mentioned introduction, whose perusal I would commend to those interested, before they begin the study of Reichenbach's works. Sensitivity is an exaggerated sensitiveness to stimuli. The sensitive with his hyper (nervous) perception is open to impressions not apprehended by the non-sensitive. It is known that many physicians are able to diagnose infections such as scarlatina, measles, etc., by olfaction. Sensitivity is hyperæsthesia. But this has two sides; the hypersensitive nerve responds to stimuli that do not affect the normal nerve; the sphere of stimuli (Reichwells) is enlarged. Stimuli of lesser action are termed hypostimuli; of similar action, parastimuli; of greater action, hyperstimuli. Men, according to their state of health or disease, exhibit differences in their reaction to external stimuli. What is hypostimulus to one, becomes parastimulus to another, and hyperstimulus to a third individual of great sensitivity.

The other side is, that stimuli normally perceptible and common to the healthy, act upon the hyperæsthetic or "sensitive" powerfully and abnormally, a fact meriting the utmost consideration in pathology. Reichenbach was the first to utilize the delicacy of human sensitivity in the investigation of nature's mysteries, and his results demand an entirely new comprehension of pathology and therapy.

In the domain of homœopathy there is an ancient feud between high and low potentists, and each party believes that truth will die with it. Both accomplish genuinely homœopathic cures. Upon this apparent confusion the concept of sensitivity alone sheds light. The sensitive, hyperæsthetic, erethistic patient of fine mentality must

be handled with high potencies; the torpid, non-sensitive, robust, hypoæsthetic needs the low. Low potencies prescribed for the sensitive will aggravate. Each primary agg. is a proof that the potency was too low. On the contrary, high potencies administered to the non-sensitive are null and void. Hence, if we would know the suitable potency we must first prove the sensitivity of the patient. Patients come with predilection to homœopathic physicians, disgusted with the gross mixtures of the "regular" school. If we give to the sensitive patient only low potencies, he soon arrives at the conclusion that "homœopathic medicine is of no avail. I feel only worse," and determines thereafter to flee all drugging. Upon the sensitive all drugs have action, and hence must be chosen with great care, and not too frequently repeated. Upon the non-sensitive the low simillimum alone will have effect.

The often ridiculed "drug-olfaction" is naturally efficacious only with sensitives. How infinitely, incredibly acute this class is, every page of Reichenbach's work shows. Hence it is of practical value for us to diagnose "sensitivity," and Reichenbach aids us here in his book, "The Sensitive and the Non-sensitive." (*Wer ist sensitiv, wer nicht?*) Do not consider that such diagnosis is difficult. Sensitives are not rare, and in this neurotic age are daily becoming commoner.

"No village is so small that sensitives are not found therein. There are several methods by which sensitivity may be determined. These methods may be exploited with all sorts of procedures and instruments, and thus a scientific (?) atmosphere may be developed, but this is not essential. An empty hand, a posture, a sign may, like a chemical reagent, determine the question; even these are not necessary; a simple inquiry intercalated into an oral examination may suffice. Even the presence of the patient is not required—knowledge gained from friends, family, an old servant, concerning the habits of the patient is enough to establish the diagnosis."

Symptomatology of Sensitivity.

The first question is: does the patient sleep quietly or restlessly? Is the sleep restless even when in health? Nonsensitives, when well, sleep quietly all night, while sensitives are restless and given to insomnia. The more restless the sleep, the greater the sensitivity. Sensitives love solitude, and avoid crowds (agoraphobia); avoid handshaking. He who delays long in freeing the grasped

hand is surely non-sensitive—the sensitive withdraws his own quickly. In winter they prefer the porcelain stove (common in Germany) to the iron; the odpositive metal is disagreeable, the odnegative stone is not.

Even the odpositive mercury of mirrors is obnoxious to the sensitive. They cannot bear the fragrance of flowers in their room at night. Moonlight in the room hinders sleep, makes them gay and lively. They prefer a cool régime, wear thin clothing, elect cold rather than warm food. They dislike warm baths. Of foods they avoid fats, sweets, spices, but are fond of bitter, sharp ailments (mustard, radish), acidulous substances as fruits, and especially salads, as lettuce. They like rare meats, raw eggs, milk warm from the cow. Sunshine decreases the appetite, which is increased at full moon. Chlorotic sensitives have peculiar longings for raw, unprepared nutriment (vide the *Naturheilmethode*.—Nature's cure). Tobacco is obnoxious, also wine and tea. They eat moderately, prefer light breakfasts. Reichenbach says, "The sensitives turn from our hyperdelicate modern civilization back towards the primeval state of man. And since they are thus guided by instinct alone, it is apparent that nature with its negative force is stronger in them than in other men. One might well learn of them in the study of diet; consideration of their inclinations is instructive in teaching a more normal way of living; of better maintenance of physical and psychical health. Hence, the study of sensitives offers us concepts of primary importance."

Mercurial, restless individuals who can never keep still are sensitive. Leather shoes and gloves hinder the Od currents and are unpleasant; constrictive clothing obnoxious. Perhaps the beneficial effect of air-baths is largely due to the fact that the equilibrium of the Od emanations is left undisturbed. Anæsthesias, numbness of fingers, arms, feet, legs are not uncommon as correlates of hyperæsthesia. The uniformity of plains, prairies is displeasing. An unconquerable desire for change of work is born in them, hence they are not suited to quiet, steady labor; to resolute, productive exertion; to steadfastness amid life's adversities. Neurasthenia. Of colors, yellow displeases, blue is pleasing. Sensitives suffer much from headache, migraine, gastrotes, cramps.

Sensitives recognize the presence of those in ill-health, even when the abnormality is not externally cognizable. The sick are more Odpositive than the well. If we think of the "sick atmos-

phere" of the tuberculous, that is enlightening. There are, as is well known, individuals able to prophesy weather changes. The reason therefore lies in the Od disposition of air and earth-surface. Many animals have a remarkable perception of weather changes (tree-toad, spider). Before the storm there exists an odpositive charge, which, with rain, passes over into an odnegative. Many patients are conscious of this, and during nocturnal storms fall asleep only when the rain begins to fall. The sensitive, because of the general æsthesia of his nervous system, is easily frightened; the slamming of a door causes a visible start (K. carb.); for new acquaintances he soon conceives a well-defined like or dislike. Thus one finds the sensitivity of an individual mirrored in his temperament and humors. One can logically determine his sensitivity or non-sensitivity from his way of exhibiting himself and his feelings in the conduct of life. Hyperæsthesia, liveliness, fineness of feeling mark the sensitive, as well as restlessness, desire for change of work (or play), sometimes capriciousness and a less well-balanced mental equipment. These are the diagnostic points of sensitivity, easily determined in the ordinary examination of the patient, and as everywhere numberless individuals are found in whom these characteristics are united or largely present, the value of such diagnosis in medical practice and homœopathic treatment cannot be overestimated.

Dahlke says in his excellent "Discourses on *Materia Medica*" concerning Sulphur, "The potency was always a matter of dispute. That the 30th is the normal seems to me indubitable, but in many chronic *torpid* eruptions, the lowest potencies are often indispensable." I would emphasize the word, *torpid*, and in general maintain: in all torpid, hypœsthetic diseases of non-sensitive organs or organisms the low potencies must be used. Disease may make a single organ or the whole individual either hyper or hypœsthetic; probably these are only stages of the same process.

According to the demeanor of the organ or the individual, the potency should be high or low; it is not determined by the nature of the drug nor by the name of the disease, but only by the sensitivity of the organ or the patient. All efforts to declare the 30th or lower potencies alone correct, are vain; one may only say that for these torpid patients low potencies (in common and frequent dosage) are necessary, while for the sensitives high potencies (infrequently given) are indicated. And exact homœopathic anamnesis

must not only include symptomatology, but also present the degree of sensitivity of the patient. It is well-known that there are great differences in patients in the degree of sensitivity; from a torpid individual you may without narcosis excise the lip; the other, a sensitive, hysteric suffers cramps and faintness from a breath of air. The "regular" school has bothered itself little with these differences; with us there has certainly been more inquiry into the sensitivity of the diseased nervous system, but this important law has not yet, to my knowledge, been fully and clearly established. I believe that if homœopathic physicians would study sensitivity more carefully for some years or decades, we should gradually gain more exact indications for the potency. How many cures must have escaped us because we did not strike the right potency! Cases are always appearing in our literature, in which it is demonstrated that permanent cures only resulted from the discovery of the suitable potency.

II. The Od.

The most important and useful characteristic of the sensitive is that he is able in a darkened room to perceive a hitherto unnoticed light, with which peculiar warm or cool sensations are connected. This light is found—

1. On magnets.
2. On crystals.
3. On parts of the body.
4. On rubbed surfaces.
5. On wires exposed to sun or moonlight.
6. On charged metallic electrical conductors.
7. In chemical reactions.
8. On all material substances.

This emanation of light is the Od of Reichenbach. The word is derived from the Sanscrit, and signifies "something that blows or waves," *e. g.*, breath, vapor, flame.

Reichenbach had, up to 1856, investigated 197 sensitives, and at least 100 others without reducing his results to writing. The fundamental investigations of the Od have, therefore, been carried out in nearly 300 cases with inexhaustible patience and pertinacity. Control experiments were instituted by Professor of Physics von Baumgarten, in this manner: He placed unnoticed in the hands of

a sensitive, instead of a magnet, a piece of common iron in magnet form which (the difference) was immediately perceived by the individual. Among his 197 sensitives were at least 100 scientifically trained men (physicians, students of natural science, chemists, mathematicians, philosophers). Each fundamental experiment was repeated 10, 20, 100 times. The foresight, care, exactitude and circumspection accompanying these experiments permit of no contradiction. Reichenbach's name, as discoverer of the paraffins, creosotes, etc., and in other matters of medical and technical import, already had weight in scientific circles when he began these difficult experiments. In 1845 he met at Carlsbad the celebrated chemist, Berzelius, the discoverer of selenium, thorium, silicium. As Berzelius was much interested in the Od, Reichenbach looked about for sensitives in Carlsbad, and through the kindness of the local physician, Hochberger, became acquainted with an excellent subject in the person of a Miss von Seckendorf, of Sondershausen. Among other experiments demonstrated by Reichenbach to his illustrious confrere was the following: Reichenbach had stuffed his pockets full of a number of chemical preparations, each carefully wrapped in paper, and without superscription. He spread them upon a table, and directed the sensitive to move the fingers of the right hand about among them without opening the packets. She soon remarked to the two observers that she was differently affected by the various packets; many were without effect, while others exerted peculiar attraction upon her hand. Reichenbach desired her to separate accordingly the packets into two groups. This done, he took a group in each hand and placed them before Berzelius, one group non-attractive, the other attractive. Berzelius opened and found in the non-attractive group: Sulphur, Selenium, Graphites, Tell., Ox. ac. crystals, Tart ac., Sod. sulph., Cup. sulph., Rochelle salt, and Saltpetre.

In the attractive group: Plat., Nickel, Cu., Zn., Rhodium, Pb., Iridium, Stan., Morphine, Atropin, Caffein.

Not a little amazed, the father of electro-chemic science beheld in the attractive group only electro-positive; in the non-attractive, electro-negative bodies. The pleased surprise of the great chemist was so much the livelier as in this phenomenon he saw a new and unexpected proof of the dual value of substances, and added guaranty for the correctness of his system, and that from a source hitherto unsuspected, the human nerve. What had cost infinite la-

bor and acuity for a century to accomplish, was done by an untutored, sensitive girl in ten minutes. "From that hour," says Reichenbach, "Berzelius showed a lively interest in my experiments."

This power, dynamic, by which substances react upon the human nerve and make their presence physically felt, is the Od.

If one further investigates this quality, it will be found that the attractive, positive bodies, feel warm to the left hand, cool to the right, and that reversely, the non-attractive negatives seem cool to the left, warm to the right hand.

The electro-chemic relations, which you will also find in Farrington, p. 386, in his discussion of mineral substances is also the Odic relation, electro-positive or odic-positive, as for example: Hydrogen, Kali, Natrum, Lith., Calc., Baryta, Zn., Alumina, etc.; the electro-negative, as Ozone, Nit. ac., Sul. ac., Sul., Iod., Brom., Chlor., Graph., Sil., Phos., are also Odnegative.

Compare also our lists of right and left side, β β ., and you will find that Ant., Ars., Carbo, Fl. ac., Nit. ac., Sul. ac., Sul., Iod., Graph., Sel., purely Odnegative substances, affect the left side, while Odpositive, Alumina, Atropin, Arg., Merc., Aur., Zn., Zn., Pb. (Ferr.), are right side, β β ..

The Odpositive β β . affect, therefore, the Odnegative, right side, and the Odnegative the Odpositive, left side.

But yet more. Since the upper half of the body is Odnegative, we must conclude that Odpositive β β . which affect the right side will also first and chiefly act upon the head. (Cf., Cuprum, Zinc, Arg.). The Odnegative β β ., first, Sul. then Selen., Brom., Iod., Phos., Ars., begin their work at the other, the Odpositive end of the body.

Farrington remarks: The electro-negative work upon the intestines in the A. M., on the chest in the P. M., *i. e.*, from below upwards; the reverse is true of the electro-positive, which act upon the chest in the A. M., and intestinally later in the day.

One may thus say, according to the seat of the disease or the time of development of symptoms: This patient needs an Odpositive or Odnegative remedy.

I have already stated the right side and upper half of the body are Odnegative. I must add the back is also negative, while the left side, lower half, and anterior surface of the body are positive. Man is, therefore, polarized, in three (3) axes; above, right, behind, stand in opposition to below, left, front. Homœopaths have long

known that it is not a matter of indifference if a neuralgia or pulmonic inflammation be right or left-sided. It is an old hygienic rule that the head should be kept cool, the feet warm. Why? To the Odnegative head cold is homogeneous; to the opposite Odpositive end, heat, even as heat is developed at the positive electric pole. Cold feet cause various disturbances of health; through coldness of the skin the Odpositive emanations are hindered. Disease, therefore, is disturbance of odic equilibrium. Man changes as he progresses from health to disease, from an Odnegative to an Odpositive condition. Foot-sweat is of great practical value, and its sudden suppression has often the most serious consequences. This is easily understood if one consider that a normal function to the Odpositive end relieves abnormal Odpositive stasis in the body. Ulcers of the legs also act as vents for disease of the abdominal organs, as may be often observed, and for the same reason I have been in the habit, since acquainted with these odic relations, of questioning all chronic patients concerning the sudorific activity of their feet, and I have often gotten thereby excellent indications for the β . Especially, according to my observations, are relapsing bronchial catarrhs and obstinate dysmenorrhœas thus explained and cured. Here also belong scrofulous nasal affections, which are very frequently accompanied by foot-sweat, and which, by proper care and the corresponding β ., Rhus., Sil., Lact. ac., Calc. c., Baryta, Kali c., Sul., etc., are surely improved. But because Sil. 30th has made a brilliant cure, it may not do so next time. One must prove the sensitivity, and then choose the potency.

Pettenkofer makes the following calculation. If a soaked woolen stocking weigh 45 gm., the water contained in it requires as much heat as would raise a half pound of water from zero to boiling point. If from the body so much heat is daily drawn, it should not surprise us if such patients are already cold. The purely local consideration and therapy of internal and skin diseases is wrong. We should rather always and everywhere try to find a relation. This the Od theory teaches as well as homœopathy.

The disposition to habitual sweating depends chiefly upon an over-aqueous blood, the hydrogenoid constitution (Nat. mur., Calc. carb.). The organism seeks in every way to rid itself of the superfluous water. Reichenbach speaks concerning this in his principal work, "The Sensitive, and His Relation to the Od," Vol. I, Sec. 879, as follows: "Man changes as he goes from health to disease,

from an Odnegative to an Odpositive condition; the Odpositive must increase at the expense of the Odnegative; the hydrogen elements gain preponderance over the oxygen. In walking, climbing, etc., respiration is fuller, deeper, the blood gets much more O, and the body undergoes a richer oxidation. Now O is that negative chief constituent of the body which renders it everywhere Odnegative; it is the secretion and excretion of the Odpositive H which it assists and effects."

This is not only theory, but has been practically verified.

I am treating now an elderly woman who for years, partly from comfort, partly from cardiac degeneration and a consequent dyspnoea, has not left her room. This spring, after a bronchial catarrh, she developed œdema of the lower limbs and nightly asthmatic attacks. After Kali c., Puls., Dig., Stroph., Crat., and Cact., had failed to relieve, I gave her 5 gm. of Merck's 30 per cent. hydrogen superoxid, the best ozone preparation that we have at present, in 250 cc. of water. She improved at once, the dyspnoea becoming much better. The nurse called my attention to the polyuria. In short, the septuagenarian was again saved.

Crauvogl has emphasized the value of ozone water in carbonitrogenous constitutions. It helps especially when potentized R. B. fail. The air-hunger is best satisfied by an ozone preparation.

Hydro-superoxid is not toxic in 2 per cent. solution, but because of its biting taste may not be taken readily. It should be applicable in many diseases, dysentery, typhoid, diphtheria, diabetes, chlorosis, pertussis. Also externally in surgery, gynæcology, ophthalmology, otology, dermatology it seems indicated. I have hitherto used it in diphtheria with considerable benefit, in pertussis with marked success. In diphtheria the foul odor speedily disappears, but the cure progresses slowly, but in all cases of pertussis an immediate diminution of the attacks occurred (instead of ten paroxysms during the night, only two), an improvement noted under no other remedy. This is all easily explained if Reichenbach's view is accepted, *viz.*, that disease in an overbalance of positive ods. The addition of negative ods quickly restores equilibrium. The general use of sulphur is hereby seen in a new light. But ozone water appears to me a good adjuvant only in cases where the system, from some cause or other rendering respiration difficult, is hindered from getting its O normally.

But not alone for man is the Odnegative the mainspring of life,

the plant world also requires the negative sunlight. Seeds germinate and grow in blue light, in yellow or red they perish, *i. e.*, they live in the negative od and die in the positive. The sun is the mightiest od source for plant life. When it rises, the plants rouse from slumber, the flowers open, the day is born. When it sinks, the and the stream of radiating od is arrested, the leaves droop, the flowers enfold, the plant sleeps. That negative and positive ods are the causes of wakening and sleep in the vegetable kingdom has been proved by the experiments of the botanist, J. Sachs. He could at will cause a plant to sleep or wake during the day by placing it under red and blue glass.

Who does not here think of color therapy? Blue light strengthens and calms nervous patients, while red is adapted to blood and infectious diseases. And artists call blue cold, red warm in all their nuances. It is, moreover, striking that sensitives find blue colors cool and red warm. The psychical sense of the artists and the physical perception of the sensitive here agree. It is more than likely that this agreement rest finally upon the same basis, sensitivity. Apparently there has never been an artist-nature which was not sensitive (in the technical sense). Goethe has said: "All life has its atmosphere." This atmosphere, whereby all living things influence their environment, can be naught else than the Od. With what interest would Goethe, himself a student and investigator of nature, have taken up the discoveries of Reichenbach! At the close of his labors Reichenbach arrived at the conclusion that sensitivity is fundamentally, on the one side, a condition of disturbed health (genius). From quite other sources than science, genius and madness have long been considered near neighbors. Reichenbach, who died in Leipzig, 1869, and whose writings are with difficulty found in antiquarian shops, was perhaps the most modern of scientific authors, so modern that many of his views and discoveries are just gaining recognition. For his contemporaries he was too subtle, they undervalued his work. The microscope has changed and advanced anatomy and pathology; the doctrine of infinitesimals, mathematics, homœopathy and therapeutics. Similarly the doctrine of the infinitely fine processes, perceptible only to the most delicate reagent in the world, the sensitive nerve, will serve to advance the progress of physiology and medicine. Reichenbach in his day was called a mystic. The uncomprehended, the hidden meaning, however, is alone mysterious. As soon as a thing is com-

prehended, understood, its mystery departs. Reichenbach brought forward only clear and simple facts in nature, and established them in science by varied and stringent proofs, and hence is far removed from mysticism.

For homœopathy the acceptance of the Od doctrine affords further support. In our future laboratories a dark room should not be lacking. The sensitives, therefore, are everywhere. In medicinal times they tortured the insane, holding them possessed of the devil. With advancing knowledge came the humane treatment. And for the many sensitive patients, a better knowledge will provide a more reasonable therapy. Who knows if geniuses like Mozart and Schubert, sensitives of the first rank, might not have been saved from untimely death by a more sensible therapy. In our drug proving, also, note should be taken of sensitivity, and thereby finer indications established. Kent says in one of his beautiful drug studies (Alumina): "This drug has few mind symptoms, and those we do know are not certain, and were discovered clinically. We need a proving in high potency upon a sensitive individual to develop the finer symptomatology."

Perhaps the Od will have to be rediscovered if official science is to believe. Nowadays the press speaks of the sixth sense of the blind. It is remarked that many of them are conscious of the presence, for example, of a wall two meters distant. In a room the larger pieces of furniture are recognized without touch. The sense for obstruction is much finer in darkness. A certain Hans Levy says: "Though I am completely blind, yet I know when I am opposite an object, know whether it be large or small, whether it be fence of wood or wall of tiles or stone. None of my five senses has aught to do with this. I differentiate in passing shops from residences, can indicate towers and windows, and whether they be open or shut." His perceptive powers, too, remain intact in the dark. He recognizes the fact that a cloud darkens the sky. At the close of the interview the remark is made, a new field of investigation is here opened to scientists.

We doubt not that this blind man is a sensitive, and that he perceives the Od emanations from objects at some distance. He recognizes the cloud from the cutting of the sun ods. Reichenbach says, Sec. 2589, that sensitives in the dark never stumble against a wall, a large piece of furniture, an animal, a man, because they have previously become conscious of the Od emanations, a fact I have often verified.

From Rademacher we learn that in epidemic catarrhs liver B B. may be indicated. Reichenbach gives proof of this (Sec. 2043), "Miss Z., by tactile sense, recognized my condition of ill health before I myself was cognizant of it. She felt especially about the hepatic region. In the dark room she saw through my garments the oblique margin of the liver shining forth as large as the hand. At the same time she declared both sides of my forehead (frontal sinuses) markedly illuminated. I give the facts, their significance I do not know." But we do. Reichenbach had busied himself little with observation of disease in the dark room, yet he considered that the interests of pathology demanded further fundamental and many-sided study in this direction, and that a time would come when every large hospital would consider a dark room indispensable to diagnosis.

I could relate to you much more from this remarkable book, but will spare your patience.

In closing, I give the polar characteristics of the Od. "The Od goes hand in hand with the forces light, warmth, electricity, magnetism; it appears, everywhere simultaneously with them; it divides into poles, is imponderable and evasive as these forces; it is a part of inorganic and organic nature, and being in such universal relationship with these forces, it is also a force."

The sources of Od in man are partly mechanical, partly chemical. The blood circulation and all voluntary movement produce positive Od; the chemistry of respiration, of digestion, of metabolism is the genesis of negative Od.

"Very probably the Od itself is a factor in life."

The above are the chief points in Reichenbach's theory which have interested me. I am convinced, however, that each colleague who shall study the Od, will find others, so rich is the subject. If so much has been made of sensitivity and Od as one man, Reichenbach, has given us, what rich harvests await us when whole scientific bodies with more perfect apparatus and greater powers develop the subject. I would not hold that the Od theory offers at present anything iconoclastic, but maintain that we may expect much of the future if we follow the indicated lines. Great is the progress that the healing art owes to similia and potentization, yet it will become still more perfect through the merging of the two realms of investigation of those two greatly misunderstood thinkers, Hahnemann and Reichenbach.—Dr. Kirm (in the *Zeitschrift des Berliner Vereines homœop. Aerzte*. Band. XXII).

MANAGEMENT OF THE ALIMENTARY TRACT IN PNEUMONIA.*

By Edward E. Cornwall, M. D., F. A. C. P., Brooklyn, N. Y.

(*Editor's Note.*—Many of our apologists, defenders and propagandists have exerted themselves to find illustrations or confirmations of homeopathic principles in allopathic literature. The most popular and frequently used source from which they have drawn in recent years has been the Department of Serology.)

The enthusiasm of some over the "discovery" that serological methods and results are "homeopathic in principle" is so naive as to suggest that they are really moved, perhaps subconsciously, not so much by a desire to strengthen homeopathy, as to exculpate themselves for abandoning its established technic and adopting the newer, more impressive and more popular hypodermic method.

Be that as it may, the emphasis laid upon serological methods does our apologists little honor and is unjust to our allopathic brethren, since it gives the impression that serology is their sole or main reliance in the treatment of disease, and that they have made little or no progress in other departments of therapeutics.

The fact is that progressive allopathic clinicians do not depend solely, or even to any great extent, upon serology. Many of them are opposed to it except perhaps in diphtheria, typhoid and syphilis, and even in these diseases they advise great caution. They are fully aware of the dangers of indiscriminate drugging, serumizing and vaccinating, as shown by biological research. More and more they are coming to depend upon simple, natural, hygienic and dietetic measures which they have studied and developed to a high degree.

This and the following article by one of the most progressive and highly esteemed allopathic clinicians of Brooklyn will serve to illustrate the foregoing remarks, and help, perhaps, to restore the mental balance of some of our wavering brethren.

Paraphrasing it may be remarked that when Dr. Cornwall says "no specific drug treatment for pneumonia has ever been or is ever likely to be found," he is in complete agreement with all authorities on homeopathy. No competent homeopathician ever thinks of or seeks for a "specific for pneumonia" nor for any other disease, for he knows it does not exist. He seeks only for the drug which in its effects upon the healthy human organism, is symptomatically most similar to the symptoms of the individual patient, confident that when he has found and used it, he will get curative results. "Specifics" are only for the individual, not the class.)

Between the group of cases of pneumonia which die no matter what treatment they receive and the group that gets well anyhow, lies a considerable group whose mortality rate can be influenced favorably by treatment along right lines. Such treatment does not mean specific drug therapy, for no specific drug treatment for pneumonia has ever been or is ever likely to be found; and biological specific treatment, although bright with hope, has not yet emerged

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from the experimental stage. The best treatment now available consists in physiological support.

Physiological support must not be confounded with symptomatic treatment, for symptoms do not always call for ablation, being often manifestations of constructive activity of the organism; nor with expectant treatment, which is negatively correct but often deficient positively; and it must carefully exclude meddlesome therapeutics. Its principle dominates or should dominate all therapeutics.

Particular opportunities for physiological support in pneumonia present themselves in the management of the alimentary tract, from which threaten toxemia, tympanites and reflex nervous disturbances. After securing rest in bed, the first therapeutic duty in this disease would seem to be proper management of the alimentary tract. In this management we have to deal with questions of diet, catharsis and disturbing medication.

Diet.

In feeding patients during the active period of pneumonia we are not under the necessity of maintaining full nutrition because that period is regularly short. We can with advantage and safety reduce the rations of protein and fuel to half the ordinary requirements in the average case; and in severe and complicated cases we should make greater, perhaps much greater reductions. The rations of the salts call for special consideration because of the shortage of calcium which seems to be regularly present in pneumonia and the tendency to acidosis inherent in febrile diseases. The water ration should be liberal to facilitate free elimination, but on the other hand if the heart shows weakness, the indication to favor the heart by restricting fluids is present. The unqualified order to "force fluids" should not be given in this disease. As regards the general quality of the diet, it should first of all be fluid and lacto-vegetarian, that is, should contain besides salts and water only articles from the vegetable kingdom with addition of milk and its products. Other animal foods are contraindicated on account of the danger from intestinal toxins. Animal broths and raw egg albumin are particularly objectionable, as are the patent foods which feature the words "peptone" and "peptonoids." The growth of acidophilic as against saprophytic types of bacteria should be encouraged in the intestine. When milk is given it should be modified so as to safeguard against indigestion. The dietary may well be

safely limited to modified milk, cereal gruels, strained fresh fruit juices, salts and water. The following is my standard full diet for pneumonia.

Full Pneumonia Diet.

At 7 a. m.—Give 7 ounces (210 gms.) of a two-to-one mixture of milk and barley water or other specified cereal decoction, to which has been added 5 grains ($1/3$ gm.) of sodium chloride and 5 grains ($1/3$ gm.) of sodium bicarbonate.

At 8 a. m.—Give 7 ounces (210 gms.) of water in which has been dissolved 10 grains ($2/3$ gm.) of calcium chloride or lactate.

At 9 a. m.—The same as at 7 a. m.

At 10 a. m.—Give the following mixture. Strained juice of orange, grape-fruit or pineapple, 2 ounces (60 gms.) lactose, $2/3$ ounce (20 gms.), and water 5 ounces (150 gms.).

At 11 a. m.—The same as at 7 a. m.

At 12 m.—The same as at 8 a. m.

At 1 p. m.—The same as at 7 a. m.

At 2 p. m.—The same as at 10 a. m.

At 3 p. m.—The same as at 7 a. m.

At 4 p. m.—The same as at 8 a. m.

At 5 p. m.—The same as at 7 a. m.

At 6 p. m.—The same as at 10 a. m.

At 7 p. m.—The same as at 7 a. m.

If desired the three fruit juice feedings may be given in the night instead of in the day.

This dietetic prescription supplies daily about 38 grams of protein, fuel of a value of about 1200 calories, about 2 grams each of sodium chloride, sodium bicarbonate and calcium chloride, in addition to the salts naturally present in the articles of food given, and about 2700 grams, or 90 ounces, of water. It is a maximum diet, except as regards water, which might in some cases be increased in amount, although much more frequently lessening of the amount of fluid is called for.

Modifications of this full diet are often required, as in the following conditions.

When the disease is severe it may be desirable on general principles to reduce the number of the milk feedings or omit them altogether; and regularly near the expected time of the crisis, except in mild or very favorable cases, the diet should be reduced, usually

by omitting the milk and restricting the fluids. Extra fruit juice feedings may be given in place of specified milk feedings. A diet of water and strained orange juice with addition of calcium and sodium salts is the diet of safety.

If signs of heart failure appear, as rapid pulse, irregular heart action or pulmonary edema, the fluid should be restricted and perhaps the milk omitted.

Diarrhea and tympanites call for reduction of the diet to barley water, water, orangeade and salts, or to water and salts alone, or to barley water alone. Patients fed according to the plan above described rarely show diarrhea or tympanites.

Catharsis.

The delusion that catharsis has a therapeutic value *per se* was fostered by the old humoral pathology; it still seems to exert a considerable influence on medical practice, judging from the extent to which catharsis is routinely employed in the treatment of many diseases; it works particular harm in pneumonia.

While regular daily evacuations of the bowels are conceded to be desirable in normal conditions, it is well known that nature frequently constipates for a constructive purpose, as in typhoid fever and appendicitis. That cathartics by increasing the fluidity of the colonic contents favor production and absorption of intestinal toxins is an inference from certain observations which have been made. That the development of tympanites in pneumonia may be favored by the use of cathartics is a conclusion based on clinical observation as well as *a priori* reasoning. That the frequently unstable condition of the heart in pneumonia renders particularly dangerous the vagus stimulation which accompanies artificial evacuations of the bowels seems good physiology. That the bowels may remain unmoved for a considerable time more safely with the diet above described than with one which contains preparations of animal flesh and eggs, is not difficult to understand in the light of our knowledge of the biology and biochemistry of the intestinal canal.

The above considerations suggest as a safeguarding policy in management of the alimentary tract in pneumonia, conservatism in the use of artificial bowel evacants. This does not mean that cathartics or enemata should never be used in this disease; it means that they should not be used in routine fashion, but only to meet special indications for their use other than the fact that a daily evac-

uation has not taken place. It is held that with moderate constipation, the diet being as above described, there is less danger of the occurrence of toxicemic disturbances, of tympanites and of heart failure, than when regular daily evacuations are artificially induced. It is held that purgation, especially with salines, even at the beginning of the disease, can predispose to toxemia and tympanites; and that later in the disease it may precipitate heart failure. The dangers from constipation, within limits, are considered less than those from routine purgation.

My positive practice in regard to evacuating the bowels in pneumonia may be summarized as follows: If the patient when first seen has not had a satisfactory movement within twenty-four hours, and the disease is in a comparatively early stage, and no contraindications are present, an enema is given; after that attempts to move the bowels during the active stage of the disease are made only when special indications appear. Among such special indications are tympanites which regulation of the diet does not correct, and an uncomfortable sensation of fullness in the rectum complained of by the patient, both of which are of comparatively rare occurrence with the diet above mentioned. In fact, it is the rule for patients fed as above described and otherwise managed in accordance with principles laid down in this paper, to show soft abdomens and to free from abdominal discomfort in the absence of bowel evacuations for considerable periods. It often happens that evacuations take place naturally, and these do not seem to disturb the patient as do the artificially induced ones. For moving the bowels when needed I use a simple or a soapsuds enema or an enema of a pint of warm water in which has been dissolved a dram and a half of powdered oxgall. Regularly on the second day after defervescence, if the bowels have not moved naturally, an enema is given. If there seems to be impaction of feces, which is sometimes found in cases which were constipated from the beginning of the disease and were not relieved because of their critical condition, the following procedure is used in the early convalescent period. An ounce of castor oil is given by mouth and at the same time six ounces of warm olive oil are injected into the rectum, to be retained. Four hours later, if a satisfactory movement has not taken place, the *fel bovis* enema above described is given. Two hours still later, if the condition calls for it, a colonic irrigation is given. In cases of severe and obstinate tympanites pituitrin has been found to act beneficially.

The policy of not moving the bowels in pneumonia unless special reasons exist for doing so, was recognized and adopted by me about the beginning of the year 1913, and since then I have followed it strictly in my treatment of this disease. The results seem to justify this policy. In a continuous series of cases covering six years, treated by me in accordance with this policy in one hospital immediately after 1913, the gross mortality was less by more than one-third than in a similar series treated by me in the same hospital in the six years immediately preceding 1913, in which this policy was not followed. A more recent series of cases gives an even better showing.

Disturbing Medication.

The proper management of the alimentary tract requires avoidance of medication disturbing to it. In dealing with this phase of the subject I realize that I am on difficult ground, for everyone would not agree on what constitutes disturbing medication. Medical traditions, individual pride of opinion, obsessions in favor of particular treatments, to say nothing of insufficient knowledge of normal and pathological physiology, tend to dull observation and confuse judgment. Therefore, the statements made here regarding medication disturbing to the alimentary tract are made as statements of opinion, and their intrinsic reasonableness is relied on to give them authority. The following are cited as examples of such disturbing medication:

The routine use of purgatives. This has been discussed in the preceding section. The practice of beginning treatment with a dose of calomel followed by a saline purge, which has had an extensive and long-continued vogue, appears a flagrant example of this disturbing medication.

"Digitalizing the heart." This procedure, which more or less disturbs the alimentary tract, can be justified only by greater good to the circulation; but its value in the treatment of the heart failure of pneumonia and in the prophylaxis of heart failure in that disease, is questionable.

The use of "cough mixtures." While opiates have a restricted and special use in pneumonia, and in particular, to quiet a very harrassing dry cough early in the disease, the "mixtures," especially if they contain "expectorants," can disturb the alimentary tract without compensating benefit.

It may be said that any medication which disturbs the alimentary tract in this disease should have extraordinary value to justify its use; and there seems to be very little such medication used in pneumonia which has extraordinary value. Fortunately it is possible to meet many important emergencies in pneumonia for which medication in the present state of our knowledge is indicated, by using agents which do not disturb notably the alimentary tract.

In conclusion I wish to emphasize the supreme importance in therapeutics of the principle of physiological support. We become better physicians as we learn to harmonize our therapeutic activities with this principle.

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A PERFECT MEAL.*

By Edward E. Cornwall, M. D., F. A. C. P., Brooklyn, N. Y.

There are those who would define a perfect meal as all they want of what they like; they applauded the song, "Don't say 'diet,' but 'when do we eat?'" With all due appreciation of and sympathy with that definition, we are compelled, in dealing with this subject scientifically, to define a perfect meal as one which supplies a sufficiency of food for its portion of the daily ration, which is properly balanced as to its food principles, which is easily digested and assimilated and which is palatable. Within the range of this definition an infinitude of perfect meals can be found. I select for an example the following meal, which has among its merits simplicity of structure and cheapness (its ingredients cost less than twenty-five cents).

A large bowl of whole wheat bread and milk and one or two apples or similar fruit, or, stated in definite quantities, a pint of milk, four ounces of whole wheat bread and eight ounces of fresh fruit.

This meal has a fuel value of about 800 calories. It contains nearly 30 grams of protein, more than half of which is "perfect" protein, about 20 grams of fat, and about 125 grams of carbohydrate. Its mineral content is satisfactory, as regards varieties and quantities: calcium is supplied particularly by the milk, and phosphorus particularly by the whole wheat. It contains good quanti-

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ties of vitamins, Vitamine A being supplied particularly by the milk, Vitamine B particularly by the milk and the whole wheat. Vitamine C particularly by the fresh fruit, Vitamine D particularly by the milk and whole wheat, and Vitamine E particularly by the whole wheat.

It is digested easily by most people; if difficulty exists in regard to the digestion of milk it can generally be obviated by modification or substitution of proper equivalents.

It is easily assimilated; and being favorable to the development of the acid forming as against that of the putrefactive types of bacteria, as well as purin free, it is well suited for inclusion in an "easy diet" and has hygienic advantages. It is reasonably palatable; a liking for it is not difficult to acquire, and one does not tire of it.

This meal can be varied considerably without essentially changing its character, by modification, substitution of equivalents and rearrangement of its elements.

For the pint of whole milk may be substituted as approximately equivalent in protein content and not notably different in quality, the following: A. Skimmed milk or buttermilk, 16 ounces, with butter, $\frac{3}{4}$ ounce. B. Cottage or pot cheese (curd), $2\frac{1}{2}$ ounces, with butter, 1 ounce. C. American, Swiss or full cream cheese, 2 ounces, with butter, $\frac{1}{3}$ ounce. D. Whole milk, 8 ounces, with cottage cheese, 1 ounce, and cream, 2 ounces. E. Whole milk, 8 ounces with American, Swiss or full cream cheese, 1 ounce.

Among the different forms in which this meal may be served are the following: A. A bowl of bread and milk with fruit on the side. B. A bowl of bread and milk and berries. C. A large glass of skimmed milk or buttermilk with bread and butter and fruit. D. Cheese sandwiches with fruit. E. Bread and butter with cream cheese fruit salad. A convenient and generally acceptable form in which it may be served is as a bowl of bread and milk with baked apple. In the form of a bowl of bread and milk and huckleberries, it should appeal to an epicure.

This formula for a perfect meal is offered without prejudice to other perfect meals. It is fitting and proper that the diet should be as varied as circumstances permit; the pleasures of the table are legitimate within bounds; a combination of meat, potatoes, bread and butter and salad may also be a perfect meal. The meal here described has a place in the dietary of both health and disease. It is especially recommended for inclusion in the dietary of those who desire to keep well.

WHOOPING COUGH.

By S. W. Lehman, M. D., Dixon, Ill.

Whooping cough is said to be the cause of the death of six thousand children annually, in this country. Statistics show a mortality of 81.8 per cent. in the cases followed by pneumonia as a complication or sequelæ.

As there is no specific, it is left to the art of the individual doctor to handle the cases according to their merits.

All kinds of empiric treatment have been put forward from time to time, but there seems to be a variety of opinion regarding their effectiveness.

Perhaps the best testimony regarding their value, is the fact that too many complications occur and altogether too many deaths.

I have been treating this disease for over twenty years. I have never had a complication following my treatment, nor a death that could in any wise, be attributed to the disease, or its treatment.

I will give twenty-five reasons why this disease can be wiped out in twenty-one days, as a total average, without suppression or complications. Many cases being cured in seven to fourteen days.

Coqueluchin.

The first remedy I wish to call your attention to, is the Nosode of the disease.

It should not be given below the thirty X potency, better 2c. or 1m. When there are no underlying symptoms except the epidemic cough, it is of great value and will often cut the disease short at once.

The effects of it can often be realized by the third day. It is also of great value in chronic cases and complications that come from mistreatment of the disease by empiric methods that are so commonly resorted to, to relieve the distressing symptoms.

If one should supply himself with the remedies that I am suggesting, and follow correctly their indications, the treatment of whooping cough would become a pleasure.

Anyone can get the specific indications of this remedy by studying the uncomplicated symptoms of whooping cough.

A valuable little book has been published on the treatment of this disease, with its own nosode, by Dr. J. H. Clarke, of London.

Every case, therefore, is in effect, a proving of the infective principle.

The nosode has never been proven. I will give Dr. Clarke's symptoms.

A hacking cough.

A deep sounding croupy cough.

A cough provoked or followed by intense tickling in throat, fauces or trachea.

Cough with difficulty of getting breath.

Cough with frequently repeated paroxysms.

A sensation of nausea at the end of coughing period.

In my hands, the remedy if given in the acute stage, seems to complete its action at the end of seven days.

When other remedies are needed to wipe out the base if there be one, upon which the virus was implanted.

It is quite valuable in the chronic effects of mistreated whooping cough, or chronic bronchitis, as the result of either whooping cough or some intractable cold which has been suppressed.

These patients are usually pale, no appetite, begin to lose weight, the glands of the neck begin to enlarge, or the glands in the mediastinum begin to enlarge, threatening abscess.

They often keep picking or digging in the nose, sweat easily, they are pale, anemic, weak, nervous, they do not care to play, complain of being cold all the time, hectic fever every day or every other day. Tongue usually coated white, showing sub-acute catarrh of the tissues, while they have a desire for sour, fruit acids, etc., showing deterioration in protein metabolism.

The urine is turbid, the bowel movements are constipated, due to scanty stool.

As more symptoms would only tend to confuse one, I will leave these two pictures with you.

The acute symptoms of the disease itself.

The chronic sub-acute complications.

Corallium Rubrum.

Perhaps this remedy follows coqueluchin more closely than any other remedy because of its relation to syphilis and psora.

Its cough is spasmodic, violent, teasing, children lose their

breath, get blue in the face, aggravated at night, take little food and drink. They have a longing for acids and for salt.

It is related to the nervous temperament, and nervous cough. Therefore, after the infectious principle has been alleviated by the nosode, its indications become very apparent.

It is associated also with rapid loss of flesh, and great weakness.

Other symptoms of its cough are:

"Minute-gun" paroxysms.

Smothering before starting to cough.

Exhaustion afterward.

Crowing inspiration.

Sensation as though the inspired air was cold.

Aggravated during night sleep.

Aggravated after waking.

Attacks come rapidly and follow each other closely.

Aggravation is often noticed at about 2 A. M.

Sensation as though the patient would choke up.

Gasp for breath.

Often sweats about the head.

You will get the best results with the higher potencies.

It is also an antidote to mercury and indicated when children have been accustomed to periodical use of calomel.

It is indicated in children having light hair, poorly nourished, having a tubercular base, flat chest, prominent eyes, poor appetite, lassitude, weakness and exhaustion.

They are sensitive to cold, are more apt to have bronchitis than the two preceding remedies.

There is more or less engorgement of the lymphatic system, with more or less copious discharge of mucus.

The remedy acts from the center to the periphery.

It is indicated where the disease seems to be at a standstill, and there is no reaction and permanent lung trouble is to be feared.

It is a wonderful remedy, and the whole vital economy begins to partake of its influence and tissues begin to respond and take on a more healthy activity in a very short time.

It simply aids the vegetative forces to function and there is no comeback to its effects (compare *Lobelia inflata aceticum*).

Drosera.

It has very violent paroxysms of coughing which follow each other rapidly.

The patient is scarcely able to get his breath. Aggravated after midnight, during or after measles. Spasmodic cough with gagging, retching and vomiting.

Hahnemann says that in a certain epidemic, "a single dose was sufficient to cure a case in seven or eight days."

Other symptoms are: constant titillating cough in children which begins as soon as the head touches the pillow.

Cough is aggravated by warmth, by drinking, singing, laughing, lying down, and after midnight.

During cough, mucus, often bleeding at nose and mouth, vomiting of water.

Those who have had most experience, advise against giving the second dose.

Sanguinaria Canadensis.

One can scarcely be successful in treating whooping cough without this remedy.

Its place in whooping cough comes largely at the end of the disease. The patient seems never to have gotten over his whooping cough. The cough returns every time the patient takes a cold.

It may be used also in the very early beginning before it has really gotten a start, and after the protein of the system has become anaphylactic or permanently sensitised by the infectious principle. The nitrate of the alkaloid is very effective in desensitising the tissues and restoring them to a normal equilibrium.

The cough of this remedy proceeds from a tickling in the throat aggravated after lying down, crawling sensation behind the sternum, spasmodic cough, dry cough, tickling in the throat pit, dry cough awakens him from sleep.

If this remedy does not work as speedily as it ought to, give a dose of calcaria carb.

Ipecac.

Adapted to cases where the gastric symptoms predominate.

The child loses its breath, turns blue, strangling with gagging and vomiting of mucus, bleeding from the nose or mouth.

Cough with much rattling of mucus when inspiring, threatened suffocation from the abundance of mucus.

Cuprum Metallicum.

The cough of this remedy is long lasting, suffocative, spasmodic, patient gets breathless, blue, rigid, and stiff.

There are often three attacks successively. Vomiting of solid food after regaining consciousness. Cataleptic spasm with each paroxysm of coughing.

(Ambergris has violent cough in spasmodic paroxysms with eructation and hoarseness.) Worse talking or reading aloud.

Evening without and morning with expectoration.

Whooping cough without crowing inspiration; is adapted to children with dark hair, cross, irritable, ill-humored; wants to be carried, carrying gives no relief, does not want to be touched, cannot bear you to come near them, desires many things, but rejects them all. Often follows *Drosera*, which has relieved the severe symptoms.

Coccus Cacti.

Cough begins six to seven A. M., on waking or on first rising. A dry, racking, barking cough, with remissions of one or two minutes until vomiting and expectoration of a large quantity of thick, viscid, ropy, mucus which extends in strings to the floor.

Carbo Veg.

Paroxysms of violent croupy cough with whooping aggravated at night, better from rising up or expectorating. Blueness about the eyes. The symptoms being such as to cause anxiety because of poor vitality.

Propylaxis.

These remedies are said to be prophylactic: *Allium Sativa*, and *Pulsatilla*.

Mephitis.

The nervous system is very much oversensitized, vomits food, seems as though each cough would terminate life, aggravated when lying down, causes a suffocative sensation, he cannot exhale.

It is indicated where there are signs of nervous exhaustion, alcoholic, and tubercular vases. Ill humor about trifles.

It increases sugar metabolism within the organism. Cough and vomiting seems worse at night.

Antimonium Crudum.

Excessive depression and exhaustion.

In children with unhealthy skin—sore crusts behind ears.

Vegetative nutrition decreased. Stomach trouble, eyelids sore.

Lymphatic system engorged, tongue heavily loaded, decreased oxidation, foulness, deterioration of vital fluids, pale ashen gray, urine decreased.

Ill-humored, fretful, peevish, appetite abnormal or disgust for food, bitter taste, craves sour things, thirsty, especially nights. Obesity, but losing weight, post tonsil operations.

Symptoms Characteristic—Cough comes from deep in the abdomen.

Evening, no expectoration.

Morning expectoration of tenacious, bloody mucus.

First attacks in morning most severe, subsequent ones grow weaker and weaker.

Whooping cough following measles.

Decreased when becoming over-heated.

Antimonium Tartaricum.

Base—Hereditary, alcoholic base. History of vaccination trouble, lymphatics deteriorated causing engorgement. Agg. hot weather.

When there is associated much gastro-intestinal trouble, and threatened pneumonia.

Whooping cough associated with asthma. Thirst for cold water. Agg. after eating or drinking or getting warm in bed.

Cough preceded by the child crying. Gastric catarrh, craves sour, poor reaction, oedema and impending paresis of lungs.

Compels patient to sit up, moist rattling, no expectoration.

Weakened and exhausted, falls into a sort of coma, can scarcely be awakened, except by new attack.

Crotalus Horridus.

Base—Alcoholic, zymotic, or septic. Yellow, pale, bloodless. Fluid tissues becoming disorganized.

Characteristic symptoms—Great debility, asthenia, cardiac weakness, pallor after an attack, tardy return to normal. Epistaxis, blood fluid, dark or red, liquid, non-coagulable, offensive.

Purple lips, eyes blood-shot, frothy, stringy, or bloody expectoration, threatened paralysis or œdema of lungs.

Squilla Maritima.

Anaphylaxis whooping cough following measles, or loss of blood, spleen has become deteriorated, and the system does not react well to a new virus.

Heart often weakened, trophic disturbances. There is usually considerable bronchitis remaining, wheezing, shortness of breath, longing for acids, thirst for cold water.

Ganglia deteriorated, purpuric erythema or hemorrhages appear due to the worn out state of the tissues and the endocrine system. (Suprarenals.)

Characteristic Symptoms—Bronchitis, tickling in throat, wheezing, eyes water, morning expectoration frequently reddish, evening none, sputum sweetish, offensive odor. Involuntary urination with absolute lack of sweat.

Phosphorus.

Base—Face pale, sickly, sallow, waxy yellow, swollen, œdematous, brain and ganglionic system deteriorated, weak since childhood, nervous exhaustion, adynamia.

Acid metabolism. Ammonia increased in the urine. Thirst for cold water, mouth dry, blood dark, even black and fluid.

Venous stagnation, congestion of the portal system, fatty degeneration causing hemorrhages. Blood loses its coagulability, septic states, (wonderful remedy), distaste for meat and fats, bitter taste.

Characteristic Symptoms—After starting, the disease threatens an unfavorable course. The virus is so poisonous that fatty degeneration occurs, severe hemorrhages from nose or lungs take place, frothy blood appears in expectoration.

The cough is caused by tickling at the bifurcation of bronchi.

Sepia.

Anti-syctic—acid diathesis. Decreased protein nutrition, mouth dry, slimy, putrid, dry as if scalded, taste salt, metallic,

putrid, offensive. Tongue dirty yellow, aversion to food.

Dark Complexion—brunettes—rigid fiber. Agg. wet, sensitive to cold, snowy, air. Chills easily, lack of vital heat.

Base—Venous congestion of portal system. Great tendency to taking cold. Urine, uric ac., reddish, B. D. sed't, offensive, easy dislocation and spraining of limbs, easily fatigued, want of energy.

Symptoms—Cough, both day and night retching. Complete loss of breath, then gagging and vomiting of mucus. Expectoration increased during night. Salty taste, cough seems to come from the stomach.

Spongia Tosta.

Base—Weak, pale, lean, do not thrive, tubercular base, bellows murmur, rheumatic endocarditis, scofula. Endocrine system becoming exhausted after long chronic ailments or slow convalescence.

Easily exhausted, neurasthenia. The great vegetative system function decreased, reaction poor, convalescence prolonged.

Symptoms—Special or sporadic cases. Deep, dry, spasmodic bark, caused by tickling sensation in larynx which is very irritable. Agg. talking or lying down.

Hoscyamus.

Base—Following mumps. Typhoid state of nutrition.

Hysoc. Mono. Bromate—Typhoid state of nutrition. Erethism, not a tissue that is quiet or at rest. Agg. talking, exhaustion, debilitating diseases, prolonged convalescence.

Loss of co-ordination between psychic and somatic.

Brom. Base—Decreased protein nutrition. Decrease in alkaline earths. Acid state of tissues, light hair, blue eyes, weakness, exhaustion, scrofulous, endocrine system exhausted. Taste sweet, salty, bitter, sour, mouth dry, scarletenic states.

Symptoms—Spasmodic cough, frequent, rapidly succeeding, excited by tickling, expectoration salty mucus. Agg. lying down, violent thirst.

Cough begins six or seven A. M., or on waking or just rising. Dry, racking, barking cough, with several minutes remission.

Coccus Cacti.

Characteristic Symptoms.—Suffocative cough, expectoration tough, ropy, white mucus. Difficult to raise, causing strangulation and vomiting of food.

Agg. going to bed, during night, after remaining long in one position, coming into a heated room from cold air. Cough agg. on first awaking, racks the system all over.

Head pains as if it would split, purple face. Protracted bronchial catarrh, remaining after whooping cough.

Base.—Uric acid base. Colitis. Fauces are irritable, spasmodic cough, its cough corresponds to whooping cough type. Agg. in the morning, awakes and is immediately seized with a paroxysm of coughing ending in vomit of clear, ropy mucus, hanging in long strings.

Passes large quantity of uric acid, chronic catarrh of colon, much mucus, great aversion to butchers meat.

CONTRASTS—HOMŒOPATHY VERSUS ALLOPATHY.

By J. Arthur Bullard, M. D., Montrose, Pa.

After practicing medicine more than fifty years, I feel almost qualified to make public my impressions of the two schools.

My first thought is to examine the mental attitude of the opposing practitioners—the unconscious, or sub-conscious cerebrations that dominate the individual.

First the homœopath is an optimist. It shows up daily and constantly in his face, his approach and presence in the sick room: in the aura or atmosphere which surrounds him. He is hopeful, he is filled with courage, a courage which is infectious, in fact he knows what he can do with the indicated remedy.

He has, or will get and study the comparative picture between symptoms presented, and those of the proven remedy. Thus he has a road map in his mind showing where the highway of health runs. He is able to read the signboards, and thus avoid many of the muddy and tortuous detours, to sidetrack the unsurmountable hills and dangerous bridges, the treacherous swamps and fatal

quicksands, the deceitful fox-fires and lying short-cuts, which so often lead to cemetery hill.

The homœopath has laws of cure by which, if he is familiar with them, he is armed for successful conflict. He goes to the bedside not cringing with doubt, but bravely and with confidence. He is grounded in principles which are in accord with God-given forces for good. He is equipped not with poisonous compounds as remedies, but with delicate pharmaceuticals, potentized drugs from which all save the curative elements have been eliminated. In this way are set free wonderful forces designed to assist the wavering vital spark to resume its restorative function.

We are all endowed at birth with something supposed to keep our machinery in more or less healthy action for a certain fixed period of time; something that will combat much faulty living, and many errors due to a vast wealth of ignorance; a vital force sufficient to neutralize many ills of inheritance.

Our wonderful blood currents are a composite of many generations of forbears. The Time Locks of our ancestors have ticked the ins and outs of many things both good and bad, some of which, indeed many of which, had they not been neutralized by new blood, the reactions of human chemistry, elements given out by hundreds of thousands of matings in which all the races on earth have participated, it would have been impossible for us to have had even our initial viability.

There is nothing in the whole scheme of creation so wonderfully, delicately, mysteriously constituted as the human being of today. "Fearfully and Wonderfully made" is none too strong a statement to even faintly express the wonders shown in mankind.

Can we weigh the soul—the spirit; can we analyze hate, love, cupidity and avarice, grief or fear? What is man after all but a composite of all these things, doomed to go about encased in an envelope of carnal flesh, which as soon as the spirit we call soul has fled, becomes naught but rottenness?

And now I ask you to look upon homœopathy with its pure, potentized soul of drugs from which all gross crudeness has been eliminated and see that with which you can surely combat disease.

Man is in reality a spirit. If that is admitted and if, as I firmly believe, a man is what he thinks he is, our province as healers is

to prescribe in such manner as to change diseased thoughts to those of peace and comfort, for the brain is the fountain head after all—

The *brain*, not the heart, or the stomach, or the liver, for they simply play second fiddles in the orchestra of human well being.

The control rests in that knob at the top of the spine where so many hang their hats over emptiness. No matter what we prescribe, the brain directs the results. If in our ignorance we paralyze the stomach, destroy the function of the liver, congest the kidneys and shock the entire nervous system with strange chemicals and lethal drugs, Nature can but throw up her hands in helpless protest and allow the unctuous undertaker to purchase a few more Liberty Bonds.

(The undertakers motto, unlike that of Patrick Henry, reads "GIVE ME DEATH and I'll take care of the Liberty.")

Did you ever stop and consider what incomparable remedies the studious homœopath has with which to combat disease? Granting that the nervous system is the citadel of trouble, think what siege guns we have in the Kalis, Aconitum, Arsenicum, Belladonna and at least fifty other more or less prominent medicines well known to the doctor who keeps in touch with homœopathic *materia medica*.

And now what of the other picture, that of the poor allopath, the pessimist, "the man without a country" so to speak? Cannot you visualize him? If he is an intelligent physician, no one knows better than he the paucity of his medical resources.

He can physic and sweat his patients, he can sink them into temporary and frequently permanent unconsciousness, and also with his little needle book he can serumize them into short cuts to Eternity.

He can talk learnedly, or at least plausibly to his anxious and grief-stricken patients about blood pressures and toxins, about all the wonderful microscopic he-bears, and she-bears, that hunt with sabre toothed tigers at the root of every tooth, that lurk behind every tonsil, that infest the adenoids, that fill the intestinal canal with uncountable millions of bugs so fierce that even their names must never be mentioned with less than fifteen syllables.

And of course the Grand Lodge for these little *gyascuticusses* is quite properly the appendix. The appendix has been their habitat

ever since Adam exchanged a worthless rib for the only thing on the earth today worth having and working for. ("O woman in her hours of tease," etc.) And what does all his knowledge of these things amount to after all? Nothing, except to block the way to life, liberty, health and happiness.

And now you have it up for comparison: One a school with a fixed and proven knowledge of a healing principle in Nature and of health restoring potencies. The other with a crippling, life-destroying set of blood-corrupting serums and poisonous drugs and no knowledge of the law of cure.

God bless and care for the soul of Samuel Hahnemann, and advance the doctor who is unafraid to study and practice according to his teachings. And all praise for "The Symptom Chaser."

BODY BY DIET.

C. E. Prescott, Brookline, Mass.

How can we make those who try to insist upon vaccines as a means of immunity for all the diseases considered deadly dangerous, realize that when they have perhaps caused immunity for the one disease they have vaccinated for, they have let the constitution of the individual down to a state where there is an increased susceptibility to all other contagions and illnesses.

Why not work with nature and try to build strong, vigorous bodies? A rational diet is the greatest builder of good bodies.

We should think, "Body by Diet" as quickly as we now think in automobile language "Body by Fisher"—let us all strive to have the best body that can be made with our own personal material—the making and upkeep are in our own hands.

Study diet deficiencies and try to overcome all the shortages in salts, fruit sugars and good blood-making foods.

How many mothers are trying to feed their children for the developing of their second teeth as they tried to feed them for their first teeth?

Where is the orange juice?

Children working to form their second teeth need even more care than with their first teeth—there is a big drain on the constitution to get the building materials.

Whenever a child is allowed to eat white sugar (this means candy, too) while they are building teeth, they are putting a thief in their mouths, all the little particles of sugar are quickly soluble and go into the blood stream hunting out every particle of good bone builder calcium (waiting to go to the aid of teeth and bones) and catches each particle making it a part of itself, the combination calcium saccharate making a fine black waste product which accumulates in the intestines as rubbish—and the system is again robbed of good material—and nothing given to take the place of the needed tooth food!

Teeth well built, where there is enough bone food in the system so they have plenty of enamel to grow over and cover the tooth perfectly mean sound teeth, teeth we can depend upon for good work for years—but we must continue to feed these teeth—give them orange juice, whole raw milk and a diet with plenty of good green vegetables—and be sure to eat some raw vegetables *every day!*

A raw vegetable salad with grated carrots—a little grated sweet potato, cut up celery and apple, with a salad dressing made with lemon juice instead of vinegar, in the mayonnaise and plenty of whipped cream, or a cream and honey dressing, is a meal in itself, when eaten slowly, chewed thoroughly and enjoyed!

Buttermilk is a splendid food and a delicious treat to those who know how to like it—it's very refreshing when thoroughly cool.

The better nourished and cleaned your teeth are the less reason you will have to go to dentists—the better you treat your bodies the fewer pains and the longer and happier lives.

Build energy and power with the right foods and you will have the courage, health and determination which assure success in whatever field of work your life is placed.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

THE CHALLENGE OF THE CHRONIC CASE.

From the point of view of orthodox medicine, it is claimed that the span of life has been lengthened and certain acute infectious diseases have been "eliminated" from vast areas. By dint of long research the proximate causes of certain parasitic diseases, such as the hookworm disease, amebic dysentery, yellow fever and malaria have been revealed and more or less effective preventive measures found. The chemist, the sanitarian, and the bacteriologist, working together, have undoubtedly accomplished much in the field of preventive medicine. The general extension of knowledge of the laws of health, hygiene and physical culture among the people and the improvement of living conditions in general has also tended toward the reduction of mortality and the lengthening of life.

For this amelioration of the lot of suffering humanity, however, the physicians, strictly speaking, can claim only a small share of credit. It is only as they have utilized and participated in the labors of the publicist, the sanitarian, the chemist and their collaborators that they have made any substantial advances. In their own special field, the treatment and cure of disease, they have nothing to boast of. Indeed it is a question if in his treatment of disease the orthodox medical man has not done more harm than good. No question at all if the consideration be limited to the use of drugs or medicines, including serums and vaccines. The best confirmation of this statement is the fact that the use of drugs has been abandoned by all really progressive physicians of the dominant school of medicine, and that they have come to rely upon almost solely upon rest and nursing and other hygienic measures for results. Even so the mortality of acute infectious diseases, such as pneumonia, has been lessened but very little, if at all.

Over against the gratifying results of preventive medicine in some of the acute infectious and epidemic diseases is the appalling increase and mortality of chronic diseases. Seventy years ago such conditions caused one-fifteenth of the total number of deaths. Today they are responsible for more than one-half of all deaths, and the rate is steadily increasing. Here there has been no progress, but only retrogression.

This constitutes not only a challenge to the medical profession, but an indictment. It stands indicted for ignorance, incompetence and malfeasance in its own special office and field. Here it cannot shine in the reflected light of other sciences nor claim credit for the work of others. It must stand or fall by its own record.

There are many causes for the increase of chronic disease. Probably the most important one is the unscientific treatment of acute diseases. Suppressed or palliated, even more than neglected acute disease, tends to become chronic disease, and of this kind of treatment there is more than enough.

The physician who sees nothing but the obvious in disease, who mistakes effects for causes and treats the patient with a view to the mere ablation of certain symptoms and the temporary relief of his pain or suffering, is an active agent in the causation of chronic disease and disability, a disgrace to his profession and a constant menace to the lives and health of the community. The world would be better off without his services.

Ignorant or contemptuous of the existence of a healing principle or law in nature, and of a method of treatment based upon it; superficial in his knowledge of the real nature and causes of disease; unobservant and unthinking in his relations with his patients; ready in his acceptance of every new fad or nostrum brought to his attention by the drug manufacturers—such a physician goes his way leaving behind him a trail of disease, disability and death.

With every opportunity to observe and study the nature and causes of chronic ailments in individuals, in hospitals and in the homes for incurables and almshouses of the country, nothing is done.

In 1924, E. P. Boas ("The Challenge of The Chronic Patient, Survey") found "that the scientific study of disease in such homes was almost entirely ignored. Inmates are looked upon in general as beyond rehabilitation. The 1910 census showed that nearly two-thirds of the 84,000 paupers in almshouses suffered from physical or mental defects and that the death rate among them was 207.7 per thousand enumerated. The condition did not improve in the next ten years. In New York, in 1921, 67 per cent. of nearly 9000 inmates of almshouses were sick or infirm."

Outside of institutions and in general practice the situation is but little better. Aside from a few individuals who specialize in its study and treatment, little or no attention is paid to chronic disease as such. The chronic patient is treated no differently, so far as medication is concerned, from the acute patient. Both are treated "symptomatically," that is, given something to deaden pain, stimulate sluggish functions, or cover up unsightly lesions. These failing, surgical obliteration of supposedly responsible organs follows. The chronic patient is regarded as a nuisance by some, or a commercial source of steady income to be jollied and bamboozled along by others.

The assurance, the smug self-satisfaction and the benevolent expansiveness displayed by some of the would-be leaders of regular medicine in their calm assumption of the therapeutic supremacy of "modern medicine" is amazing.

Addressing the annual meeting of the Montefiore Hospital of New York not long ago, Dr. James Alexander Miller, President of the New York Tuberculosis Association, said:

"As doctors are primarily interested in acute disease (they neglect chronic cases, now the main source of disease and death since we have conquered acute disease."

Leaving aside for the moment the ridiculous and unverifiable statement that acute disease have been "conquered," we may agree that chronic cases are "neglected"—but not exactly in the sense in which that word was probably taken by those to whom it was addressed. If Dr. Miller had said that chronic cases are neglected *scientifically* while they are exploited *commercially*, by many, he would have been more accurate and nearer the truth.

The sordid fact is that the average doctor does not "neglect" chronic cases. He cherishes them assiduously and keeps them coming. They are to him as children were to the Psalmist, "As arrows are in the hand of a mighty man. Blessed is the man who hath his quiver full of them."

It may be that the doctor does not recognize them as chronic cases; but that, if true, merely impales him on the other horn of the dilemma. He either knows they are chronic and continues his ineffective treatment for pecuniary reasons, or he does not know a chronic when he sees it and treats them all alike, symptomatically. Be that as it may, the chronic cases are more numerous, come oftener, stay longer and warm more chairs in the "popular" doctor's office than any other class of patients—poor deluded creatures that they are. For what do they get, as a rule? The welcoming smile of the white uniformed office nurse, (who as often as not administers the "treatment") the "glad hand" of the suave doctor who gives each of them about three minutes of his valuable time; a spray for the throat or nose, a dab of the swab, an instillation of "drops" for the eyes by the nurse; "tablets for the pain" or "something for the nerves" and an appointment card for day after tomorrow at 3 P. M., from the doctor, who bows them out and complacently pockets his five or ten-dollar fee.

No, these gentry do not "neglect" the chronic cases financially, far from it. Yet there is neglect—serious, inexcusable, criminal neglect, tragical in its consequences. Just where and what is it?

It lies in the lack of principle; in ignorance or contempt of the law of cure; in the setting up and worship of false gods; in commercialism and professionalism; in bigotry and prejudice; in selfishness and brutality.

The Great Physician said to the "doctors" of old:

"Woe unto you, Scribes and Pharisees, hypocrites! for ye pay tithe of mint and anise and cummin, and have omitted the weightier matters of the law, judgment, mercy and faith; these ought ye to have done and not to leave the other undone."

There appears to be an almost total failure on the part of many medical men—physicians or surgeons of all schools of medicine—to clearly identify the individual, concrete chronic case and grasp its significance from the standpoint of therapeutics. Theoretically,

they recognize the existence of certain chronic diseases to which they attach many names—cancer, tuberculosis, gout, syphilis, etc.—but practically these academic conceptions, such as they are, do not influence them in their treatment of the individual patient, nor lead to the selection of the individual curative medicine. In the chronic, as in the acute case, it is the disease and not the patient that is treated; and the treatment, even by nominally homœopathic doctors, is merely symptomatic, with drugs selected and used solely for their so-called "physiological" action, without regard to their homœopathic or curative relation. In a word, the treatment is merely palliative. This results inevitably in suppression, complication and metastasis of acute disease, or acute exacerbation of chronic disease, which thus becomes inveterate.

The pitiable plight of the chronic patient makes a strong appeal to the sympathies as well as to the technical skill of the thoughtful physician. If he is a young man he will not have been long in practice before he realizes that his education in medicine has been deficient in the management of these cases. Among the first who will call upon him for aid, after he has chosen his location and hung out his shingle, will very likely be some of these old chronic patients. They exist in every community. They have gone the rounds of the local doctors and have been relegated to chronic invalidism—poor, pitiful wrecks, a burden to themselves and all their relatives, if not a charge on the community. The coming of a new doctor awakens a ray of hope. Perhaps, they think, being a young man fresh from the centers of learning, he has learned something new about the treatment of such cases and will be able to help them. And so they make one more effort to regain a measure of their lost health.

If the young doctor has been so fortunate as to have come under the influence or instruction of a teacher who has made a study of chronic diseases and their treatment, especially as taught by Hahnemann and his followers, he will welcome his first chronic patients and use them as a foundation for building a successful practice. If he goes about it in the right way—intelligently and systematically—he will soon be in a fair way toward the attainment of a valuable reputation. For he will succeed, in a fair proportion of cases, in giving such a measure of relief and restor-

ation as will create confidence and a grateful recognition of his skill and ability. The rest of the professional benefits are sure to come. The relief of suffering, the putting on his or her feet again of a single chronic invalid, will do more to enhance the reputation of a new physician in the community than many cases of acute diseases, most of which everybody knows tend to get well of themselves. *And the thing can be done.*

How shall the young physician go about it? It is assumed that he will know, having been taught, or at least had his attention called to the subject by a teacher who does know:

1. That there is a distinct field or department of medicine that deals with the hygienic and medicinal treatment of chronic diseases, as such:
2. That this field is a special one, developed by the leading minds of homœopathy from Hahnemann down:
3. That curative treatment is based upon general principles of therapeutic medication that have been specially applied in this field after exhaustive research, first by Hahnemann and later by his greatest contemporaries and followers:
4. That there is a great and comprehensive literature devoted to the subject of which Hahnemann's Organon and Chronic Diseases and Bonninghausen's works are the types and forerunners:
5. That these works represent and record the highest development and greatest attainments of the science and art of Homœopathy by its greatest masters.

Here, then, lying open before the young physician is a large field, sparsely occupied, in which the more or less "elegant leisure" which is the privilege of every beginner in practice, may well be employed. With his first chronic patient comes the opportunity to begin a course of post-graduate self-instruction. Slight and superficial though his previous instruction in this special field may have been, if he has been taught the rudiments and principles of the Scientific Method in medicine and had his attention directed to literature upon the subject, he will know how to approach the case.

"An' he be wise," he will begin and continue the formation of a library of homœopathic classics, of which Hahnemann's Or-

ganon and The Chronic Diseases, Bonninghausen's Therapeutic Pocketbook and his "Lesser Writings," Von Grauvogel's Text-book of Homœopathy (out of print, but available in its most important part in Dr. John H. Clarke's admirable little "Constitutional Therapeutics"), Dunham's "Science of Therapeutics," Farrington's "Clinical Materia Medica," Kent's Lectures on Homœopathic Philosophy and his *Materia Medica*, and Close's "The Genius of Homœopathy" are the most important. These works deal not only with the elements and principles of homœopathy, but with its highest scientific and philosophical aspects.

For his mental refreshment, and as the first practical step in taking up the study and treatment of a chronic case the beginner, young or old, will review Hahnemann's instructions in the Organon on the examination of the patient for a homœopathic prescription. For it must be understood that the ordinary routine examination made by the old school clinician, no matter how "scientific" and up-to-date it may be, reveals little or nothing of special value for the homœopathic prescriber, however valuable they may be for the general consideration of the case. His special approach to the case is from an entirely different angle—that of pure vital-dynamical, or functional, symptomatology, subjective as well as objective—a phase of the case not covered or considered by the ordinary clinician.

From Hahnemann, primarily, he will learn what facts or symptoms he is to seek, how he is to frame his questions in order to bring out the essentials of the case and what use he is to make of them in selecting his remedy. The other authors already referred to will illustrate and explain Hahnemann's teaching, broaden and clarify his vision, sharpen his perceptions and strengthen his powers of observation.

No one, of course, will neglect taking and recording the regular clinical history, nor making the necessary physical examination and laboratory tests which are essential to the full understanding of any chronic case. Neither will he fail at least to attempt to make a correct pathological diagnosis. But he will not allow his mind to be biased or turned aside from his special therapeutic course by any of these procedures. Rather will he use these and other means, as far as he may, to give him a complete, well-rounded

conception of the case as a whole, and of its peculiar distinguishing features in particular.

Having carried out Hahnemann's instructions in eliciting all the particular symptoms of the case, (analysis) one will be guided by Bonninghausen and his successors as he proceeds to classify them according to their location, character and conditions of existence and manifestation in the individual (synthesis). This done, one begins, more strictly speaking, to "generalize" the case; that is, by logically contemplating the groups he has formed with the purpose of deducing or drawing out those features of resemblance or relation which are common or general to them all, thus establishing the characteristics of the case as a whole, or, in a word, the *patient*. These take rank as essentials, facts of the highest importance, indispensable in the further study of the case and selection of the indicated remedy under the homeopathic principle of therapeutics.

Other minor generalizations, applied to particular groups of symptoms, relating to some part or organ of the patient, rank second in value, while unrelated, or doubtfully related particular symptoms and indefinite "common" symptoms—so-called "generalities"—rank lowest as of no technical value or of slight importance in the final summing up. They may be rejected entirely.

The paramount object of the homeopathic inductive process, briefly described above, is the creation or construction from the materials at hand of a symptomatic image or picture of the disease from which the patient is suffering. It must embody or express all the morbid traits, peculiarities and characteristics of the individual patient, with the normal individual as a background, or better, as a model.

It follows that no true image of the morbid individual can be constructed, no intelligent conception or interpretation of his morbidity be made, without accurate knowledge of his morphology—of his original and existent physical and mental constitution—a fact the importance of which has generally been overlooked until recently.

As there is a very definite method and process in homeopathy for the investigation and construction of the case, so there is an equally definite method and process—a technique—for the selection of the curative remedy, which is the third step in the homeopathic treatment of the patient. This step in the process has for its object the discovery of a medicine which in its symptomatology, as derived from tests or experiments with drugs upon living, healthy subjects and recorded in the materia medica, is similar to, or corresponds with, the symptoms of the patient. The same rules which govern the examination of the patient and construction of the case govern the study of the materia medica, and *vice versa*. They are virtual counterparts of each other and the process is simply one of logical comparison of the two sets of symptoms.

As the materia medica is of such vast extent, including practically every known drug in greater or less detail of symptomatology, it becomes necessary to have means and methods to make it easily available for reference and comparison. Hence, various repertories or classified indexes have been constructed, by means of which this work may be done with comparative ease. No human mind or memory is capable of retaining more than the mere outlines and a few characteristics of a few of the most important medicines, and memory is at best but an uncertain reliance. But with the repertories and knowledge of how to use them, the task is greatly simplified and the competent prescriber may, if he will, find the curative medicine in nearly every case.

Of the results of such prescribing in acute or chronic cases, when conscientiously done, nothing need here be said, except that they so far surpass the results of all other methods as to be in a class by themselves.

It is, or should be, evident to any intelligent physician that here we have a field and an opportunity for the exercise of the highest powers and qualities of the human mind. The homeopathic art and science stand related in one way and another with nearly the entire "Circle of the Sciences." The light of all knowledge of man and his world can be focused upon the problems of disease and disability. Nothing comes amiss to the true physician.

His mission in the world is one of the highest and most useful, and from the conscientious performance of his professional duties he may derive deep and soul-satisfying compensation.

In homœopathic practice the minds of its best thinkers and greatest leaders have always, as a rule, turned to the study and treatment of chronic diseases, since those present the most complicated and difficult, but at the same time most fascinating problems in medicine, and consequently challenge most sharply their attention and ability. Here, if anywhere, is a legitimate and little practiced specialty for which our qualified young men should definitely and methodically prepare themselves. Reputation, honor and emolument wait upon their success. The need of men competent to treat chronic patients scientifically is great. The demand is great, the supply small. The older men, expert in this difficult but most important work, are passing over. But their published works, and those of their great predecessors, remain as a heritage and treasury of inexhaustible riches which their successors may freely draw upon for all time.

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EDITORIAL NOTES AND COMMENTS.

PUBLISHERS' ANNOUNCEMENT.

After publishing the HOMŒOPATHIC RECORDER for forty-two years without intermission, we are passing the control of its destinies to the International Hahnemannian Association. After January 1st, 1928, the International Hahnemannian Association will publish and carry on the journal.

During the forty odd years we have published the HOMŒOPATHIC RECORDER we have made many friends; the memory of these friendships richly repays us for the arduousness of our task. In all those years we have tried conscientiously to represent the middle-of-the-road homœopath who uses high or low potencies, but believes implicitly in the principles of homœopathy. All shades of opinion were allowed expression in its pages, but the fundamental principles were never lost sight of by the successive editors, O'Connor, Anshutz, Rabe and Close.

Our interest in the old HOMŒOPATHIC RECORDER will be just as keen as when we were directing its activities. We ask for the new management the same whole-hearted, loyal support that our readers have given us and which has been such a help and inspiration.

The cause of true homœopathy will, we believe, be as well served under the new management as it was under the old.

BOERICKE & TAFEL.

THE EDITOR'S FAREWELL

With this issue of the *RECORDER* the editor lays down his pen, not without some sadness nor without pangs of regret. But nothing in this world of ours stands still, everything does and must change and since, for reasons good and sufficient, the publishers are transferring their labor of love to other hands, the editor consigns to others the editorial burden. To the publishers, Boericke & Tafel, he herewith expresses his thanks and his appreciation of their constant support and of the untrammelled independence which they have always granted him. To the readers who have patiently or impatiently borne with him, the editor is grateful and if, in their opinion he has been guilty of mistakes, he hastens to assure them, that these have been mistakes of the head, but not of the heart. To the new publishers, the International Hahnemannian Association, he offers congratulations upon their noble undertaking and his good wishes for its success. May *THE HOMŒOPATHIC RECORDER* continue for many years to uphold the banner of *Hahnemannian Homœopathy!*

Care of Morgan & Co.,

14 Place Vendome,

Paris, France, November 10, 1927.

R. F. RABE.

EDITORIAL ANNOUNCEMENT

With this issue the ownership, management and publication of *THE HOMŒOPATHIC RECORDER* passes from the firm of Boericke & Tafel to the Trustees of the International Hahnemannian Association, whose organ it will become.

This step has been contemplated and discussed for several months past. At a special meeting of the I. H. A. held in New York recently a final conference between the Association and Boericke & Tafel was held and plans were formulated and adopted.

Dr. H. A. Roberts, of Derby, Conn., secretary of the I. H. A., was elected business manager, with authority to name the editors and have general oversight of the journal. He will make official

announcement of the changes made and to be made in the January issue.

It is understood that the Department of Homœopathic Philosophy will be continued, but with a different editor. The writer who has conducted that department for seven years, has felt for some time past that such a change was desirable, and took the occasion to withdraw as soon as it was known that the journal was to change hands (having previously declined the general editorship), leaving the new management entirely free to make new arrangements. This he did, not because of any loss of interest or discouragement in the work, but because he felt it was due to readers of the *RECORDER* to have the subject of Homœopathic Philosophy presented to them by a new mind, writing from a different point of view, with fresh inspiration and a different literary style.

He feels that he has "had his say"—has perhaps said too much—and that it is time for him to "go way back and sit down" and give somebody else a chance to say something.

He fully appreciates the perfect sympathy, the complete liberty of action and freedom of speech which has been accorded him by the publishers.

He treasures the many letters and other expressions of appreciation of his articles which have come from readers in all parts of the world, and is deeply grateful to their writers.

He has keenly enjoyed his work, even when the doing of it involved "burning the midnight oil."

He is deeply grateful to and for the many friends, seen and unseen by the physical eye, but ever consciously with him in spirit, as he has addressed them each month through the columns of his Department.

He looks forward with pleasure to addressing them again through the same medium from time to time, as occasion arises or the spirit moves him, but without the pressure and obligation inseparable from "official" relations.

A great work remains to be done for homœopathy, now passing through a transition period. Wisdom, tact, good judgment, courage, sympathy, open-mindedness and a spirit of friendly co-operation are necessary in those who stand for the original and classical principles of homœopathy.

To maintain established principles and "Hold fast the form of sound words" while adjusting old doctrines and methods to new conditions is not easy.

To obtain recognition and adoption of homeopathy as an integral part of general medicine, to harmonize it with related sciences and to secure the general recognition which it deserves, without sacrificing or subverting any *essential* element, doctrine or process is a difficult, but by no means impossible, task, because homeopathy is a *living thing*.

As a living scion from a mature tree bearing good sweet fruit, it may be successfully grafted upon the stock of a strong old tree of the same genus, the fruits of which have degenerated and become bitter—providing it is skilfully done at the right season of the year.

Metaphorically speaking, that is the work in which the I. H. A., and all others who are sincerely working for the advancement and perpetuation of true homeopathy, are engaged. But first they must be certain that the tree from which they cut their scion is clean, well-pruned and vigorous, free from all pests, parasites and excrescences and richly fruitful.

The publishers, the writer, speaking for them and for the editor, Dr. Rabe (who is absent in Europe), as well as for himself, extend to the new management and editorial staff their hearty best wishes.

STUART CLOSE.