



Joaquin Segura y Pesado, M. D.
Mexico City.

THE HOMŌEOPATHIC RECORDER

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HOMŌEOPATHY BRIEFLY OUTLINED*

JOAQUIN SEGURA Y PESADO, M.D.

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

*Translated by Roger G. Hershberger.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. The medicamentous symptoms *are different* from the pathological symptoms.
2. The medicamentous symptoms *are opposed* to the pathological symptoms.
3. The medicamentous symptoms *are similar* or identical to the pathological symptoms.

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

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

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

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

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

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

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

MEXICO CITY, MEXICO.

SOME OPHTHALMOLOGICAL CASES TREATED WITH HIGH HOMŒOPATHIC POTENCIES.*

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

First Case. Ocular Trauma. Arnica 10M.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In December the constipation reappeared and the styes as well. This time they definitely developed from right to left. The child now became very dictatorial. When playing with the other children she must always be the most important. These valuable indications enabled me to prescribe, on the 13th December, 1925,

Lycopodium 1M, Skinner, (which is both the chronic of *Pulsatilla* and the complementary of *Silicea*).

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

Third Case.

Stye.

Pulsatilla 200

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

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

Fourth Case.

Chalazion.

Thuja.

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

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

Ten days in the nursing home each time.

Operation each time \$50.

Persistent headaches.

Appearance of fresh chalazions.

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

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

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

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

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

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

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

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

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

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

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

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

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

In the last five years no fresh chalazion has appeared.

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

Fifth Case.

Chalazion.

Alumina 10M.

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

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

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

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

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

This cure has been maintained.

Sixth Case.

Chalazion.

Staphysagria 10M.

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

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

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

Seventh Case.

Vernal Conjunctivitis.

Aconitum 10M.

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

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

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

She remembered that it had appeared for the first time after

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

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

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

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

Eighth Case.

Arthritic Conjunctivitis.

Sulphur 10M

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

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

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

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

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

Ninth Case. *Epiphora.* *Medorrhinum* 10M.

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

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

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

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

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

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

<i>Bell.</i>	<i>Sanic.</i>
<i>Calc.</i>	<i>Sil.</i>
<i>Nat-m.</i>	<i>Sulph.</i>
<i>Puls.</i>	<i>Tub.</i>

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

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

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

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

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

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

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

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

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

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

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

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

The diagnosis was now clear. The child was suffering from heredo-sycosis. The indicated remedies not having acted I gave on July 24th, 1924, *Medorrhinum* 10M (Skinner), one dose.

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

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

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

Tenth Case. Keratitis Ulcerosa. Pulsatilla 200.

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

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

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

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

She felt much better out of doors.

Cold water relieved her for the moment.

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

The repertory indicated:

Asaf.

Cinnb.

Merc-nitros.

Pulsatilla.

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

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

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

The mouth was no longer dry in the morning.

Eyelids much less heavy.

No more pricking pain in the night.

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

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

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

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

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

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

The pulse was tense and full. No fever.

General malaise.

Depression and fatigue.

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

Objective examination showed:

Normal eyelids.

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

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

Contraction slow.

Two posterior synechiæ in the right eye.

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

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

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

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

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

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

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

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

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

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

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

¹*Cubana* is sac-lac. puriss.

rheumatism had disappeared and the eczema was much improved.

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

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

The evolution of symptoms:

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

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

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

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

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

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

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

DAMMING THE STREAM OR KEEPING THE CHANNEL OPEN.

GEORGE ROYAL, M.D.

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

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

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

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

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

It should not be understood from the above that all the

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

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

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

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

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

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

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

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

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

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

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

DES MOINES, IOWA.

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

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION*

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

Mr. President and Gentlemen:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I am well aware it may be said that I was risking too much in allowing her out of bed so soon, with the ulceration obviously still present, and I admit that in spite of the potency of our reme-

dies, this censure would have been justified, but I can plead "not guilty," as she got up against my orders.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Considering his age, I think you will agree that six weeks represented a very rapid recovery, especially when prolonged treatment based on other principles had so signally failed pre-

viously. His health continued very good after this, and he continued his work, only occasionally requiring medicinal help for minor gastric disturbance, and he finally passed away peacefully from old age in 1919, *without any sign whatever of a return of gastric ulceration.*

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

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

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

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

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

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

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

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

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

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

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

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

I prescribed *Ac. phen.* 30 in doses given every third day, and saw her a fortnight later, on November 1, 1927, when I found that an interesting development had taken place; all the "boiling lead" had left the stomach, burning at the outlets of the bowel and bladder having replaced that felt in the stomach, it being obvious that the system had been ridding itself of acid in this way. The bowels had now become more constipated, only acting every third day without a laxative, and she had again felt a peculiar sensa-

tion of "wriggling under the right shoulder blade" which she had experienced prior to the second operation. However, the main fact was that *she had had no attacks of any kind since our last interview*, which, considering that they had been of almost daily recurrence before, was sufficiently significant. The same remedy was continued, and a fortnight later, on November 15, she expressed herself as *very much better*. Occasionally flatulence is present, but some days she is quite free from this. She has felt "splendid" the last two days. Backache is less, though it became severe after breakfast on the 9th inst., with an attack as though the stomach was "torn open and protruding from a wound". There was now, however, no burning in the stomach, and *she had actually been able to wash some clothes*; an unthinkable thing before. The wriggling under the right shoulder blade is only felt occasionally now, and she has more energy, and is less irritated by her children. She said also that if, before she came to me, she had had an attack like that on the 9th, it would have lasted ten to fourteen days, whereas she got over this one in two days.

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

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

DUODENAL ULCERATION.

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

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

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

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

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

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

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

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

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

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

On November 2, 1922, a retired officer, aged 38, who had suffered from mild fever and dysentery in the east during the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LONDON, ENGLAND.

THE INTERCURRENT REMEDY.*

F. E. GLADWIN, M.D.

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

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

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

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

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

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

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

PHILADELPHIA.

POINTERS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EDITORIAL.

INFLUENZA.

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

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

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

H. A. R.

* * * *

MILLING IN THE POND.

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

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

* * * *

SIMILLIMUM.

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

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

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

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

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

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

CARRIWITCHETS.

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

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

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

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

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

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

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

ANSWERS TO QUESTIONS IN DECEMBER ISSUE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

—C. A. DIXON.

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

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

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

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

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

For what remedy is "Farfa." the abbreviation?

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

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

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

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

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

BOOKS RECEIVED FOR REVIEW.

Books received for review during 1928 are as follows:

- A. ZWEIG, *Nervous Diseases* (Regensburg: Sonntag, 1927) 328 pp. (In German).
- P. CARTON, *The Law of Sauc Living* (Paris: Maloine, 1922) 207 pp., 10 francs. (In French).
- H. W. ANDERSCHOU, *Cancer* (London: Daniel, 1924) 95 pp. 2/6 net.
- E. E. SMITH, *Aluminum Compounds in Food* (New York: Hoeber, 1928), \$7. 378 pp.
- J. W. FYFE, *Specific Diagnosis and Specific Medication* (Cincinnati: Scudder, 1909) 784 pp.
- R. L. THOMAS, *The Eclectic Practice of Medicine* (Cincinnati: Scudder, 1922) 1033 pp.
- H. W. FELTER, *The Eclectic Materia Medica, Pharmacology and Therapeutics* (Cincinnati: Scudder, 1922) 743 pp.

BOOK REVIEWS.

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

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

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

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

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

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

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

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

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

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

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

CURRENT HOMŒOPATHIC PERIODICALS.*

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UTERUS

BEARING DOWN (See PROLAPSE): Agar. musc., Apis, Arn., Aur. met., Bell., Calc. carb., Calc. phos., Collin., Con., Ferr. iod., Kali ferrocy., Kreos., Lil. tig., Merc. sol., Nat. carb., Nat. mur., Nit. ac., Nux vom., Pall., Podo., Puls. nig., Sabin., Sep., Sil., Stann., Sulph., Ust.
METRRORRHAGIA (For color and characteristics of blood, see MENSES): Acon. nap., Apis, Apoc. can., Ars. alb., Bell., Chin. off., Cinnm., Croc., Crot. hor., Erig., Ham., Hyos., Ipec., Mag. mur., Mill., Nit. ac., Nux vom., Op., Phos., Plat. met., Sabin., Sec., Stram., Tril., Ust.
BLOODY DISCHARGE BETWEEN PERIODS: Ambr. gris., Bov., Iod., Lyc., Nat. hypochl., Sil., Ust.

BLOODY DISCHARGE AFTER COITUS: Arg. nit., Kreos.
SENSIBILITY TO PRESSURE OF THE UTERUS: Act. rac., Apis, Bell., Ferr. met., CERVIX: Arg. met., Arg. nit., Aur. met., Carb. an., Helon., Hydrast., Kreos., Merc. sol., Murx., Nat. carb., Nit. ac., Thuj., Ust.
INCREASE OF SEXUAL APPETITE: Canth., Croc., Hyos., Lach., Murx., Phos., Plat. met., Sabin., Stram.
DECREASE OF SEXUAL APPETITE: Bor., Caust., Ferr. met., Graph., Nat. mur.
TUMEFACATION (See INCREASE IN SIZE)
SENSATION OF COLDNESS IN THE VAGINA: Graph.
SENSATION AS IF OS OPENED AND SHUT: Nat. hypochl.
POLYPS OF THE UTERUS: Sang. can.
PROLAPUS (See also BEARING DOWN): Æsc. hip., Ammon. mur., Arg. met., Helon., Hydrast., Kali carb.
BURNING PAINS: Carb. an., Carb. veg., Kreos.
PAIN AS IF A HAND SEIZED THE UTERUS: Cact. grand., Gels., Sep.
PAIN AS IF SOMETHING WAS BEING FORCED INTO THE UTERUS: Ferr. iod., Nat. hypochl.
PAIN AS IF A PIECE OF WOOD WERE PLACED TRANSVERSELY: Nux mosch.
ACUTE PAINS RADIATING UPWARD: Sep.
BRUISED PAINS: Helon., Murx., Puls. nig.
DRYNESS OF THE VAGINA: Lyc., Nat. mur.
INCREASE IN SIZE OF THE UTERUS (TUMEFACATION): Aur. met., Helon., Kali brom., Nat. hypochl., Plat. met., Sep., Viol. odor.
INDURATION OF THE UTERUS: Aur., Carb. an., Con., Lap. alb., Mag. mur.
SENSATION OF FULLNESS OF THE UTERUS: Aloe soc., Gels., Helon.

OVARIES

SENSIBILITY TO TOUCH: Act. rac., <i>Staph.</i>
INCREASE IN SIZE: Apis, Aur. met., Brom., Con., Iod., Lach., Lyc., Pall., Plat. met.
PAINS: Act. rac., Apis, Arg. met., Ars. alb., Bry., Canth., Guai., Lach., Lil. tig., Mosch., Pall., Plat. met., Staph., Thuj., Ust., Zinc. met., Zinc. val.
PAINS RADIATING: Apis, Coloc., Lil. tig., Podo.
PULSATING PAINS: Bell., Cact. grand., Lach.
SENSATION OF NUMBNESS: Apis.
SENSATION OF INCREASE IN SIZE: Apis, Arg. met.
INDURATION: Brom., Con., Iod., Pall.

EXTERNAL GENITALIA

HYPERSENSIBILITY: Cocc., Coff., Plat. met., Staph., Zinc. met.
INFLAMMATION: Helon., Kreos., Merc. sol., Sulph.
PRURITUS: Calad., Coff., Collin., Helon., Hydrast., Plat. met., Rhus tox., Sulph., Urt. ur.
CONDYLOMATA: Lyc., Sabin., Thuj.
VARICES: Carb. veg., Lyc., Zinc. met.
TENDERNESS: Carb. veg., Helon., Merc. sol.

MENSES

SUPPRESSED: Apis, Bry., Gels., Glon., Graph., Kali carb., Nat. mur., Puls. nig., Rubia, Sulph., Verat. vir.
DARK: Act. rac., Ammon. carb., Bov., Cact. grand., Carb. veg., Cham., China, Cocc., Coff., Con., Croc., Cycl., Ham., Helon., Ign., Kreos., Mag. carb., Mag. mur., Nux mosch., Nux vom., Plat. met., Sec., Sulph., Ust.
STEADY FLOW: Carb. veg., Ham., Mill., Sec.

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

LEUCORRŒA

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

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

PREGNANCY AND LABOR
 (Compare UTERUS and BREASTS)

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

THE JOURNAL OF OPHTHALMOLOGY OTOTOLOGY AND
 LARYNGOLOGY

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

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(In German)

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

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LEIPZIGER POPULARE ZEITSCHRIFT FUR
HOMŒOPATHIE

(In German)

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

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*Mental Fatigue Conditions and Psychoses in the Light of the Ac- tion of Homœopathic Remedies J. Gottschalk, Leipzig.....	425
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From the History of Medicine: Rademacher—IV. W. Held, M. D., Leipzig.....	432
Winter Complaints of Our Dogs and Their Treatment M. Gruenhaldt.....	436
<i>Mental Fatigue Conditions and Psychoses in the Light of the Action of Homœopathic Remedies:</i> Gottschalk draws the distinction between mental diseases requiring institutional care and the multiform modern psychic disorders which can be efficiently handled, especially in their incipience, by homœopathic remedies. The main conditions whose homœopathic therapy he discusses are such borderline ones as: ner- vous prostration, anxiety, anger, manic boisterousness, slow compre- hension, jealousy, fixed ideas, irritation, indifference, despair and des- pondency, mortification, melancholy, suspicion, alternating moods, hy- pochondriasis, and hysteria. As remedies for <i>prostration</i> he gives: <i>Arn.</i> , <i>Ars. alb.</i> , <i>Aven.</i> , <i>Cham.</i> , <i>Chin.</i> , <i>Coff.</i> , <i>Colch.</i> , <i>Cypr.</i> , <i>Ferr. phos.</i> , <i>Passif.</i> , <i>Phos. ac.</i> , <i>Phos.</i> , <i>Pic. ac.</i> , <i>Puls.</i> Of the indications given we will quote only those relating to unusual remedies. Of <i>Avena sativa</i> he gives: convalescent weakness after grippe and protracted diseases; for <i>Cypridium</i> : disturbed sleep of nervous children who play with toys in bed, with mounting hilarity suddenly followed by complete in- difference; for <i>Passiflora</i> : prostration subsequent to increased indul- gence in alcohol, morphine, nicotine, and opium. As remedies for anguish with precordial oppression he suggests: <i>Acon.</i> , <i>Aur. met.</i> , <i>Bell.</i> , <i>Camph.</i> , <i>Dig.</i> , <i>Hell.</i> , <i>Ign.</i> , <i>Lach.</i> , <i>Mosch.</i> , <i>Phos. ac.</i> , <i>Plat.</i> , <i>Staph.</i> , <i>Verat. alb.</i> For the effects of anger he suggests: <i>Caut.</i> , <i>Cham.</i> , <i>Coloc.</i> , and <i>Staph.</i> For the control of boisterousness he recommends: <i>Ambr.</i>	

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

PACIFIC COAST JOURNAL OF HOMŒOPATHY

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

* <i>Gelsemium</i> A. S. Mattson, M. D., Sacramento.....	326
Dermatology and Homœopathy S. H. Pettler, M. D., Los Angeles.....	330
Treating the Prostatic Patient H. V. Mellinger, B. Sc., M. D.....	339
<i>Gelsemium</i> : Dr. Mattson gives key symptoms obtained by prescribing the drug on definite indications. He regards these as verifications worth reporting. Confusion; when attempting to move, the muscles refuse to obey quickly. Desire to be alone. Irritable, sensitive, lack of courage, depressed spirits. Exciting news or anticipation of responsibility or even of some social function in which one takes a part induces loose stools. (This is an important symptom for the drug). Vertigo, very prominently, often accompanied by confused mind, dull perceptions, chilliness, blurred sight, or even double sight, staggering, heaviness of head. Better after profuse mic- turition. Banded sensation, around the head above the ears with sensitive, bruised sensation. over head. Sore bruised feeling of head, eyes feel bruised. Heaviness of lids. Muscular imbalance. Troubles from astigmatism. Smoky, blurred appearance before the eyes. Ptosis. Sore, tired, aching muscles with chilliness up the back. Sluggish circulation, arterial as well as venous. Diarrhœa or threatening of same after excitement, or on antici- pation of trying ordeal. Emission of copious clear urine relieving dullness and heaviness of head. Sharp labor pains in uterus extending to back and hips. During pregnancy dim sight, double vision, headache, drowsi- ness, muscles slow to act, convulsions. Nervous chills in excitable women during labor. Labor pains run up instead of down. Albuminuria. Paralysis following diphtheria. Must move to keep the heart beating. Pulse soft, weak, slow but full.	

Pains in neck like those of cerebro-spinal meningitis.
Dull aching, lumbar and sacral region.
Muscles have bruised feeling.
Weakness and trembling worse in heat or sun and in summer.
Fever without thirst.

Tired.

Eruptions like measles with catarrhal symptoms, sneezing, teasing cough, fever and drowsiness.

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

LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

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

History and Pharmacology of <i>Sepia</i> Mme. Pierre Schmidt, Geneva.....	278
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REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

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

*Intercostal Neuralgia D. A. Olive, M. D.....	221
Preparation of the Medicines J. Peiro Comes, M. D.....	226
Rapid Valuation of the Increase in Growth and the Normal Ration of the Breast-fed Child E. Terrien, M. D.....	234

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

REVISTA HOMEOPATICA INTERNACIONAL

(In Spanish)

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

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(In French)

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

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(In Bengali)

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

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(In Bengali)

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

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

THE HOMOEOPATHIC RECORDER

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

*ET LUX FACTA FUIT**

H. G. PEREZ, M.D.

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

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

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

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

*Translated by Roger G. Hershberger.

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

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

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

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

Nature! How near it was and what intimacy existed between it and man, and yet, how far he was from utilizing its teachings, wholly ignorant of the fact that the lever of his intelli-

gence was precisely in need of that fulcrum in order to be able to move the world of therapeutics.

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

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

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

And there is light in medicine!

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

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

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

MEXICO.

THE SCIENCE AND ART OF PRESCRIBING

A. PULFORD, M.D.

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

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

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

Now the second part, i. e., the proof that the proper potency completes the PERFECT *simillimum* and that the PERFECT *simillimum* needs no repetition. My wife's brother whose home is in New York city, and who up to the time of his illness had always been remarkably well, was taken with a crop of boils some of which looked suspiciously like carbuncles. His family doctor (an allopath) was unable to cope with them. He was advised to consult a homœopath, which he did, and with very little better result. Both opened the boils before they matured. His illness was a long, painful job, confining him to his home most of the time and to his bed part of the time. Two weeks ago while visiting in Akron another boil about the size of a good sized bantam's egg and looking suspiciously like a carbuncle appeared on the back of his neck. Remembering his past experiences he took the train for Toledo on November 16th. We took the case. There was no active chronic underlying dyscrasia, therefore we decided, since such cases are never acute, that it was subacute and therefore needed not a low potency as in an acute case, nor a high potency as is necessary in a chronic case, but a medium potency, such as is needed in a subacute case. As his symptoms were such as to render the selection of the true *simillimum* a certainty, the next step was to make that true *simillimum* the PERFECT *simillimum* and prove our contention correct. We therefore prescribed a single dose of the 1M potency of *Silicea*, the evening of November 16th. The result followed out our statement to the letter and verified everything we had said about the PERFECT *simillimum*. The action was prompt, with no aggravation, and it was continuous. On the fourth day the core, much reduced in size, fell out after taking off the simple gauze covering. On the 23rd of November he took the train back

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

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

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

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

TOLEDO, OHIO.

EXTRACTS FROM OCCASIONAL NOTES.*

I. S. CHHABRA, M.D.

Anhal.: Exaggerated reverberation of ordinary sounds.

Crot. cas.: Thoughts and dreams of death.

Indigo: Pure powdered indigo placed on the wound cures snake and spider poison, (*Kali permang., Golondrina, Cedron*).

Sang.: Headache returns at climacteric, every seventh day, (*Sulph., Sabad.*)

Sil.: Headaches from fasting.

Ruta: Constipation, alternating with mucous, frothy stools, discharge of blood with stool.

Ruta: When sitting, tearing stitches in rectum, *carcinoma affecting lower bowel*.

Ruta: Protrusion of rectum when stooping.

Cham.: Toothache if anything warm is taken, or from coffee during pregnancy.

Merc.: Gums spongy, recede, bleed easily.

Strom.: Raises head frequently from the pillow, pain in head and over eyebrows, beginning at 9 a. m., worse until noon.

DELHI, INDIA.

*Italic means that the indication has been verified.

AIDS TO SUCCESSFUL HOMŒOPATHIC PRACTICE*

EUGENE UNDERHILL, JR., M.D.

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

First, he must carefully take the case.

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

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

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

These rules are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

the circumstances it would seem only common sense to first remove the exciting cause and then if necessary give the indicated remedy.

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

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

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

PHILADELPHIA, PA:

RHUS IN SCIATICA.*

THOMAS SIMPSON, M.D.

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

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

ANTIMONIUM NATRUM LACTICUM*

JOHN H. CLARKE, M.D.

Double Lactate of Antimony and Soda. Sodium Antimonyl Lactate. $\text{Sb}(\text{C}_3\text{H}_5\text{O}_3)_3 \cdot \text{Na}_2(\text{C}_3\text{H}_5\text{O}_3)_3$. Solution.

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

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

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

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

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

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

SYMPTOMS.

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

GRAPHITES IN INFLAMMATION AROUND THE TOE NAIL.*

THOMAS SIMPSON, M.D.

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

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

REPORT OF CASES*

GRACE STEVENS, M.D.

CASE I: INTESTINAL GRIPPE

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

Cough < lying on the left side.

Cough < motion.

Headache < cough.

Thirst for *cold*, refreshing things, but aversion to any food.

Tight feeling in lower part of chest; examination of chest negative.

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

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

Cough < deep inspiration.

Cough < talking.

Cough < any exertion; e. g., turning in bed.

Cough < lying on the left side.

Thirst for cold water.

Aversion to the thought and sight of food.

Very weak and tired; much < sitting up in bed.

Chill from uncovering.

Bed and pillow feel hard.

Backache > motion.

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

Wants to move but feels too tired.

Wants to pass flatus but fears watery stool will pass with it. Chest still negative.

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

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

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

CASE II: CARBUNCLE

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

Pain > hot applications.

Mouth dry and thirst for a glass of water at a time.

Tongue coated, red tip.

Aching in small of back.

Very tired and restless.

Jumping and twitching in sleep.

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

The first day was very uncomfortable, partly due to the

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

CASE III: CRUSHED FINGER

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

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

NORTHAMPTON, MASS.

DISCUSSION.

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

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

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

A farmer down in the country took with what we call a bronchial

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

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

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

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

DR. BOGER: It probably would have.

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

DR. STEVENS: I have nothing further to add.

CASTANEA VESCA IN WHOOPING-COUGH.

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

IS SURGERY NECESSARY IN HOMŒOPATHY?*

IRVING L. FARR, M.D.

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

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

Therefore the title could read in one of several ways:

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

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

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

It is known to homœopathy, that cures result only from the counter-action—the reaction—of the vital force against some medicine, chosen according to correct principles, and that curative effects are speedy and certain, in proportion to the energy of the vital force of the patient.

Homœopathy, therefore, avoids every debilitating influence, as well as the infliction of pain, in the treatment of disease, because pain also produces debility.

Homœopathy sheds not a drop of blood; it removes no external disease by local applications; it does not sear the flesh to the bone by the heated iron, and needs no opium to soothe pain.

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

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

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

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

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

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

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

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

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

Certain abdominal conditions arise at times, due to faulty

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

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

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

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

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

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

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

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

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

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

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

MONTCLAIR, NEW JERSEY.

DISCUSSION.

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

DR. FARR: Fine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. UNDERHILL: You mean acute appendicitis without abscess.

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

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

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

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

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

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

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

DR. PULFORD: Was he treated properly?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Another point I want to stress relative to whether it is colic or appendicitis, colic will vomit if there is an overloaded stomach, there will be pains in the abdomen, they may or may not locate in the right side. However, our old friend enema here often answers the story. If the enema is given and the pain leaves and vomiting ceases, you haven't an acute appendix. Then we have one more help which is not difficult to do, and that is your blood count, where you are in doubt before you delay, before you call consultation, if you are able to do it yourself, do it; if not, have it done, and that will differentiate between the appendicitis and colic, in appendicitis your white cells are going up more or less, and your polys are becoming numerous, they are going from 62 per cent upward, your white count is above 8,000, if the patient's resistance is good, if it is not it will fool you. You can have a low leukocyte count and your pa-

tient be going bad, the reason is he has no resistance, he is a bad risk to treat either medically or surgically.

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

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

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

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

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

THE LAW OF CURE*

ROGER SCHMIDT, M.D.

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

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

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

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

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

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

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

FROM ABOVE DOWNWARDS.

FROM WITHIN OUTWARDS.

FROM A MORE IMPORTANT ORGAN TO A LESS IMPORTANT ONE.
IN THE REVERSE ORDER OF THEIR COMING.

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

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

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

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

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

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

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

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

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

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

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

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

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

ganglion, etc.) can be looked upon as a barometer of the general state.

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

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

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

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

Paragraph 11 of the *Organon* defines this direction from

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

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

FROM ABOVE DOWNWARDS.

FROM WITHIN OUTWARDS.

FROM THE MORE IMPORTANT ORGANS TO THE LESSER.

FROM THE HEAD TO THE HANDS AND FEET.

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

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

CASE NO. 1:

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

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

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

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

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

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

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

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

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

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

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

CASE NO. 2:

Mrs. A. G., 35 years old, comes to consult me for her general state of health. She is a sensitive person, and her symptoms would cover numerous pages, therefore I will only mention the most important. Her state of health was entirely modified after the birth of her daughter, eight years ago, in spite of the care of several physicians, it was growing worse and worse. Giddiness in the morning, when standing and when going down the stairs. Sick headaches accompanied with nausea and vomiting of bile, especially before and after the menses. Her head is often flushed in the region of the vertex. The nape of the neck is the seat of heavy pains. She always feels too hot and cannot bear heat; the warmth of the bed gives agonies in the legs, her feet are so burning that she stretches them out of the bed or walks barefooted on the cold stones of her kitchen to cool them. Violent fits of sneezing in the morning after leaving her bed, followed by tears; itch-

ing of the eyelids. Her sight is weakened and her eyes easily get tired. She has too much saliva which obliges her to swallow constantly, thence aerophagia. She is more thirsty than hungry. The stomach and abdomen, very much swollen, are as if bruised. Many eructations and intestinal gases. The menses have nothing special, except that they are followed by "whites". Her back often hurts. Her very damp hands show an eczema of the palm for the last eight years. Pains in the shoulders, worse at night. Heaviness in the legs, which feel as if swollen. Very sudden pains in the sciatic nerve, when walking. Sleep is very troubled, because of a burning feeling of the feet, startings and shakings of the entire body. In the morning, when awaking, she is more fatigued than when going to bed. This symptomological ensemble contains good indications of *Sulphur*.

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

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

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

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

GENEVA, SWITZERLAND.

A BRIEF KALA-AZAR TREATMENT.

N. N. NUNDI, M.B.

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

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

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

The other special symptoms of this fever are as follows:

- (a) The more chronic is the disease the more the spleen enlarges and becomes hard.
- (b) The liver is smaller than the spleen.
- (c) In cases where the liver is abnormally enlarged, it is felt rather soft; its lower part appears like a pointed knife.
- (d) The spleen enlarges or diminishes in accordance with the severity of fever.
- (e) The fever is of tertian type.

- (f) Fever comes with vomiting and violent shivering.
- (g) The temperature of the fever rises more at night than in the day.
- (h) No good result is obtained from the use of quinine.
- (i) Sores are more prominent on lower gums.

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

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

TREATMENT

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

The Injurious Effect After Injection.

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

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

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

Homœopathic Medicines.

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

- | | |
|-----------------------|-----------------------|
| 1. <i>Antim crud.</i> | 5. <i>Arsenic.</i> |
| 2. <i>Antim tart.</i> | 6. <i>Ipecac.</i> |
| 3. <i>Baptisia.</i> | 7. <i>Ferrum ars.</i> |
| 4. <i>Iodof.</i> | 8. <i>Iodium.</i> |

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

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

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

FEVER: Twice a day: 9 a. m.-10 a. m., 3 p. m.-5 p. m. in some cases, 10 a. m.-11 a. m., 10 p. m.-11 p. m. in other cases.

Remittent, intermittent or malarial fever.

Temperature rises more at night than in the day, with shivering.

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

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

LIPS: Lips very dark and trembling.

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

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

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

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

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

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

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

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

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

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

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

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

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

PERSPIRATION: Profuse perspiration, sour smell in perspiration.

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

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

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

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

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

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

ANTIDOTE: *Camphor* and *Sulphur.*

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

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

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

CLINICAL CASES.

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

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

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

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

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

LETTER BY KENT

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My dear Miss Surden

As you have paid 14⁶⁵ on the different parts of the reports and as 15⁰⁰ pays for the whole reporting I want you by express all the remaining parts. I am glad you are helped by my words. It is a dull time for pure Homœopathy. The most of the Colleges since it. I am glad I have a free chance at Teaching. They are all very nice to me in our Mohammedan College of Chicago. I lecture twice each week to all the 4 classes in the Amphitheatre. This gives the Teachers a chance to hear my entire course & it takes me 4 years to cover the Materia Medica. Ours is the only College in which a student is taught pure Hahnemann. It is true that much that is not true is taught by some of our teachers. But I try to keep our students from absorbing the inaccuracies.

Yours truly

J. D. Kent

POINTS CONCERNING THE PHILOSOPHY OF
ILLNESS AND RECOVERY*

C. A. DIXON, M.D.

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

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

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

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

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

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

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

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

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

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

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

Be sure you are right, then go ahead.

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

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

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

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

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

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

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

AKRON, OHIO.

DISCUSSION.

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

DR. DIXON: I stand corrected.

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

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

DR. DIENST: I think I have got to get a load off my chest, not par-

ticularly on this paper, but what was said yesterday, and this paper combined.

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

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

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

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

CALCAREA IN NASAL POLYPUS.*

THOMAS SIMPSON, M.D.

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

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

POINTERS.

HOMŒOPATHIC HOD-CARRIERS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTRACTS FROM OCCASIONAL NOTES.

I. S. CHHABRA, M.D.

- Jalapa*: Causes and cures colic and diarrhœa.
- Corydalis*: Dry scales on the face of old people.
- Dig.*: Diarrhœa during jaundice.
- Dig.*: Dim vision, irregular pupils, diplopia.
- Dig.*: Dark bodies like flies before the eyes.
- Stann.*: Extremities show paralytic weakness; drops things.
- Sanic.*: Ringworm on the tongue.
- Rhus ven.*: Vesicles on under side of the tongue, fissure in the middle. Red tip.
- All. sat.*: Catarrhal deafness.
- Mez.*: Roots of the teeth decay.

DELHI, INDIA.

COMMUNICATIONS.*

Extract from a letter to the Chairman of the *Homœopathic Recorder*:

In Rio de Janeiro the homœopaths, represented by the *Instituto Hahnemanniano do Brazil* and by the efforts and prestige of the late Professor Licinio Cardozo, obtained the officialization of our homœopathic school. In this the medical education is *complete*, i. e., we teach not only *all matters* given in the official schools of medicine (allopathic) but also the homœopathic curriculum in eight sections: including homœopathic philosophy, pharmacology, materia medica (two sections), therapeutics, and clinics, so that the student when graduated by the *Faculdade de Medicina e Cirurgia do Instituto Hahnemanniano* (the denomination of our homœopathic school) are able and free to practice either homœopathy or allopathy.

It must be said that in Brazil there are no eclectics. We have many practitioners (the old ones) coming from the official school who firmly adopt the new therapeutics, and also a great many students who, having passed their course in our homœopathic school above mentioned, follow the old therapeutic. Thus proving that we homœopaths have never made a systematic opposition to the convictions of our pupils. In a free country and being a free people who love liberty the Brazilians never impose any idea of doctrine.

I am telling these things to you in order that you may see that on this side of America homœopathy is a medical profession freely and legally practised under the protection of law, a law issued by the Congress and approved by the Government.

Our school is well and completely equipped to teach all branches of medicine. In the present year we are giving medical education to 200 pupils. Adjoining the school we have a great hospital. . . . Now we are endeavoring to found a children's hospital at S. Paulo. Our main hospital at Rio de Janeiro embraces all medical branches including surgery, but the therapeutics employed there are exclusively homœopathic. . . . The Brazilian homœopaths have found, proved and introduced into the art of healing a great number of remedies from their native plants. Meira Penna published, in 1921, a book containing the pathogeneses of all the remedies prepared with Brazilian plants and proved by Mure, J. V. Martins, Albuquerque, and others. It is a big volume of about 550 pages. Our old master, the most illustrious Dr. Diaz da Crux, Sr., who is now President of the *I. H. do B.* thoroughly proved mouldy rice (*Oryza mucida*) which is a good remedy in certain forms of beri-beri. The pathogenesis of this was published in the *Annæes* for March 1912.

Yours fraternally,

(Signed) ALVARO GOMES.

ACTION OF SEPIA ON GUINEA PIGS.

At the November 1928 meeting of the French Society of Homœotherapy Dr. J. Roy reported the results of experiments with *Sepia* on female guinea pigs which he has been conducting for eight months. There was also a paper by Dr. Martiny on serotherapy. These articles will be published in the bulletin of the society and appear in January.

CHARLES NOAILLES, M.D.

(from *L'Homœopathie Française*)

EDITORIAL.

HOMŒOPATHY IN MEXICO.

In view of the fact that the International Homœopathic League meets this year in Mexico City, that country is of particular interest at this time to the entire homœopathic world.

Mexico has some exceedingly strong leaders. Probably the most outstanding is Dr. Segura, who is acknowledged the dean of homœopathy in Mexico, and is the one who has taught pure homœopathy to all of the older Mexican physicians of our school. Dr. Segura has been in practice about fifty years, and in former days had quite a struggle to keep homœopathy afloat in Mexico, due to fanatical opposition; but because of his tenacity to principle, and the universal respect and love which was accorded him, and with his great prestige as one of the foremost members of the very wealthy Mexican aristocracy, he finally achieved the objective of his life, the establishment of homœopathy.

In the year 1893 General Porfirio Diaz, the President of the great country, was suffering from terrific headaches that had defied all treatments that had been offered, when he finally consulted Dr. Segura, and in less than a month General Diaz was completely cured. This thoroughly won him over to homœopathy, so that in the same year General Diaz authorized the establishment of the homœopathic hospital; and in 1895 the President signed the decree creating the National Homœopathic Medical School of Mexico, which was opened in 1896. This was maintained, and from it graduated very many high grade physicians, until about ten years ago when it was closed by those opposed to homœopathy who had influence with a different administration.

This left Mexican homœopathy without a teaching center, and it was left for Dr. Perez to seize the opportunity and establish an independent, or Free Homœopathic Medical School of Mexico, in which is taught homœopathic philosophy in all of its applications. While this school does not carry on the high standard of the fundamental sciences pertaining to medicine as thoroughly as did the National School, yet it is teaching homœopathy

that can be practiced by a large number of less highly trained physicians. It must be considered, in estimating its value, that it is bringing the possibility of medical help to millions of uneducated people, and is thus immeasurably better than the crude treatment that has been their portion from other sources.

Mexico's need today is a greater solidarity of the homœopathic practitioners, and a willingness of the educated physicians to cooperate to make the standard of the Free School of a grade to equip highly educated physicians. The cooperation of all these agencies will be of inestimable value in making this one of the highest grade colleges in the world, and will bring all of our people in Mexico into one fold, for where we as homœopathic physicians stand united, presenting one solid front to the attacks of our enemies, there is no possibility of breaking down the structure from without that we have erected.—H. A. R.

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THE CRUX OF HOMŒOPATHY

One of the prime tenets of homœopathy is the importance of spiritual factors: "From within outward, from above downward". In accordance with this principle the mental symptoms are of the greatest import. This does not mean that some peculiarity of the mind which is not prominent should outrank a flagrant general symptom. If the mental symptoms do not speak for themselves unmistakably the true homœopath should realize that in this individual, as in many of our remedies, the trouble is centered in a more outward and physical plane, at least at the moment. On the other hand many very marked aberrations do not at first strike the mind of a physician who is being consulted for a definite pain in some locality, and they may be of such a nature that the patient himself is unconscious of them. Every expert practitioner of our art must be a good deal of a psychologist. He must read the character of the patient and scent out the failings and warped attitudes which may be at the root of many *bona fide* bodily ailments.

Granted that the patient presents symptoms in the sphere of the mind and that the doctor values these high, how is he to use them in repertorizing his case? Let us take up first the

problem of the usefulness of these features in acute conditions. We are all awake to the importance of the intense fear of the *Aconite* patient, of the irritability and fault-finding of the accountant who needs *Nux*, of the irascibility of the *Chamomilla* baby, of the pitiful gentleness and craving for sympathy of those who need *Pulsatilla* even though their normal state is critical and dry-eyed. What is more difficult to perceive, is the guidance given us by what we are accustomed to think of as the chronic mental symptoms of the drug, in acute conditions calling for it. Who has not seen, or rather heard, the loquacity of a *Lachesis* angina? or been startled by the abruptness of an unhappy girl needing *Natrum mur.* after an unfortunate love affair? For the best success in prescribing, acute mentals should never be disregarded, often they will be the deciding factor between two remedies both of whose modalities fit reasonably well.

In chronic cases the realm of psychological traits is far richer and more suggestive. The physician knows the temperaments of his remedies and in clear cases can fit them with beautiful precision to the patients before him on mentals alone, but the majority of mankind are more complicated than this. From some remark that they let fall, from some comment of the family, from some ill-concealed uneasiness or characteristic reaction to a skilful question, from something which crops out during the physical examination, the discriminating homœopath can select his remedy or groups of remedies for study almost with certainty, but many states of mind require interpretation. Is the patient before you, silent and uncommunicative, because he is a brooding intravert, or because he is timid, or has he a laugh up his sleeve? Such a decision may make the difference between studying *Natrum mur.*, *Puls.*, or *Lach.*, or is this same individual reserved because of some hidden mortification which may call for *Staphisagria*, or through a haughty pride of the *Platinum* variety, or is he one of the "stiff-necked" people needing a limbering dose of *Lycopodium*? If, on the other hand, your patient be excessively communicative, is it the loquacity of *Lachesis* or *Calcarea phos.*, is it the lack of mental modesty of *Phosphorus*, is it the hypochondriasis of *Ignatia*, or the egotistical philosophical garrulity of *Sulphur*?

If the mental symptom which you see does not appear in the repertory even under any of its synonyms, what then? You must be very sure that your choice of so important a rubric is a just one. Often your patient will not confide in you, do what you will, yet you may know that their lack of reaction or other symptoms are due to psychic causes. These you must feel out and sense and often give the remedy for, without making the patient aware either that they have them or that you know it. Do not forget the unspoken influence of sex difficulties: your *Conium*, your *Origanum*, your *Lycopodium*, your *Apis*. In handling any case where the patient has a marked character defect be it jealousy, vengeance, temper, obstinancy or what not, use that as a symptom and your chronic remedy will often change the life of the whole family. Above all, remember the grading of the mentals: first, those having to do with the love of life; next, such as affect the creative instinct and love of other human beings; thirdly, those which pertain to traits of character, to desires and aversions; and fourthly, those concerning emotions which are thwarted or suppressed.

Do not let the patients mislead you. Have infinite patience, tact and intuition, and con' over again and again the section on Mind in Kent's *Repertory*, and then your patients, homœopathy and yourself will be rewarded.—E. W.

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"TRAUMATIC DYSPEPSIA"

In *The Medical Press and Circular*, the British medical journal which has been publishing articles on homœopathy by Dr. H. B. Blunt of London, appears an interesting article by him on *Arnica*. This article is spread over three numbers, July 11th, Aug. 1st and Aug. 29th, 1928. Dr. Blunt first gives the use of *Arnica* as a vulnerary, explaining that other remedies are more suitable to injuries attending nerves and bones and stressing *Arnica* in bruising, over-stretching of muscles, fatigue after athletics, sprains of joints, labor and venous oozing from operations or wounds; also for shock after motor accidents or railway collisions and in strains of ciliary or heart muscles or vocal cords. He then proceeds to a description of the condition which he has

named "traumatic dyspepsia", whose main symptoms are pain on swallowing over the lower end of the œsophagus and soreness of the musculature around the stomach with symptoms of gastric dilatation. For this type of trouble he has used *Arnica* with signal success in over a hundred cases in the span of forty years' practice. Three of these he cites and points the lesson with the following item from a local paper: "Heard today at . . . Police Court, London. Magistrate: 'Then you really think the bicycle accident was the cause of your indigestion'? Plaintiff: 'Most certainly!' Loud laughter". In which there was more truth than fiction! We are grateful to Dr. Blunt for giving so convincing an article and to the *Medical Press and Circular* for its interest.—E. W.

ON TO MEXICO!

Every time we read one of the lucid and profound articles of our Mexican *confreres* we rejoice increasingly that we are to have the privilege of attending the annual convention of the International Homœopathic League in Mexico City, August 10-16, 1929.

The I. H. L. is the most important homœopathic organization in Europe and deserves wider knowledge and more active participation on the part of the colleagues in the Americas. The League meets annually in a different country each time; last year in Germany, in 1930 in Italy, in 1931 in Sweden, and this year in Mexico City—whose climate, even in August, is ideal. We hope that a large and representative group will attend from the United States and offer papers beforehand, as requested, to Dr. H. G. Perez, or Dr. R. Romero, Calle 66 num. 521c.-Merida, Yucatan, Mexico.—Ed.

CARRIWITCHETS.

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

7. Will the homœopaths give me their experience with these so-called inimical remedies? *Bor.* and *Acet. ac.*; *All. cep.* and *All. sat.*; *Aloe* and *All. sat.*; *Ammon. carb.* and *Lach.*; *Apis* and *Rhus*; *Arum tri.* and *Calad.*; *Canth.* and *Coff.*; *Causi.* and *Phos.*; *Cham.* and *Zinc.*; *Chin.* and *Dig.*; *Ign.* and *Nux vom.*; *Lach.* and *Sep.*; *Merc.* and *Sil.*, etc.—P. SCHMIDT.

8. How much effect upon homœopathic remedies does the habitual use of coffee, tobacco or alcohol have? Also, what effect will the habitual use of senna pods or of stramonium powder (by an asthmatic) have?—A PATIENT.

9. What directions for diet in connection with homœopathic remedies should the physician give to obtain the best results from his drugs? (This does not mean diabetic or nephritic diets, etc.)—E. WRIGHT.

10. Is succussion important in the preparation of homœopathic potencies, or would the remedy merely diluted in a quantity of distilled water equivalent to that used in running up say a 10M do as well?—D. V. THOMPSON, JR.

11. Can you really antidote a remedy given in dynamic dosage?—P. SCHMIDT.

12. I would like to ask experienced homœopaths how many times they have really needed to "antidote" their prescription?—P. SCHMIDT.

13. I shall feel greatly obliged if you kindly inform me of the name and price of any book on Therapeutics of Crying Children and where the book may be purchased. An article on this subject has appeared in the *Recorder* (in 1915?) but unfortunately I lost it. Perhaps some reader can enlighten me with the desired information. I think that some eminent doctor of America should write a book on the subject for the welfare of human kind.—DR. M. M. HAIDER, Tatarpur, Bhagalpur City, India.

FURTHER DISCUSSION ON QUESTIONS IN SEPTEMBER ISSUE.

What is the difference between an acute and a chronic remedy?

One might ask what is the difference between a superficial and profound remedy, for Kent employs these terms oftener than "acute" and "chronic". Every remedy may be either acute or chronic but experience plainly shows that certain remedies correspond especially to certain acute states. I am sure no one has ever given *Fluor. ac.* or *Calc.* for acute pains. These remedies may some day be so indicated but it would be the exception. No homœopath can deny to such remedies as *Acon.*, *Bell.*, *Spig.*, *Coff.*, *Cham.*, etc., the property of being more often used in acute than chronic states and of being superficial rather than profound. However, it is true that these remedies can, in high dilutions, act on a profound condition according to the ætiology of the case. For example chronic states caused by fear or exposure to cold can be cured by *Acon. 10M*. Is this not related to Hahnemann's important differentiation between non-psoric and anti-psoric remedies? He noted that a remedy with the same indication but deeper in action, like *Sulphur* for example, would cure when *Aconite* would not; similarly *Lyc.* cures certain cases which *Nux* does not relieve. Pure homœopaths will say that the true *simillimum* in these cases was *Sulphur* or *Lycopodium* and they will be right for there are many similars but only one *simillimum*. Just as one may open a strong box with many keys or with only one if this one fits.—P. SCHMIDT.

How do you select the homœopathic antidote?

Here is a subject for discussion. Can one really antidote a remedy in dynamic dosage? Granier wrote that this term should be banished from our language because of the error in the "anti". This prefix "anti" if it comes from the Latin "ante" means priority of place or time, as in the words antichamber, anticipate. If it comes from the Greek it means opposition, as in antisiphilitic, antipsoric. If we take the Latin source it does not correspond to what we wish to say; as to the Greek one, it is entirely contrary to the principle of homœopathy. This is why Roux pro-

posed changing the "anti" to "homœo", saying homœoprosic, homœosyphilitic, homœosycotic. Furthermore Galen called every remedy given internally an "antidote". We can consider the word "antidote" in three different connections:

1. In the *dynamic* sense it means the dynamic neutralization of a remedy already given. As this neutralization can only take effect by similitude one should not say antidote but homœodote.

2. In the *chemical* sense we have the true meaning of this word employed by the old school as a synonym for "counter-poison", and this is its almost exclusive meaning today. Every substance capable of neutralizing another in a chemical manner is one not harmful against the poison introduced. It neutralizes the poison in the organic recipient as it would in a laboratory. It decomposes the poison, combines with it and transforms it into an inert substance much less dangerous. It is a question of union between the two substances. They can therefore not be contrary for they are expressly made for one another. Instead of saying "anti" we should say "pros"; therefore Granier called them "prosdotes".

3. In the *physiologic* sense, if you wish to diminish or dispose of a false or over-energetic action of a drug (and this is the interpretation which homœopaths usually give to the word antidote) you use what Granier called a "diadote", from "dia" meaning cutting across. For this one must have a diffusible substance which will hinder the action of the remedy which has been administered. Camphor albumen water and carbon are "diadotes" in poisonings. Diadotes should be substances which have not a long duration of action, like vinegar, ether, *eau de cologne*, etc. In the first volume of his *Chronic Diseases* Hahnemann says, "The best means of calming and diminishing the effects of a dose of a homœopathic remedy on a very sensitive subject, is to place below the nose of the patient, so that he may take a whiff, a bottle containing a suitable substance carried to a high potency".

Diadotes, then, do not act by the path of contraries nor by that of similars but possibly by one of substitution, whereas homœodotes act by the law of similars. We should, therefore, use these three words, homœodote, prosdote and diadote and give up the word antidote which is incapable of signifying any of these three.

Drs. Nebel and Vannier and most of the French homœopaths have substituted the term "drainer" which corresponds to diadote for the word antidote. The drainage remedy is intended to avoid the over-reaction of the organism to a remedy chosen exactly according to the principle of similars, and to open the routes of evacuation: skin, perspiration, intestines, diarrhœa, kidneys, abundant urine. The idea being that the remedy can then eliminate toxins by channels which are free and open. This is why no pure homœopathy exists in France and why all without exception give *Solidago*, *Cratægus*, *Chelidonium*, *Ceanothus*, *Carduus*, etc., alone or together, along with a high potency, pretending that without these the patient would have too strong an aggravation! For my part I have never seen this need and have always been perfectly satisfied with the high and single dose. It would be interesting if our *confreres* who have had a long experience would tell us how many times in their practice they have needed to homœodote or diadote a remedy and what the results were. It is my opinion that a true antidote in the old sense cannot exist when one speaks of a complete and immediate neutralization of symptoms. One must choose a similar remedy which presents the greatest number of similar characteristics and with a dose rather lower one can diminish the annoying symptoms. I wish in this connection to interview Dr. Boyd of Glasgow who has conducted some interesting experiments on this subject with his Emanometer.

Often we read in a proving that a prover felt such pains that it was necessary to antidote them with a similar remedy (homœodote). If one can, on a healthy subject who in "proving" finds the symptoms too disagreeable, apply a homœodote, one can also do the same to a patient, and this new remedy while homœodoting may become a complement of the previous remedy, or again it may only neutralize the most violent effects. Under my care at present is a tenacious case of chronic bronchitis which is not improving and to which I gave, in desperation, *Sulphur* 200, one dose. For a week the patient complained of burning pains in the hands and soles and could not stand, and had a continual odor of sulphur in the nostrils, showing thereby a proving of *Sulphur*. These symptoms were the more curious as the other

remedies I had recently given produced no effect. I finally discovered the reason for this proving, for my patient admitted to having had six years ago, twelve intravenous injections of colloidal sulphur for her rheumatism. There is a case where one must be careful not to homœodote.—P. SCHMIDT.

FURTHER DISCUSSION ON QUESTIONS IN OCTOBER ISSUE.

Cold nose and profuse sweat under chin, when sewing, making her nervous. Remedy?

Is the cold nose red or blue or normal in color? Is it all cold or only the tip? Is this an objective or subjective phenomenon? Is it always cold or only at certain moments? Perhaps the symptoms are due to vasomotor disturbance caused by the position of the head or vertebral trouble which could be cured osteopathically; or perhaps they are due to pancreatic or gastric insufficiency, if the nose is red after meals, in which case correction of regime would cure. If it is a question of arthritic trouble in a sedentary patient there should be concomitant coldness of the extremities, and appropriate gymnastics with hydrotherapy would cure. If the question was asked as a repertory exercise one could use the following four characteristic symptoms: 1. Perspiration of single parts (p. 1301), 2. Coldness of nose (p. 325), 3. Perspiration of face (p. 390), 4. Perspiration of face only (p. 391), and the only remedy which fits these four symptoms is *Ignatia*. I do not see the indications for *Manganum* or *Sulphur*, and would like to know the exact reasons.—P. SCHMIDT.

Asthma near horses in previously vaccinated patients. Remedy?

Ictodes is exact but I wonder how this remedy could have been found "reading between the lines" in Kent. It appears in Knerr.—P. SCHMIDT.

Cramp 6" up in rectum wakens patient 2 to 4 a. m. Remedy?

I want to ask between what lines the three remedies *Berb.*, *Kali carb.*, and *Merc.* were found in Kent's *Repertory*? "Cramps in the rectum" is not in the *Repertory*. "Tenesmus" at night has *Merc.* "Rectal pain in general" at night has no *Merc.* "Griping" has only *Kali carb.*, but not at night.—P. SCHMIDT.

ANSWERS TO QUESTIONS IN JANUARY ISSUE

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

Probably if no structural changes were present there would be no aggravation. The higher the potency oversteps the plane of the disease, the greater the aggravation. Likewise, the more structural changes present, the sharper the aggravation. Again, we sometimes notice in absolutely fatal cases, where nature has surrendered, the remedy may act as a palliative and bring about euthanasia. If the patient has not had homœopathy before or only the lower dilutions, we may give the 30th or 200th potency. If he has had higher potencies, we may govern ourselves accordingly.

It is our opinion that most failures come about through the use of the incorrect remedy rather than the incorrect potency. Failure frequently results from carelessness in observing the rules concerning repetition of the remedy. Find the *simillimum* and give it, then practise patience and deliberation.—E. UNDERHILL, JR.

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

First the loves and hates—the desires and aversions, and one is probably as important as the other—next come the aggravations and ameliorations.—E. UNDERHILL, JR.

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

It is not a settled fact that "it is good for children to have exanthemata". It is certainly far better for them to have these diseases than to have their susceptibility suppressed by artificial and unnatural means—serums and vaccines and other concoctions—invented by diseased and commercially perverted minds.

It is perfectly proper and safe to correct the susceptibility and prevent the appearance of these exanthemata by the administration of the constitutional homœopathic remedy. Every child should have the benefit of such prophylaxis. He should also enjoy the blessings of cleanliness and simple, wholesome living.

I do not believe the correct homœopathic remedy properly administered suppresses a disease. It cancels it—makes it non-existent and thus frees the patient from it. In deeply chronic cases it cancels a portion, but unfortunately sometimes not all of the diseased state. Correct homœopathy is in no sense suppressive.—E. UNDERHILL, JR.

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

It is impossible at the present time to answer this question with any degree of certainty, but it would seem likely to assume that where a patient's chronic remedy was one frequently indicated in malignant disease, that patient might, if untreated, be more liable to develop such disease than one whose chronic remedy is unrelated to such pathological conditions.

We are not sufficiently informed as to the pathological end results of many of our remedies, and it is possible that a far larger group than is at present used may be needed to cover all cases of malignant disease.—E. UNDERHILL, JR.

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

The partially similar remedy will probably cut short the action of the *simillimum* or warp its action and retard recovery. You may in this way spoil your case.

If you return to the *simillimum* it should then be given in a higher potency.—E. UNDERHILL, JR.

BOOK REVIEWS.

R. Planer, *Therapeutic Pocket Book* (Schwabe; Leipzig, 1928), 327 pp., \$2.50. This is a delightfully gotten up small book treating of 137 remedies, including such unusual ones as *Ant. sulph. aur.*, *Atrop. sulph.*, *Auripigmentum*, *Cerium oxalicum*, *Chromium oxidatum*, *Convallaria*, *Indigo*, *Lobelia*, *Mercurius auratus*, *Strontium carbonicum*. It contains a bibliographical list, a series of schematic remedy pictures which in very few instances reach four small pages in length, and ends with a repertory according to disease nomenclature. There is, however, one great criticism which is that practically all the indications are for disease conditions and diagnoses. There is not a "mental" or a "general" in the entire book. As a guide for regular practitioners using homœopathy it would be greatly liked. As a helpful shortcut for those who know their symptomatology it would be useful and often helpful; but as a method of learning the drugs it is utterly unhomœopathic and therefore, to many beginners, misleading.—E. WRIGHT.

BOOK NOTICES.

- P. Chavanon, *Clinical Treatment of Diphtheria*.
 G. Charette, *What is Homœopathy?* (Massart & Co.: Annonay).
 R. Planer, *Therapeutic Pocket Book* (Schwabe: Leipzig, 1928) 327 pp., \$2.50.
 Dr. Schmidt, *Text Book of Homœopathic Pharmacology* (Madaus & Co.: Berlin), RM. 6.20.
 K. Stauffer, *Homœopathic Pocket Book* (Madaus & Co.: Berlin) RM. 10.
 W. Witzel, *The Significance of the Nutrition of Plants for Physiology and Pathology* (Madaus & Co.: Berlin), RM. 4.
 Dr. Baumgartner, *The Physiognomy of Disease* (Madaus & Co.: Berlin.) RM. 35.

CURRENT HOMŒOPATHIC PERIODICALS.*

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(Calcutta, India: Aug. 1928), I, 131-160.

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(Philadelphia, Pa.: Dec. 1928), LXIII, 881-970.

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D. R. Ferguson, M.D., Philadelphia, Pa.....	920
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<i>Prenatal Factors in Infant Morbidity and Mortality: Biochemical and pathological disturbances in the mother may unfavorably affect the growing fœtus and account for many of the conditions met with in the newborn and young infant. Focal infection, excessive vomiting, inadequate diet may endanger its life or interfere with its growth. There are certain conditions in the mother which may lead to overgrowth of the fœtus, dystocia, and resulting cerebral birth injuries. The death rate is greater for male infants. This may be due to some antibody in the mother's blood antagonistic to the male fœtus. The male also requires more vitamins and more oxygen than the female. Thyroid deficiency in the mother might account for overgrowth of the fœtus, with a subsequent dangerous delivery. Knowledge of such a deficiency might be of tremendous significance in preventing abnormal mental development in the child. Avitaminosis is of great</i>	

Titles marked with an asterisk () are abstracted. All journals are in English unless otherwise specified.

interest as a cause of obscure hæmorrhage in the newborn. This has been proven experimentally on animals. A case is cited in which the mother, to save money, deprived herself and family of practically all vitamin containing food in their diet. She suffered from severe nausea and vomiting in the early pregnancy and 9th month. At full term she was somewhat pale and undernourished. Labor was rapid and easy. There was a post-partum hæmorrhage of 1000 cc. of blood. The baby died on the 5th day. Autopsy showed subcapsular hæmorrhages of adrenals and kidneys, dilatation and hypertrophy of the right ventricle of the heart, hyperæmia of the gastric and duodenal mucosa, petechial hæmorrhages in the mucosa of the bladder, and generalized icterus. This woman's prenatal diet was markedly deficient in vitamin B.

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(London: Dec. 1928), LXIII, 309-336.

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*Bone Pains (<i>Aurum</i> , <i>Mercurius</i> , <i>Asafetida</i> , <i>Capsicum</i> , <i>Eupatorium</i>)	
J-E. Emerit, M. D., Paris	615
<i>Kali Carbonicum</i>	
L. Vannier, M. D., Paris	626
<i>Bone Pains</i> : Emerit considers in this article three types of bone pain: syphilitic, suppurative and those without definable pathology. It is well known, he says, that the cry of the osseus system is in no way proportional to the pathological lesions. Tubercular, actinomycotic, and often osteomyelitic lesions are relatively painless. Beginners in homœopathy comprehend the remedy by means of the disease, whereas master prescribers understand the disease by means of the remedy. In regard to syphilitic bone pains: Stauffer states that <i>Merc.</i> is suitable to the early forms of syphilis, whereas <i>Aurum</i> is applicable to the tertiary phenomena. <i>Aurum</i> also helps where long standing syphilis is complicated by the mercurial miasm. The osseus syphilitic trilogy is completed by <i>Asafetida</i> which acts especially on the periosteum. <i>Aurum</i> pains are boring and tearing, so intense and continuous as to lead to suicide, worse by cold and in winter, from sunset to sunrise.	

They elect the short bones (face, orbit, zygoma, nose, mastoid), are worse on the right, with a peculiar sensation of a cold breeze on the face. The only long bone frequently affected by *Aurum* is the tibia (pains in the long bones are often met by *Ang.* which goes on to necroses; and by *Fluor. ac.* with periosteal abscess, pains better by cold, often in hereditary syphilis). *Aurum* pains are accompanied by vascular fullness with throbbing, and often by fistulæ, exostoses, and suppuration. *Aur.* is a florid *bon vivant*.

Merc. pains are worse from heat, with constriction and numbness, and may elect the head (hemisrania with tearing pains into the teeth, ears or neck). Agitation, trembling and sweat which does not relieve, and concomitant caries, fistulæ, and exostoses, complete the *Mercury* picture. (In mercurialized patients, study *Aurum*, *Nit. ac.*, or *Thu.*) *Merc.* as a child walked late had snuffles, ill-formed teeth, glands, commissure ulcerations; pimples in adolescence; later, fearful impulsions. He only flirts with suicide. *Merc.* helps in rickets, osteoporosis, and osteomalacia. *Asaf.* has burning pains and sensation of shocks, as well as boring, constriction and numbness. It has a sensation of expansion in the bones. Its pains go from below upwards, worse from slight touch, better from deep pressure, worse from heat. It has left frontal bursting headache and constrictive pains in the lower jaws, caries of the nose, tibiæ, etc., with hypersensitive fistulæ, and foetid secretions. It is interesting to note that the hysterical remedies such as *Ambr.*, *Asaf.*, *Cast.*, *Mosch.*, *Orig.*, *Valer.* all come from odoriferous substances, and that hysterical women aggravate their complaints by the use of perfumes which they no longer smell themselves, but which poison them. The brunette coloring of *Asaf.* often goes with syphilitic types (*Iod.*, *Nit. ac.*, *Plat.*) While the blonds (*Calc. carb.*, *Puls.*) are the tuberculoids.

Syphilinum is also notable for nocturnal pains in long bones, coming and going gradually, with hard nodules, and pains in the bones of the skull, often linear (Cf. *Lach.*, *Par. quad.*) *Kali bi.* has similar pains, erratic, in small areas.

Caps. is for bone pains in a cavity going on towards suppuration, e. g., acute mastoid (*Onos.*), with burning, pricking otalgia from cough or from draft, better by heat, driving patient out of bed. For phlegmatic, fat, lax, chilly, alcoholic patients. If it is too late for *Caps.* study *Asaf.*, *Aur.*, *Aur. mur.*, *Hep.*, *Puls.*, *Sil.*

Eup. per. is for bone pains as if beaten, in back, arms and legs, pains worse than condition suggests, worse from motion, touch and draft, better by heat. (Cf. *Arn.*, *Bry.*) *Eup.* pains occur chiefly in grippe or malaria.

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(The Hague: Nov. 15, 1928), XXXIX, 93-104.

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E. F. Purcell, M. D., Trenton, N. J.	1048
*Diathermy in Gynecology	
DeW. G. Wilcox, M. D., F. A. C. S., Boston, Mass.	1051
Gastric Ulcer: From among the many causes brought forward to explain gastric ulceration Boyd assumes that one of the most probable factors in early ulceration is a non-specific, local devitalization of tissue, followed by secondary digestion and hæmorrhage into the damaged mucosa. The most probable cause of the primary devitalization is infection. He speaks of the vagotonic and sympatheticotonic types, as many believe that ulceration occurs only in individuals of a certain type. Acidity, in itself, does not produce ulceration but it is an important factor in tissue digestion and prolongation of symptoms. Under pathological aspects are mentioned number, position and type of the ulcers. Pain, vomiting and constipation are mentioned as the chief symptoms with an interesting discussion of each. The cycle in	

gastric ulcer is food, relief, pain, relief, the pain usually disappearing before the next meal, while in duodenal ulcer it is food, relief, pain. The most dangerous complication is perforation. A good picture of a typical case is given. Isolated, spontaneous pain in the tip of the shoulder, usually the right, is mentioned as one diagnostic symptom of perforation. One is warned not to be misled by the period of reaction after a perforation when there is a striking improvement in the symptoms. Operation should be immediate. Under differential diagnosis or perforation are mentioned acute surgical conditions and renal colic. Subacute perforation with abscess formation is briefly mentioned. The other important complication, hæmorrhage, is well described. The hour glass deformity of the stomach and pyloric stenosis are given as the two most important sequellæ of ulceration, the former being caused by fixation at the point of ulceration to some neighboring organ, with scar contraction from an encircling ulceration from this point. At the end of this excellent article is a schema from Ryle on the differential diagnosis of gastric ulcer.

Diathermy in Gynecology: Diathermy is the use of an alternating electric current of high frequency and high voltage for the production of heat within the tissues of the body. As the current is forced through the small active electrode it meets so much resistance on the part of the tissues that heat is immediately developed. This heat is sufficient to kill the infecting organisms, especially the gonococcus, as in chronic endocervicitis. It coagulates and cooks the tissues. A temperature of 115 degrees F. can be maintained from 10 to 60 minutes without injuring living tissues. The use of diathermy offers great promise in the treatment, and very probably in the cure, of many acute and subacute conditions due to infection by micro-organisms. Among the conditions in which it has been used by the author are chronic endocervicitis; gonococcus infection of the cervix, Skene's glands and Bartholin's glands; cervical erosions; urethral caruncle; cancer of the cervix; and hæmorrhoids. Surgical diathermy is particularly useful in cases of deep, obstinate infection which resist other forms of treatment. It gives a more thorough eradication of the trouble, is less mutilating, is rarely followed by infection, is less painful and causes less loss of time than some of the other forms of treatment, and is often easily used in the doctor's office. Its use is, however, not without danger, and it should only be used by a trained technician. (And it is not strictly homœopathic.—Ed.)

THE JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY
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(New York: Nov. 1928), XXXII, 349-384.

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(Leipzig: Dec. 1, 1928), LIX, 441-460.

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<i>Mental Fatigue Conditions and Psychoses in the Light of the Action of Homœopathic Remedies</i> : Gottschalk continues his remedy indications for mental conditions as follows: For jealousy: <i>Hyos.</i> , <i>Lach.</i> ; for fixed ideas: <i>Alum.</i> fears insanity; <i>Caus.</i> fears to sleep in the dark; <i>Cimic.</i> sees rats and mice; <i>Graph.</i> foresees misfortune and fears vomiting; <i>Iod.</i> fears insanity; <i>Phos.</i> fears places and streets (<i>Ign.</i>); <i>Sulph.</i> has grandiose delusions and religious insanity; for hypochondriasis: <i>Aur.</i> fears unknown happenings and death; <i>Chin.</i> has hypersensitivity, exhaustion, crazy dreams; <i>Lach.</i> has faint-heartedness, anger, dislike of motion, lax withered skin; <i>Nat. mur.</i> fears the future, loves solitude, is irritable on contradiction and consolation, has digestive weakness; <i>Nux vom.</i> has grumbling and anger after sleep, must lie late; <i>Staph.</i> has faintness, worry over health, deep melancholy; <i>Sulph.</i> desires to be very unhappy; for hysteria: <i>Aur.</i> is quarrelsome, doubting, uneasy, timid; <i>Cann.</i> has senseless gaiety followed by sudden frenzy; <i>Ign.</i> has flaming red face, changing mood, loquacity; <i>Nux vom.</i> has alternating love and fear of death, remorse; <i>Plat.</i> has dissatisfaction and cowardice, slams doors, self-depreciative; <i>Scp.</i> is worse from music, has religious insanity; <i>Sulph.</i> has taciturnity, brooding, anger with stamping and hair pulling; <i>Valer.</i> has horror of people and cold water, childish whistling, rage, and disgust, orates, breaks things.	
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Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists: Dr. Theoris discusses first the types according to Sigaud, who, he claims, initiated the study of human morphology. Sigaud divided human beings into four classes: respiratory, digestive, muscular and cerebral. Chaillou and MacAuliffe in their <i>Morphologie Medicale</i> , (1912), completed Sigaud's description. The difference between previous static classifications and Sigaud's dynamic one is the same as that between anatomy and biology, between fixed images and those functions of the factors of action and time. In 1913 Theoris classified men into irregular and regular types, the morphology of function rather than the morphology of formation. In 1924 he added measurements to Sigaud's comments. Theoris' classification is as follows:	

Deformation of evolutionary types: (1) None. Regular types. (2) Present. a—In the form of dilatation: Round types, "cubic rounds" who do not resist dilatation and "uniform rounds" who do not resist dilatation. b—In the form of retraction: Flat types—"flats" who resist retraction unequally and "uniform flats" who do not resist.

He then considers homœopathic typology. Almost every drug shows a definite type which is the portrait of the individual and which indicates the constitutional remedy. These types include not only morphology but psychology and pathology, and those remedies in which the type is exteriorized are rare. *Calc. carb.* is a privileged exception; "blond subject with blue eyes; medium stature, with tendency to obesity; big head, long-waisted, short-legged; with large, white, well placed teeth; thick bones; strong, rigid joints". Such a type description is not evolutionary. Only the *Calcareae* seem to run true to type from birth to death. Other remedies pass through phases: *Lach.* may become *Sulph.* and return to *Lach.* *Nat. mur.* may change to *Phos.* then *Sil.* and finish as *Carbo.* Homœopathy is more drawn to the particulars than the generals, to the differences than to the resemblances. Yet Hahnemann could not have divided into syphilitics, sycotics and psorics without regarding resemblances. Von Grauvogl seems to have been the first to classify by the exterior aspect. His "hydrogenoids" are fat, contain too much water, feel swollen. They are heavy, slow to move and to be moved, apathetic, chilly, with cold extremities, subject to rheumatism and gout. His "oxygenoids" are tall and thin, remarkable for their speed of combustion, because of demineralization they burn themselves. They are subject to diarrhoeas and Basedow. Between the two are the "carbo-nitrogenoids", melancholy, psoric, with slow oxidation and accumulation of auto-genous toxins, which they try to throw off in eczema, hæmorrhoids and aphthæ. They have corrosive leucorrhœa, oozing behind the ears and tend to arthritis. Napoleon was an example of this type. (*Morphology of Great Men* by A. Theoris, (1927), Legrand)

Vannier has a classification based on the characteristics of the *Calcareae* consisting of the "carbonics", the "phosphorics" and the "fluorics". The carbonic type in our nomenclature would be an irregular, cubic, round, digestive type; the phosphoric is a respiratory flat; the fluoric is a heredo-syphilitic. In Theoris' opinion the fluoric is a variety of the phosphoric.

Allendy has a classification based on metabolism: (1) Atonioplastics (fluids predominant) a—Anabolic: Aerobic, tonioplatic (lung); lymphatic (spleen). b—Catabolic: lymphatic sanguine (uremic). (2) Paucity of fluids a—Catabolic: Anaerobic, tonioplatic (liver, cholæmic). b—Excretory: atonioplatic (kidneys, arthritic).

Theoris' "flats" correspond to the catabolic and aerobics and the excretory types; his "rounds" to the anabolic and the catabolic aerobic types. Allendy likens his anabolic atonioplatic-lymphatics to the digestive type, the catabolic-aerobic tonioplatic-sanguines to the respiratory type, the catabolic-anaerobics to the muscular type, and the excretory atonioplastics to the cerebral type. The uremic diathesis is, therefore, respiratory; the scrofulous, digestive; the cholæmic, muscular; and the arthritic, cerebral. It follows that each type has its characteristic organ: the lung for the respiratory; the spleen for the digestive; the liver for the muscular; and the kidney for the cerebral. (To be continued).

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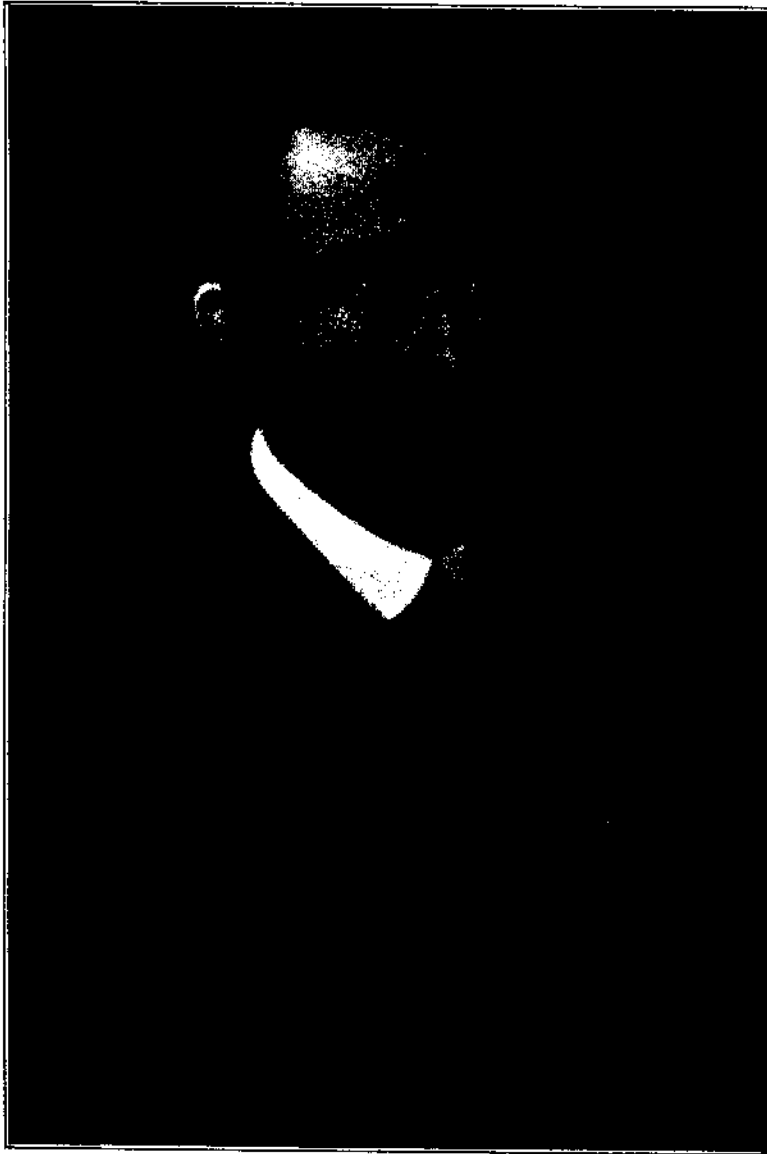
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VICTOR D. WASHBURN, M. D.
President of The Eastern Homœopathic Medical Association.

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THERAPEUTIC AND PATHOLOGIC DIAGNOSIS, THE
PHYSICIAN'S RESPONSIBILITY*

PIERRE SCHMIDT, M. D.

"Homœopathic physician"—what meaning should this title convey?

The physician who, to the complete equipment of his university studies in medicine and surgery, adds also a thorough acquaintance with homœopathy and puts its principles into practice, only has the right to the title "homœopathic physician". He will have made himself especially familiar with the work of Dr. Samuel Hahnemann, founder of homœopathy, with the *materia medica*, with the repertories, and the laws relative to administration of remedies to the sick.

The study of homœopathy exacts of the neophyte a definite effort; for he must lay aside prejudices acquired during his university studies. But the method of considering any given case proves to be so different from that which he has hitherto known, that soon he sees the importance of this new method. Now he sees in the "cases" who come to consult him, not merely diseases which he must diagnose, but individuals, sick, for whom he must find the similar remedy in his homœopathic *materia medica*; a particular remedy for each, individually.

Also, he must avoid routine; he may not remember other cases resembling this one, which he has already treated; he must isolate the distinctive difference in the sick person whom he now considers, must find out his peculiarities, his individual characteristics. This is a theory essentially and indispensably homœopathic. Among the tangle of symptoms resulting from his examination, he must distinguish with care those which pertain to

*Read before the I. H. A., June, 1928.

the sick one himself, as a thinking and suffering human being, because of which he is burdened with illness, from those others which concern only a portion of his physical organism—a single organ, or group of organs.

The practical result is fully inherent in this great secret of nature, discovered by Samuel Hahnemann: To determine the symptoms representative of the individual himself who is ill; and not make the blunder of noting alarming symptoms to any organ which is the point of least resistance where the illness finds for itself an exit, through which it utters its cry of pain.

A true homœopath finds his task to consist first, in establishing a therapeutic diagnosis according to the fundamental laws of homœopathy discovered by Hahnemann and developed by Lippe, Hering, Allen, Kent, Nash and so many others.

This it is which makes homœopathy a method not to be surpassed, this "therapeutic diagnosis", I may call it, or "homœopathic diagnosis", which leads to the remedy immediately without waiting for a "morbid diagnosis"; which treats a patient without having to determine his exact sickness! Observe that I say "exact sickness", for such general terms as hysteria, nervousness, rheumatism, dyscrasic or cryptogenic state, idiopathic, and what not—these do not deserve the noble term, "diagnosis". This fine and learned terminology readily covers the ignorance of the doctor giving treatment, an ignorance not as to his science but as to the case he deals with—a very different matter.

The word "diagnosis" alone, connotes a pathological diagnosis, with verdict of morbidity. It is time to show to those who have not yet learned the fact, that there is a far more practical diagnosis: that is, one indicating from the very outset the necessary remedy. This is what Adolf Lippe meant when he said: "Here is a person of the *Phosphorus* type; here, one of the *Arsenic* type; here, of *Pulsatilla*". And he uses the terms consecrated to these meanings by Hahnemann in the *Organon*, 1811. Kent also tells in his *Lectures on Homœopathic Philosophy*, of a patient who asked him: "Doctor, what is the matter with me?" and he replied: "Why, you have *Nux vomica*", that being his remedy. Whereupon the old man said: "Well, I did think I had some wonderful disease or other"! That is a therapeutic, a homœopathic diagnosis.

I do not enlarge further upon the point; such diagnosis is clearly the first duty of the homœopathic physician. Frequently it leads to a prompt, mild and permanent improvement, to a cure of the patient.

But we are not at the end of our task; we face two other heavy responsibilities: one of these concerns the patient, and the other, the future of medical science. Upon us rest both of these responsibilities.

As to the patient—our task is not only to relieve but to cure. Now, a true cure rests not solely on a disappearance of existing symptoms, but equally on advice given the patient, that he need not again fall into such a state. Such counsels, of hygiene, of directing work and time, of morale, of reading, of the whole attitude and control of life—these also presuppose a diagnosis. And here, at this point, the nosological diagnosis becomes not only serviceable but indispensable to the doctor. (See Kent's *Lectures on Homœopathic Philosophy*, 1919, p. 143)

The whole idea of diagnosis, in relation to the task of the physician, is it not just the discovery of that famous *causa occasionalis* of which Hahnemann discussed in such detail? (See *Organon*, paragraphs 7, 73, 77, 150) The homœopathic doctor must not simply prescribe pills or drops, but he must be a minister of nature, a "naturalist", in addition to a homœopathist, whose first purpose is, after securing the symptoms, to give them a diligent, interpretative analysis covering their last detail, a complete semeiologic examination.

There are homœopaths, alas! who do not sufficiently examine even their patients, and who thus bring discredit upon the name and value of that medicine called homœopathic. That certain clever men may omit such a procedure in examination as we have described, and still by a judicious interpretation of symptoms, cure their patient, is of course possible; but certainly such is not a method which could be generalized. Perhaps a few instances may clarify this thought yet further.

A young man of 18 years of age sought consultation regarding frequent attacks of angina, which settled as often on the right side as on the left, and followed almost regularly exposure to cold. Painting with various collutoria and frequent cauteri-

zations and pulverizations in no way affected his condition and he asked my advice. The symptoms, as he gave them to me, pointed explicitly to *Tuberculinum* or *Sulphur*. Yet I gave neither of these remedies, because after further questioning I found that he wore low slippers and silk stockings, and that he took cold especially after dancing, or when his feet were cold. Accepting some simple hygienic advice, he wore thicker socks, shoes with rubber soles, gaiters in winter—and he had no more angina.

I acknowledge that possibly the remedy, had I given it, would have removed his tendency to the symptoms, in the bad conditions to which he exposed himself so often; but it seemed to me wiser to show him the mistake he was making, and to correct his state by simple hygienic measures. The therapeutic diagnosis was *Tuberculinum*; the morbid diagnosis was angina from exposure to cold; the prescription was, hygienic advice. Result: a cure.

A young woman in domestic service, aged 20, came to consult me regarding rheumatism in the legs. She had been treated allopathically for three months, but the salicylate was making her deaf and producing vertigo. She found herself increasingly weak, walking with difficulty, vague pains and great weakness in the calves of her legs. Questioning led to a clear indication of *Lycopodium*, but I did not give that until completing the full examination. On reaching the throat, I found a curious condition of the pharynx: it looked as if painted with a yellow orange varnish! Taking a culture, I found a large number of Klebs-Loeffler bacilli, of the short type.

Evidently there was here parietic trouble, sequelæ of diphtheria, of which the angina had not been observed apart from a faint dryness of the throat, the sick girl had no other local symptoms. This diagnosis enabled me to isolate her and to take the measures necessary in this disease. Naturally, I made no serum, but for symptoms which I need not detail here, I gave one dose of *Lycopodium* 200, without observing any result in the following 15 days. The throat remained the same; weakness was still there; no improvement was perceptible. Such total failure of reaction to the indicated remedy led me to give her a dose of *Diphtherinum* 200, to which the condition responded very well.

In Allen's *Nosodes* (1918, p. 40) there is the following comment upon this remedy:

Painless diphtheria,
Symptoms almost entirely objective,
Patient too weak to complain,
Patient apathetic,
Prostration,
Highly susceptible to diphtheritic virus,
Post-diphtheritic paralysis.
Remedy suitable when the most carefully selected remedy fails to relieve or permanently improve.

The girl's throat cleared up and resumed its normal aspect; and at the end of a fortnight, another examination (made by the *Inst. Off. d'Hyg.*) showed not a single bacillus. Since the weakness remained, I gave then one dose of *Lycopodium*, of which the effect was surprising—the patient got up, began to walk, and in ten days was able to return to her position.

Would *Psorinum* or *Tuberculinum* have had an equally good effect? How could one determine the suitable nosode in a case which does not react save only by determining most carefully the exact nosological diagnosis?

A young man was treated by a homœopath for submaxillary swelling. The homœopathic treatment was changed frequently during several months, but without result. The doctor examined his neck each time, believing that here was a ganglionic condition. The patient consulted another physician who found in his face, head, and chest no remarkable signs; but on examining the spinal column, the physician found evidence of Pott's disease. The swelling was only a cold abscess arising from the third cervical vertebra. It was a tuberculosis of the bones of the spine, causing a suppuration which, descending, went between the inter-aponeurotic spaces and settled in the submaxillary region.

The patient followed hygienic advice and suitable treatment until completely cured. Rest, mountain air, diet in accordance with the morbid diagnosis, a remedy based on the therapeutic diagnosis, made possible this desired result.

A patient, 55 years of age, was subject to colds in the head,

was neurasthenic, and had suffered for six months from sudden attacks of suffocation. He had been treated by various allopathic physicians with all known anti-spasmodic and vagotonic medicines with no improvement whatever, but rather an increasing decrepitude. The patient walked with head bowed, had frequent loud eructations, spat continually, was afraid to swallow even his saliva. Eating was a veritable tragedy for him, for he remembered that his first attack had occurred while eating, and he refused to take any liquid food, since this affected him more than solids. Finally he gave up his doctors, for they but told him he was nervous, that he must make an effort to recover his health for himself, and that his attacks should be treated with contempt. A first examination revealed nothing obviously abnormal. For a time psychotherapy seemed to alleviate his fears. But neither *Mephitis*, *Ignatia* nor *Lachesis* could stop the attacks which though less frequent still did recur too often. But after taking cold, one time, laryngitis set in, causing a husky voice. However, remedies indicated had no effect. According to all homœopathic principles, the case was incurable. Examination of the larynx showed a paralysis of the right vocal cord; external examination revealed a thyroid tumor, very hard, and as large as a tangerine, on the right side. This was the cause of the constriction of the recurrent nerve. His loss of weight, age, and complexion, and the development of symptoms, authorized the belief that here was a case of thyroid cancer, primary or metastatic it could not be determined. The prognosis was clearly not that of mere laryngitis. But the diagnosis indicated a very serious prognosis. Unfortunately the patient found homœopathy too slow, and returned to an allopathic physician, who applied radium needles to the tumor which reduced but ulcerated and within eight days, the poor patient died under terrible sufferings.

And again it is clear that the physician must know WHAT he is treating quite as well as WHOM he is treating. What can be said of those who, not comprehending the case, called it "nerves", and ordered the sufferer to cure himself?

A young man of 20 had been treated for two years by a homœopath with *Aurum*, *Calcarea*, *Ignatia*, *Pulsatilla*, a. s. o. He was in a neurasthenic state caused by frequent sudden at-

tacks of vertigo which came upon him while working. He became so distressed, and depressed as actually to weep hot tears. He worked in a bank, but his condition forbade his remaining there any longer.

The remedies hitherto prescribed had been given for mental symptoms, symptoms chosen somewhat at random, without regard to their due significance—for mental symptoms have also their hierarchy, and must be known in their relationships. A complete examination showed that *Natrum sulphuricum* was the indicated *simillimum*. A thorough physical examination revealed an advanced myelogenic leukæmia with probable tuberculosis of the bone marrow. A homœopathic prescription, an immediate sojourn in the mountains, with suitable diet, transformed this young man in a few months. Blood tests enabled me to follow the course of his steady gain and to control scientifically and objectively the course of subjective improvement as this followed.

But it was the two-fold diagnosis, therapeutic and nosologic, which enabled the physician to direct this unhappy youth toward the health from which he had so widely strayed.

A Boston physician told me of being called by a homœopathic colleague in whose care was a young man injured by being impaled. He had fallen sitting upon a wooden paled fence and suffered excruciating pains in the rectum. The pain had been somewhat relieved by doses of homœopathic *Arnica* administered by a homœopathic doctor called in the emergency. The sensation as though there were a splinter in the rectum, suggested to the doctor *Nitric acid*, then *Hepar.*, then *Silicea*. But the young man still suffered. After a few days of continued pain, the family insisted upon a consultation. The second homœopathic doctor, summoned, recalling Section 7 of the *Organon*, made an examination of the "site of pain", and found indeed a splinter deeply imbedded in the rectum. The simple extraction of this splinter, and a diet for a few days, completely restored the patient. The wound closed without treatment.

Here evidently was an accident, not a sickness. Hence the physician should in such a case establish immediately the pathological diagnosis and not prescribe before he is sure whether there is a "local cause" or not. Had the mistake been made by a young

practitioner, by a beginner, I should not comment upon it. But it was an occurrence in the experience of a man of long practice, over several years in general practice. And this seems to me to call for attention.

I beg that the ideas presented in this brief paper may be understood exactly as I intend them. Far be it from me to sermonize, or to give undue emphasis to nosologic diagnosis. But it is indispensable that the conscientious physician be familiar with the interpretation of symptoms, with all that goes to insure a complete pathologic diagnosis, so, that he shall not be in danger of making such blunders and oversights as that just cited.

Our responsibility demands that we establish a therapeutic diagnosis, but not less, a pathological one, as well. For the definition of a homœopathic physician is, a physician who has *added* something special to his other education. So that we must not, once entered upon practice, curtail this new special information, and neglect physical examinations. And it must be added that very often a minute study of symptoms reported by the patient, will lead the doctor to conclude that there is a local cause which at first did not seem apparent. And the doctor must never forget to develop the essential quality: Good sense.

Nevertheless, whether in case of accident, or in case of illness, the distinction must be from the outset observed. As a homœopathic physician he must make his therapeutic diagnosis; for if he prescribes for names of things, and not according to Hahnemannian rules he must be responsible for the failures that will result. Pathological diagnosis will claim his first attention only in cases of accidents or indispositions.

We trust that in this study we have given each method its due place, insisting that we cannot omit either one or the other kind of diagnosis.

We always must have those two paragraphs of the *Organon* in the mind (paragraphs 3 and 4):

The physician is likewise the guardian of health when he knows what are the objects that disturb it which produce and keep up disease and how to remove them from persons who are in health.

If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*),

and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy, the medicine indicated*) as also in respect to the exact mode of preparation and quantity of it required (*proper dose*), and the proper period for repeating the dose; if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then *he understands how to treat judiciously and rationally, then only can he merit the title of genuine and true physician or a master in the art of healing.*

GENEVA, SWITZERLAND.

In all chronic and lingering cases, the symptoms appearing last, even though they may appear insignificant, are always the most important in regard to the selection of a drug; the oldest are the least important; all symptoms between have to be arranged according to the order of their appearance. *Only such patients remain well and are really cured, who have been rid of their symptoms in the reverse order of their development.*—CONSTANTINE HERING.

Kali sulph.—There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through broncho-pneumonia, and seems to have recovered and after every change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures.—KENT.

SCIENCE IN THERAPEUTICS

REGINALD B. LEACH, M. D.

Among other terse admonitions, in his encyclical of 1903, Pius X said: "The *truth* is not to be feared".

Both the science and the art of medicine are dependent for their very existence upon the operations of natural phenomena, so every exhibition of a *law* newly discovered or a scientific explanation of some *truth* long followed, should meet with impartial contemplation by all students hopeful of scientific advancement.

The writer trusts he has not departed from the legitimate bounds of a liberal scientific faith in this attempt to elucidate his belief and the natural basis upon which it is grounded, asking of his peers only that courtesy accorded others whose chief purpose in life is the progress of that branch of the liberal arts for which we all labor.

The mission of medicine is to *cure* and the materials for its fulfilment are found in the provident storehouse of Nature, where are found the remedies for many maladies, if not a panacea for every ill. But, as empiricism never devised a brilliant operation in surgery, so it can never lead to a scientific and successful use of medicaments.

The highest and only calling of the physician is to heal the sick and, if possible, to prevent the well from becoming sick; and the highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation or obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons; while scientific prophylaxis of disease is the timely introduction into man's economy of the *simillimum* to a preventable disease, which spontaneously seeks to occupy those parts that otherwise would be occupied by the natural disease in its manifestation of signs and symptoms in such numbers and certainty of recurrence as to merit the honor of a specific title in the index of maladies to which man is heir.

Chance having taught Hahnemann that the excessive doses he was using often produced an aggravation of the symptoms, while less of the remedy would control them, he instituted a series of experiments resulting in the discovery of the fact, hitherto

considered one of the lesser and more curious features of medicinal action, that a similarity of symptoms existed between those produced by the remedy and those produced by the disease over which it proved curative. This fact he epitomized in the phrase: "*Similia Similibus Curentur*", in contradistinction to the current belief of his time, which he expressed in the phrase: "*Contraria Contrariis Curentur*".

This innovation, in combatting *non-surgical* disease, incited considerable strife among his contemporaries, especially among the druggists, whose "shot-gun-prescription" business was threatened, as Hahnemann advocated the single remedy only, and but little of that. This conflict continued, with but little abatement, for more than a century, during which unwarranted bitterness oft-times took the place of unbiased research and logical proofs. Philosophy would have suggested tolerance.

The attitude of the early opponents of *similia* may be summed up in the language of one writer who said:

The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a larger dose of the same drug in well persons, does not constitute a homœopathic medicine, for this rule was known to Hippocrates, yet Hippocrates was not a homœopath.

All of this, it seems to me, was poor logic but a plausible and safe assertion, as Hippocrates had been dead more than twenty centuries; and, as far as we know, there was as little consideration of the Law of Similars, until Hahnemann's day, as there was of a religious reformation until the crucifixion of Christ.

In fact, if that be logic, then it is logical to assume Shakespeare to have been an avowed homœopath. At least it is evident that he knew *something* of this natural law, which we call *similia*, when, in Act I, Scene 2, of *Romeo and Juliet*, "The Bard" prompts Benvolio to try to assuage Romeo's grief in the following stanza:

Tut, man, one fire burns out another's burning,
One pain is lessened by another's anguish;
Turn giddy and be help by backward turning;
One desperate grief cures with another's languish.
Take thou some new infection to thy eye,
And the rank poison of the old will die.

All cultured physicians of our day recognize the Law of Similars as one of nature's laws and, at times, consciously or unconsciously, prescribe accordingly, yet such physicians are not

necessarily homœopathists. On the contrary: The homœopathist is one who, *as a rule*, prescribes according to the mandates of *similia*, using whatever else he must as the exception.

In other words, every democrat may not always vote the straight democratic ticket, however much he believes in the principles and tenets of democracy, but he would at all times vote the democratic ticket *if* he believed the remedy, in the person of the democratic candidate, was the one most likely to effect the cure hoped for in the body politic.

On this same principle, the true physician, of whatever school, at all times practises his profession for the best interests of his patients and prescribes as his general knowledge of medicine dictates, regardless of the theory relevant to his prescription. This is not only his *right*, but it is his *duty* so to do.

Men in all ages have unconsciously taken their mental bias from the common beliefs of their time, and the candidate for medical honors, while professing liberality of belief, often proves himself dogmatic and exclusive; yet this very attitude is a basis for progress; for, without opposition in all things, the world would soon sink into the conservatism and consequent bigotry of mediæval times.

As the tree is known by its fruits, so must we be judged by the results of our efforts; and, as Hahnemann gave to the world the Law of Similars, let him be judged accordingly. Meantime, let's honor ourselves not only by conceding him this distinction, but also by crediting him with being the so-called "father of the germ theory", *because* it is of record that, under date of 1831, and under the title of "The Mode of Propagation of the Asiatic Cholera", he composed the following almost perfect picture of *germs*, when he said:

On board ships, in those confined spaces filled with mouldy, watery vapour, the cholera *miasm* finds a favorable element for its *multiplication* and *grows* into an enormously increased *brood* of those excessively minute invisible, *living creatures*, so inimical to human life, of which the contagious matter of cholera most probably consists.

I believe it is obvious that, in this characterization, wherein he refers to the multiplication and growth of the cholera *miasm*, Hahnemann did not mean to imply that *microscopic* emanations from cholera patients *multiplied* and *grew*, but that "those exces-

sively minute", or *microscopic* things in those emanations, *multiplied* and *grew*. Ironically speaking, we might safely say, Hahnemann simply plagiarized one of our synonyms for *germs* when, 12 years before Koch's birth, and long before the advent of trustworthy microscopes, he so precisely surmised the presence of those "*living creatures*" which, 52 years *after* his definition of *miasm* was published,* Koch so unerringly isolated, and thus *scientifically proved to exist*, those "invisible *living creatures*", or Comma bacilli, which we *now know* to be the cause of cholera Asiatica.

In fact, had Sternberg been more solicitous of the welfare of the men under his command, he might have advised his medics of '98 to better advantage, for there are many who still believe there would have been fewer cases of typhoid and fewer deaths therefrom, among our soldirs of '98, had that particular Surgeon General considered as worthy of emulation Aristotle's advice to his friend, Alexander the Great, to whom he wrote: *Do not let your men drink out of stagnant pools. Athenians, city born, know no better. And, when you carry water on your desert marches, it should be first BOILED to prevent its getting SOUR.** Right here we might say: When "The Mighty Stagirite" used the word "*sour*", he too plagiarized another of our synonyms for *germs*, yet this pre-eminent pupil of Plato, the acknowledged "father of logic", although he lived more than two thousand years ago, certainly "knew his *Allium cepa*".

The Law of Similars was a novelty of such character as to *seemingly* oppose all advance in the treatment of disease. Because of this belief, it met with the combined opposition of its author's contemporaries. Had there been no *truth* in his claim, it might long since have been lost to us, as have been so many of the theories to which his age gave birth; but, instead, like the religious belief so ably defended by Gamaliel, (of which we read in the Book of the Acts), although always on trial, it has lived and thrived, and now, at the end of a century and a quarter, retains all of its original force and vigor.

*Leipzig, Germany, 1831.

*Plutarch says, in his *Biography of Alexander the Great*, that that King died "at a time when he was engaged in devising great plans for drainage of the fever-stricken marshes around Babylon and for the irrigation of the district". Other writers say he, Alexander, died of a fever which he contracted while thus engaged.

Controversies have been carried on in our journals for more than a hundred years because of another of Hahnemann's revolutionary ideas, known as the *infinitesimal* dose; but time and experience have *proved* the virtue of his asseverations and *our* patients are the beneficiaries of his acumen and perseverance.

For instance, in 1890, at Saranac Lake Sanatorium, the deservedly distinguished "Tb." specialist, Trudeau, was prescribing tuberculin in 10 milligram doses. In 1906 this same indefatigable experimenter in internal medicine published the statement that: "*While in 1890, I used 10 milligram doses of tuberculin and lost my patients, I am now using this same remedy only in doses of 1/150,000ths of a milligram, and am SAVING my patients.*"

This, in homœopathic nomenclature, is the 8th potency or 8th decimal dilution.

That Hahnemann and Trudeau were eminently correct, in their deductions, both believing that some day this or even a much smaller dose might be weighed or measured or otherwise scientifically proved active, was certified to at Philadelphia, in 1913, at which time and place Boericke & Tafel, manufacturing chemists, *photographically* effected a distinct impression of an object through a maple plank 1/2-inch in thickness, using only 1/10th grain of pure radium as the sole source of light.

This same speck of radium was then triturated up to the 12th potency and a "very brilliant picture was made by exposing an object and the necessary plates to its rays". The 12th potency is practically 670,000,000ths of a *milligram*.

This potency was then triturated up to the 30th potency and again, under the same technic, after 48 hours' exposure, the object photographed showed distinctly on the plates. The 30th potency is, to all intents and purposes, *one-billion trillionth* of a *milligram*.

It is reported by Prof. M. T. Bogart, of the Department of Chemistry at Columbia University, that oil of roses has been detected in a solution of one part to 120,000; camphor in one part to 400,000; musk in one part to 8,000,000; and mercaptan, (a derivative of an alcohol in which the oxygen has been replaced by sulphur), is discoverable by the olfactory nerves if but 1/400,000,000th of a grain comes in contact with those nerves.

A natural query might be: Just what is the limit in potentizing, after which a remedy has no more physiological toxic effect? At this time, I believe we should admit *we do not know*. I say this because, within the past few months, Bronfenbrenner, of the Harvard Medical School, while working with the botulismotoxin, found that particular poison capable of killing mice, even when the dose used was in the 21st decimal dilution, or but ONE-MILLION-BILLIONTH of a GRAIN. (This is the toxin found in sausage and in canned meats).

Despite such contradiction of a common belief, many still remain sceptical of the *infinitesimals*. If this be true, how shall we convince them of the contagiousness of smallpox and of measles, the suspected morbid causes of which, so far as I am informed, have thus far escaped identification,* being as they doubtless are, ultramicroscopic or too *infinitesimal* for present day instruments to reveal to the ever-watchful eye of the discriminating microscopist; yet these same "invisible, *living creatures*, so inimical to human life" are admittedly potent in probable contagion.

If, as some still contend, "there is nothing to the *infinitesimals*", what shall we believe about those photographs, made with but *one-billion-trillionth* of a *milligram* of radium as the sole source of light, or of Bronfenbrenner's 21st decimal dilution of the botulismotoxin as a rodent destroyer?

If there is nothing to the *infinitesimals*, what about the modifying influence of vaccine upon variola? We do not affirm that vaccination will prevent smallpox every time, but experience has taught us that the properly vaccinated, if he contracts variola, undoubtedly suffers less than does the unvaccinated smallpox pa-

*Noguchi, who first isolated the specific morbid organism of yellow fever (so it is claimed), calling it the "*Leptospira icteroides*", recently died of yellow fever, at Accra, African Gold Coast. His death follows that of Prof. Adrian Stokes, of London University, the Professor's death having followed that of Dr. William Alexander Young, Director of Medical Research, at Accra. All of them are reported as having died of yellow fever, against which they were supposed to have had an antitoxin, invented by Noguchi.

The organism producing scarlet fever, according to the Research Department of Park, Davis & Company, discovered by the Doctors Dick, of Chicago, is known as a hemolytic streptococcus and same has been made to produce scarlet fever in volunteers, at Chicago, one of whom was a nephew of the Drs. Dick, the others being students at Rush Medical College.

tient. But who ever isolated this potency for good, this *miasm*, this germ that dwells in vaccine? No one. Why? Simply because, so far as I can learn, this protective dynamis in vaccine is one of those *infinitesimals* "accepted without prejudice".

The student of *similia*, however, is not so complacent. Studying the signs and symptoms of vaccinia and comparing them with the signs and symptoms of variola, he admits the possible limitation of physical demonstrations, but, in possession of a *law* that counsels logical deductions, he approves Hahnemann's argument on this subject, wherein he says:

It is well known that, when variola is added to cowpox, the former, by virtue of its superior intensity as well as its great similitude, will at once extinguish the latter homœopathically and arrest its development. Cowpox, on the other hand, having nearly attained its period of perfection, will, by its similitude, lessen to a great degree the virulence and danger of a subsequent eruption of smallpox.

On this same principle, applying this same thought to the *curative* action of drugs, Hahnemann argues that:

It is only by virtue of its great similitude, combined with greater intensity, that the drug disease is substituted for the natural disease, thus depriving the latter of its power to affect the vital force.

Because of what has gone before, and much that time will not permit of discussing, while he lives and continues to enjoy the confidence of some of his fellowmen, the writer must believe the Law of Similars to be *one of the fixed stars* in the firmament of internal medicine; and, whenever one of his patients presents an agglomeration of signs and symptoms suggesting to his mind a certain *simillimum*, the author must prescribe that remedy.

PARIS, TEXAS.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly cooperation between the two organizations.

SUPERIOR CLINICAL KNOWLEDGE ONLY OBTAINABLE IN PRIVATE GENERAL PRACTICE*

DANIEL E. S. COLEMAN, PH. B., M. D., F. A. C. P.

There is a wide-spread belief, not only among the laity but among many physicians as well, that great clinical experience can only be obtained in large hospitals where vast numbers of patients apply for treatment. Again, we hear of the superiority of group medicine over the services of the individual physician.

From my graduation in 1901 I have been connected with four hospitals as interne, visiting and consulting physician. One of these, the Metropolitan, was the largest general hospital in America. My private general practice has been active and continued. The conclusions based on personal experience are as follows: Hospital practice is valuable, and I do not wish to underestimate this value, for perfecting our knowledge and technique in physical diagnosis, for affording opportunities for observing many and varied manifestations of disease, for acquiring experience in laboratory and *post mortem* findings, and for broadening our medical and surgical horizon by association with our colleagues.

No hospital or laboratory experience can replace, or compare with, in a practical way, the work of the observing general practitioner. Sir James Mackenzie was originally a country general practitioner of medicine and surgery. His large practice enabled him to acquire knowledge which meant the revolutionizing of our conception of diseases of the heart. Before his notable contribution to medicine, these diseases were absolutely misunderstood. To him, a general practitioner, belongs the honor of modernizing cardiology. Let me quote a few of his remarks: "The progress of medicine will be hampered and delayed till the general practitioner becomes an investigator. The reason for this is that he has opportunities which no other worker possesses—opportunities which are necessary to the solution of problems essential to the advance of medicine".

In hospital practice our observation of individual cases is too fleeting in character to enable us to acquire the necessary clinical

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

knowledge required for therapeutic perfection. We see only a limited phase of the disease history of each individual patient. Many are in the last stages of their respective pathology. It is only by observing a number of patients through their clinical life histories that we can hope to become masters of the art and science of medicine. Again, in hospital practice the clinical material is so divided and sub-divided, that each individual physician and surgeon is limited to a comparatively narrow field. I remember one surgeon while operating on the abdomen, say: "I am not supposed to go into the pelvic region, that branch belongs to Dr. X". I heard of another, while operating for a bubo which proved to be a hernia, going to the telephone and calling up another surgeon to operate. Herniotomy was not part of his individual specialty. So many of the so-called modern hospitals resemble a well-known automobile plant, where thousands of workers have their individual duties confined to one special performance. One rivets, another bolts, etc., etc. I know of a great hospital centre whose dental specialist performed his extractions by making a flap of the mucous membrane overlying the root. He would then drill through the bone and lift the offending tooth from its bed. He claimed to avoid trauma, lacerations and what not, by this method. Marvelous! What dentist cannot pull an ordinary tooth without undue trauma or lacerations? I remember when I was interne at the Metropolitan Hospital, some twenty-seven years ago, that we often were obliged to do extractions. Even we did not get undue trauma or laceration. Granulations occur rapidly after the extraction. This so-called flap operation always makes me think of having one's hair cut by removing the scalp and pushing out the hairs. This institution, truly great as a representative of group medicine and surgery, is subject to the same imperfections characterizing all finite things. I in no way wish to depreciate its service. It lacks, as all such institutions must necessarily do, the experience gained in general private practice. They are not extracting so many teeth at present at this centre I understand, but are directing their energies to the removal of prostate glands. This institution has never had any trouble to make both ends meet. And by the way, the prostate does not need to be removed, x-ray will cure the hypertrophy.

Some years ago a very important patient of mine had his duodenal ulcer healed by proper diet and medication. X-rays taken before and after treatment confirmed the cure. He was slightly below weight, but I urged him to be careful of his diet. He went along for months in apparent health. A friend induced him to visit one of the "great hospital centers" and be "built up". He did so against my advice. He was told that he was fourteen pounds below weight, and that they did not know whether he had a duodenal ulcer. I know he did and the x-ray films proved it. He was immediately put on a "building up" diet and stuffed with food until he gained the necessary fourteen pounds. The result was the return of the ulcer. Again, an example of the lack of knowledge gained only in general practice.

A patient over eighty years of age, while on his summer vacation, lost his way in the woods and was obliged to walk many miles (he said ten). I was staying at the same hotel and when I returned in the evening I found him sitting before the door of my room. He claimed to be "all in". I examined his heart. If it had been my first examination I would have concluded that he would not live through the night. Instead, I gave him *Arnica 3* and told him to go to bed and sleep. I did the same. I had been listening to the vagal irregularity of his heart, off and on, for about twenty years and I knew, notwithstanding the exaggeration of this irregularity brought on by over-exertion, that he was in no danger. Knowledge gained in general practice again proved its worth.

While on my vacation one summer, I received a hurried call from the daughter of a patient who had been taken to the hospital in a "most serious condition". I returned to the city and found her suffering from a form of hysteria which I had observed before in her during my years of association as family physician. It seemed that a doctor and nurse had stood at the foot of her bed the night she was admitted to the hospital, and discussed the possibility of her lasting until morning. I prescribed for her and she recovered rapidly. That was fourteen years ago and she is alive and well today. During that time she had only one relapse. *Gelsemium* was her chief remedy.

In 1915 a patient consulted me for symptoms indicating hy-

pertension. Her urine examination revealed chronic interstitial nephritis. She was then 68 years of age. Her systolic pressure was 220. Under remedies, principally *Cratagus* tincture in five-drop doses four times daily, her pressure fell to 183 in about one month. During the many years that I attended her the pressure would vary from 168 to 283. I see one record where she feels "perfectly well" with a pressure of 250/100. This was in 1923. She was on her way to Europe and only dropped in with her daughter who was ill. My experience with her case prompted me to say nothing about her pressure, she never did know the exact readings. She went to Europe, had a good time and returned. Death finally occurred from senile myocardiac degeneration at the age of eighty. I could give many more medical case histories showing the necessity for long continued observation. The experience gained in general practice is no less valuable in surgery. The treatment of fractures has played no small part in my practice. Often we reduce one that we never expect to be satisfactory. If the patient was not under observation for a period of time, a false conclusion would be reached.

In 1926 an old lady fractured both bones of the forearm. Reduction was most difficult and it was impossible to line up both bones. An x-ray would always show a misplacement of one of the fragments. Time passed. She now has perfect function at the age of eighty.

A fracture of the humerus proved to be another difficult case. Apposition and retention of the fragments proved to be a perplexing problem. I succeeded however, and today she has a perfectly straight arm.

I have had fractures of the hip in old people, difficult Potts fractures, and many others of a discouraging nature recover satisfactory function after a period of time.

We all know how time alone will tell the result of many operations. The short sojourn at the hospital is of slight prognostic value.

The curriculum of a medical college today is far different from the time when most of us were students. The laboratory with its full time paid teachers plays a prominent part in present

day instruction. This development in practical laboratory methods is, we must agree, a valuable asset to scientific accomplishment. So much has this idea taken root in some minds that the most grotesque conclusions are reached. I remember a paper presented some years ago by a laboratory professor engaged in drug experimentation on animals. I believe that this doctor's experience in the practice of medicine was about nil. His remarks gave me a good laugh. Referring to *materia medica* and trying to prove the truth of homœopathy he said: "Are we to let this important branch be taught by a lot of pill peddlers"? An extraordinary way of proving the value of these "pill peddlers". When we recall the names of Lippe, Hering, Dunham, Allen, Deschere, O'Connor, Talcott and many other giants in medicine who "peddled pills" and taught, our idea of proficient medical instruction must be somewhat different from a man whose experience is confined to experimentation on guinea-pigs, rabbits, etc. A successful teacher must be familiar with his subject. He must possess practical knowledge based on actual experience. This can only be acquired in active private practice, the hospital alone, useful as it is, is not sufficient. The experience of both is necessary for an ideal. When a lecturer speaks on *Bryonia*, *Sulphur*, *Rhus tox.* or any other remedy, it is absolutely necessary that he know exactly what has been and can be accomplished by each medicine in its application to individual diseases. A laboratory can never make a man competent for such work. Animal provings are useful for adding to the sum of our conception of drug action, but it should occupy a minor place in the curriculum of our colleges. He who teaches therapeutics, should know therapeutics from actual experience in active practice.

In the old days not only were the homœopathic colleges honored by eminent practitioners of medicine, but the "old school" colleges were manned by men whose names will go down to medical history. Loomis, Janeway, Austin Flint, Thompson, and many others served humanity by imparting the fruit of their wide medical experience to students of the past.

DYSCRASIC LATENCY*

J. W. WAFFENSMITH, M. D., H. M.

Mr. J. S.—72 yrs.

March 13th, 1928.

Florid complexion; short, heavy set

Silkeness of hair

Chilliness

Frontal headache

Red discoloration of face

Pain behind sternum

Dryness of mouth, and behind sternum.

Thirst

Mitral insufficiency

Frequent urination

Agg. night

℞—*Bryonia* 500 B. & T.

March 16th, 1928.

Improved to such an extent he dressed and walked around the house

Followed by relapse

Chilliness

Diminished breathing

Air hunger

Tightness in region of middle lobe of right lung

Pain in middle lobe of right lung, agg. 3 a. m.

Crepitant and mucous rales

Thirst, agg. a. m.

White expectoration

Tongue white

Temperature 102

Pulse intermits every fourth beat; hard

℞—*Kali mur.* 3x.

March 18th, 1928

Cough, agg. night

Pain in joint of index finger of right hand

(Old arthritis returned)

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

DYSCRASIC LATENCY

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Face flushed

Constipated

Coryza thin

Expectoration profuse; whitish

Tongue discolored white

℞—*Kali mur.* 200 B. & T.

March 20th, 1928

Thick light green expectoration; bloody

Nose bleed

Burning heat

Face red

Thirstless

Pulse markedly weakened

Temperature persists

Apathetic; hopelessness

℞—*Phosphorus* 30 B. & T.

March 21st, 1928

Better

Temperature 100

Marked offensive penetrating odor from mouth and body

Indican appeared heavy in urine

Numerous hyaline casts

April 19th, 1928.

Steadily improving

No indican and rare hyaline casts

This case is not presented on account of unusual features or treatment. Here is a patient who was under the strictest homœopathic care. There were no enemata, cathartics, or heart stimulants given. No hydrotherapy or local applications used.

The arthritis although very painful and angry looking, was considered an elimination symptom, a modified expression of a sycoptic miasmatic condition which had been previously treated.

Orange juice and water were freely and exclusively allowed.

There was no outside interference in the simple and rational homœopathic management of the case.

The patient presents a broncho-pneumonia in a man seventy-two years of age, plus an organic mitral insufficiency and a nephritis; and last, not least a deep-seated constitutional state.

Bryonia was indicated, and improved to such an extent that the patient felt the urge to arise and be about the house.

Why did the remedy, carefully selected, cease to hold and carry the case through to a normal state? The later improvement indicates he has not reached the terminal chapter of life.

The exhibition of the pneumonic process presents a picture of *Kali mur.* and the reaction verifies its similarity to the disease in ascendancy.

The pain, the air hunger, are diminished; the expectoration becomes free under the beneficent effect of the mild homœopathic dose. With a marked improvement in the pathological state of the lung tissue, why does this case not continue to improve? The heat becomes more intense to the patient; the general debility increases; the action of the heart and other objective conditions indicate a slipping away.

Something of more importance, of a deeper significance is to be reckoned with. How are we to meet the pressing problem? Time is short and action must be quick before the life force is submerged by the awakening destructive force.

The case is carefully studied from other angles, the family history offers nothing important. Nothing objectively shows the character of the force which must be faced.

The following grouping of symptoms is used as a basis for study, *viz*:

- Florid complexion
- Blond type
- Silkiness of hair
- Red discoloration of face
- Burning heat
- Nose bleed
- Green and bloody expectoration
- Thirstless
- (Changed from thirst)

Here was a rapid, destructive central process; hæmorrhagic tendency; marked circulatory congestion centered in head; and an important change in color of sputum. The acute pulmonary condition which developed the thirst has been replaced by thirst-

lessness, an indication of chronicity included in the remedy picture.

The tubercular dyscrasic latency appears unquestionably in the picture, and *Phosphorus* is the *simillimum*.

Within twenty-four hours we have a significant symptom appearing, namely, offensive, penetrating odor from mouth and body, charging the atmosphere of room similar to a putrid fæcal evacuation. Apart from the eliminative value it was a new symptom, foreign to the case, remaining but two days. It was in this case the miasmatic red strand, a pivotal symptom around which improvement centered, to remain only until it was definitely established.

Here was a short, heavy set person of phlegmatic temperament. This type does not conform to our standard conception of the remedy. No doubt in the early period of his life it was indicated, and evidently continued to be indicated in a latent manner.

In this great crisis of his life the most virulent constitutional state found occasion to endeavor to express its early type. The age, the organic changes in the heart and kidneys interfered with the ability to reproduce an early expression.

It aimed its blow in the pulmonic area, was met by a suitable organic similar which produced a favorable reaction in its sphere.

We at last are face to face with the real issue, the inner constitutional state. It may be obscured very often by excessive attention to detail, but ever must be studied as embracing within its circle something not only including detail but the larger basic fact.

We must study that constitutional state in relation to the variation of detail as it presents itself in an individualistic study of each and every case in a unified grouping.

NEW HAVEN, CONN.

Conscientious man, 50, married; many years' experience in homœopathy and drugless methods. Expert in handling potencies, wishes assistant's work with a doctor. Address: The Homœopathic Recorder.

WITH A PAUCITY OF SYMPTOMS

ALFRED PULFORD, M. D.

The appended cases are cited, not to show any particular skill either in the selection of the remedy or in the art of prescribing, but to show what the indicated remedy will do in cases that do not get well otherwise or of themselves; and to show that frequent repetition and plus-ing are not necessary, that they too frequently spoil the case, and that a change of potency is only necessary in most cases because we have spoiled our cases by too frequent repetitions. We own up to this ourselves for we are as guilty of it as you are, but that does not lessen the crime any, and we are more to blame than you because we know better, and if you do not you ought to.

CASE 1.

About 3 years ago V. C. H., a real estate dealer, walked into our office and said he had been referred to us by one of our patrons. After carefully taking his case all that our efforts and questionings revealed was: For the past seven years he had had every night without exception a gnawing pain in the stomach, for which he had tried persistently to get relief. Numerous stomach specialists had been consulted but in vain. Money had been no consideration in the matter, neither had it been of any benefit up to the time he had found homœopathy. We took up Kent's *Repertory*, third edition, and turned to page 520 and there found tucked away in modest type: "Pain, gnawing, night: *Abrotanum*". He was given a 2 dram vial of the 30x to take one dose and repeat only if absolutely necessary. To date it has not been necessary to repeat and the pain has not returned. He has become a real booster for homœopathy. This case fully illustrates the futility of animal experimentation for medical prescribing. What animal proving would have furnished us a clew in this case?

CASE 2.

This case from the strictly prohibition town of Champaign, Ill., will best be illustrated by the patient's series of notes. The patient, a real estate dealer, about 60 years old, wrote May 15,

1926: "About seventeen years ago you treated a brother of mine and did him a lot of good. I was wondering if you could do anything for me. I have a chronic case of syphilis. Have taken treatments of mercury and salvarsan but without any benefit whatever. My case is of thirty years' standing. Have excruciating pains in hips nights, no appetite, restless sleep, forgetful, mind becoming affected, and working makes me very nervous. Those are my symptoms. If you have any idea you can help me I will take treatment. He was sent a dose of *Hepar. sulph.* 30x on two counts, first, the symptoms pointed to no remedy and he could not come to us and could not afford to have us come to him, and, secondly, as an antidote to the mercury and salvarsan. He had *Placebo* in the interim. November 18th, 1926, he writes: *Have been gaining in weight and feel some better, but still have pains in my hips mornings, however not so severe, for which I am thankful. More Placebo.* December 20th, 1926: *Have gained in weight twenty pounds and pain in hips abating. I used to feel badly every day, but now I have some good days. More Placebo.* February 5th, 1927: *No change from last report. One dose Hepar 1M.* March 22nd, 1927: *Am happy to report that I am feeling a great deal better every day, thanking you for your interest in me. Placebo.* July 18, 1927: *Am feeling a great deal better, for which I thank the Lord and yourself, as I was in awful shape until I began your treatment. More Placebo.* August 24th, 1927: *Have derived a vast amount of good from your treatment, but no change from last report. One dose Hepar 10M.* November 3rd, 1927: *Am feeling real well and my old self again. My sincere thanks to you, but think I ought to stay under your observation for a while yet. Placebo.* December 26th, 1927: *Am feeling so good that I hate to quit you. Patient discharged. To date he has remained in the best of health and has needed no more medicine.*

The above case is one of many that confirms these things, first, that the best results are obtained by a none-too-frequent repetition of the drug; that the *true simillimum* will stop the downward course of any remedially curable disease in any stage and start the patient on the road to recovery at once; that if you have to repeat at all, or at least too often, that you have perhaps a somewhat similar remedy, but not the *true simillimum* and, last-

ly, that the selection of the potency of the drug is based solely on the law of dynamics, i. e., the truer the force is directed to the object to be moved the less the power necessary to be developed at the source, in short, the nearer to the *true simillimum*, the higher the potency required to do the best work.

CASE 3.

About five years ago Miss B., aged 18 years, was brought to us. For about 10 years she had been the victim of diurnal enuresis, to the extent that she was unable to go anywhere. The least excitement or motion would start the urine to flow, other than this no symptoms could be elicited. After three months of bungling treatment we found ourselves no better doctor than our predecessors. One day the mother turned to us and said: "What makes my daughter so thirsty at times? She will go a long time, then it seems that she cannot get enough to drink". Well, excitement causes motion, naturally, and *Bryonia* is decidedly worse from motion, but even that alone is not sufficient data on which to prescribe *Bryonia*, but, when you add to that the great characteristic—"Great thirst at long intervals"—which is found under no other known remedy—there is absolutely no other choice. It is needless to state that a single dose of *Bryonia* 1M brought untold joy to all concerned, for now the young lady can go anywhere at any time.

CASE 4.

Is that of a special representative of the U. S. Steel Corporation, a man about 65, who developed a very choice specimen of carbuncle around the occipital region which measured eight inches in diameter. A most malignant, foul, odorous mass of a dark, purplish hue, that stank to heaven and burned like fire. We started to make a thorough botch of this job. Nothing that we could get gave us a clew to the remedy. *Anthrax*, *Arsenic*, *Lachesis*, *Rhus* and *Tarentula cubensis* were given, but for two weeks we got nowhere excepting a chance to lose our job. In order to keep down the odor and help us out in our bungling we had the part fomented with *Calendula* and then applied dry charcoal, but this got us nowhere and we were beginning to despair of being able to do anything, and to add to the complications the nurse vol-

unteered to the patient that she had nursed patients with what had been the largest carbuncles known, but that she had never seen one as large as this and that all those she had seen died. Needless to say she lost her job. While things were going from bad to worse the patient volunteered this: "Whenever my bowels start to move the stool will get part way out and then will slip back and can only be expelled with the greatest difficulty". Needless to state he got a single dose of *Silicea* 1M and *Placebo*. His pain was promptly relieved and a mass almost as large as a child's head suppurated out and left a cavern that was fearful to behold. He received two more doses of the 1M and one of the 10M and made one of the most brilliant and record-breaking recoveries we have ever seen and it is surprising how nearly the signs of the scar have been obliterated when one considers the extent and the jagged edges, for there are parts along the line almost invisible and the patient feels better than in years.

CASE 5.

This gentleman, an ice dealer, about 40 years of age, had about fifteen years ago a case of gonorrhœa treated by that "ultra-scientific method"—suppression. As soon as the discharge stopped, his bowels, which had always been regular before, became constipated, growing gradually worse and resisting every effort to rectify the condition. He spent money freely but in vain trying to find relief. He finally moved from Columbus to Toledo as his business interests were centered there. He was referred to us for a condition of his wife, and while here he volunteered: "I have never had any use for homœopathy myself, but since you have done so much for my wife I am going to let you see what you can do for me". His case was carefully taken but revealed nothing on which to base a prescription. On the knowledge of his suppressed gonorrhœa he was given one dose of *Medorrhinum* 1M. The relief was prompt and to date has needed no repetition. This is the second case of this kind that has come to us with the same result.

CASE 6.

This young man who had inherited the tubercular diathesis came to us eight years ago, the victim of much mishandling, a

poor, weak, scrawny, emaciated lad who was expected to die at any time. Auscultation revealed bubbling and crepitation all over the chest. There was thick, greenish expectoration, no cough, debilitating night sweats especially after midnight, no other symptoms. He was under observation for three years. During the first three months he received each month one dose of *Tuberculinum bovinum* 30x and *Placebo* in the interim. From the very first dose improvement began. He then received one dose of the 30x each three months thereafter until discharged. The potency was never changed. The father was just recently at our office and tells us that the son has never had any other treatment than that we gave him; that he is now in the best of health and weighs 185 pounds and is one of the most promising commercial art students at the O. S. U.

CASE 7.

This gentleman, about 35 years of age, of French birth and of tubercular inheritance, developed sinus trouble. Two operations and a regular attendance at the specialist's office twice a week for three years resulted in naught but financial benefit to the specialist. His tubercular inheritance; his constant desire to go somewhere; his thick green discharge; his aggravation from cold and damp and his debilitating night-sweats after midnight tempted us to give him one dose of *Tuberculinum bovinum* 30x. The result was almost miraculous. There was a change within 24 hours. While he is still under observation there has been neither change of remedy nor repetition and the improvement is going on rapidly.

CASE 8.

Dr. G. Blase is reported by P. D. and Co. to show the superiority of vaccines in the treatment of whooping-cough, to have treated fifty-two cases by the seral method and two hundred fifty cases by other methods. The cases received eight injections and recovered (?) in eight to sixteen days, while those treated by other methods lasted three to five months. Contrast that doubtful method with homœopathy which cures whooping-cough while you wait. Mr. G., a patient of ours, just fresh from the ranks of allopathy, spoke of his little boy whom our allopathic friends had been treating for over two months for a fully developed case of

whooping-cough. All he could tell us was that "the boy woke regularly at 3 a. m. and on waking his upper lid puffed out". Could we send a remedy? We sent a powder of *Kali carb.* 1M. The child had a slight cough that night and no cough since; is now in the best of health and has been the means of fully converting the mother to homœopathy.

CASE 9.

We were asked to see a little lad of about three years of age. Perhaps those who hold such veneration for allopathic diagnosis will be quite shocked when we say that we hold his diagnosis in contempt. This little lad had what we believe to have been a masked case of scarlet fever whose prodrome was said to be confusing, so much so, that it baffled the august skill of both the allopathic fraternity and the health board combined. The rash failed to show up properly and the allopaths unfortunately had no *Bryonia* to bring the rash to the surface. They started in to cure the rash, with the little patient going moribund as fast as he could go. Here is what we found: A little, helpless, puny, whimpering, almost lifeless child whose little limbs were drawn up in a tension, his whole body was tense; parts ulcerated from head to foot; skin angry red, tense, and shiny over lower parts of thighs and knees; skin where not ulcerated looked like the skin of a ripe tomato that had been scalded prior to being peeled, desquamating in large sheets, one desquamation following another rapidly. Oxide of zinc ointment was used to heal up the ulcers and the body otherwise dusted with aristol powder and God alone knows what he had been given internally. It was one of the most pitiable cases we have seen in all our forty-three years' practice. We could hardly suppress the tears. On top of all the suffering he was tortured with good scrubbing with soap and water. The nurse was shocked when we stopped the soap and water for moist cornmeal and the aristol for rice-flour. The little fellow was given a dose of *Sulphur* 30x with no result. As we could get no data on which to base a prescription, but feeling firmly in our own mind that it was a case of suppressed rash and that *Sulphur* was the only logical remedy he got a single dose of the cc. The reaction to this dose was prompt. Within twenty-four hours there was a change in his disposition and in rapid succession a rapid re-

gaining of strength, a return of appetite, a more normal pink to the skin, a decrease in the size of the desquamations and a rapid healing of the ulcers. In two weeks the lad was almost normal and that without change or repetition of the remedy. At the end of three weeks he was able to have his wish gratified that "he be allowed to go outdoors and dig in the dirt". All of this on a single dose of a single remedy.

CASE 10.

Mr. H. W., age 37, came to us with a beautifully complicated case of asthma, cold and stormy weather only, and a scaly eruption over the entire body which was extremely red, fingers cracked and bleeding and covered with vesicles and scales exuding a watery fluid, itching and burning intolerably causing him to scratch continually. His wife said that she got nearly a dust-pan full of scales every morning from the bed before she could make it up. Aside from the asthma and what we could see, he could give no other symptoms. On April 13th he received one dose of *Arsenic 1M* and has had no other medicine since. At the present writing the entire train of symptoms have improved rapidly and the skin is almost clean.

TOLEDO, OHIO.

DISCUSSION.

DR. UNDERHILL: I have an interesting case of a girl, 12 years old, who came in with eczema of the scalp, all her hair had come out and it was dry and very scaly and this condition was of a year and a half standing. Upon the symptoms of the patient I gave her *Pulsatilla 200*; that began to work right away. Inside of six months there wasn't a vestige of eczema on her scalp, her hair came in, today she is perfectly well and healthy after about a year of prescribing. She had only had one dose when her mother came in with her and said: "Doctor, I am discouraged". I said: "Why"? "Well, Eleanore has the same old catarrh back again". I had been negligent in taking the case in that I didn't find out about the catarrh, but I found out now about the catarrh and that she had had for years a persistent nasal catarrh, thick greenish, and greenish-yellow mucus. They had taken her to a specialist who had been very successful in "curing" the catarrh, suppressed it. In about a month or two after the suppression the eczema came out. I said, "It is plain to be seen the eczema came out because the catarrh was suppressed. Now the eczema has been cured and the catarrh has come back. We will get after that and see what we can do". I repeated the *Pulsatilla 200* and I think, since then, I have given her the 1M. She has no catarrh and no eczema at the present time.

DR. WRIGHT: Since we are reminiscing for a moment on cases of skin

diseases, I might tell of a little boy of three whom I had in the out-patient department. His mother was the patient, she said: *I wish you could do something for this child, his face has had this horrible eczema since he was two years old. I have had him to every doctor, and they have given him yellow salve, white salve and black salve and none of it has done any good.* I looked at the child. He had no symptoms of any suppression. Finally the mother remarked: *Every time he goes near the stove his face gets burning red,* and immediately I thought of *Antimonium crudum*. I gave him one dose of the 2c and by the end of five weeks that child was clear for the first time in a year and a half, and has stayed so.

DR. OLDS: In relation to this *Kali carb.* case of whooping-cough, I want to confirm that, or to recall the time several years ago when we had an epidemic of whooping-cough. A young lady came into the office. She had been taking care of some children who had whooping-cough and she had started in with a very persistent cough that looked like the beginning of whooping-cough. She had the identical symptoms Dr. Pulford's case had. It was a 2 o'clock aggravation of the cough, and one dose of *Kali carb.*, I don't remember what potency, and in twelve hours it completely disappeared.

Another thing that came to my mind, while these cases, particularly that *Abrotanum* case, were recited, was a subject that I think has not been treated of in this convention, and that is on the poisoning of our patients with aluminum. I believe that a great many of our stomach cases at the present day, as well as others, are due to aluminum poisoning. I want to refer you to a book by Dr. Charles Betz of Toledo, Ohio, who has written quite extensively on this subject, and rather proves his case. In my own experience I feel that he is right, that we are bucking up against aluminum poisoning a great deal of the time. He has demonstrated that the ordinary individual who has all of his food cooked in aluminum utensils, his coffee made in an aluminum percolator, who uses all aluminum utensils and alum baking powders, is taking from 13 to 15 grains of aluminum hydroxide every day. That ought to be enough to poison anybody.

I have found in certain cases of stomach ulcer that where those things are prohibited my case comes along very much better than it would otherwise. I think that is something for the membership to look into.

DR. PULFORD: Mr. Chairman, I wish to confirm what the doctor just said. Dr. Betz in Toledo proved his case through whatever he did on homeopathic methods and he is right on that.

DR. OLDS: I might say further, if anyone wishes to prove this thing out for himself, here is a very simple proof (as to the aluminum): Take a quart of water and boil it in an aluminum utensil for about twenty minutes. Boil it vigorously, pour that into a clear glass jar, then take some other utensil like agateware or porcelainware, and boil the same amount of water and pour it into another jar and let it stand all night and look at them in the morning. One will look like milk, the other will be clear.

CHAIRMAN DIXON: Any further discussion?

DR. PULFORD: Nothing excepting that in the present undeveloped state of homeopathy, we are having to zigzag a lot of cases around. We are having to use a lot of physiological remedies which we wouldn't if the thing was completed. It is up to us to go ahead and complete the unfolding of it. We are standing still; we are dormant, and we should be going ahead and getting ahead and curing a lot of cases that we are zigzagging from one remedy to another.

SEQUELÆ—COMPLICATIONS—PROLONGATIONS.
NEVER WELL AFTER—WHY? WHY?

GEORGE E. DIENST, M. D.

An acute disease whether from bacterial origin or from some innate tendency to certain forms of acute outbursts of febrile or exanthematic phenomena, is self-limiting, and when not interfered with results in resolution or death. If benign, the only rational form of therapeutics is to aid nature in throwing off the infection and limiting its duration. If malignant, the same form of therapeutics applies.

Since there is much said in literature and in parish gossip about the sequelæ of acute disease and the many complications which arise in consequence of the infection the question naturally arises—are these complications and sequelæ natural outgrowths of acute disturbances?

For instance, granting that the treatment rendered in acute disease is rational, is it necessary and unavoidable that asthma should follow whooping-cough, that nephritis should follow scarlet fever, that pneumonia should complicate or follow measles, that prolonged illness should follow typhoid fever, that pulmonary tuberculosis should follow pneumonia, and that paralysis should follow diphtheria? We answer emphatically NO! Neither is it necessary for death to follow any form of acute disease, except in the aged, or in those whose vitality is very low.

Let us, for instance, take a case of Sydenham scarlet fever. You are called to the bedside of a child say 12 years of age and you will find that it has been sick two or three days. The eruptions are now on the surface and are perfectly smooth and of a bright scarlet hue; sthenic type with active delirium, and during early stages vomiting, violent and cerebral symptoms prominent; restless sleep with crying out, twitching of muscles, grinding of teeth and constant motion of mouth, as if chewing; when aroused from sleep, child is violent and full of fear, striking at those around it; eyeballs red with wild look about eyes and redness of face; throbbing of carotids; involuntary moving of hands to head, bending head backward, as if too heavy; head hotter than other parts of body; lips, mouth and throat very red; throat bright-red and swollen and tongue coated with elevated papillæ; tympanum

markedly congested, and congestion extending to external auditory canal; violent tonsillitis and angina, with stitching pain and spasmodic contractions, inability to drink, liquids return through nostrils; violent thirst with or without dread of water; suffocating sensation on turning head or touching pharynx; *calor mordax*. Or the rash fails to come out and the child becomes pale or livid. Rolls head into pillow, moans, whimpers and screams, jumps out of bed and wants to walk in his sleep; pulse small and accelerated. This is a clear case of scarlet fever and should have no complications nor sequelæ if properly treated.

There is only one remedy indicated which, if given in the proper potency, will modify the disease, shorten its duration, prevent complications and avoid all sequelæ. This is true, absolutely, and yet we understand very clearly how ill-chosen remedies, poor nursing may change the tide to that of a very malignant form, prolong the duration of the disease, and endanger the child's life, and, should it recover, we will have something more insidious than scarlet fever to deal with. All this is true when improper therapeutic measures are employed.

We object to any variation or any method contrary to that strictly indicated, and no physician has a right to prescribe any remedy which is not strictly indicated in the disease. You ask, how can we know the indicated remedy? This can be known only by hard study and careful observation.

Now, I do not want to be hypercritical, but many years of observation have taught me that the average physician is neither a student nor an accurate observer. In years of experience dealing with scarlet fever where I have had some severe malignant cases to deal with, I have lost but one case and that was due to congenital syphilis which I had no means of knowing until long years after the death of the child. Neither have I had a case of scarlet fever followed by the usual complications we read about.

The remedy indicated does not only modify the disease, shorten its duration but aids nature in throwing off the toxins and leaves the child as healthy as it was before. We might refer you to all forms of acute disease but this takes time and space, of neither of which have we a surplus. In treating acute diseases, all should end in complete recovery. To aid nature, therefore, in healing the disease without complications or sequelæ a careful knowledge

of the indicated remedy is absolutely imperative. He who does not understand the action of the curative, indicated remedy should not rest until he has found it. For, without this knowledge he has no moral right to practise medicine.

Complications arise predominantly from faulty selection of the first remedy, the alternation of remedies and their too frequent change.

AURORA, ILLINOIS.

CARBO VEG. CASE

G. BURFORD, M. D.

Case—Patient *at. 75*; with malignant disease of colon: recurrent crises of myocardial failure of influenzal origin.*

The outstanding symptoms of the primary condition (pain-hæmorrhage-tenesmus, etc.) were well under control, when influenza swept through the household, two of the nurses becoming victims, and later the patient. In this latter case there was a limited rise in temperature, but no heightening of the aforesaid malignant symptoms. The general well-being was, however, obviously lessened. Dr. J. H. Clarke saw the case in consultation with me; and independently diagnosed the condition as influenzal.

A few days after this onset I was summoned urgently one evening on the ground of "heart failure". There was no unusual restlessness, but the patient, though feeling chilly, insisted on the windows being opened; complained of great oppression at the chest; respiration had increased in frequency and lessened in amplitude (Stokes-Adams type repeatedly observed): The whole body was cold to touch, notably knees, hands, tip of nose, and other parts distant from the circulatory centre; there was no asystole; pulse-rate averaged 124 per minute. Patient was packed with hot water bottles from shoulders to feet with no notable result.

A dose of *Carbo veg.* 10M. was given and repeated at first every five minutes, and later at longer intervals. In about an hour the pulse rate began to lessen, the respirations to be easily observable, the skin less chill, and the capacity for swelling somewhat easier. At the end of the second hour all the noticed symptoms had vanished and the patient was sleeping naturally.

*Repr. from *The Homœopathic World*, LXIV, page 7.

ANTIMONIUM OXYDATUM (Ant. o)*

JOHN H. CLARKE, M. D.

SESQUIOXIDE OF ANTIMONY. SB O TRITURATION.
2 3

CLINICAL: Acne. Boils. Debility. Dysuria. Glands enlarged. Gonorrhœa. Impotence. Night sweats. Perspiration, excessive. Prostate, affections of. Pustules. Testes, atrophy of. Urine, disorder of.

CHARACTERISTICS: The symptoms of *Ant. o.* have been obtained from the effect of the fumes in antimony works. The record is in Allen's *Encyclopædia* obtained from *Alg. Hom. Zeit.* 20, 122, and *Rev. de la Med. Hom.* 2, 194. The head, chest and urogenital organs were chiefly affected and a complete relaxation of the whole organism with depression. Pustular eruptions were also well marked. Probably in *Ant. o.* we have the purest antimony effects of all the antimony provings. The chief localities are the same in all, but *Ant. o.* has more pronounced action on the genito-urinary system than the others, producing dysuria, strangury and gonorrhœa-like discharge, impotence and atrophy of penis and testes. In the head there are lightning-like pains from front to back; occipital pains; and pains behind the glabella. Stitches prevail in the chest. There is extreme weakness, depression, restlessness and profuse sweat.

Ant. ox. enters into the compositions of "James' Fever Powders", a famous remedy of long ago, which consists of one part of *Ant. ox.* to two parts of Calcium phosphate.

RELATIONS: Compare *Ant. l.* Red urine, *Oc. c.* Impotence, *Lyc.* Pains in head from before backward, *Anac.*, *Bell.*, *Bry.*, *Naja.*, *Nux.* Sleepiness with headache, *Gels.*, *Lach.*, *Puls.* Difficult tenacious expectoration, *K. bi.*

SYMPTOMS.

1. MIND. Depression and general relaxation.
2. HEAD. Violent headache; with tearing in limbs. Slight headache increasing to intolerable degree. Continuous fatiguing pain immediately behind the glabella. Lightning-like stitches from front to back, disappearing suddenly but leaving frontal headache. Stitches and burning in occiput and nape. Violent stupefying pain in occiput, worse evenings, so exhausting he falls into unrefreshing sleep.

8. MOUTH. Tongue coated white.
10. APPETITE. Diminished or lost.
12. ABDOMEN. Distended with incarcerated flatus. Colic, without diarrhoea.
13. STOOL AND ANUS. Diarrhoea; troublesome, frequent, with griping, consisting of food evacuated soon after eating.
14. URINARY ORGANS. Indescribable lameness in urinary apparatus. Pains and urging at neck of bladder and burning in urethra during urination. Discharge of a few drops of mucus from urethra. Gonorrhœa-like discharge from urethra. Painful discharge of urine, *guttation*. Dysuria with mucous discharge causing burning in urethra. Strangury. Urine, deep orange-yellow, almost red. Deep-red and bloody urine, causing burning in urethra, a whitish mucus exuding after urine ceased.
15. MALE SEXUAL ORGANS. Atrophy of penis and testes. Penis flaccid. Loss of feeling and sexual appetite. Impotence. Burning in glands. Pain in testes. Pustules thick on genitals.
17. RESPIRATORY ORGANS. Cough; violent, shattering, dry, with stitches in chest; dry, painful, ending in difficult expectoration of tenacious mucus. Respiration difficult, with sibilant rales all over chest.
18. CHEST. Very great constriction, with stitches. Oppression, constriction and irritation to cough. Lancination along edge of ribs and in neck. Sharp stitches through chest to shoulders and back. Violent stitches with dry cough.
20. NECK AND BACK. Swelling of cervical glands. Sensitive pains in loins. Sharp pains in sacro-lumbar regions. Pustules on neck and body.
21. LIMBS. Pain in all the limbs. Spasms. Pustules on nates; bends of limbs; on thighs and scrotum.
24. GENERALITIES. Weakness and relaxation of the whole organism. Excessive general irritability. Great sensitiveness.
25. SKIN. Pustular eruption like pocks on body generally, esp. neck, lower abdomen, genitals, bends of limbs.
26. SLEEP. Restlessness preventing sleep. Sleeplessness. Dreams, fatiguing, anxious; frequent starting.
27. FEVER. Of intermittent type. Perspiration; profuse with general weakness; debilitating during sleep; tormenting, pouring sweats every time after sleep, followed by great exhaustion. Excessive night sweats.

*Repr. from *The Homœopathic World*, LXIV, Jan. 1929, p. 12, supplement to *The Dictionary of Materia Medica*, in which this does not appear.

THE INFLUENCE OF THE AGE OF INDUSTRIALISM ON HOMŒOPATHY*

JULIA M. GREEN, M. D.

Imagine walking through the main street of the small town or village of long ago. As the square is reached, the church spire rises far above adjacent buildings and forms the only aspiring vision. Town hall and schoolhouse, with the general store, complete the picture, except for the village green with, perhaps a statue or two. On the main street nearby in inconspicuous houses are the doctor's and the lawyer's offices.

The deacons of the church and the selectmen of the town are the governing bodies. Religion, as expressed by the church, is the strongest influence. The lawyer is respected and often feared. The doctor is known to all, often well-beloved by all as a friend and family counsellor. The one or two wealthy men wield an influence quite disproportionate to their wealth. If they are hard, grasping men, woe to the rest of the citizens. Industrialism is represented by farmers, storekeepers, a carpenter, a horseshoer and one or two more. These people are underlings.

We do not have to imagine walking through the city of the recent past, we have all done it. What stands out? Not the churches, for these are often nestled down beside tall structures; not the buildings housing the city government; not the schoolhouses, imposing and beautiful as these often are; not professional offices, for we must hunt for them. No, what stands out today are the evidences of this age of industrialism—huge manufacturing plants, lofty office buildings, large apartment houses, luxurious hotels, spacious department stores, massive railroad stations, intricate arteries of travel, and the ever present automobile.

There are two words which characterize the significance of these changes, *organization* which for a long time stood almost alone, and *cooperation* which has become an increasing influence. Organization has as its corollary specialization. It seems as if everything is organized and specialized to the *nth* degree. This is the age of industrialism. Who rules? The rich man rules with his money, for all sorts of people are after it; he can create for

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good or for evil, and a study of the best ways to spend money has become a profession.

The business executive rules with his brains. He is highly trained, greatly respected, much sought for advice.

The efficiency man rules through his ability to save time, labor, money.

The professional man who rules first is the salesman who has become extremely skilful.

The next professional man is the lawyer whose opinion on various business matters commands huge fees from corporations which are thus saved loss of much larger sums.

These people rule—big money, big business, salesmanship.

Who are ruled successfully?

The specialized worker who does one mechanical operation over and over. His wages are low but much better than they used to be.

The rapid worker who is paid medium wages for speed in production.

The skilled worker who can command a comparatively high wage.

Who is satisfied among consumers? And with what?

The consumer says *What do I get?* He wants the best product for the least money, the largest return on his investment, the greatest showing for time spent.

Consequently reforms in industry have loomed large on the horizon of modern development. We hear much about efficient production, the least waste of time and effort; we read of the value of satisfied workers, of better working conditions, fewer hours, higher wages, more opportunity for higher culture.

Where does homœopathy find a place in this picture? Almost nowhere. Why? Because homœopathy has stayed behind these times of rapid industrial progress. Its devotees have been content to practise in the fashion of the doctor of the old time town. Patients are cured in this way, they say.

Yes, of course, but the business world does not know about it. We have not presented the heads of industry our claims for consideration in their requirements. These people look at things large, as large as their buildings and railroads and banks. Money

is contemplated in millions and people in thousands. What Mr. Smith and Mr. Jones received in terms of health at the hands of a homœopath against whom they have heard much prejudice, does not sink into the minds of business magnates.

Their salesmen convince them of the value of many things pertaining to their business. They must convince them of the economic value of homœopathy. Lately the importance of regular health examinations is presented to them, but almost wholly from the standpoint of diagnosis. The value of sanitation and hygiene they know. Many large industries have physicians for their employees. Yes, but where does the homœopath come in? I know a huge business concern in New York employing several hundred engineers, men of great intelligence and broad training. One of them, a devotee of homœopathy, tried to give its benefits to some of his fellow workers. The result was a strong reprimand from the head of the concern and the order to stop talking homœopathy or sending employees to outside physicians under penalty of losing his job. The company has its own physicians. This sort of thing makes for retrogression and discontent.

What we need is trained salesmen of homœopathy to go to these rulers of industry and convince them of the economic value of homœopathically treated employes. Such salesmen can translate into money value: increased vitality and the contentment of health, greater longevity with a much longer period of efficiency at one's job, the benefit to business of the fruits of ripe experience, of a much more rapidly decreased death rate and increased birth rate of healthy children, the great importance to business of the eradication of inherited chronic tendencies to disease and elimination of the effects of strong drugging. The business man is keen for such things; he could take them all right. These salesmen must be laymen; it is rare that a physician is a salesman, for it takes business training and not professional training to make one.

I know full well that the question will be raised of scarcity of homœopathic material on which to base the salesman's plea. This is another subject, a correlated one.

Organization and cooperation as keynotes should come to mean as much to homœopathy as to business industry. There

are medical organizations galore but not much cooperation. Petty jealousies and medical politics tend to destroy even the best intent for it. If big business should come in and demand cooperation for the sake of the vast benefits homœopathy could supply, would not large visioned cooperation ensue? I think it would. The law of supply and demand requires it. Business firms band together in companies for mutual benefit. Why should not physicians? The old time isolated office is outgrown.

For some years there has been a tendency among physicians to have offices in one building; now we begin to see a new professional building in the large business blocks. A doctor may choose the size and shape of his suite.

So far this grouping is mostly for benefits to the physicians of the group. Presently it will be for benefit to the community served. Now we see a sort of out-patient sanatorium called, perhaps, a health center, run entirely as a commercial proposition for the money to be made out of it. Presently this will change into a community health centre for the good of the people.

For this is the trend of the times: a new suburb is opened; people of moderate means build homes there. Small stores, a school, a branch library appear. The residents demand a local church, but there is not enough wealth to support all the denominations represented; therefore organization with cooperation to meet the common needs; therefore a community centre church. There should be a community health centre too, a building to house a group of physicians, each one trained to do well a part of medical service, all working together for the maintenance of health, keeping fees within specified limits, pooling them if so agreed.

In these groups the homœopath should have a place as specialist in medical prescribing. Business magnates will demand this when they see the benefits; the people will demand it as soon as they see the results; the demand will create a supply and all will be well.

In the balanced community the physician will emerge from obscurity and take as prominent a place relatively as he had in the old-time village life. His influence cannot be greater or better than that, but it will be different, while still holding the friendship and regaining the confidence of the people.

The homœopathic physician belongs in the group of those most useful to the leader in industry, for he can be an inestimable aid to him, as much so as his salesmen, his lawyer, his secretaries, departmental managers, etc.

It needs just a little imagination and calculation to bring out clearly the power of the homœopath. A few good prescribers in key positions would turn the tide of homœopathy. Physicians and laymen must work together to accomplish, just as business heads and lesser trained assistants work together.

Let us try to reach this goal eminently worth while for its benefits to humanity and give homœopathy its place in the Age of Industrialism.

WASHINGTON, D. C.

CARBO VEG. AGAIN

G. BURFORD, M. D.

Case—Patient *at. 60; with malignant disease in neighbourhood of splenic flexure; no hæmorrhage and but occasional vomiting; pain sometimes acute; marked cachexia.**

On a recent consultation I found this patient in bed, with the clinical symptoms of adynamia—skin cold, shabby pulse, swallowing difficult, and consciousness scarcely maintained. This condition was the issue of a definite distension during the previous few days. The patient had a single dose of *Carbo veg.* 10M.; and instructions were given for a supplement of *China* 10M. during the night if necessary. It was not necessary. I awaited the denouement with some anxiety; but the following morning, instead of dissolution, ostatitis had plainly heightened; the crisis had dwindled during natural sleep; capacity for taking food in some degree returned; and the *tout ensemble* was that of definite improvement. The stimulus toward recovery continued to operate for three or four days, when the patient, charmed by the consciousness of returning vigour, elected to drive to the adjacent village and effect some purchases. Such senseless trifling with the situation stifled further improvement; and changed the venue altogether as regards further aid from *Carbo vegetabilis*.

*Repr. from *The Homœopathic World*, LXIV, page 7.

PULSATILLA AND KALI-SULPHURICUM*

F. E. GLADWIN, M. D.

Science of today is truly wonderful. It throws light on so many things that otherwise would remain in darkness.

My neighbor had a little waif dog that looked something like a Scotch terrier. In order to ascertain its breed a veterinarian said he would take some of its blood to the university for examination. He reported the result to be seventy-five per cent Scotch terrier, twelve and a half per cent fox terrier and twelve and a half per cent hound. Someone has evidently been examining the blood of *Pulsatilla* and while they didn't give the per cent of each, they found her ancestors to be *Calc. phos.*, *Kali phos.*, and *Kali sulph.* The fourth ancestor is still an unknown quantity.

Pulsatilla shows her heritage, in fact she hasn't vim enough to get away from it. See her standing there, dull of mind, tearful, anxious, sad, restless, oversensitive, aggravated by physical exertion. She is ameliorated by motion, aggravated by touch and aggravated in the evening. These mental symptoms and modalities we all recognize as characteristics of *Pulsatilla*, but do they mean *Pulsatilla*? There stand her three ancestors, each claiming them all. *Silica* claims them also. *Silica* has many of *Pulsatilla*'s symptoms. Could it be possible that he is that fourth ancestor? Here we have ten good generals, all of them characteristic of *Pulsatilla* and her three ancestors. Continuing with the characteristics of *Pulsatilla* we find her changeable, timid, better in the open air and when walking. These bar *Calc. phos.* *Pulsatilla* has wandering pains, is aggravated in a warm room and on waking in the morning, and is ameliorated in the open air. These symptoms bar *Kali phos.*, but *Kali sulph.* still remains steadfast. Indeed *Pulsatilla* resembles her ancestor *Kali sulph.* so closely that it is easier to tell wherein they differ than wherein they are alike.

Pulsatilla

Mild, yielding, timid, sullen, whining, peevish, irresolute.

Kali Sulph.

Obstinate, easily angered, timid, very irritable, cannot make up his mind to act.

*Read before I. H. A., June, 1928, Bureau of Materia Medica.

- Usually thirstless but sometimes she has thirst. Then she drinks often and but little at a time as it provokes an inclination to vomit.
- Burning thirst, desires cold drinks though cold drinks cause nausea.
- Thirst for beer in the morning.
- Desires sour things, refreshing things, herring, lemonade.
- Desires sour things but likes sweet things better.
- Aversion to pork and fat things.
- Aversion to eggs.
- Catarrhal discharges, white, yellowish, greenish and bland.
- Catarrhal discharges, yellow, bright yellow or greenish and more likely to be excoriating.
- Fears ghosts in the evening and at night.
- Dreams about ghosts.
- Absent-minded, silent mood, sits silently with hands folded.
- Seems to be thinking of something far away.
- Anxiety, has no rest at night from heat. Anxiety in evening after lying down.
- Anxiety in bed in evening, during the night on waking.
- Flees from his work, shuns business, aversion to work. seeks consolation.
- Aversion to work, to business, to company.
- Dreads people, frets him to answer, confused, fretful, chilly; confusion as after intoxication or watching.
- Confusion of mind in morning in warm room, ameliorated in open air.
- Disgusted with everything, tearful, easily discouraged.
- Dullness of mind, discouraged and discontented with everything.
- Mental labor fatigues and affects the head. Aggravated by mortification, fright, vexation, excessive joy, even by slight emotions.
- Extremely excitable, mental exertion aggravates.
- Fear of ghosts at night; anguish in region of heart even unto desire for suicide; weary of life, thinks with pleasure of drowning.
- Fear at night, of death, of falling, and of people.

Loathing of life, desires death, fear of death.	Fear of death, frightened at trifles.
Does things hurriedly.	Always in a hurry.
Impatient.	Impetuous, impatient.
Hysterical laughter after meals.	Hysterical and excited in the evening.
Omits letters in writing.	Misplaces words in writing.
Depressed in the morning; gloomy, melancholy.	Low-spirited morning and evening.
Changeable, alternating moods.	Changeable disposition, alternating moods.
Weeps easily.	Weeps.
General aggravation morning and evening.	Aggravation morning and evening, but more symptoms are worse in the morning than in the evening.

VERTIGO.

Vertigo excessive when rising from bed in the morning; when rising from a seat; when looking up, as if he would fall; agg. sitting or lying; amel. walking in the open air.

Vertigo as after turning in a circle with nausea. Agg. in morning and evening; amel. by walking in the open air, after eating, by talking, when sitting, when stooping, when turning the eyes upward.

Staggers when walking.

HEAD.

Throbbing headache.
Headache as if in a vise.
Constrictive headache above the eyes.

VERTIGO.

Dreadful vertigo aggravated when rising from lying, standing, sitting, looking up. Feels that he is falling.

Vertigo in the evening in a warm room, after eating, during headache, with nausea, must lie down. Agg. sitting up, rising up, and standing. Amel. in open air. Objects turn in a circle. Feels that he is falling forward.

Staggers.

HEAD.

Boiling sensation in the head.
Coldness in vertex.
Constriction like a band or close-fitting cap; constriction of forehead.

Headache as if one had eaten too much.

Pains pressing, throbbing, stitching, twitching, tearing, bursting, semi-lateral, jerking, lacerating, as if in a vise; agg. by warm applications.

Headache in the evening agg. from mental exertion, when lying or sitting quietly, or in the cold; agg. on moving the eyes; agg. when stooping.

Headache amel. by external pressure and walking in the open air, in cool open air, by quick, hard rubbing with dry hand, and by compression.

Congestion of blood.

EYES.

Like a veil before the eyes, amel. by rubbing them.

Transient obscuration of vision.

Flame surrounded by starry halo.

Dryness of eyes and lids.

Burning, itching in eyes, styes on upper lid.

Child frequently rubs its eyes.

Pains in forehead over eyes, occiput, side of head, temples; pulsating, boring, burning, bursting, drawing, jerking, pressing, stitching, tearing, stunning, shocks; agg. on right side.

Pains morning on waking, evening, night; agg. from draft, during chill, sneezing, standing, from taking cold, coughing, after eating, when heated, in a warm room, from a jar, during menses, after sleep, from motion and from moving head from side to side.

Ameliorated in the open air, cold air and lying.

EYES.

Dim vision, foggy vision, sparks before the eyes.

Dark colors variegated, colors yellow, halo around the light; black floating specks, dazzling.

Inflammation of conjunctiva and lid edges swollen.

Dark veins; eruption about eyes on lids.

Lachrymation, itching.

Stitches from light, lachrymation in open air.
 Agglutination of lids in the morning.
 Ulcer of cornea; thick white or yellow, bland discharge.

EARS.

Deafness as if ears were stopped.

Noises in ear, humming, tinkling, ringing.

Profuse, thick yellowish or greenish discharge.

NOSE.

Loss of smell.

Thick, yellow or green, offensive discharge.

FACE.

Pain left face; amel. in the open air.

Prosopalgia; agg. in warm room in evening, lying, and by heat.

Face alternating red and pale; one cheek red, the other pale. Yellowish.

TEETH.

Drawing, tearing, stitching pain along the alveolar border; agg. in the evening, on entering a warm room. Amel. in the open air.

Pains pressing, burning, tearing photophobia.

Lids agglutinated.

Discharge yellowish, greenish.

EARS.

Ears feel stopped, pulsate.

Impaired hearing. Noises in ear, buzzing, chirping, crackling.

Pain, oversensitive to noise.

Discharge bright yellow or greenish, bloody, offensive.

NOSE.

Sense of smell lost.

Thick, yellow, offensive discharge, alternating with watery discharge. Discharge bloody, burning, excoriating, greenish, yellow, thick viscid. Itching on nose, swelling, sneezing.

FACE.

Faceache agg. in warm room and in evening. Amel. in open air.

TEETH.

Toothache; agg. in a warm room, in the evening. Amel. in the open air.

THROAT.

Dryness of the throat, agg. mornings.

Tough mucus night and morning.

Stinging pains in throat agg. on swallowing.

STOMACH.

Pulsating.

Thirstlessness.

Usually eructations, bitter, sour after eating cakes, water brash.

Hungry, knows not for what.

Desires sour refreshing things.

Eats greedily but it is followed by vomiting.

Sensation as if he had eaten too much.

ABDOMEN.

Distended after eating, must undo clothing.

Rumbling and gurgling in abdomen.

DIARRHŒEA.

Diarrhœa watery nightly, greenish yellow, stringy, changeable, no two alike.

Rumbling before stool.

Alternating hard and soft stool.

THROAT.

Dryness and constriction of throat.

Mucus in throat in morning.

Pain on swallowing. Rawness, burning, sticking.

STOMACH.

Pulsating.

Burning thirst.

Eructations after eating, bitter, empty of food, sour water-brash.

Appetite increased or wanting.

Desires sour things but likes sweets better; desires cold drinks, cold food.

Fullness after having eaten ever so little.

ABDOMEN.

Distension after eating.

Rumbling before stool.

DIARRHŒEA.

Stool yellow, stringy or watery.

Rumbling before stool.

Constipation alternating with diarrhœa.

Offensive, putrid flatus ameliorates many abdominal symptoms.

GENITO-URINARY.

Irritability of bladder. Frequent desire to urinate.

Urine loaded with urate of ammonia.

Gonorrhœa with thick, yellow or yellow green discharge.

Discharge of dark blood from urethra.

Menses delayed, too late; agg. after wetting feet.

Leucorrhœa, rather thick mucus, color of milk, burning, acrid; agg. lying.

LARYNX.

Hoarseness and roughness of voice.

Loss of voice.

Whooping-cough with vomiting of mucus and food.

RESPIRATION.

Asthma in children after suppressed rash; asthma after suppressed menses; agg. in evening after eating.

CHEST.

Congestion to chest and heart at night with anxious dreams.

HEART.

Catching pain in the cardiac region.

Rheumatic irritation of the heart; pain shifting rapidly from one portion of the body to the other.

GENITO-URINARY.

Chronic catarrh of bladder. Urging to urinate agg. at night.

Urine albuminous.

Gonorrhœa in advanced stage, with green and yellow discharge.

Hæmorrhage from urethra.

Menses too soon or too late.

Leucorrhœa burning, excoriating, greenish, yellow, purulent, thick or watery.

LARYNX.

Hoarseness.

Aphonia.

Whooping-cough with yellow slime or yellow watery expectoration.

RESPIRATION.

Asthma agg. in warm room; amel. in open air. Wheezing in a warm room.

CHEST.

Anxiety in chest.

HEART.

Pain in heart, stitching pain in heart.

Palpitation.

BACK.

Pain in lumbar region as sprained on motion.

Lumbago, must move yet pain has no relief.

EXTREMITIES.

Pain rheumatic; wandering pains, shift rapidly from one part to another.

Red, hot, swelling of feet. Burning soles.

SKIN.

Burning, itching of whole body, on becoming warm in bed; agg. by scratching.

Urticaria, erysipelas, pimples, ulcers, measles.

CHILLS.

May have quotidian, tertian, quartian ague or changing type.

Chills may begin at 10 a. m., 11 a. m., 4 p. m., 6 p. m. First attack may come at 3 p. m., and a later one at 1 a. m.

Sometimes thirstless during chill and sometimes thirst for much water as for lemonade. Chills begin in back, hands, feet, tips of fingers, or umbilical region. Shaking chills.

PHILADELPHIA, PA.

Palpitation with anxiety of heart; tumultuous palpitation.

BACK.

Pain in lumbar region during menses, while sitting, and while walking.

EXTREMITIES.

Pains in joints, wandering, wandering pains in limbs amel. by walking in open air.

Cold hands and feet.

SKIN.

Burning of the skin, burning after scratching. Itching, crawling, stinging, burning amel. by warmth of bed.

Liver spots, eczema, herpes, pimples, psoriasis, pustules, rash like measles, scaly eruptions on moist face.

CHILLS.

Quotidian chills.

Shaking 5 or 6 p. m. until midnight.

POINTERS

After the salvarsan the *simillimum* is often the antidote.—

C. M. BOGER.

In any complicated chronic case the recent symptoms are the deciding ones. You must cure your case in layers, removing the top, i. e., the last layer first.—B. C. WOODBURY.

You can often avoid an aggravation from a high potency by giving it in three doses two hours apart.—C. M. BOGER.

In menorrhagia of thick, black blood in women with very irregular menses *Nux moschata* may be indicated.—L. VANNIER.

For constipation before and during menses, accompanied by cold feet, try *Silica*.—L. VANNIER.

Conium has cardiac pain during dysmenorrhœa.—L. VANNIER.

Obscuration of vision with noises in the ears as an accompaniment of over-abundant menses makes one think of *Trillium*.—L. VANNIER.

Cimicifuga has pain beneath the breasts especially at the menopause.—E. WRIGHT.

Urticarial itching better by perspiring calls for *Rhus tox*.—H. C. ALLEN.

Entire inability to sweat characterizes *Graphites* and *Hepar* as well as *Alumina*.—H. C. ALLEN.

In rectal fistulæ *Calc.*, *Caut.*, *Sil.*, and *Sulph.* are most useful.—J. JAHR.

For swelling of the cheeks during menses: *Graph.*, *Phos.*, *Sep.*—J. JAHR.

In nocturnal paroxysms of epilepsy or chorea *Calcarea* is valuable especially after *Sulphur*.—J. JAHR.

Crocus is suitable in chorea or convulsions with laughing, especially when attacks alternate with whooping-cough.—J. JAHR.

Patients appear to get up a tolerance for remedies. A complementary remedy will sometimes keep the patient from going stale.—R. E. S. HAYES.

Varying remedies or dropping back in your potency of the same remedy, i. e., 50M to 40M, will likewise help to increase your patient's reactivity.—J. C. BURNETT.

In left hemicrania with cutting pain into the ear, worse from coffee, better combing the hair, *Formica* is suitable.—J. C. KING.

COMMUNICATIONS*

Ashland, N. Y., January 19, 1929.

Editor Homœopathic Recorder:

I have just read in your very excellent November issue a criticism of my July article. I am accused of "temperamental ineptitude"? "Mental energy slowed down" and of having "something else in the wind"? No attempt is made, however, to controvert any of the facts given in the article. Always, when a lawyer ridicules the plaintiff and his witnesses, while offering no testimony in rebuttal, it is taken for granted that he has no case.

Shortly before his death, Hahnemann said that the work was only just begun and that his followers must continue and complete that which he had started. Except for a comparatively small number of worth-while provings; the compilations of Hering, T. F. Allen and Clarke and the repertories, the work is about where Hahnemann left it. During the last thirty years, especially, the School has been doing little more than just hanging on, which means that they have been losing their grip and falling backward. In the opinion of the writer, the only remedy is in some such line of research as that conducted by the *Homœopathic Foundation of New York* under the leadership of Dr. Stearns. To cast reflection on such work, especially when it shows evidence of completely successful achievement puts homœopathy in the position of the drowning man who fights attempted rescue.

As was said in the July article, *Nature supplies a curative remedy for every individual illness but this may be, and often is one of the (as yet) comparatively unknown drugs.* Hahnemann said that the *simillimum* only would prove curative, that near-similars would be only palliative or useless and urged a complete proving of all substances capable of medicinal value. In Clarke's *Dictionary of Materia Medica* about twelve hundred drugs are considered. Of this large number only a small proportion have been adequately proved. A large proportion of the remaining valuable but fragmentary information has never been repertoried which makes it comparatively inaccessible. Even though all these drugs were adequately proved and properly repertoried, it is a question if the result would not be so stupendous and confusing that only the super-mind could use it profitably. As there are not enough super-minds to satisfy humanity's needs, some simpler method seems essential. The triumphs of modern science in other fields suggests equal possibilities here.

After a most careful study of chronic cases in the practice of the writer for a period of twenty-five years and an analysis of results, he found that a humiliatingly large percentage of the prescriptions were disappointing. This was due largely, of course, to his inability to select the true *simillimum* for such cases. The late Dr. Campbell, of Brooklyn, considered one of the most brilliant and conscientious prescribers, told the writer that he was not certain of the true *simillimum* in more than one-third of his chronic patients. The late Dr. Baylies, a great scholar with an exceptionally extensive knowledge of drugs, who was also a most painstakingly careful prescriber, said that he felt he had failed to discover the true *simillimum* in at least one-half of his cases. Any fairly competent prescriber can select the *simillimum* when clear-cut indications for any of the well proved drugs are present. But how about the case for whom none of the well proved drugs quite fits the symptom-complex or the

*The Editors are not responsible for opinions expressed in this department.

one who presents few or no individualizing characteristics, or the one who cannot correctly describe symptoms or cannot help being untruthful? Homœopathically defined, it is not the seriously ill which is the "difficult" case but rather the one in which the selection of the true *simillimum* is difficult or impossible by methods heretofore in use. There is too large a percentage of such cases even in the practice of the most expert and most careful prescribers. Also, there are too many homœopaths whose consciences are salved, in spite of poor work, by the loyalty of their patients.

Beginning about fifteen years ago, the writer began sending such "difficult" cases to well-known Hahnemannians in New York and even to other cities where possible. In so far as the writer could insure it, each prescriber was given a fair trial. The results were beneficial in not more than fifteen per cent of the cases. The writer was about equally successful with similar failures coming to him from Hahnemannians elsewhere. There are men who won't admit such failures and claim near-infallibility for themselves. They should know that other Hahnemannians often see their failures and that they are judged by their peers.

There was a time in the past when the crude methods and horrible prescriptions of the old school often wrought serious havoc. Almost any kind of a homœopath could usually benefit such cases with a few doses of *Nux vomica*. But times have changed. Also, those very common acute, contagious and infectious diseases in which the well-known acute remedies were so quickly and pleasantly curative as to arouse the enthusiasm of a grateful clientele—such conditions are no longer common and opportunities for homœopathy to advertise itself in this way are now infrequent. While homœopathy has been resting on its laurels, the old school has discarded its obvious barbarities and has made such spectacular advances in the sanitary, mechanical, diagnostic and surgical fields as to gain the limelight for themselves. Even in the treatment of chronic ailments, with their more accurate diagnostic and pharmaceutical knowledge, they are able to prescribe pleasing palliatives which are sufficiently effective to satisfy the public. In competition with this modernized, more accurate and pleasanter brand of allopathy, homœopathy has nothing better to offer than the still imperfect and less spectacular methods of fifty years ago.

While it will continue to be of great benefit in the rapidly decreasing field of acute diseases, the great opportunity for homœopathy lies in the perfection of its method for the cure of chronic (constitutional) diseases. In order to fulfil this urgent humanitarian need, it must decidedly improve its percentage of cures and lessen its percentage of failures.

Several years ago, some of the writer's "difficult" cases were referred to the New York Foundation for Homœopathic Research. For them, the writer had been unable to discover the *simillimum* after the most diligent effort. None was incurable otherwise. At least four out of five of these and subsequent cases of similar character, quickly got well. This was a positive efficiency of eighty per cent compared with an efficiency of only about fifteen per cent in previous experiences for similar cases covering many years. Enlightening also was the fact that many of the prescriptions were unproved or comparatively unknown drugs. Also when some one of the well known drugs was selected, it was one that would hardly have been considered on the basis of the symptoms present. The present procedure is only a stepping-stone to something better. It consists of a series of experiments with heretofore unknown phenomena. The fact that perfect prescriptions are now being made, in its still undeveloped stage, should result in its serious consideration by all consistent homœopaths. Its present high degree of accuracy lifts it into the posi-

tion of an exact science. When the phenomena involved have been brought under complete mechanical control, the advantages of the true *simillimum* will be available for all invalids. Isn't this last the goal we have all been striving and hoping for?

(Signed) W. H. FREEMAN.

Editor of the Homœopathic Recorder,
38 Elizabeth St., Derby, Conn.

DEAR DOCTOR:

May I ask you to insert a notice in the next issue of your Journal, to the effect that this office has had to close down on all correspondence, as from today, so as to get to work on the compilation of the data received for the International Homœopathic Directory.

There are many very belated letters coming in to us now, to which we cannot possibly answer questions that were explained some five or six months ago, and to all of these correspondents we shall have to take this method of replying and thanking them, there being no time for further personal letters.

This Committee wishes to thank all those who have in any way helped and contributed to the value of this Directory, and among these we name as of the greatest value, your *Homœopathic Recorder*. There are a few correspondents scattered over the world, who are best left with their own consciences.

We have received enough encouragement already to satisfy us and make us feel that this work is going to be necessary and much wanted.

This Committee is deeply thankful to every helper.

Sincerely, for the Committee,

E. PETRIE HOYLE, M. D.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

EDITORIAL

"WHITHER ARE WE DRIFTING?"

In the Christian world this is the season of Lent, a season of self-examination and self-discipline, that we may come out stronger and better men and women. In the light of recently published comments on homœopathy in the United States, we ask if it is not time that every homœopathic physician observe a season of self-examination and self-discipline, that he may show in his use of the healing art the great truths that Hahnemann discovered and his followers developed.

Dr. Royal, in the January *Recorder*, made some timely comments on "Damming the Stream or Keeping the Channel Open". An article, "Whither Are We Drifting"? from the pen of Dr. J. N. Majumdar, Editor of the *Indian Homœopathic Review*, and appearing in the September and October, 1928, issue of that journal, bears a more stinging criticism of American homœopathy, for he says:

The gradual disappearance of true homœopathy from the United States of America had depressed me very much, for it must be admitted that although there are quite a number of homœopathic colleges and hospitals, the teachings and treatments in many of these institutions are anything but homœopathic. It seems that the days of Hahnemann, Hering, Lippe, Allen, Kent, and others are gone. Materialism has given place to the true spirit of homœopathy that performed miracles in the days of Hahnemann and his disciples.

However, my visit to the continent of Europe and particularly the meeting of the International League of Homœopathy, inspired me with new courage and vigour once again, for I found that the European continent had become fully alive to the truth of true homœopathy.

It is sometimes salutary, though not always soothing to "see ourself's as others see us" and Dr. Clarke's recent article in the *Homœopathic World* is more in the nature of a salutary warning than soothing:

A RENAISSANCE (?) OF HOMŒOPATHY.

The Panama trip of the American Institute of Homœopathy in 1927 seems to have been such a great success that our cousins from over the water propose to repeat the experience on a grand scale and invade Europe in force during the coming Summer. A ship has been chartered and it is expected that a company of doctors and their families, five hundred strong, will visit the principal cities of Europe, beginning with London.

With the business tact and foresight, which we expect from our American friends, the American Institute of Homœopathy has sent two ambassadors to prepare the way. Some of us had the good fortune to

receive Dr. Linn J. Boyd and Professor Borden soon after their arrival, and they very candidly laid before us the ideas that are behind the expedition. We were told that there is going on in America a "renaissance" of homœopathy, which is, of course, very pleasant to know. An inquiry into the nature of this re-birth did not reveal anything likely to arouse enthusiasm on this side. As we understand homœopathy, the only way to advance it will be through making the *Materia Medica* more accessible, and more perfect in its setting than it has hitherto been. This can only be done by making more distinct the indications through clinical use and illustration, and by improvement in Repertories.

As far as we could gather this is not the kind of re-birth that homœopathy is undergoing in the United States. Dr. Linn J. Boyd, who appears to be the *Materia Medica* representative, Professor Borden representing the executive side of the enterprise, boasted that in one research he had sacrificed one thousand guinea-pigs, and in another, numberless cats. The idea seems to be to give homœopathy what is considered in these times a "scientific" basis. To the ordinary observer it looks as if transatlantic homœopaths were endeavoring to placate the allopaths by showing themselves devoted followers of Dr. Simon Flexner, the great vivisection apologist, and best known to homœopaths on this side as the destroyer of the bulk of the homœopathic colleges of U. S. A.

If this is the idea of a "Renaissance of Homœopathy" entertained in America, we must warn our friends that it is not ours. Homœopathy is the humanizing spirit of medicine, and will have nothing to do with cruelty perpetrated in the name of "science". Homœopathy is founded on self-sacrifice and not on the sacrifice of others.

Therefore, if the shipload of homœopaths comes over this summer we hope the pilgrims will have a very good time, but they must not expect any official recognition of provings on guinea-pigs, cats and dogs, nor must they expect us slow Europeans to recognize a "new birth" in this kind of thing, but rather a death and burial.

This last week has also brought us a letter from a 1926 graduate from one of our colleges. This man came from Europe to this institution because it was homœopathic. His letter expresses much disappointment in the way homœopathy is taught in this college, and he says: "Had I known how little emphasis they placed on the subject, and how little confidence they seem to have in its value as a therapeutic method, I would never have taken the trouble of coming all the way over here, in order to learn it". He says further that "in the society meetings I have attended and in homœopathic journals (with the exception of the *Recorder*) mention of homœopathic subjects is the exception rather than the rule; homœopathy is not even included in the scientific program, but is sometimes discussed before the program starts"; and, gravest indictment of all, "I have not yet met a homœopathic physician who even attempted to practice homœopathy according to Hahnemann". He admits that he has learned considerable homœopathy by diligent study in the two years since

he graduated. His appreciation of *The Homœopathic Recorder* and its present high standard, and the work of the American Foundation for Homœopathy Post-Graduate School, point out the only solution in this critical period.

We regret that a physician could visit America and fail to recognize the steadily growing influence of Hahnemannian homœopathy. The International Hahnemannian Association and its activities, and the Post-Graduate School of the American Foundation for Homœopathy have been very potent means of fostering this growth of true homœopathy.

It is true that there is nothing spectacular about this growth, but there is a refreshing increase of interest in the spirit of the early masters in our art.

It is reassuring—and somewhat flattering as well—after Dr. Majumdar's indictment of American homœopathy, that of the thirteen headings in the table of contents in this number of his journal, three are articles copied from *The Homœopathic Recorder*, the official organ of the International Hahnemannian Association, while a fourth is from the pen of a Chicago physician.

In view of all these recent comments, much of which is true, is it not time to sit in sackcloth and ashes, that we may find that which is good and true and pure in homœopathy?—H. A. R.

* * * *

To cure your patient with a few sugary powders and an arresting certitude of manner, conveying to the patient a faith in their improvement, unusual in their experience of doctors, is not enough. After such cures your patient will believe implicitly in you and send his friends to you but he will give *you* the credit, which belongs largely to homœopathy. The first duty of the physician is to cure, but surely the second duty is to inculcate a concept of homœopathy. Why should we do this? First, because only so can we create an intelligent demand for homœopathy. Second, because only so can we safeguard our patients. They must learn to understand, for their own sakes, certain of the principles underlying our art. If the public knew the results of suppression how much suffering would be saved! If they could be made to realize what a bar to recovery surgery may be, if it

intervenes before the condition back of the pathology is cleared up! If people could realize why the indiscriminate taking of drugs on a so-called physiological basis hinders real cure!

Every homœopathic physician should undertake a definite educative campaign with each patient. This does not mean that you teach him to dabble in self-medication, but rather that you initiate him into some of the fundamental tenets of health. If your patient is already an ardent homœopath he may be so from tradition or from experience, rather than from an intelligent understanding of the laws of cure. In this instance he will be with you from the beginning and he will be pleased to be taken into your confidence, to be allowed to understand what is being done to help him. If he is one who has never heard of homœopathy you must first convince him that you are "scientific", by thorough physical examination, attention to hygiene and diet, and the use of the current laboratory tests. You must sell yourself to him as a competent up-to-date physician. Next, you must perceptibly help him with your remedy. Nothing is so convincing to the patient as a definite improvement in his sense of well-being. These two things being accomplished, you can then safely begin to explain to him some of the principles of cure without at first using the term homœopathy. Our fundamentals are very appealing. The fact that you can help a patient even though no organic change is detectable and no diagnosis possible is reassuring and important to him. For by the time he has come to you he has probably had many experiences with modern therapeutic nihilism. He will be intrigued with your interest in all the things he has tried to tell his previous doctors of which they have taken no account. You can present the process of individualizing the case so strikingly that he will say, "That is what I have always said, doctor, everyone can not and should not be treated alike". After these preliminaries you can go on from individualization to an explanation of what modalities are and teach your patient the sort of things he must tell you when he writes you a letter asking you for medicine. Every homœopathic patient should be trained to give such a picture of his symptoms that a strange physician could make a prescription without asking a single question. You must thoroughly explain to your patient those factors which interfere with

the action of the homœopathic remedy and warn him against them. You must explain to him the direction of cure, the possibility of aggravation, and the difference between the temporary intensification of symptoms and the general increased sense of well-being. He must understand the importance of mental symptoms and the spiritual inferences consequent to the fact that the inner and the higher are always the most important. He must understand also the necessity of telling you the mental causes of many of his disturbances, not in detail, but so that you can classify them. For instance, your patient need not tell you why she had an argument with her husband that gave her a headache or what mortification preceded her bilious attack, but she must let you know the general nature of the mental factor in the case.

Furthermore, you can easily interest your patients in chronic constitutional remedies pointing out to them their variances from the normal from childhood up; annoying symptoms which they have accepted and disregarded can be shown to be curable. Let them see that emotional and mental traits, as well as physical distresses, are subject to our remedies. What a relief to the mother of a chronic bed-wetter, or of a child with offensive ex-coriating foot-sweat, or of one with jealous tantrums, to know that these things can be modified and often cured with a few pleasant doses of what the little patients will call "candy".

To explain these matters to patients takes time and clear thinking, but even from a selfish point of view it is a good investment, and it is surely one of the greatest aids to the cause of homœopathy and to the good of the race.—E. W.

* * * *

Dr. F. A. Boericke, who died February 23 at his home in Philadelphia, devoted most of his life to the development of homœopathic pharmacy, being connected with the firm of Boericke & Tafel for more than fifty years. He first managed its Chicago and later the New York branch and at the death of Mr. A. J. Tafel, the senior member of the firm, in 1895 he became its head. When in 1906 the firm was incorporated, he became its first president, which office he held until his retirement from active busi-

ness in 1912. Since that time he held the office of vice-president up to his death.

He graduated as Doctor of Medicine from the Chicago Hahnemann Medical College in the early nineties though he never took up the practice of medicine. He was a member of the Pharmaceutical Examining Board of Pennsylvania for many years. He also held certificates in pharmacy in a number of states.

It is not given to many to put their impress so emphatically on that vital part of homœopathic medicine, the purity of homœopathic pharmaceutical preparations, and to so set a high standard of perfection. Dr. Boericke will be missed, but he has set a standard in homœopathic pharmacy that will be continued.—H. A. R.

* * * *

The many friends of the American Foundation for Homœopathy will be pleased to learn that the Chairman and the Board of Trustees have been working hard toward an endowment for the Post-Graduate School of Homœopathy, which has been maintained for seven years, and this year is to be held at the School of Arts and Crafts, Beacon street, Boston. Through the kind offices of Dr. Henry L. Houghton we have enlisted the help of Mr. Corsello E. Converse of Boston, who has made a pledge of \$2,500 a year for ten years toward the maintenance of this school. This is a beginning toward putting the Foundation School on a permanent basis.

It is to be hoped that other ardent homœopathic physicians will also bear the needs of the Foundation in mind with their patients and friends.

We have students coming to us this year from half-way around the world.—H. A. R.

CARRIWITCHETS

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

14. If a patient who has been on *Sulphur* calls unmistakably for *Lycopodium* may you give it, or should *Calcarea* be interposed? If you do give the unindicated *Calcarea* will it have any effect at all? Could it harm the patient?—E. WRIGHT.

15. Is it true that lower potencies antidote higher ones, and if so, why?—H. LANCASTER.

16. Is *Natrum mur.* a right-sided remedy? It does not appear as a right-sided remedy in Kent's *Repertory*.—E. LYLE.

17. What would happen if you got a picture of *China* in a prover and a malarial mosquito then bit him? I find that the more I think about this the more it bothers me.—D. V. THOMPSON, JR.

18. A student of homœopathy asks if this could not be a case of homœopathic acquired immunity against malaria?

19. On what plane would you dose a sluggish patient and how would you know you had a sluggish patient in a new case?—F. MECK.

ANSWERS TO QUESTIONS IN JANUARY ISSUE.

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

—If the *simillimum* is on a perfect potency plane and the patient is curable, there will be no severe aggravation but the patient may go on to cure. If the remedy is too high the aggravation may be severe, if too low the aggravation will be less.—G. E. DIENST.

—An aggravation depends more upon the condition of the patient than upon the potency administered. A classical aggravation occurs only occasionally. It will be more marked if the remedy is given in too high a potency.—M. I. SENSEMAN.

Are positive and negative symptoms equally important?

—Yes. Craving for salt or aversion to salt or being made sick from salt are, from the therapeutic standpoint, equally important.

—G. E. DIENST.

—All symptoms are important, whether positive or negative. The value of each depends upon the prominence of its relationship to the patient as a whole, or to his parts; and also upon the position or grade as compared with the other symptoms.—M. I. SENSEMAN.

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

—Children will not have exanthemata if they are free from psora, but where afflicted with exanthemata the psora condition should be relieved by the administration of the properly indicated homœopathic remedy, this should not be prophylactic but a curative remedy.—G. E. DIENST.

—By using a true homœopathic prophylactic, or administering a homœopathic remedy in the presence of acute exanthemata, we are progressing along the lines of cure, and not along the lines of suppression.—M. I. SENSEMAN.

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

—The fact that a patient's chronic remedy may be *Kreos.* or *Con.* does not imply a cancerous condition of the patient. If, however, the patient was of a cancerous diathesis the giving of the remedy as indicated, would prevent the development of cancer without an aggravation showing a real appearance of cancer.—G. E. DIENST.

—Yes, most emphatically. The constitutional remedy would tend to ward off cancer. It could not "cause the real appearance of a cancer" for the reason that the tumor commonly designated "cancer" is not cancer. "Cancer" is an unhealthy state of the

general system. The growth is Nature's attempt to localize the trouble and to thereby rid the system of the real cancer—which has been present for years, usually, before any growth begins.—

MARY I. SENSEMAN.

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

—Much depends upon the nature of the disagreement in pregnancy. For instance in cases of digestive disturbance, the nature of the disagreement must be noted and you will find it in the rubric of the Stomach. "Craving for sweets before menses" will be found in Generals under the rubric of Abnormalities before menses. "Fear of snakes" is found in the rubric, Fear under mind. For "excessive modesty", which is a mental condition, a remedy under "Shamelessness" will not apply unless the symptoms agree.—G. E. DIENST.

Where can I find a proving of Coqueluchin?

—I cannot find one.—G. E. DIENST.

ANSWERS TO QUESTIONS IN FEBRUARY ISSUE.

What is your experience with the so-called inimical remedies?

—Well I have learned to have great respect for the remedies. When it was a well-known fact that two remedies would fight when they had a chance, I was careful not to give them a chance. Nevertheless I have had my experience. A patient on *Causticum*, part of whose chronic trouble was frequent colds, had a severe cold come on. A kind neighbor gave him *Phos*. It took a long time to undo the trouble, in fact I am not quite sure that I ever did wholly eradicate it.—F. E. GLADWIN.

What is the effect on homœopathic remedies of coffee, tobacco and alcohol habits? Or senna or stramonium?

—Sometimes the remedy will act in spite of such habits and sometimes it won't.—F. E. GLADWIN.

—In general it is safe to say that any of these habits will

for the vitamins, one food for one kind of vitamin, another for another, and I study the different kinds of vitamin foods until I wring my hands in despair; then I remember the last part of the verse and sternly forbid the patient to eat anything that disagrees with him, and tell him never to force himself to eat the things he does not like. Then I expect the remedy to correct conditions so that he can eat anything in reason. What do you do?—
F. E. GLADWIN.

Is succussion important in preparing potencies or does simple dilution do as well?

—Hahnemann seems to think succussion was important. Fincke thought fluxion gave the same result.—F. E. GLADWIN.

Can one really antidote a remedy in dynamic dosage?

—Partly, possibly wholly, but scientists hold now that a vibration is never lost.—F. E. GLADWIN.

How many times in your practice have you really needed to antidote a remedy you have given?

—A little girl with no reserve force had an inheritance of cancer and tuberculosis; cheeks flushed easily, eyelashes long and silky, no other symptoms. Gave *Tuberculinum*. Shortly afterwards she became very ill with pneumonia. The acute symptoms were prescribed for and she recovered. Sometime afterwards the *Tuberculinum* was repeated and again pneumonia symptoms appeared and again were prescribed for. The repetition of the *Tuberculinum* was considered unsafe. That little girl is a healthy looking young woman today. She had a little brother who had the long, silky, curling eyelashes, and was pale and delicate. Because of the experience with the sister I was afraid to give him the *Tuberculinum*. He died of tuberculosis shortly after his 18th birthday.—F. E. GLADWIN.

CURRENT HOMŒOPATHIC PERIODICALS*

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(In Dutch)

(Zwolle, Holland: Jan. 1929), X, 1-18.

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(In Bengali)

(Calcutta, India: Nov. 1928), II, 337-392.

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*Indian Remedies Particularly Good for Malaria K. K. Bhattachayar, M. D., Dhubri.....	382
A Few Remarks About Medicines Developed in India:	
1. <i>Oldenlandia</i> : It is particularly good for malaria, remittent and intermittent fevers. In malaria attended with excess secretion of bile it has proved effective.	
2. <i>Kalmagh</i> : For chronic fever and acute malaria in all cases. It is very good for black fever—where dozens of injections have failed to cure, this remedy worked well. When there is a rise of temperature twice a day it is particularly applicable.	
3. <i>Kalotropis</i> : After delivery when one is attacked with repeated unconsciousness, it has worked satisfactorily.	
Indian Remedies Particularly Good for Malaria:	
1. <i>Quinia India</i> : Temperature rises between 7 and 11 in the morning. Fever is accompanied by headache, restlessness, not necessarily accompanied by shivering and thirst. Patient always sweats after remission of fever. Fever due to nervous breakdown is particularly suitable for this remedy.	
2. <i>Atistra Indica</i> : When the attack of fever is every other day, remedy of tincture strength has to be smelled 5 to 6 hours before the attack and when the attack is every second or third day it should be smelled and taken internally every 3 hours.	

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

3. *Osimun Influenzinum*: This is an antipsoric medicine. When *Sulphur* and *Psorinum* failed this remedy proved to be very effective. It is particularly good for ringworm and eczema. In acute cases it has to be applied and taken internally. It is very good for influenza, children's colds and fever, nervous breakdown, asthma and whooping-cough. Heart trouble caused by high blood-pressure has been cured by a high dilution of the above remedy.

HAHNEMANN

(In Bengali)

(Calcutta, India: Dec. 1928), II, 393-448.

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(Calcutta: Nov. 1928), IV, 113-152.

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<i>The Possible Action of Drugs as Antigens and the Relation of Such Possible Action to Homœopathic Prescribing:</i> In this article Dr. Wesselhoeft discusses the question whether a remedial agent can directly stimulate the exact resisting forces necessary to overcome the disease agent which is causing the damage. He offers "circumstantial evidence", largely clinical and partly experimental, in proof of this, but is unable to explain the mechanism of such an acquired immunity.	

THE JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY

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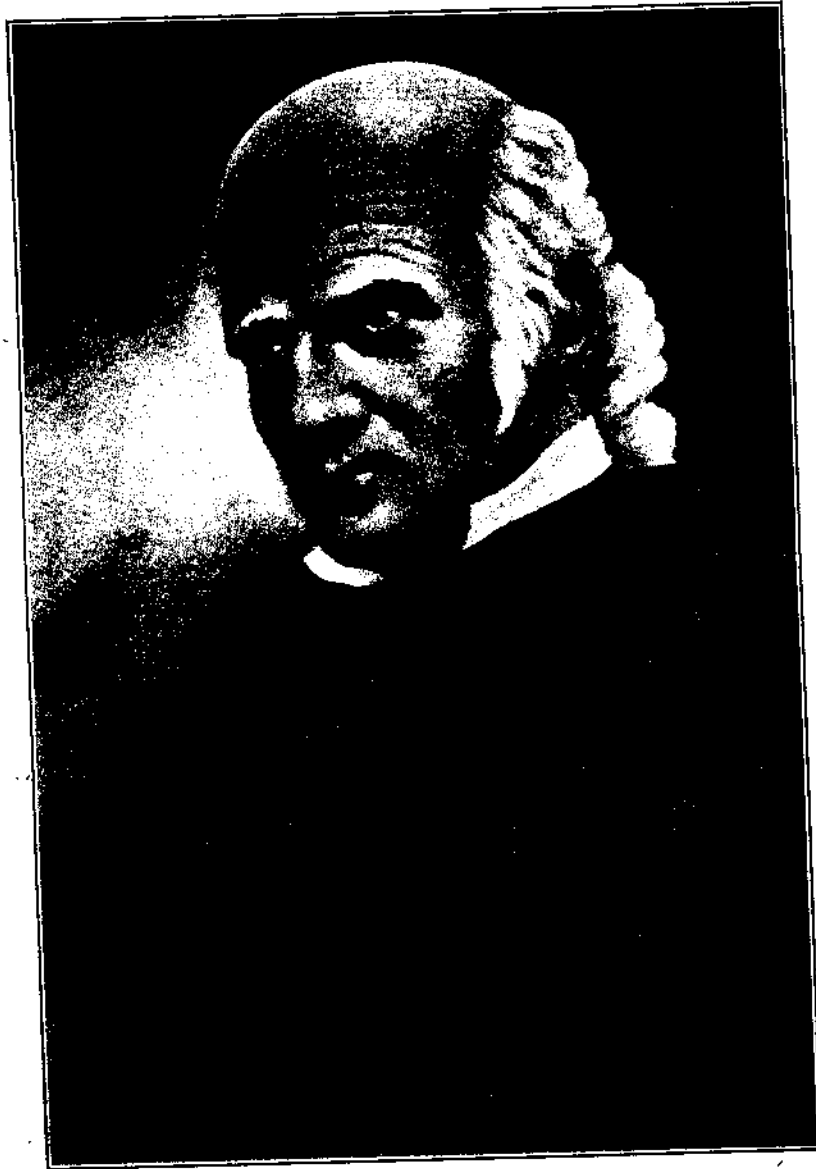
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SAMUEL HAHNEMANN
Born April 10, 1755

THE HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., APRIL 15, 1929. No. 4.

LITTLE DOSES—BIG RESULTS! HOMŒOPATHY FOR ANIMALS

PIERRE SCHMIDT, M.D.

FIRST CASE: One of my old school-mates, Dr. Ferreol, a veterinary, having heard of mysterious homœopathy, met me one day by chance. "What is homœopathy at bottom?" he asked me. "Is it a serious method?" "Serious"! I replied, "that's not the question: it is a method which cures affections that are curable according to a law, and by means which do not poison the patient". "But", said he to me, "that's all very well for human beings whom one can make believe all that one wishes, but can these infinitesimal doses really have any action at all on animals?" "It is perfectly simple", I responded, "not theories but facts; results, first, and then afterwards we will discuss it"!

Just at that time he had a series of cases which were bothering him a great deal. It was a matter of an epidemic of swine-fever in a piggery of more than one hundred and twenty animals. Many had already died and, called urgently on the 30th of January, 1928, he autopsied a pig which had just died in convulsions. He found a hæmorrhagic gastro-enteritis with inflammation of Peyer's patches and the mesenteric glands, a hæmorrhagic nephritis and, above all, endocarditic and myocarditic lesions which permitted him to diagnose the chronic form of swine-fever (*rouget du porc*).

The absence of erythema allowed one to think of "white swine-fever". Bacteriological analyses confirmed the diagnosis by the presence of *Bacillus rhusiopathiae suis*.

When a piggery is infected one gives serotherapy, not only to the small number infected but to all the pigs, as a preventive

measure. That is why he proceeded, on the 4th of February, to immunize to the full by the appropriate serum, which he had sent for expressly from Bern from the Federal Institute of Hygiene. Eight to fifty cc. of serum were injected into each animal according to its weight. Result: Two days later they found eight pigs newly infected and showing clonic convulsions. A bleeding at the ear was ordered, to reduce congestion of the nervous centres. Ferreol noticed that the blood of the animals in convulsions did not flow until after several seconds, which confirmed his diagnosis of a chronic form of swine-fever of which endocarditis is the principal manifestation. The symptoms abated after bleeding and he waited for the effects of his immunization. Two days later he was sent for urgently and found the swine-keeper distracted, his cutlass in his hand, ready to kill the eight animals of whom we have been speaking, all of whom were again going into convulsions. Another pig, fifty kilos in weight, a new case, struggled into the passageway, laid down on its back and remained in opisthotonos two hours.

Having lost confidence, the proprietor summoned another veterinary secretly, who confirmed the diagnosis and declared peremptorily that the cases were lost, all treatment hopeless, and the only thing to do was to cut the throats of all the sick animals as soon as possible. There was the situation!

It was, then, a question of an infectious condition due to a specific bacillus; the diagnosis was perfectly clear. The treatment had been conducted according to modern knowledge of this condition, and the results were completely negative. The verdict was formal: To sacrifice these animals since science declared them incurable.

Ah! We may well repeat the classic phrase of Hahnemann: "When it is a question of the sacred art of curing, to neglect to learn is a crime"!

Here it was not a question of human lives but of animals which must be saved because the financial loss was great. All these young animals had cost a great deal to raise and now, although they were still too young for the butcher, it was necessary to kill them. The infection had spread to these nine new cases and others would follow. You can judge of the state of

mind of the proprietor and the caretaker. It was these cases which Dr. Ferreol put up to me, on which to prove to him the value of homœopathy. I accepted the challenge.

The symptoms then were:

1. The rapidity of invasion, when all the animals had seemingly good health.
2. Convulsions in young subjects.
3. Active congestion as observed by autopsy.
4. The disease showing grave symptoms of the nervous and arterial systems.
5. The absence of rash (possibly the cause of the convulsive symptoms).

All these can be found literally in the same words on pages 32, 34, 36 and 41 of the first volume of *Guiding Symptoms* published in 1879 by Dr. Hering, an allopath converted to homœopathy, these symptoms having been produced by *Aconitum napellus*.

As *Belladonna* possesses a great analogy in its toxicology to the symptoms above indicated, I proposed to make the following experiment:

1. To give ten drops of a solution of *Aconite* in the 200th centesimal dilution in a glass of water, one coffeespoonful (one single dose) to four pigs which were to be marked with a red cross on the back.
2. To give ten drops of a solution of *Belladonna* in the 200th centesimal dilution in a glass of water, one coffeespoonful (one single dose) to three pigs to be marked with a black cross.
3. To leave one pig without a mark and without medicine, as a control.
4. To give ten drops of *Aconite* in the 200th to the 50 kilogram pig which was lying in opisthotonos in the middle of the stable.

All this was carried out exactly. It was very interesting that exactly twenty seconds after the single dose of *Aconite* the convulsions of the pig stretched out on her back ceased, leaving the caretaker open-mouthed before this incredible spectacle! The beast remained stretched out for five hours perfectly calm. After this length of time she got up unaided, went to the trough

and ate her food as if nothing had ever happened. The attacks were not renewed and the animal has been in perfect health ever since. (This 200th dilution, gentlemen, was prepared by me and was not one of those high dilutions concerning which one is ignorant of its origin and especially of its mode of preparation. It was not a tincture of *Aconite* succussed two hundred times, but a preparation made according to the Hahnemannian rules, diluted two hundred times and vigorously shaken at each dilution. The tincture used as a base had been made from plants gathered in the high Jura mountains in a moist, cold place a little before the time of complete flowering.)

A fortuitous case, a case due to chance, you say, but listen to the next: All the pigs which had received either *Aconite* or *Belladonna* ceased their convulsions almost instantaneously, but the next day two of the pigs with a black cross had convulsions again, tonic but not clonic this time, and much less violent than heretofore. As these did not seem to be decreasing we gave to the two relapsing pigs, on the 21st of Feb. 1928, a coffeespoonful of the solution of *Aconite* 200th ten drops in a glass of water. (The recurrence of the convulsions proved that the *Belladonna* was not sufficiently similar to the case to hold.) The reception of the veterinary this time was very different, confidence was restored, the battle was won.

Forty-eight hours after the administration of the *Aconite* the most perfect calm reigned in the piggery. However, on the morrow, there was a hurry call to autopsy one pig which had suddenly died. It proved to be none other than the unmarked pig who was the control. All the others were in good health.

One month after this interesting experiment (for it well deserves the name) there was a very slight relapse among the eight pigs which had been treated. A new dose of *Acon. 200* was accordingly administered. The little piglets, born of the last animals who contracted the swine-fever (*rouget*) but previously cured by the *Acon.*, perished one after another at their birth, which meant a severe loss for the proprietor. The autopsy done on most of the cadavers and the bacteriological analysis showed the same disease which the mothers had, so we gave at birth to all subsequent piglets a dose of *Acon. 200*. One week afterward,

out of eleven treated but one died; the other ten, thanks to the *Acon.*, began to grow fat and had no attacks. Fifteen days later they told us that one pig among the last group treated had had a violent tonic convulsion lasting a quarter of an hour. Another of the same litter had had to be killed in the midst of a convulsion, *in extremis*. At the autopsy the essential organs were found normal but an enormous hæmatoma was discovered accompanied by deviation of the spinal column at the level of the eighth dorsal vertebra. Several piglets perished despite *Acon.* On examining each case, one after another, we found that after eight days they were having fewer crises and one could not deny the helpful action of *Acon.*, as, before its intervention, more than thirty pigs had died in a week. But homœopathy was not at the end of its resources and we knew that when *Acon.* has exhausted its action, in order to get a deeper action, one must employ what is called its "chronic", which, in this instance, was *Sulphur* in the 200th centesimal dilution, which we gave to all the pigs who were ill, or who had been so. It is now three months and the result is marvellous. There has been neither death nor infection since the chronic dose.

These grave cases, incurable by ordinary methods, were, then, cured by high homœopathic dilutions chosen simply in accordance with the law of similars. The multiplicity of the cases treated, although it did not run into the thousands, nevertheless obliges one to think, because it illustrates and confirms the law of similars.

A case declared incurable by classic medicine does not deserve this definite label if homœopathy or other unofficial therapies have not been tried. Homœopathy does not pretend to cure all so-called "incurable cases", it also has its limits, but it offers different possibilities of such a value that an honest and conscientious doctor cannot afford to neglect them. Doses in such dilutions could not have any action if they were not administered according to a scientific law.

SECOND CASE: Satyriasis and impotence: Prize bull 2 years old. This bull which had always served well, and whose matings had been followed by gestations had been subject recently to perverse sexual excitations. When he was led out to the drinking fountain, for example, he would rush to the entrance from which

the cows were ordinarily let out for mating, and then, when he saw that it was not for this reason that he was led out of the stable, he would rush back again and masturbate by friction of his hind legs until ejaculation occurred. His keeper said that he did this two or three times a day. In addition, whenever a cow was brought to him, although the erection took place it was impossible for him to perform intromission and the ejaculation did not occur despite his marked excitation. This state of affairs meant a considerable financial loss to his owner, for a prize bull, although very expensive and used only for reproduction, will bring from the butcher a comparatively negligible price. Allopathically these cases are considered incurable, the only way out being castration, which would mean the negation of his main value.

This condition of genital excitation associated with impotence and onanism responds admirably, however, to a homœopathic remedy which has brought out similar symptoms on healthy men: *Delphinium staphisagria*. Accordingly *Staph.* 200, a single dose, in globules, was given him in the morning by Dr. Ferreol. Four days afterwards he was in excellent condition and able to mate normally to the great relief of his owner and veterinary. You can judge what this cure was worth when I tell you that this bull had been bought for \$600.00 and that his butcher's worth would have been only \$160.00 to \$180.00. This loss was avoided thanks to a single dose of *Staph.* in the 200th centesimal dilution.

GENEVA, SWITZERLAND.

EXTRACT FROM THE PREFACE TO PRIMITIVE
PHYSIC

by JOHN WESLEY

The present method of compounding and decomposing medicines can never be reconciled to common sense. Experience shows that one thing will cure most disorders, at least as well as twenty put together. Then why do you add the other nineteen? Only to swell the apothecary's bill? Nay, possibly on purpose to prolong the distemper that the doctor and he may divide the spoil.

STANNUM IODATUM IN UNRESOLVED PNEUMONIA

GEORGE ROYAL, M. D.

Twenty-two years ago there was brought to my clinic, on a stretcher, a man from whom we obtained the following history: Harness-maker, aged 36. Mother died of tbc. one year after he was born. She had bronchitis and lung trouble all her life; her father and two sisters had died of the tbc. Father aged 71, healthy and his family exceptionally healthy.

The patient had bronchitis at eighteen months; pneumonia at 16 and 24 years (questioning revealed it to be catarrhal pneumonia); always took cold easily; was subject to alternating constipation and diarrhœa.

Six weeks before his presentation at the clinic he took cold, had a severe chill, followed by high fever, cough with sputum containing blood, some delirium, and hard breathing. "On the tenth day I went to pieces. The doctor (old school) stayed with me all night. He gave me whiskey and something for my heart. I think it was called digitalis. Since then I have been growing weaker, and yesterday the doctor said he could do no more for me, so I was brought to the train and up here on this stretcher".

He was pale, though of dark complexion; his voice was weak; he had a loose rattling cough, aggravated by talking; expectoration of a green, very offensive, purulent sputum; dry skin; weak, irregular pulse; islands of unresolved tissue in both lungs; temperature from 97 to 100.5; had lost thirty-four pounds. In addition to the above objective symptoms, he had the following subjective ones: Very despondent; was sure he was going to die and came to Iowa City simply to please his wife and father.

After writing down the above symptoms, each member of my class, as they are required to do, handed in one remedy which they were obliged to defend. The remedies were: *Ammonium carb.*, *Tartar emetic (Antimonium tart.)*, *Arsenite of Antimony (Antimonium arsenitum)*, one *Phosphorus* and one *Stannum met.* Each student then defended his choice with arguments as follows: "Each remedy suggested has an affinity for the lungs, having produced all four conditions of lung tissue, viz., irritation, inflammation, functional changes and structural changes. Each has

verified symptoms of tbc., each is useful for hastening absorption after resolution, each has the weakness of voice, and dyspnoea". The one who suggested *Stannum* stated that he had prescribed it because he felt that the mental symptoms outweighed all the others and were the real totality. He stated that I had told him or that he had read that, as a rule, the tubercular patient was never depressed and never hopeless; that he expected to get well, even when having only a few days or hours to live.

Having heard their arguments I then gave them my differentiation between the drugs they had suggested which was as follows:

Ammonium carb. has the objective chest symptoms of the patient but the mental symptoms differ. It is despondent but only in stormy weather. Furthermore I have never seen a group of respiratory symptoms calling for *Ammonium carb.* that did not have marked palpitation of the heart. The *Ammonium carb.* patient, furthermore, has hot hands and feet and a flushed face.

Tartar emetic has marked despondency. The lungs are filled with mucus which the patient cannot cough up nor absorb because of the weakness of the lungs. It has no heart symptoms in this group. The entire body is covered with cold sweat especially the forehead. The temperature is below normal. This group comes immediately after resolution has suddenly and rapidly taken place.

Arsenicum iodatum has the excessive dyspnoea and also exudation but more often pleural than tubular. The weakness is as great as any of the four and includes weakness of the heart. It is more useful after emphysema than after pneumonia, and more often indicated after catarrhal than lobar pneumonia.

Phosphorus is needed for a solid lung when resolution does not take place rather than after resolution has taken place.

Being obliged to order the treatment, I gave more weight to the mental symptoms presented by this patient than to all the other symptoms put together, and prescribed *Stannum iodatum* 3x, one grain every three hours (I have found that the lower potencies work better than the medium or higher in cases similar to this), and a semi-solid diet rich in phosphorus, sulphur and iron, six meals daily.

At the end of one week there was marked improvement in strength, amount and quality of sputum, and breathing. *Stannum iod.* was continued, but only morning and evening. At the end of the second week the improvement was still more marked, remedy only once daily at bed time. At the end of the third week he was still improving, both lungs were normal, except for a small cavity in the left lower lobe. No more medicine but increase in diet. He left the hospital at the end of eight weeks in normal condition. He was seen last December and is in better health than he was before his attack of pneumonia.

The question arises, why did I order *Stannum iod.* instead of *Stannum met.*? The reasons were, first, that he looked to me like an iodine patient; second, because I had treated a patient several years before who was a good duplicate of this one, with *Stannum iodatum* on a hint given me by Prof. Goodno, found on page 97, Vol. II of Goodno's *Practice of Medicine*. I have found it indicated and curative in a few cases, six besides the above. All were severe, desperate cases and all were restored to as good and some to even better, health than they had before the pneumonia.

DES MOINES, IOWA.

CALENDULA 200 FOR LOCAL USE

To the Editor of *The Homœopathic World*:

Dear Dr. Clarke:

In regard to your article in the *World* of September last, on *Calendula*, may I say that I have found that a compress medicated with a few drops of *Calendula* 200, is far more rapidly curative than one medicated with *Calendula* tincture.

It is amazing how ulcerations (after badly treated "shingles", carbuncles, etc.) heal up almost instantly with a compress of *Calendula* 200. We do not use the potencies often enough in this way.

Yours sincerely,

M. L. TYLER,

London, Eng.

*Repr. from *The Homœopathic World*, Feb. 1929.

SURGICAL AND MEDICAL CO-OPERATION*

GUY BECKLEY STEARNS, M. D.

It is a biological law that any morbid physical reaction, whether it be the result of physical injury, mental shock, toxic state, heat or cold, infection or other disturbance, can be duplicated by one of the substances used for drugs. The natural corollary of this law is the homœopathic law. No matter what necessity arises for surgical or other medical treatment, a homœopathic prescription has a place and will aid recovery. Unfortunately, although homœopathy is a science of therapeutics, its application is an art. The old homœopaths had an especial awareness in the field of homœopathy and were able to sense and verify the adaptability of certain remedies to conditions resulting from various types of injuries. Their verifications have been passed down to us in the *materia medica*. It is by no means certain that all of the remedies or the best ones that correspond to injury were discovered by the older homœopaths. However, practically nothing has been added by modern homœopaths. The older homœopaths understood the full scope of homœopathy, because the best minds in the school were devoted to developing the *materia medica* in accordance with the laws inherent in the homœopathic principle instead of with the laws governing other principles. The reason why more remedies applicable to surgery were not discovered was that, in the days when our *materia medica* was in the making, fewer surgical operations were performed than are performed today. To develop technique in the homœopathic method requires years of clinical experience. All of the earlier surgeons spent many years in general medical practice and learned the art of prescribing before they specialized in surgery. Nowadays few people escape some operation and most medical graduates start practice as surgeons. Naturally, their minds are preoccupied with surgery. Even with the best of good will to help any patient, they are only one half equipped. If skilful medical attention were brought to every surgical case, much suffering could be allayed during the operation-illness, the time of recovery would be hastened and the ultimate result be more nearly satis-

factory. Physicians who treat many chronic cases observe conditions which are plainly traceable to the patient's surgical experience and they oftentimes cure the case with the very remedy that should have been given at the time of the operation. These hold-over operation-effects are due to three factors. First, to the effect of the operation itself, that is, the inevitable shock from the injury to the tissues, caused by surgical handling. Second, to the effects of the drugs used at the time of the operation, which include the anæsthesia, opiates, cathartics, etc. Third, to the condition for which the operation was performed; because most operations, however apparently necessary, fail to remove the cause leading to the operation. The best prescribing is done by physicians who have the widest knowledge of the nature of drugs and who recognize the drug-indications, regardless of the nature of the illness. But such knowledge comes from intense application by those endowed by nature with the possibility of homœopathic understanding. The majority of us must do most of our prescribing on the keynotes discovered by such men. This is particularly true of the beginner. It is expedient therefore for physicians who are familiar with homœopathy to contribute all of their experience to be compiled with the record of experience of the old-time prescribers. That this is important is shown by a few illustrations. At a monthly hospital-meeting three years ago, one surgeon in a busy service reported eight deaths. In his report of these, two of them gave such unmistakable indications for a homœopathic remedy that one who knows how to use homœopathy would have expected to cure them. Two of the others showed possibilities, at least, of being successfully prescribed for, yet, from the purely surgical angle, the deaths were accepted as inevitable. A few years ago, the late Dr. Teschner, while on a holiday in Cuba, met a plumber whose legs had been amputated for thrombo-phlebitis. The disease had attacked first one leg and then the other and there had been a succession of operations until only stumps of the thighs remained. The upper limbs were beginning to be affected and further trimming was said to be inescapable. A cure was made in this case by Dr. Teschner but, unfortunately, the record of the remedy he gave was lost. A word of biography about Teschner; he practised for

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

thirty-nine years as an allopathist, going into every specialty as a matter of training. Through the study of endocrinology, he became interested in homœopathy and finally gave up everything else. At first he would see but one patient a day and he often studied two or three days before prescribing; as he learned his materia medica, he took more cases until, finally, he filled his day with appointments. He considered the above cure one of the best he had ever made. It has been my pleasure to go over many of his records, and I have never seen cleaner-cut prescribing than he accomplished. He bewailed the fact that he could not interest any of his *confreres* in the wonderful work that he did and he had to die, leaving only his cured patients and his records as a stimulus for similar work. Another case of thrombo-phlebitis where one leg had been amputated and the other one had been affected, was cured by Dr. Nathan Schwartz, also a recruit from the allopathic school. Four years ago an important man in an up-state city died after an operation for appendicitis. The surgeons reported that the veins leading from the appendix were tortuous and inflamed and apparently thrombotic and that, because of this, his death apparently was unavoidable, whether he was operated on or not. When a prescriber was first called in consultation in this case, his symptoms were masked by opiates and other drugs but, as soon as they had been cleared up, *Pulsatilla* came strongly into the picture. There was a striking response to this remedy but it had been given too late and he died. He evidently needed *Pulsatilla* from the start and there is good reason to believe that he might have been saved had he had that remedy in time, instead of the operation. This belief is fortified by the following: He was an active church-worker and an observant friend remarked that, at a church-meeting shortly before his illness, he discussed some church activity with an unaccountable degree of lachrymal emotional feeling. An alert homœopathist would have recognized at that time his need for *Pulsatilla*, for in such manifestations lie the subtleties of homœopathy. Around that same period several deaths from appendicitis operations came to my attention and apparently were of the same nature. The surgeon is too busy to study this method of prescribing and it is doubtful whether, with his training, he is capable of it,

any more than the natural prescriber is capable of doing surgery. The field of homœopathy in surgery must be developed and used by men who are familiar with the homœopathic method, and whose specialty is homœopathic prescribing. The point is to develop a spirit of understanding and co-operation between the surgeon and the physician. It is only the least creditable of mental attributes that prevents one man from welcoming and utilizing the knowledge of another.

There are many so-called surgical conditions which are really medical conditions where surgery should be incidental. Varicose veins can probably always be benefited and, in most cases, cured, by appropriate prescribing. Boils and carbuncles can be aborted or brought to maturity by proper prescribing and are much better handled medically. The same is true of ulcers. The late Dr. H. M. Dearborn treated a series of leg-ulcer cases by medicine alone, with much quicker improvement or recovery than was manifested in a series of cases treated surgically. No case of chronic fistula should ever be treated by a surgeon alone. In fact, constitutional treatment will frequently cure, in a comparatively short time, fistular conditions of years' standing.

The late Dr. Edmund Carleton used to tell of a case of a Civil War veteran who was in his service at the old Ward's Island Hospital. The man had a tubercular knee, with many fistular openings. The bones were so spongy that a probe could be thrust through them. He recommended an operation but the man refused it, so Dr. Carleton decided to give him another chance. Much *Silica* had been given him, and Dr. Carleton reasoned that *Fluoric acid* is both complementary and antidotal to *Silica*. He was given *Fluoric acid* and eventually recovered full use of his leg. The genius of Dr. Carleton is illustrated by another surgical case. A hospital patient's femoral artery was ligated, because of aneurysm, and on the second night this patient was in dire distress on account of pain that nothing alleviated. An interne rowed over to New York from Ward's Island, to tell Dr. Carleton about the case and to have his consent to amputate. To the interne's disappointment, the doctor told them to give *Coffea* 200, which they did on their return and the patient quieted down after a few hours and made an otherwise uneventful recovery. Dr. Carleton's

explanation of the prescription was that the case apparently required either *Coffea* or *Chamomilla* and he reasoned that the cause of the pain was "starved nerves" and on that indication he selected *Coffea*. These two prescriptions were of the greatest importance to the patients. The point of view of the man who made the prescriptions is of equal importance as a contribution to medical science in the field of surgery.

Professor August Bier has been inducted into homœopathic methods through his experience with furunculosis.

There are two obvious ways of approaching medical therapy in surgical conditions. One is to correlate the experience of the physicians of today and of the past. The second (and equally important) one is to study intensively every possible case that undergoes an operation, for the purpose of discovering other remedies with specific relation to surgical conditions. One way of study is that employed by T. F. Allen in an epidemic of influenza. He made a composite record of a group of cases and made a repertorial analysis of this group and thus found the epidemic-group of remedies. In applying this method to surgery, every case of operation should be studied beginning with the recovery from the anæsthesia and continuing the observations until there is complete recovery. Different complications occurring could be studied by making a composite record of all of the symptoms of a group of cases and applying to this repertorial and other methods of study. One of the most baffling complications is septic peritonitis. Much of the heroic effort that is applied to patients with this condition would be disastrous to a well person and very few survive. The paralysis of the intestines accompanied by regurgitant vomiting of dark brownish substance which may become fæcal, great restlessness, prostration and other symptoms of shock, offers a neglected field for study by the homœopathist. In one such case the nurse in charge understood something of homœopathy and asked the surgeon if she might give *Ecchinacea*. He, in desperation, consented and the patient recovered.

There is more to the subject of pre-operative prescribing than appears on the surface. It is advisable at times to give a remedy for the specific purpose of immunizing against the effects of anæsthesia.

In a paper that was prepared as a result of a previous *questionnaire*, *Phosphorus* was mentioned in this relationship. Enough evidence has been accumulated to make it a fair presumption that this remedy, given a day before the operation, does render less trying the recovery from anæsthesia. This probably applies more to anæsthesia from chloroform than from ether and probably more for operations in the upper right quadrant than for general abdominal operations. There is, however, evidence that it is useful in any form of inhalation-anæsthesia and in any abdominal operation. A study of a series of cases, one half of which have had this remedy and one half not, will furnish evidence as to its value. Other remedies may be indicated pre-operatively when other factors are taken into account. One of the *Calc.* salts is usually given where there is a tendency to bleeding, as in jaundiced patients, but this is not always successful. Homœopathy is too rich in remedies which have relation to bleeding to make it necessary to rely on the *Calcarea* salts alone. Dr. T. F. Allen related the case of an infant who began to ooze after circumcision. Nothing that was done influenced it and the baby was near collapse when Allen was called in and, on the indication that small wounds bleed easily, gave *Phosphorus*. The bleeding was controlled at once. There are indications to be gleaned from the nature of an operation. It was the custom of some of the older homœopathists to give *Aconite* before urethral instrumentation, because of the sensitiveness of the mucous membrane. From a similar angle of approach, the same remedy would apply to preparing for eye operations. *Staphisagria* is recommended before circumcision operations. Enough is known about a group of such remedies to make a starting-point for observation in the pre-operative field. The fact that a patient recovers without any of these measures does not mean that he cannot recover much better where proper prescribing is used.

NEW YORK, N. Y.

DISCUSSION.

CHAIRMAN FARR: This paper was to have been discussed by Dr. Powers of White Plains, but he was unable to be here, so that it is open now for general discussion. It is certainly a good one and I hope it will be well discussed.

DR. BAKER: The point Dr. Stearns makes that the surgery is only part of the treatment, I think is very good. I suppose we have all had lots of gall-bladder cases that have been operated and the pains come back afterward. In those cases you can often treat and clear them up.

I have a case right now like that. The man was first under treatment by an orthopaedist, the best in the city, but he fell down on the job; he took that for some foot condition. He worked for sometime but he didn't help him, then the man came to me and I don't know that I did much for him. I helped him some, but the trouble went on and gangrene set in in the toe; he finally went to Johns Hopkins. They diagnosed it as Raynaud's disease and amputated the leg. He got on pretty well for a while then he went back to work with an artificial leg. He came back to me about a month ago, the pain was coming back in his hands. It looked right serious. I certainly fell down on my prescribing before. I don't know but that is considered a condition that is practically incurable. I don't know that I am going to do any better now. I have been able to relieve him a good deal. Whether it is going to be permanent or not is a very great question, but that is a case where the surgery is only part of the case. Of course that man's foot had to be amputated then, it was in such condition that I could do nothing with it, but surgery isn't going to do anything more for him except trip him up if this condition goes on. Whether I can stop it or not I don't know. I am doing my best.

DR. PULFORD: I want to apologize to Dr. Stearns for not answering his correspondence. The fact is, doctor, that we don't handle any surgery and we have so little experience that what we have wouldn't be worth while to you, but in spite of all that, we appreciate all that you are doing, and I want to apologize for not having answered your letter.

DR. COLEMAN: I simply want to congratulate Dr. Stearns on his most excellent presentation. I hope I answered you, I don't know whether I did or not. I appreciated it possibly more than those who don't do any surgery. I do some surgery on my own account, but it seems to me that the great trouble with so-called modern surgery is that as soon as a man comes out of a college he starts right in and practises so-called surgery.

It is impossible for a man to be a surgeon or anything like a surgeon, unless he has behind him years of general practice experience, and without general practice, not only in prescribing but in diagnosis, he never can be a surgeon in the true sense of surgery. He can be an operator, and after all operating is the least important as it is the easiest part of surgery. Providing a man has some mentality he can learn to operate. But diagnosis, prognosis, and prescribing of remedies or telling when a remedy is going to cure is a harder matter.

I have a number of cases now, if I ever get time, or the society ever gets time, that I would like to present to them—gastric ulcers and what not, showing the value of homœopathic prescribing and how operations can be prevented by medicine.

This paper is highly instructive and I congratulate the doctor on it and hope we will have some more like it.

DR. ROBERTS: It is always a pleasure to have the concise papers that Dr. Stearns gives in a given subject, and particularly in this. However, I wish he would go further in taking up the question of surgical shock, in connection with the influence of the homœopathic remedy in such states, because there is a field of very great possibilities to assist the surgeon in getting the patient out of the almost moribund condition. It is done repeatedly. Don't forget *Strontium carb.*, *Carbo. veg.*, all those remedies, they will do work where the hypodermic seriously injures every time.

DR. McCLURE: I am very much interested in this paper. I think there are some cases of surgery that might be avoided. I want to give you a case that may be of some help to some of you sometime, of a little girl that had a running sore at sometime or other when she was three or four years old. She went to several doctors for five years and at last they made an x-ray of the foot and said the only thing to do was to take her to Cincinnati and have an operation on the joint; that they could save the foot by doing that. So they got around to me and wanted to know what I thought about it. I said, "I think I can save the foot, and I don't think you need any operation".

What did I give her? What was the remedy? *Silica 200*. That little girl is going any place, has a good use of her foot, as good use of her foot as any person in this room. I never gave any other remedy.

DR. JOHNSON (Iowa): I was out of the city for a few days. When I came home a gentleman came to me and said, "I am so glad you are back. My brother-in-law, they think, is going to die". I asked him what was the matter and he said he had gall-stones, and he suffered so he just bent over the table, the bed, or chair or any place for relief. I said, "I thought I taught you enough of homœopathy to know colic when you see it". He gave him *Bryonia*. The first powder relieved him, but not permanently. He then gave another, the higher potency. The surgeon said he had gall-stones and needed to be operated on. He is 73, but they said, "You are such a prominent man that we can't operate; we can't have you die on our hands". Well then he said, "Give me morphine". "No, we can't give you morphine". I sent him the 1000 potency of *Coloc.*, and he told his brother-in-law, "I am better after the first dose, what on earth is that"? By the way, he had studied medicine and was an old school man before he took up the ministry. He said, "I mustn't let the prominent surgeons in my church know that I take anything but their medicine". He was better and the surgeons didn't know what was the matter with him. They came up and saw him and said, "We would like to have an x-ray taken". His brother-in-law took him down and they took an x-ray and didn't find anything. They sent him to Rochester to die on the surgeon's hands there. They operated on him and didn't find any gall-stones and didn't even find thick gall, but they took the gall-bladder out anyway. He came home. It had weakened him quite a little. His brother-in-law came to me and said, "I want you to prescribe for him again". This time the aggravation was from cold in his stomach, aggravation from the smell of food. I sent him one powder of *Arsenicum*. He was better. He said, "They told me I would have to have another operation; they think there is a small clot in my stomach. The next time they say surgery to me I am going to send for Dr. Campbell".

CHAIRMAN FARR: Any further discussion? If not I will ask Dr. Stearns to close.

DR. STEARNS: We need just such cases as the one this gentleman has cited. For examples in whatever work is brought out, we need such suggestions as you gave; that is like the *Strontium* particularly. We don't know much about *Strontium*—it belongs to the *Calcarea* group and probably in certain chronic cases is sort of a substitute remedy. I don't mean it takes the place of *Calcarea*, but comes in somewhere, where there is a *Calcarea* imbalance. Why it comes in this particular sphere I don't know.

In the matter of stomach ulcers there could be a whole section written on that. I recall a case at Flower. The first case I recall came into our clinic, a perforating ulcer, I don't mean it had gone through, but we sent him over for diagnosis. The x-ray showed quite a large ulcer that was penetrating, not through. The surgeon said, "Now that case must be

operated on. If it went through the man would die". He was responding and we didn't want to do it, but as our clinic was new we felt we wouldn't take all the responsibility in the world; we had a lot of other things to do. We sent him to the hospital and let them have him. About four or five days later we were passing through the yard of the college, from the college to the clinic, Dr. Powers and myself, and we met a poor girl weeping, she said, "Professor, you told us father would get well if we took him to the hospital, and he is dying. Won't you come"? I said, "The doctors there are giving him attention, the surgeons are as good as there are", which was true, but she begged us to go in. We went in and the man was nearly dead, in fact he was dead the next day. Our conscience hurt us. We talked that case over many times and we made up our mind that the next case we had we would hang on. It wasn't long before we took another one, worse than this man. He had an ulcer. The case had been diagnosed in two hospitals including our own, as a cancer of the stomach, a pyloric ulcer that had changed to cancer. There was a perforation going on, about as big as the center of the palm. We put him to bed, and the surgeon who had done the other operation was called into consultation. Then I said, "The man doesn't want the operation. I am going to stand by the man. It is up to him to make his choice. You say he will die if he doesn't have it. I know he will die if he does, and he feels he will, so I am going to stand by him". The surgeon was angry. I said, "You had your chance on one, I am going to carry him through as long as he wants it".

The man was at death's door, apparently, for several days, but he was holding his own, but I couldn't find just the remedy he needed until he spoke of one of his ears being warm. I looked that up and found it under *Kali carb.* and that turned the course and he got well. That was his remedy.

We need a lot of cases like that, particularly if you have the x-ray pictures to show your diagnosis.

DR. OLDS: How long were you able to observe him?

DR. STEARNS: He was in there for two months anyway. I see him now. You see it was cancer. Dr. L. Gregory Cole had one of his pictures—I took one of the plates from the hospital. He is making up a series of plates representing various types of ulcers. This is one that he considered surgical so he was glad to find such a case that had been cured medically.

DR. PULFORD: I have a case similar, doing excellently under *Kali carb.*, and the remedy has been repeated only once in I don't know how long.

DR. STEARNS: Write up those cases and if you have the plates—

DR. PULFORD: The case had already been allopathically diagnosed.

DR. STEARNS: Those are the ones we want, so as to give the man who never has done it, courage. I was not scared to death, but I was on the anxious seat for a long time because I hadn't anything back of me in the institution. As it happened I took a course in gastro-enterological diseases under Kanter right after that, and I happened to have the plate. I took it over because he was lecturing on that point. He was the only man who backed what I had done, but after that was over with, everyone could accept the case of course.

The matter of these surgeons who go out as soon as they leave college as surgeons calls to mind one of the men who went to Mayo's directly from our place and he came back from there and the first time I saw him after he got back, he is a nice fellow you know, he was a surgeon and an efficient one. A little while after talking with him about a little co-operation, he said, "The longer I work at it, the more I believe in strong medication after the operation. They need a lot of drugs, strong drugs".

THE DIRECTION OF SYMPTOMS IN THE PROGRESS OF CURE

BENJAMIN C. WOODBURY, M.D.

In the February number of the *Homœopathic Recorder*, 1929, Dr. Roger Schmidt of Geneva, Switzerland, states that he has been unable to find the original reference to Hering's law of direction of symptoms. He does find confirmation of this law in the writings of Kent and Stuart Close. It occurs to the writer that references to this classic law of symptom direction, may be of interest to readers of the *Recorder*.

The first reference is to be found in the first volume of the *Hahnemannian Monthly*, and the paper in which this occurred was entitled "Hahnemann's Three Rules Concerning the Rank of Symptoms". Not to set forth these rules in detail, we will refer mainly to that portion which has to do with the direction of symptoms. Dr. Schmidt has very clearly set forth these rules, and such knowledge is not only a *sine qua non* in strict homœopathic practice, but correct knowledge of them stamps the mark of mastery upon their possessor.

"The quintessence of Hahnemann's doctrine", states Hering, "is to give in all chronic diseases, i. e., such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upward—to give in all such cases by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the outward and the lowest of all organs, to the skin. (Com. Preface to treatise on Chronic Disease, p. 7, and following) . . . Hahnemann's doctrine of treating chronic diseases, includes another opposite, *viz.*: the opposite direction in the development of each case of chronic disease. All the antipsoric drugs of Hahnemann have this peculiarity as the most characteristic: the evolution of the effects from within towards without. Thus, all symptoms indicating such a direction in the case from without towards within, and in the drugs the opposite

from within towards without, are of highest rank, they decide the choice".

A careful reading of these Three Rules of Hahnemann, to which Hering has added his well-known *Rule of Sides* (a fourth rule) will readily show that not only can the direction of symptoms be adduced with such accuracy as to forecast the progress, but even as to determine in many instances the exact diagnosis as well.

Dr. Schmidt is already cognizant in his philosophy of the same eventualities, when he states that: "The practitioner knows with certainty, which makes his strength and his success, that if the symptoms are developed in the direction indicated by the law, the patient will be cured and the symptoms will permanently disappear. He knows also when the symptoms take a contrary direction, that the remedy was not well chosen, that it acts as a palliative and the patient will grow worse". All this is to be found in the writings of Kent, also in that very succinct treatise on homœopathic philosophy by the late Gibson Miller.

Listen to the elementary way in which this is put by Hering: "This rule enables the true Hahnemannian artist, not only to cure the most obstinate chronic diseases, but also to make a certain prognosis, when discharging a case, whether the patient will remain cured, or whether the disease will return, like a half-paid creditor, at the first opportunity".

Hering makes further reference to this direction of symptoms in his introduction to *The New Edition of Our Materia Medica*, in discussing the Hahnemannian order of symptom arrangement: "Hahnemann's original order had only in some points to be altered, as far as it seemed unavoidable, by following some of his own propositions. The adopted order not only follows the body of men from up downwards, but also from within outwards; this is the same way we try to overcome sickness, as the real improvement of the sick not only goes from up downwards, (for instance, rheumatism and gout) but principally from the inward to the outward, ending in the skin as the outmost, (for instance after antipsoriids). This arrangement has been somewhat modified; the altered functions of the senses are given first, and the

organic symptoms afterwards, after the muscular apparatus of the upper and lower limbs of the trunk, and all the limbs have been given; the symptoms of the whole body follow: first the alterations of the nervous function; then in a more natural order, sleep; after sleep the febrile department; and last of all the skin as the outmost".

Hering's *Rule* for establishing the validity of *Characteristics* has become equally as famous as his observations on Hahnemann's *Three Rules* and his own *Rule of Sides*. This he sets forth as follows (preface to the *Guiding Symptoms*):

Three points of rest, according to mathematics, being enough to support any object, we may assume that three characteristics should be sufficient to make a cure very probable.

Hering's *Rule of Sides* is to be found in Vol. I, *Hahnemannian Monthly*, No. 2, pp. 49-56, and is a masterly concept.

A brief reference is to be found in the author's small work, *Homœopathic Materia Medica for Nurses*, p. 31, as follows: "Hahnemann taught that chronic diseases develop from without inward, from below upward, and from the peripheral or lesser to the central or more vital organs. He in like manner observed that the curative action of medicines, chiefly of the antipsoriics would be in the opposite direction, that is to say, the disappearance of symptoms under treatment should be from within outward, from above downward, and in the reverse order of their appearance".

When one visits the Hering Museum at the Hahnemann Medical College in Philadelphia, and views the portrait in this old veteran's work room, one cannot fail to realize the superb intellect and wonderful achievements of this master of American homœopathy.

We trust that these brief references to the observations of Hering on the direction of symptoms may furnish the necessary supplement for Dr. Schmidt's excellent paper.

BOSTON, MASS.

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION—DISCUSSION*

DR. HENDERSON PATRICK (Glasgow) said: "The subject we have under discussion at the Congress is, I think, a most difficult one. The ætiology is difficult. The diagnosis is difficult. The treatment is difficult, and it is even difficult to know, sometimes, when the patient may be considered well and out of danger. Whatever view we take as to the immediate cause of the ulcer, whether excessive acidity of the gastric juice or the presence of septic foci, we must, as homœopaths, realize that the real ætiological factor is something which precedes the abnormal gastric juice, or something which interferes with the forces (whatever they may be) which ought to keep the mucosa healthy and, in consequence, unsuitable soil for the growth of pathogenic organisms. I was pleased to note that Dr. Le Hunte Cooper put emphasis on nerve strain. Among the ætiological factors I am sure worry must take a prominent place. Digestion can be stopped very easily by fright or annoyance. Worry does the same thing, only in a chronic rather than in an acute way. If then the original disturbance is a general, rather than a local one, it follows, naturally, that treatment should, in all cases, be aimed at the general constitution, as local treatment alone can never effect a cure. Diagnosis, especially in duodenal cases, is always difficult. We are all, of course, familiar with the symptoms typically present in cases of duodenal ulcer. The difficulty arises from the fact that duodenal ulcer may be present and give rise to practically no symptoms. In one case which comes to my mind the patient had no idea he had anything wrong with his stomach until he collapsed with a fairly large hæmorrhage. In another of my cases, although the patient complained of flatulence and waterbrash, and was found to have a markedly dilated stomach, he had no pain at all until his duodenal ulcer perforated. Cases like these make me wonder whether we are justified in concluding that the disappearance of the symptoms synchronizes with the disappearance of the ulcer, and hence the difficulty of knowing exactly when we may consider the patient well. To revert to the diag-

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nostic difficulty, not only do we get, occasionally, the presence of ulcer with no symptoms, but we find, much more frequently, the presence of suggestive symptoms with no ulcer. The most common cause of this is hyperchlorhydria, but gall-stones may also produce a syndrome practically identical with that usually associated with duodenal ulcer. I have tried to get help from radiography in some of these doubtful cases, but have always found it disappointing. Partly for that reason, and partly because I think it a risky procedure, where there is any possibility of malignancy, I rarely have my stomach cases x-rayed now. I am quite satisfied that x-ray, not infrequently, stimulates the activity of malignant conditions".

Mr. Reed spoke of the use of x-ray in showing us how long the stomach took to empty its contents. In cases of organic obstruction at the pylorus, I have no doubt that x-ray photographs will demonstrate the fact, but those cases are not, as a rule, difficult to diagnose without x-rays. In cases where there is no organic obstruction, x-ray photographs do not help in determining how long the stomach takes to empty its contents under normal conditions. On more than one occasion I have been told by the radiologist that the stomach emptied itself too quickly in a patient who was in the habit of vomiting food taken six hours, or even longer, previously. The only conclusion I can come to is that the stomach does not act on a barium x-ray meal in the same way it does on an ordinary meal, or else the taking of the photograph must, in some cases, stimulate the contractions of the stomach wall. With regard to treatment, my chief difficulty is to make up my mind when to advise operation and when to oppose it. If we could get all our cases early, I would be inclined to agree with Dr. Le Hunte Cooper, when he says that to resort to operation is a confession of failure. The patients, however, which we, as homœopaths, get to treat, are practically all cases which have been going on for some time, usually years, and come to homœopathy as the last resort. The cases which worry me most are those occurring in commercial travelers, whose business takes them into parts remote from surgical aid. One such case of mine ruptured a few days after I had seen him for the first time. Fortunately the rupture occurred while he was at home. I feel sure that the

risk of perforation or severe hæmorrhage is definitely less after gastro-enterostomy; I have not, as a matter of fact, seen either occurrence after gastro-enterostomy and homœopathic treatment. In cases of immediate operation for perforation, gastro-enterostomy should always be done at the same time if the patient's condition will permit. With regard to the selection of the remedy in any given case, our President and Dr. Le Hunte Cooper have emphasized the fact, that the essence of good homœopathy is individualization. Good results cannot be obtained by routine prescribing. Hahnemann taught us that the prescription must rest on the totality of the symptoms, emphasis being placed on those which are peculiar. In duodenal ulcer the only disease symptom which is almost a constant factor is the pain relieved by eating. This then is the only symptom to which we need give a low therapeutic value, although in the great majority of cases the indicated remedy will have this symptom also. If the patient presents symptoms apart from the stomach conditions, the *simillimum* is usually not difficult to find, but even on stomach symptoms alone, indications of value are often found, as in the following case:

J. J., aged 64, a railway employee, came to see me last November. His story was that he had had stomach trouble for two years, and had been getting steadily worse for nine months. He had consulted three orthodox physicians but had received no benefit. He had lost 22 pounds in weight in the previous four months. His symptoms were pain behind the lower end of the sternum coming on about twenty minutes after food, continuing and becoming more severe until he vomited, after which he got relief. The vomit consisted of the food taken. Never any blood. The pain was relieved by a cold drink and by lying down. Apart from a general relief from heat the rest of the case was negative. Physical examination revealed nothing beyond epigastric tenderness to palpation. On the pain > cold drink, > lying down, he was given *Caust.* 200, three doses, four-hourly. After three weeks he reported feeling very much better. No vomiting since the day following the *Caust.* The pain had decreased steadily and had been quite gone for two days. He had gained three pounds in weight. I did not see him again until a few days ago, when he

reported that he had been quite well until August (that was nine months after his doses of *Caust.*) He had gained 18 pounds in weight. During the past month he had had some return in a very mild form of his old symptoms. The *Caust.* was repeated and I have no doubt the result will be satisfactory.

Sometimes the stomach symptoms are wanting and the generals guide, as in the following case:

G. M., aged 52, came to see me in January of this year. He complained of severe pain under the sternum extending to the back between the scapulæ. Pain was worse while lying, but did not seem to be much affected by taking food. The condition had persisted for over a year. He had been x-rayed and diagnosed as perforating ulcer of the lesser curvature of the stomach. Under orthodox treatment the x-ray appearance had improved to the satisfaction of the radiologist, but as the pain continued as before, the satisfaction was not shared by the patient. Interrogation gave the following symptoms on which the prescription was based: General agg. by heat, agg. forenoon, agg. on anticipation. Easily startled by noise. Slightly abnormal desire for salt: *Nat. mur.* 200. The pain was completely gone after a week and remained away for three and a half months, after which there was a slight recurrence. The *Nat. mur.* was repeated and there has been no trouble since. It is not often that a time modality leads to the remedy in a duodenal case, but it did so in the case of G. R., aged 29, who consulted me some years ago on account of epigastric pain of over four years' duration. During the most of that time, the pain had been typically duodenal, coming on two hours after food and lasting till the next meal. He had had melæna on two occasions. There was very marked tenderness in the duodenal region. For some time before I saw him he had had comparatively little pain throughout the day, but every morning, between 1 and 4 a. m. it became very acute, extending through to the back. The pain was relieved by a hot drink, by taking food and by moving about. *Kali carb.* 200 removed all the symptoms completely within three months.

Dr. Le Hunte Cooper has given us some cures with rather uncommon remedies, illustrating the breadth of our armamentarium. The remedy which I have found most commonly indi-

cated in duodenal cases, as one might expect from the symptoms, relief from eating, relief from hot drink, and relief from lying down, is *Graphites*.

Dr. Julian in his address said that after the patient is out of the surgeon's hands he should return to the physician. I should like to go a little further and say that the patient should never be out of the physician's hands, except from the time he goes on to the operating table until the time he comes off again. To get the best results there must be a mutual confidence between the physician and the surgeon. It is surely to the surgeon's advantage, as well as the patient's, that chloroform sickness, especially after operations on the stomach, should be reduced to a minimum. *Phos.* 30 given four-hourly the day preceding the operation will prevent about 90 per cent. of the sickness which usually follows. We will not get the best results, however, if the patient is, at the same time dosed with purgatives, or hypodermics of atropine or novocain. *Rhus*, *Bryonia* or *Arnica* as indicated, will make the patient comfortable in a wonderfully short time after the operation, but they must be given a chance to work without interference. It is useless prescribing homœopathically after spinal anæsthesia. No medicine will have any effect at all for some days.

In continuation of the discussion DR. BORLAND (London) cited some cases in which single doses of remedies had proved curative and stressed the point that in each case a different medicine had been given: (1) R. T. G., aged 28, in whom the pain was better p. m., and much better after food. The bowels were always constipated. X-ray showed the duodenal cap, a distorted duodenum, a residual show, and the organ dropped deeply underneath the colon. *Graphites* 1M, one dose, was given on March 2, 1925, with complete relief. On June 2, 1927, he was complaining of oppression in the epigastrium with no pain, and received another dose with a like result. (2) R. R., aged 53, a male, on February 27, had been suffering from duodenal ulcer three years, diagnosed by x-ray, was relieved by *Graphites*. On November 27, the x-ray finding was better. On April 28, much worse. He became a hospital patient for three weeks, and kept on full diet, with relief from *Carbo veg.* (3) A woman, aged 45, had duodenal ulcer, diagnosed by x-ray. No operation was advised and she re-

ceived *Anacardium* with benefit. She relapsed in four weeks, however, had acute pain > hot drinks and after food, flatulence < p. m. causing a boring sense of weight, and faintness. Relieved by *Lycopodium* 200.

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

one person might disgust and upset the next, who would not get much help. Dr. Weir said that he, as a rule, rarely dieted this type of a patient for this reason. It is related that a patient whose pains still persisted after the most delicate diet, found relief after partaking of Scotch haggis. Such a patient ought to be relieved by *Ignatia* as Dr. Cooper has mentioned. In the hospital, if milk was not well tolerated, raw meat sandwiches were often found useful. Many have ascribed symptoms in duodenal ulcer as dependent upon interference with motor functions. This may be the reason why *Ornithogalum* has proven so useful in the treatment of this disease. In his *Dictionary of Materia Medica*, Clarke states: "It (*Ornithogalum*) goes at once to the pylorus, causes painful, spasmodic contraction of it, its pains being invariably increased when the food attempts to pass the pyloric outlet of the stomach". This point will be interesting to Dr. Cooper because it is an extract from one of his father's cases. Dr. Weir then gave a series of cases, in sequence, of gastric and duodenal ulcers treated at the London Homœopathic Hospital. Where the symptoms, both constitutional and local, were definite for any one drug, that medicine was prescribed. The following drugs were required for the various cases, some got *Sepia*, others *Sulphur*, *Bryonia*, *Phosphorus*, *Digitalis*. Where the symptoms were less definite *Ornithogalum* tincture, one minim dose, was prescribed with benefit. Dr. Weir mentioned that he could not enter into details of all these various cases, but that *Bryonia* was prescribed on the peculiar symptom, copious epistaxis before the menstrual period, with several other *Bryonia* symptoms. *Digitalis* is not a drug generally associated with gastric disturbance, but in its provings it has nausea and sinking relieved by eating, and also marked pyrosis. This patient had a very slow pulse (40 per minute). *Digitalis* tincture 2 min. was given, when the gastric symptoms quickly cleared up. All these patients were typical of gastric or duodenal ulceration with hæmatemesis, etc. Dr. Weir then gave the case of a patient who had duodenal hæmorrhage in 1918 and had been severely dieted for the following three years. After a second hæmorrhage he had to be operated on, and, although he has since been quite free from pain, he never has been really well—anæmic and lethargic. His other symptoms were typically

Sulphur, and a dose of this medicine of the 200th potency about every six months keeps him quite well. This case showed that as Mr. Reid had already mentioned there must be after-care treatment. The next case Dr. Weir presented was that of a physician, aged 39, who first consulted him in June, 1921, giving a history of duodenal ulceration for the past four years (diagnosed and treated by a well-known stomach specialist). He had the usual pain two to three hours after food, relieved by eating, etc. *Petroleum* 200, one dose was given, as it fitted his general and local symptoms. Patient was very sensitive, easily offended, changeable in mood, aversion to fats, upset by thunder, pain relieved by eating. He even had psoriasis, typical of this remedy. Six weeks later he reported that he was feeling very much better and had no pain, even able to smoke cigarettes without acidity and could take a greater variety of food. On the following November he reported that he had hardly any bother at all with his stomach. No medicine was given, and the *Petroleum* had not to be repeated till the following June for a slight return of discomfort. One dose of the 1000th potency was given. This patient was seen quite recently, and had remained quite well for the last six years. The last case Dr. Weir recited was that of a man, aged 50, first seen in June, 1916, giving the usual symptoms of pain, relieved by eating, etc. *Graphites* 30 gave immediate relief, the effect of which lasted for seven months. When this remedy was again repeated it failed entirely to give relief. *Natrum carb.* 200 was given in February, 1917, and the patient remained absolutely well, eating everything and anything, for five years, when for a return of pain *Natrum carb.* 200, single dose, was again given, and he kept free for another five years until January, 1927. Unfortunately *Natrum carb.* gave no relief, nor did *Atropine sulph.* 3 or *Arsenic alb.* 30; *Robina* 3x was tried with varying results, and it was not until he got *Lycopodium* 30, chosen on constitutional lines, that he found benefit. He was thereafter able to eat the usual Yorkshireman's diet, "everything and anything", but in August, 1928, he took a sudden abdominal pain denoting perforation. At the operation a large indurated ulcer on the anterior surface of the duodenum was found with a perforation the size of a goose quill. A gastro-jejunostomy was performed. Dr. Weir

said this case made one wonder what really happens when patients have a complete cessation of pain even for five years, and he did not know whether to be pleased or otherwise with the result.

DR. FRANK BODMAN (Clifton, Bristol) had prepared his contribution to the discussion under the heading "The Rubrics of the Duodenal Syndrome": Sir Berkeley Moynihan has laid down two cardinal symptoms, characteristic of duodenal ulcer: (1) "Pain two hours after food"; "Hunger pain relieved temporarily by eating". Pylorospasm without ulcer can also bring about these symptoms; pylorospasm may occur in biliary tract diseases, chronic appendicitis, renal calculus, tabes dorsalis, solar plexus irritability. On the other hand, duodenal ulcer may be present without these characteristic symptoms. It is rather noticeable on working out these two cardinal rubrics from the repertory that very few drugs come through; this may be due to a lack of precision about the time relations to foods on the part of the provers. The remedies are: *Agaricus*, *Anacardium*, *Graphites*, *Ignatia*, *Iodum*, *Lachesis*, *Magnesium mur.*, *Natrum carb.*, *Petroleum*, *Phosphorus*. The causation of duodenal ulcer depends on a constellation of factors. Lately our attention has been focused on one; the acid gastric juice. There is no record of a true hyperacidity; the gastric secretions investigated in cases of duodenal ulceration provide figures within the limits of those recorded in normals (2). Hurst (3) suggests that there are families whose members are equipped with stomachs secreting a strongly acid juice; this has been criticized. Pritchard has pointed out that a diet of cow's milk in infancy with its very high buffer content stimulates a flow of highly acid juice, which may persist in later life. (4) The *Natrum carb.* stomach is disordered after milk. As the conditioned reflex of a strong appetite the juice may be too easily excited, either as a result of over-stimulation, or from a generally irritable state of the central nervous system. We think of *Ignatia* or *Anacardium* in such circumstances. But the gastric juice cannot digest healthy mucous membrane. There must be some previous damage to the mucosa or submucosa. It is from this point of view that homœopathy has a wider scope than the orthodox school generally. The view commonly held (5) is that a

microbic embolus or thrombosis occurs in the end arteries of the submucosa; this leads to an altered nutrition of the cells around and renders them vulnerable by the hydrochloric acid. Probably this is an uncommon cause and occurs only in conditions of general septicæmia: umbilical sepsis (6) in infants, septic infection of extensive burns (7), splenic infarcts, acute appendicitis with pyelphlebitis, malignant endocarditis (8); such patients already have a grave prognosis but *Lachesis* in our group might prove valuable. I consider that duodenal ulcer more commonly occurs as an end result of a generalized infection of the lymphoid tissue of the alimentary tract. The researches of Scott Williamson and Lansdown (9), unfortunately interrupted by the war, indicated that there is a type of individual whose alimentary mucous membrane never loses the diffuse cellular adenoid tissue of childhood. A considerable percentage of individuals have a general hyperplasia of this tissue. These simple tubular glands of mucus, secreting epithelium, occur in the stomach, the first part of the duodenum, in the appendix and in the rectum. Normally this tissue has disappeared at the age of 40. Williamson and Lansdown found that a great proportion of their cases of appendicitis occurred in persons of this type in which this hypertrophied tissue has become infected. Necrosis and ulceration of these simple tubular glands were a constant finding. This no doubt explains the coincidence of gastric and duodenal ulcer with appendicitis. One does cause the other; they are both the results of a common infection (10). This theory of a general infection is borne out by the observation of German investigators who noted persistent mild pyrexia and local lymphadenitis in cases of duodenal ulceration (11, 12). Adriance (13) reports a case of duodenal ulcer associated with follicular colitis. Nicolaysen (14) asserts that all peptic ulcers are accompanied by a chronic infection of the gastric mucosa. This diffuse gastritis may give rise to pylorospasm. Sections examined under the microscope show a chronic inflammation of the simple tubular glands. Multiple follicular erosions may be a cause of the gastrostaxis of Hale White. This is confirmed by the remarkable specimens of "leopard's skin" stomach, in which Dr. Pickworth (15) has demonstrated all stages from hæmorrhage to necrosis and ulceration of the follicles of

the gastric mucous membrane. To sum up, a type of individual succumbs to an infection which becomes disseminated throughout the persistent and hypertrophied adenoid tissue of the alimentary canal. The result may be a gastritis, a peptic ulcer, appendicitis, colitis, separately or in combination. Naturally in such a case neither gastro-enterostomy or alkalies will effect a radical cure. But such drugs as *Phosphorus* and *Natrum phos.* may be expected to go to the root of the matter. To look at the subject from another angle, Carlson (2) has shown that the musculature of the stomach has an inherent rhythm, modified by the vagus, which accelerates, and by the sympathetic which inhibits. In subjects with an overactive vagus, the irritable stomach contracts powerfully and frequently and squirts a very acid juice through the pylorus. This is likely to provoke a duodenal ulcer; I have shown elsewhere that of the present list of drugs *Agaricus* and *Anacardium* are vagotonics (16). Tyrell Gray has pointed out the relation of smoking to duodenal ulcer (17), and has shown that the most intractable ulcers occur in fat smokers; the stout pyknic types are generally sympathicotonics but the nicotine paralyzes the inhibitory control of the sympathetic and converts the stomach into an organ dominated by the vagus. Of our list, *Ignatia*, *Lachesis*, *Phosphorus* are aggravated by tobacco. At the climacteric, there is a disturbance between the vagus and the sympathetic in the balance of power, due to the alterations in the endocrine system. At this time, duodenal ulcer is often troublesome in women. Here *Graphites* and *Lachesis* should prove useful. Looking over our list, we have found indications for all except *Iodum*; *Iodum* probably represents the hunger of exophthalmic goitre and has no relation to peptic ulceration.

REFERENCES.

- (1) MOYNIHAN, *Duodenal Ulcer*, London, 1910.
- (2) CARLSON, *Control of Hunger in Health and Disease*.
- (3) HURST, *Brit. Med. Journ.*, 1926, vol. II, p. 326.
- (4) PRITCHARD, *Brit. Med. Journ.*, 1926, vol. I.
- (5) BENNETT, *Stomach and Upper Alimentary Canal*.
- (6) PATERSON.
- (7) MOYNIHAN, *Duodenal Ulcer*.

- (8) Museum, Royal College of Surgeons, specimen 6271.
- (9) LANSDOWN and WILLIAMSON, *Brit. Journ. Surg.*, vol. II, p. 306.
- (10) HALL, *Brit. Med. Journ.*, 1928, vol. I, p. 1049.
- (11) BANG, *Ugeschr. f. Læger*, 1927, p. 455.
- (12) FLORCKEN. (Not traced, *Epitome, Brit. Med. Journ.*, 1927).
- (13) ADRIANCE, *Arch. Pcd.*, vol. XVII, p. 277.
- (14) NICOLAYSEN, *Act. Chir. Scand.*, vol. LXIII, p. 187.
- (15) PICKWORTH, *British Med. Journ.*, 1928, vol. I, p. 932.
- (16) BODMAN, *Brit. Hom. Journ.*, July, 1928.
- (17) GRAY, *Brit. Med. Journ.*, 1924, vol. I, p. 1040.

DR. BLUNT remarked that the President has said that he depended more on the *simillimum* of a patient for curing gastric and duodenal ulcers than on any routine specific. Dr. Blunt concurred with that statement, and had cured several gastric ulcers and a few duodenal ones with the patient's *simillimum*. As an example of the latter, Dr. Blunt produced three cards of Field's *Symptom-Index*, which pointed to the *simillimum*, which were confirmed later by other cards. The three cards which gave the peculiar symptoms were: (1) Warm stuffy room aggravates. (2) Fear of darkness. (3) Pain in the stomach ameliorated by eating. Now there are no remedies that have all those symptoms except *Phosphorus*. Hence, when those three cards were superimposed, only one hole (260), which was *Phos.*, ran through all three cards. Keeping *Phos.* in mind, Dr. Blunt asked several questions relating to the chief symptoms of *Phos.*, and found the patient had them all, so that hole 260 which ran through about 30 cards proved to be the *simillimum*. It not only cured the gastric trouble, but even a large cystic tumor on the back of twenty years' standing. This patient started *Phos.* on October 15, 1927, and was given *Phos.* 15th plus every second day at first and later every fourth day. During the first week in February, 1928, he suddenly got a severe aggravation, which Dr. Blunt took to be accessory symptoms, according to para. 161, Sixth Edition of the *Organon*. Since then he has had no more doses. Very soon after he felt quite well, and when he was seen last a few weeks ago he said he had not had any symptoms to complain of for six months.

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

DR. JOHN PATERSON, Glasgow, said he was at present engaged in research work relating to the bacteriology of the intestinal canal and disease. He had been interested in this subject since the publication of *Chronic Diseases*, by Drs. Wheeler and Bach. After the papers given by the authors at the last Congress, and thanks to the courtesy of Dr. Bach, he had been able to study the actual technique in the laboratory in London, and thereafter in his own laboratory in Glasgow. In hospital and private practice he had made at least 2,000 cultures from fæces of patients, and the frequency with which one found these non-lactose fermenting organisms might interest a bacteriologist. When it was added that he and his colleagues had found the nosodes of these bacteria of great service in treating many intestinal conditions, and in clearing up many more skin eruptions which had so far resisted all treatment (even homœopathic), then it was time all homœopaths took more than an interest in this research. The President had emphasized the duty of the physician to prevent the

development of the ulcerative stage, and to do so one must understand the signs and symptoms which preceded this. How far back in the history of a patient must one go to discover the initial symptoms? He suggested going back to infancy or early life, for how often did one find gastric and intestinal conditions present at that stage, and how often was this associated with a skin eruption. The homœopath might classify such cases under "psora", a term used by Hahnemann to include certain groups of symptoms. If anyone recollected the various homœopathic drugs mentioned that day as having proved useful in the treatment of definite ulceration, one would find that all of them had in their proving skin eruption. Was this not of some significance in the study of ætiology of ulceration? It seemed to him that the recognition of these "psoric" symptoms in early life and their treatment with homœopathic remedies would prevent the development of ulceration in after life, and bear out the testimony of the physicians who had declared that under consistent homœopathic treatment patients do not develop gastric or duodenal ulcer. What of the patient who had not had such treatment and who developed an ulcer? Did bacteriology or homœopathy offer any help? The relationship between skin and the pyloro-duodenal region had been mentioned by Dr. Le Hunte Cooper. Dr. John Weir, in one of his cases, called attention to the terrible skin eruption which had followed the use of a remedy given with relief to the duodenal ulcer symptoms. He had not stated that the skin eruption afterwards was also relieved, but we could be sure that any true homœopath would continue the remedy and expect the skin to clear. If the developed duodenal ulcer is related to "psora", then homœopathy should, and it had been proved at this Congress that it did, offer a remedy. Since Dr. Goldsbrough had called for team work, it might interest them to know that in Glasgow some attempt at team work was in operation in the proving of nosodes from the bowel organisms. In these provings not only did the skin eruptions come out markedly, but also certain symptoms of a nervous character. In the dysentery group (Bach) so far proved certain symptoms relating to the heart were noted. These were more of what might be termed "functional" rather than "organic", and no doubt had been present in many of Dr. Le

Hunte Cooper's cases of neurasthenia with ulceration. Ulceration of the duodenum was also an outstanding symptom of this nosode. Did the presence of these organisms in the bowel lower the nerve tone and so interfere with the nerve mechanism of the heart, or did the mental worry and anxiety observed by Dr. Henderson Patrick lower the nerve tone and allow invasion of bowel by these organisms? Personally he had found many homœopathic remedies of value in treating duodenal ulcers, but none equal to the nosodes, particularly *Dysentery co.* (Bach), 30. One case after long experience of allopathic treatment had received one powder of this nosode and had remained clear of all symptoms for twelve months and was still free from all the distressing symptoms previously endured. He did not suggest this nosode as the only remedy or the only nosode for all duodenal ulcers, but wished to indicate the deep and prolonged action of a nosode, where a culture had been made from the fæces and the organism found and identified, or where the symptoms alone suggested a nosode from the imperfect provings, so far known. He thought that homœopathy had a clear case to put before the profession, in that ulceration was never found in a patient who received consistent homœopathic treatment. Was the explanation not due to the fact that as followers of the teaching of Samuel Hahnemann, they had learned to recognize and treat the underlying constitutional condition. What part did "psora" play in the ætiology of the gastric and duodenal ulcer? Was the child with the intestinal disturbance and the skin eruption, if left untreated or under allopathic treatment, the future victim of a gastric or duodenal ulcer? Alkali treatment favored the growth of bacteria in the bowel. As to the treatment of the developed ulcer, in the light of this research, he suggested that the allopath consider the use of a vaccine, using the non-fermenting organisms found in the bowel—and added a word of warning as to the absolute necessity of following the Bach technique before passing opinion on the results. He was glad the President had mentioned the fact that vaccine therapy was truly homœopathic in principle. The surgeon might with profit include this test along with his x-ray photograph and test meal. To the homœopath he strongly suggested a closer study of the "psora" of Hahnemann in relation to ætiology, and

the inclusion of Dr. Bach's nosodes among the list of potent remedies in the treatment of gastric and duodenal ulcers.

DR. WYNNE THOMAS asked whether there were many more cases than usual during the war, for if worry and anxiety were causes one would expect a great increase of cases during that period. He mentioned a case he was called to see of sudden death in a servant, in which he found a hole in the stomach large enough to put his little finger, and yet the girl had not consulted a doctor for months and had scrubbed out the hall that same morning. Another case of a girl, aged 18, who vomited a quantity of blood in the garden, was taken into the Phillips Hospital, and brought up more blood, and passed some by the bowel. She died from suppression of urine fourteen days later and the ulcer had completely healed. A lady patient while cycling in the country vomited a quantity of blood and was very faint, but after resting rode home ten miles, did not send for a doctor, did not rest up, and had no recurrence. A man, aged 60, had a swelling in the pyloric region and gave a history of vomited blood ten years previously, which was diagnosed by his doctor as due to varicose veins in the œsophagus; as he was losing flesh and suffering severe attacks of pain, it was thought to be malignant and the surgeon refused to operate. As his pain became almost unbearable Dr. Thomas insisted on exploration; a gastro-enterostomy was done, the patient gained 23 pounds in weight in three weeks, and lived in comfort for ten years, dying after an operation for stone.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly co-operation between the two organizations.

ANTIMONIUM SULPHURATUM AUREUM (*Ant. s. a.*)*

J. H. CLARKE, M. D.

Clinical—Bronchitis, pains in. Cough; of influenza. Headache. Hip-joint, affections of. Laryngitis. Rheumatism. Shoulders, affections of.

Characteristics—*Ant. s. a.* was introduced into medicine by Glauber in 1654; was proved by Mayrhofer in 1845, and the proving was published by Buchner in 1874. My chief clinical guide to the use of this remedy is H. Goullon, whose article may be found in *The Homœopathic World*, January 1902, entitled "Tips for Allopaths Who Really Want to Know". It is copied from *H. Encyc.*, which gives a translation of the article as it appeared in *Leipziger Pop. Zeit. f. Hom.*, October, 1901. Goullon says:

At the conclusion of an acute laryngeal or bronchial catarrh, or even in the acute form of this ailment, and even in chronic catarrh of the aërial passages, this is a glorious remedy with an effect frequently wonderful. It lessens the cough so beautifully, and the coarse, hoarse voice regains its timbre. It cannot, indeed, take the place of *Spo.*, *Bro.* and *Phos.*; these have their own sphere of action; but if such a "congher"—excuse the word—comes along who finds no rest from coughing, either day or night, while his throat and chest are *sore from coughing*, he must quickly get *Ant. s. a.*, 1 trit., three or four times a day and also at night, as much as would lie on the point of a penknife.

This I have verified many times. The indication *sore from coughing* is one of the best keynotes I know in the materia medica. It has helped me with numberless cases of influenza cough, in grain doses of the 3rd trit. It is a clinical observation or inference, as is Hering's "Hard, dry cough, no expectoration". There are, however, these symptoms in the proving: "Tickling as from mucus with inability to expectorate. Pressure and constriction in the bronchial tubes. Bronchi full with difficult respiration. Increased mucous expectoration mixed with blood, of a sweetish taste". The *sensitiveness of the bronchi* is peculiar; and there is also sensitiveness of other parts, as surface of abdomen, scrotum. "Fulness" and "tension" and "pressure" run through the proving. There are also burning pains. The < from washing of the other *Antimonics* appears in *Bleeding of the nose from washing*. There is also < after sleep (headache; pains in thorax and

*Supplementary to the *Dictionary of Materia Medica*, in which this does not appear.

spine). Among localities affected are: hip-joints and groins; shoulder-joint (1); *bones* of forearm; posterior nares and throat ("plug" sensation, as *Ant. c.*); umbilicus; scrotum (eruption like *Ant. o.*).

SYMPTOMS

1. *Mind*. Apprehensiveness with heaviness in præcordium.
2. *Head*. *Head confused*; from severe injury in abdomen. Forehead confused. *Pressive headache*. Headache in forehead. One-sided headache, especially l. temporal region. *Burning in the head*; with eye complaints. *Wakes after midnight with dull headache after dreamy sleep*.
4. *Ears*. Reddish swelling behind r. ear, leaving a redness and scurfiness.
5. *Nose*. Violent coryza with loss of smell. Catarrh and fluent coryza with impeded respiration (morning), confused head and impaired appetite.
7. *Teeth*. Pressing, boring, tearing toothache.
8. *Mouth*. Much saliva and water collected in the mouth. Tongue very thickly coated yellow; slimy with pasty taste.
9. *Throat*. Increased mucus from back of throat. *Burning and heat in the fauces*. Pressure and tensive feeling in the throat, especially at larynx. SORENESS OF THROAT AND CHEST FROM COUGHING (Goullon).
10. *Appetite*. *Pasty taste*. Taste sweetish, bitter and flat. Loss of appetite, almost a loathing of food. Appetite increased to decided hunger.
11. *Stomach*. Pressure and fulness in stomach and stomach-pit. Burning, sticking sensation in whole l. side, especially of l. lumbar muscles. Abdomen tense, full. Twisting in intestines. Great sensitiveness of intestine and colon; especially at anus. Tensive drawing pains in groins.
13. *Stool and Anus*. Constipation, with tenemus and burning pains in anus.
14. *Urinary Organs*. In urethra, tickling with increased urine. Increased urine with much tickling and tensive sensation in penis. *Urine increased, dark red* (containing traces of antimony after 6 grains).
15. *Male Sexual Organs*. Itching and eruption on scrotum extends to perineum. Sexual desire unusually excited. Extraordinary sensitiveness of genitals.
17. *Respiratory Organs*. Pressure and tensive feeling in throat, specially at larynx. Tickling as from mucus in larynx and air passages; with inability to expectorate. Bronchi feel full with *difficult respiration*. *No rest from coughing day or night, THROAT AND CHEST SORE FROM COUGHING*. (Goullon).
18. *Chest*. Heaviness in præcordium and apprehensiveness. SORENESS OF CHEST, from cough (Goullon). Rheumatic pains over whole thorax and spine with difficult, noisy inspiration, on sudden waking after midnight.
19. *Heart*. Heaviness in præcordium and apprehensiveness. Pulse soft; small, suppressed.
20. *Neck and Back*. Tensive, pressing feeling in cervical vertebrae, neck and ribs. Burning, sticking sensation in l. lumbar muscles and whole l. side.
21. *Limbs*. Tensive feeling on muscles of shoulders and thigh. Stiff tensive pains in. Stiff tensive pains in joints, mornings. Constant drawing, tearing, rheumatic pains in joints. *Itching on hands and feet*.

22. *Upper Limbs.* Arms heavy in morning. Painful immobility of l. arm. Rheumatic pains in joints of arms. Boring, tearing in joints of arms and hand. Pressive tensive pain in l. shoulder-joint. Twitching like electric shocks through both ulnar nerves, especially in elbow-joint. Pressure and heaviness in bones of forearm. Swelling of fingers. Tensive swollen feeling of fingers.
23. *Lower Limbs.* Pustules, elevated, dry, on inner surface of thighs, itch, feel tense, pain on walking and involve the whole leg in sympathy; remain three weeks, then dry and desquamate. Heaviness and weariness. Tensive and rheumatic trouble in hip-joint and groin. Slight swelling of knee and ankle.
24. *Generalities.* Sense of great weakness and prostration in morning.
25. *Skin.* Itching, especially of scrotum and inner surface of thighs. Pustules.
26. *Sleep.* Vivid dreams and sudden waking after midnight with restlessness, rheumatic pains over whole thorax and spine; dyspnoea. Sleep with dreaming, with sudden waking. Deep sleep with sweat. Heavy, unrefreshing sleep.
27. *Fever.* General chilliness with shivering down whole spine. Chills alternate with heat. Moderate sweat at night.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

CUTTING SHORT THE COURSE OF DISEASE

A. PULFORD, M.D.

At London, England, June 27, Dr. Frederick M. Dearborn of New York City, gave a paper on the "Comparative Results in the Treatment of Erysipelas". During the discussion Dr. Elizabeth Wright of Boston asked Dr. Dearborn if the homœopathic remedy would cut short the disease? Dr. Dearborn replied that it was his experience that the disease was not cut short any more than any case of pneumonia (typical) was cut short; that the normal course of erysipelas was not cut short by any system of treatment whatsoever, and it was not desirable that it should be. It is a well known fact that both erysipelas and pneumonia can be prolonged, and *always* to the detriment of the patient, and it is equally a well known fact to real homœopaths that these self-same diseases can be both cut short and lightened in severity by the positively indicated remedy, and *always* to the *benefit* of the patient, but *never* can this latter be accomplished with crude drugs, low potencies and a superabundance of adjuvants.

Dr. Dearborn's reply to Dr. Wright rather amused us and we did not reply at the time preferring to wait until we returned home to consult Dr. Dearborn's work *Diseases of the Skin* for the reasons for his deductions as given above, and there we found the answer—Crude drugs, low potencies, a dearth of symptomatic indications and a superabundance of adjuvants, so that the attempt to shorten the course of erysipelas by these weapons would be, just as Dr. Dearborn remarked, "not desirable that it should be", simply because the result would be *suppression*, a very dangerous method.

In reply to a statement we made regarding the success we had had with homœopathy in erysipelas, Dr. Dearborn stated that we had not had 3,000 cases to take care of, neither did we have the drunks of New York. *But*, are the drunks of New York any worse than the drunks of Toledo or any other town? Numbers do not change the situation, neither are they an excuse for not practicing *homœopathy*. While we can not boast of having had 3,000 cases of erysipelas we have had quite a number of cases in the past 45 years and are still getting them, sev-

eral of which came with the stamp of erysipelas by some of the very best allopathic talent in both New York City and New Haven, Conn., one of which we will here relate:

The case was that of a banker in Ansonia, Conn., a man of some 50 years of age, well to do and well able to employ the very best medical skill available, and who was a confirmed allopath. This man was taken ill; his doctor, at that time the leading allopath in the town, was called and diagnosed the case as "malignant erysipelas". A nurse was procured and the show began, lasting about four weeks. Strong drugs and external applications were the order of the day. The case retrogressed and continued to do so and the patient got so that he could retain no food. It was at this point that the very best talent of New Haven, Conn., was sought, which confirmed the diagnosis already made. At this juncture another nurse was added and the battle royal waged on. They finally got rid (?) of the erysipelas and the patient lapsed into delirium and unconsciousness. At this juncture the very best talent of New York was sought, the diagnosis again confirmed and a third nurse added and all three were kept busy and on the jump. After all had been done that modern medical "science" could do, not *for* but *to* the patient the prospective widow was gravely informed that everything had been done and that it was only a question of time. Heartbroken and in despair she went to the banker's assistant who happened to be a confirmed homœopath and a patient of ours and asked what she should do. "Do"? quoth he. "Do as I told you to do in the beginning". She did it. We were called. He received a dose of *Nux* until we could get a history of the case, which was completely covered by *Sulphur*. The first dose acted promptly and almost like magic, clearing up the entire case in a week. The nurses who had been as busy as bees night and day for three weeks left after three days, of their own accord, because they had nothing to do. Another case in that town, that of a veterinary surgeon, was cleared up in three days with *Bryonia*. As for plain drunks, a printer here in Toledo came down with a case of malignant erysipelas and was finally turned over to us and completely recovered in eight days under *Lachesis* 1M. As to a typical case of pneumonia being cut short, just last week Dr. Dayton T. Pulford was called in consultation by a doc-

tor having a typical case of pneumonia which was going very badly. The pulse was 170, the temperature steadily around 102 to 103, and the respirations 40. After taking the case the doctor gave a dose of *Sulphur* and next morning the pulse had come down to 100, the temperature to 99 and the respiration to 18 and better still the patient had a good night and there was improvement all around next morning which continued. If that is not cutting the course of the disease short, what is it? We have noted that our cases cut short by the properly indicated remedy, in the higher potencies, have *all* remained well for a *longer* period than the others which for the want of the properly indicated remedy had to run a so-called normal course. We can readily understand Dr. Dearborn's stand that it is not desirable to cut short these diseases because with crude drugs, low potencies and adjuvants nothing but suppression or diversion can possibly be brought about and quite naturally this is both undesirable and *dangerous*. But to shut off the source as only the higher potencies can do is both desirable and *beneficial* to the patient.

We have had case after case of erysipelas of the true type in the past 45 years, but whether from pure luck, good judgment or pure homœopathy we have yet the first death certificate for a case to sign. The specifically indicated remedy will act promptly and continuously as long as nothing interferes with its action and if the potency is correct will act without aggravation and if the action is *not* interrupted the remedy will rarely need to be repeated; if you must keep repeating, then the result you thus obtain is not such as will go on to a complete cure, i. e., a complete eradication of the predisposition to the disease to be cured, but to a suppression or a diversion into other channels of the results of that predisposition which are very apt to crop out later in a deeper or a more malignant form, for no disease is ever either lightened or shortened by either suppressing or diverting it, for the longer it remains active in the body the worse it gets, and while our present method of prescribing is a most excellent temporary expedient, it is far from *artistic* and should not deter us from striving to arrive at perfection, as self-satisfaction is the end of all progress and usefulness.

Fear is an important factor in determining the course and prolongation of disease, it having a tendency to lower the vitality

and therefore weaken the natural bodily defences rendering the predisposition more irritable hence more susceptible to the influence of external influences, thereby promoting activity and prolonging the course of the disease. We can sense the fear of, and sympathize with, the conscientious allopath who must approach a disease like pneumonia with a profound knowledge that he is perfectly helpless, and lucky is he if he gets out of his perilous plight with the disease having run even a normal course. We have been quite frequently ridiculed and scoffed at for many of our deductions, but we have lived long enough to have seen much of our "thunder" either verified or appropriated bodily by others and reproduced as their own. And here let us not forget that that which we consider the soil on which the germs thrive, on which develop the outward manifestations of the disease, is neither the disease itself nor the cause of the disease, it is simply the result of the activity of the predisposition without which the disease would never develop no matter how many germs were brought to bear on it. The disease is foreshadowed in the predisposition just as the oak is foreshadowed in the acorn, and *not* shaped by the germ. It, on the contrary, shapes the germ.

The predisposition to any disease is the all absorbing feature, in it all other phases originate, it is the very root, and whether it be a question of prevention, cure or palliation, that predisposition is the very first factor that must be considered. There is a vast difference between the preventing of disease as known to the true Hahnemannian and the preventing of its external manifestation which is the only thing known as prevention to the allopath and the bulk of the self-styled "modern homœopaths" and accepted by them as such. Just so there is a vast difference between the removal of the predisposition in the cure and the allaying, suppressing or diverting of that predisposition. All of which goes to show the laxity of our medical terms and the lack of mutual understanding of them. Until we can accomplish the shortening of the course and the reducing of the severity of the attacks by natural methods, (by that we mean the perfectly indicated remedy) and be able to remove the predisposition to that particular disease, we can lay no claim to be masters in the art and science of prescribing.

The final deductions, then, are: The sole *raison d'etre* of medicine is its ability to shorten the course of, and lighten the attacks of, and cure disease, eradicate the predisposition to that particular ailment, failing in which it falls far short and wide of the mark for which it was originally conceived or instituted; that the perfectly indicated drug (which includes the correct potency) will act at once and continuously and without aggravation, and if not interfered with, without repetition; that the proper curative remedy should need no more constant repetition than the original cause needs repetition; that on the completion of the unfolding of homœopathy, and not before, it will be so simplified that prescribing will become a perfect art as well as a science; that there are no *masters* in the art of prescribing and cannot be until that unfolding is a positive fact, and then when completed it will be possible to find the correct and perfectly indicated remedy for all cases and the proper potency. We will thus be able to shorten the course and lighten the severity and malignancy of all diseases to the greatest benefit of the patient. While all this may seem fantastic, it is both logical and positively possible.

TOLEDO, OHIO.

REMEDY INDICATIONS

I. CHABRA

Podo.—Tongue coated yellow or white. Loss of appetite. sallowness of the skin. Jaundice. Dark brown urine.

Cupr. s. (tinct.)—Locally in one to three per cent solution in operable sarcoma.

Ant. c.—*Eczema of nostrils.* Sore, cracked and scurfy.

Ant. c.—Sub-acute eczema about mouth.

Phos.—Toothache after washing clothes.

Sec.—Cramps commence in face and spread over whole body.

Kali c.—Gums spongy and receding.

Rhus t.—Fever-blisters around mouth and chin. (*Nat. m.*)

Rhus t.—*Drowsy after eating.*

China—Toothache, better pressing teeth firmly together and by warmth.

POINTERS

I find that high potencies followed by lower ones act especially well in *young*, vital adults.—R. E. S. HAYES.

Aconite and *Phos.* think much of fine clothes.—H. MARTIN.

When a cold in winter starts with photophobia aggravated by the snow and the coryza is running but the nose feels stuffy and the continual sneezing does not relieve, think of *Ars.*—G. DUNHAM.

Ammon. carb. is not a remedy for the strong-minded but for those who are easily impressed and hypersensitive to the contacts of other minds; the spiritual chameleon would profit by a dose.—E. WRIGHT.

In violent contraction of the anus after stool, think of *Stront. carb.* as well as *Lach.* and *Nit. ac.*—W. H. ROBERTS.

Strophanthus hispidus has a recurrent urticaria. It helps with the craving for alcohol, like *Ars.*, *Caps.*, and *Nux.* [and *Sulph.* and *Aven. sat.*—Ed.]—W. H. ROBERTS.

Try using the high potencies, especially of nosodes and serums, as local applications.—A. NEBEL.

It is not an indication for *Tub.* when the well selected remedy fails to *act*. When the remedy has acted, and the constitution of the case shows a tendency to break down, if well selected remedies don't *hold* because of vital weakness, then it is that this remedy sometimes fits in.—G. DUNHAM.

In cases of breast tumor in addition to *Con.*, *Phyt.*, *Sulph.*, and whatever remedy is the constitutional one, if there are symptoms enough to lead you to it, study *Lac. caninum*. It has served me well.—L. M. STANTON.

Platina is haughty, *Lyc.* is imperious, but do not forget that *Ipecac.* is contemptuous. He despises not only the chef but everyone and everything, and grows stout on it!—E. WRIGHT.

There is one grand rule to observe in all cases acute or chronic and it is this: NO SYMPTOMS, NO MEDICINE.—J. H. CLARKE.

Prescribe *Sabin.* if milk tastes bitter; *Sang.* if sugar tastes bitter; *Iod.* if plums taste bitter; *Ars.* if water tastes bitter, and *Puls.* if bread tastes bitter.—D. N. DEY.

Plumbum will help in epistaxis with convulsions or colic re-

lieved by arching backward or colic alternating with pain in the joints.—D. N. DEY.

In cases of anxiety: worse on ascending, prescribe *Nit. ac.*, after washing the feet *Nat. carb.*, after taking acids *Sulph.*, during anger *Sep.*, on closing the eyes *Carb. veg.*, after sexual intercourse *Sep.*, on thinking of coition (in a woman) *Kreos.*, on hearing of cruelty *Calc. carb.*, on hearing music *Nat. carb.*, when reading *Mag. mur.*, when shaving *Calad.*, from smoking tobacco *Petr.*, and after urination *Dig.*—D. N. DEY.

It is my experience that *Puls.* symptoms occur and are relieved by *Puls.* as frequently in the *Nux* type of patient as they do in any other, also that *Nux* is almost as frequently indicated in *Puls.* types as it is in *Nux* types.—W. H. FREEMAN.

Let those who cannot sleep eat a couple of lumps of sugar or better still lie over on the abdomen.—G. MITTLER.

A hernia which has slipped down into the sack will often go back of itself on the application of a hot bran poultice.—H. BORKENHAGEN.

I have found the application of the fresh yellow juice of a stalk of *chelidonium* to warts several times a day to be most effective in removing them.—A. STEGLICH.

Petroleum and olive oil equal parts is as effective for head lice as *sabadilla-vinegar*.—S. K.

Storm neuroses, particularly at the onset of storms, will often yield to *Rhod.*—K. L.

In nocturnal enuresis in children, think of *Kali phos.* or *Sabal serrulata* as well as the more usual remedies [such as *Rhus.*, *Sep.*, *Caust.*, etc.—Ed.]—F. K.

In enlargement of the right ovary with pain in the right pectoral region and cough, think of *Apis.*—L. VANNIER.

Colch. has piercing or drawing pains in the ovary, obliging one to bend double, with great agitation.—L. VANNIER.

Violent headache coming on only when straining at stool suggests *Iridium.*—W. H. ROBERTS.

Where pain in the limbs is aggravated after meals and you can get no other symptoms, think of *Indigo*. There may be accompanying cough with epistaxis.—W. H. ROBERTS.

EDITORIAL

HAHNEMANN THEN AND NOW

No man gives his best in this world. Circumstances do not permit it, though often they spur us to greater heights than we could even have envisaged for ourselves. That is what they are for. But, with the defects of their qualities, circumstances also hold us back. We are often puzzled over the parables used by the great. We forget that even they have to accommodate their thoughts to men's brains, in any definite historical era. If only we could know what such enlightened teachers would say to their peers!

This is true, for instance of the man of science whose birthday we this month delight to honor, Samuel Hahnemann. The prejudices of his times developed his strength, they were the whetstone of his genius, yet they also hindered it, hardening and limiting it. What would Hahnemann have taught, what message would he have brought to a company of his equals? In order to answer this question—for the answer is pertinent to our life today—we must sense what Hahnemann really was. In the first place, thanks to his father's rigorous training, he was a thinker. He wanted to get behind the images of thought and speech and even science to the underlying reality. He valued a stark simplicity of fundamentals and realized how few minds plumbed to them. Starting at nadir his mind could follow a concept through its implications up the high trajectory to zenith, and in doing this he was thorough; no pains were too great for him to take; no patience too vast for him to achieve. Thirdly, he had that recognition of the inward qualities of life which alone makes possible an appreciation of any zenith. In following such a course of thought, and in working out its scientific foundation and ramifications, he was fearless; and ready, as any true scientist must be, to disregard the prejudices of his time and even his own hypotheses, in the interest of the truth. Moreover, he had the fecundity of mind and the power of intuitive imagination without which originality is impossible. To serve these, he had immense vitality which enabled him to become truly erudite in languages and in the science and the philosophy of his time, and to these qualities he added a taste for long-continued experimentation, and a deep kindness.

Carthago sine Magna!

Was Hahnemanns Standhaftigkeit und unerschütterliche Treue, sein
Kann es so vorwärts Uebel, als das Sprichwort, das dilligen in der
ganze nicht. In der ganzen die feine Begabung ist keine große
zu glücken weiß aber Vorplanung und Arbeit. Es kann die
das was die feine ist, und sie ist nicht gelöst, so wird
zu können.

Lesen Sie mir auf dem Wege und immer so, Gott wird
auf weiter gehen.

Esse Undenken, das ist die große Arbeit, die ist
Denn die Seele damit, das ist die große
Lesen Sie mir auf dem Wege, die ist die große
andere gehen zu können.

Die Hahnemanns Familie und die
andere gehen zu können.

Die Hahnemanns Familie und die
Rüden 2, 12 Sept. 1830.

Sam. Hahnemann

In studying his life we are distressed at a certain erratic bitterness which savours of dogmatism, and which unfortunately has increased in his followers through the years; but every human being has his line of weakness, and we can easily separate this from the main spirit of the man.

In many ways the scientific world of today is on a par with Hahnemann's teachings. He was a great modern in his belief in experimentation, in his recognition of microbes, in his humane views on the treatment of the insane, in his disbelief in strong drugging; and he would today be an honored colleague of scholars and scientists.

It will be, perhaps, more than another hundred years before the general level of scientific thought reaches his threshold, for Hahnemann was one of the early vitalists. Were he alive today he would be one of the rare and much needed men who combine the art of practical healing with the science of logical experimentation. He would be a medical Edison in fertility of mind and devotion to work. He would be overwhelmingly interested in the developments of psychiatry, and would appreciate the implications (as well as the dangers) of the spiritual factors in healing. His avid mind would not stop short of extensive studies of the imponderables, electricity, x-ray, etc., not as at present used, suppressively, but in their applications to higher techniques. He would insist on the purification of his doctrines, and on the substantiation of the law of similars by painstaking, codified and controlled experimentation. He would insist on the linking up of the laws which he promulgated with the science of today and with the mental and spiritual laws which will be the science of many to-morrows. And he would have emphasized that the true physician must integrate his life and raise it in order to be a proper channel for the healing truths which only so are available.

Let us, then, not think of Hahnemann as a figure in the history of medicine, as a potent influence now dead, but rather as an ultra-modern Titan, out-pacing us and still leading us on to the fruition of the healing of mankind.—E. W.

* * * *

At the present time there is great activity all over this country by the agricultural departments seeking to eradicate tuberculosis in cattle. In some states this is taking the form of compulsion,

with no way left open for individual thought or consideration. The true Hahnemannian homœopath cannot look upon this with complacency, for the method used in this extermination is to detect the presence of tuberculosis by the injection of tuberculin into cattle; a reaction is supposed to follow this procedure if the disease is present in the individual. This reaction, however, does not take place when an animal is far advanced in tuberculosis, so that the most offending specimens are left with the herd.

Koch's experiments with the inoculation of tuberculin on the human being became very dangerous, and the reaction was so great that it utterly discouraged Dr. Robert Koch from the further use of this process. It is understood that he greatly deplored having introduced it into medicine because of the havoc that it wrought on the patients.

Not profiting by that example, the veterinaries of this country have seized upon this method of detecting the presence of tuberculosis in herds of cattle. Hahnemannian homœopaths understand the very great danger from such a procedure, for not only have we the history of the failure of Koch's treatment in humans, from his deductions, but we know that the introduction of any remedy by hypodermic injection produces results that we can little estimate.

It has been shown repeatedly that herds that have been free from tuberculosis for years have suddenly had an appalling number of reactors after this method of detection, which further carries out the idea derived from the deductions of Dr. Koch in the results of the treatment of human beings by the injection of tuberculin. Furthermore, Dr. Koch's experiments and those of his followers maintain that bovine tuberculosis cannot be transmitted to human beings.

We wonder why alert veterinarians cannot give individual physical examinations of cows, taking the temperature night and morning, and in every way making an individual objective examination and so eradicate all reactors, both those slightly affected and those in the latter stages of the disease. As physicians we should all unite in helping to make safe the source of such valuable food for our people. The eradication of tuberculosis can be made effective by its detection in the individual units of the herd without endangering the herd as a whole.—H. A. R.

CARRIWITCHETS

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

20. It is laid down that when one ultimate is removed or suppressed by local measures, another coexisting ultimate is made *worse*. How is it that when polypi are removed, asthma, which sometimes coexists, is *relieved* for a time? This is shown by the repeated operations some patients undergo for temporary relief of their asthma.—H. B. BLUNT.

21. If you are called to an elderly patient, in the street with a broken hip, in terrible pain, do you give morphine to make the pain of transportation endurable, or will a homœopathic remedy serve as well and if so what?—A STUDENT.

22. In your experience have you seen undoubted cases of acute syphilis treated by homœopathic remedies and no other medication which were aborted so that they did not have any secondaries?—G. ROWLAND.

23. What is your experience in the treatment of lumps in the breast with homœopathic remedies? How do you determine when they should be operated, if ever?—E. WRIGHT.

24. What do you do when you have a patient who complains of buzzing in the ears, in whose case the aurist finds nothing wrong and where the physical and laboratory findings are negative and where taking the homœopathic case does not give you the three legs to your stool as Hering puts it, and your patient is not even of a marked remedy type?—P. SCHMIDT.

25. If a patient has many particular symptoms like a remedy and no marked generals and they are, apparently, absolutely lacking in the strongest mental faults of that remedy would you give it anyway and would its action if given be superficial or deep and would you give it on a lower potency plane than if the mentals and generals agreed?—A. CAVANAGH.

FURTHER ANSWERS TO QUESTIONS IN OCTOBER ISSUE.

Asthma near horses in previously vaccinated patients. Remedy?

I wonder if a remedy made from the blood of a horse might cure such an asthma patient?—A. A. POMPE.

Dr. Kent gave me the pointer for this symptom. He said for aggravation when around horses think of dust. Horses are always more or less dusty. I was puzzled to know how ordinary dust should have the same effect as horse dust until I remembered that the proving of skunk cabbage was made back in the "horse age" when all ordinary dust contained more or less horse dust. By the way, Knerr does not have this symptom, "asthma from dust". Knerr's *Repertory* has "asthma from coal dust or from stone cutter's dust" but not from ordinary dust. The only thing Knerr says about horses is that horses have heaves from hay dust, which is not quite the same thing for there is pollen in the hay dust. Both of these symptoms may be verified in the *Guiding Symptoms* VI, 138.—F. E. GLADWIN.

Cold nose and profuse sweat under chin, when sewing, making her nervous. Remedy?

I have been waiting for the question about "reading between the lines" but I didn't expect it to come from the far away sunshine of the Alps. In the first place it was not reading between the lines of the *Repertory* but "reading between the lines" of the symptom that was meant. To read between the lines of the symptoms is to take the thought out of the symptoms and find it in the *Repertory*, in whatever words it may be told. In this question if the doctor had asked what to do, the answer would have been "test the patient's eyes for glasses", for it looks as though once the eye strain were removed, the whole condition would clear up. There is no general aggravation from eye strain in the *Repertory*, so the symptom must be worked out another way. Stand in front of a looking glass with the head thrown well back and note if the part below the rim of the chin is in the face or external throat. Wouldn't you take this part of the symptom to mean "perspiration of the external throat"? As to cold nose, as there are no modifications of this symptom in the Kent *Repertory*, the only

thing that you can do is to take the symptom "cold nose" in general. When one sews, one usually sits a long while, the nervousness might have come from the long sitting, as well as eye strain. Taking these three symptoms, perspiration on external throat, cold nose, and aggravation from long sitting, *Mang.* and *Sulph.* stand the highest. Read up the eyes in *Mang.* and *Sulph.* in the *Guiding Symptoms* and see if conditions there wouldn't give enough eye strain from any use to produce almost any kind of nervous symptoms.—F. E. GLADWIN.

Cramp 6" up in rectum wakened patient 2 to 4 A. M. Remedy?

The first thought is "who are the people who waken from 2 to 4 a. m.?" Berb., KALI-C., Merc. The second thought is the location of that cramp: 6" up the rectum would bring it to the third sacral vertebra or a trifle above. Although this point is within the pelvis, it is, on account of the angle of planes of the pelvis, higher than the pubic bone, hence lies behind the abdominal wall. Provers would locate it in the abdomen. In fact, the provers did find so many cramping pains in the abdomen that there is no trouble in finding the people who waken between 2 and 4 among them.—F. E. GLADWIN.

FURTHER ANSWERS TO QUESTIONS IN DECEMBER ISSUE.

Having given the simillimum, and during an aggravation wrongly given another remedy partially similar, have you spoiled the action of the simillimum?

Every remedy given during an aggravation mixes up the case and certainly modifies the useful reaction, particularly if it is partially similar. In such a case I should not repeat the *simillimum* but wait, following the adage of Kent: "Watch and wait", until the symptoms develop themselves.—P. SCHMIDT.

For what remedy is "Farfa" the abbreviation?

It should be *Tussilago farfara*.—P. SCHMIDT.

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

Below are listed the truly homœopathic books on infantile

therapeutics that I know. The most recent is that of Raue, which I recommend least because it is the least homœopathic. The best without doubt are those of Hartmann and of Jahr. They are not recent but they are the clearest. It would be extremely useful if a competent pediatricist *knowing* and *understanding* homœopathy would review this subject in the light of all the homœopathic material accumulated up to date.—P. SCHMIDT.

LIST OF HOMŒOPATHIC BOOKS ON THE THERAPEUTICS OF CHILDREN.

F. Hartmann: *Diseases of Children and Their Homœopathic Treatment.* (trans. by Ch. Hempel) 1853.

F. Hartmann: *Therapeutique Homœopathique des Maladies des Enfants* (traduit de l'allemand par L. Simon) 1853.

G. H. Jahr: *The Homœopathic Treatment of the Diseases of Females and Infants at the Breast.* (trans. by Hempel). 1856.

A. Teste: *Traite Homœopathique des Maladies Aigues et Chroniques des Enfants.* 1856.

A. Teste: *Diseases of Children.* (trans. by Cote). 1854.

R. Leadam: *Homœopathy as Applied to the Diseases of Females and the Most Important Diseases of Early Childhood.* 1851.

H. N. Guernsey: *The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders Peculiar to Women and Young Children.* 3rd ed., 1883.

J. C. Burnett: *Delicate, Backward, Puny and Stunted Children,* 1896.

G. Raue: *Diseases of Children.* 1922.

AMMONIUM CARBONICUM

(From J. T. Kent's *Materia Medica*)

"Defective reaction with or at the close of, severe zymotic troubles, typhoid, diphtheria, scarlet fever, erysipelas, etc. In those complaints that should come to a crisis, if the patient goes into a state of great exhaustion under remedies fairly well selected, you have an instance where this medicine competes with *Arsenicum* for the nervous prostration. You see 'heart failure' spoken of; if *Ammon. carb.* were given in time, in a great many instances, it would save all that trouble".

CURRENT HOMŒOPATHIC PERIODICALS*

THE BRITISH HOMŒOPATHIC JOURNAL

(London: Jan. 1929), XIX, 1-120.

The Flowing Tide	
T. T. M. Dishington, M. B.	1
The Rediscovery of Psora	
E. Bach, M. B.	29
"Psora" in Children, and the Use of the Bach Nosodes	
J. Paterson, M. B.	51
*Homœopathy and the Infant	
D. M. Borland, M. B.	81
*Chronic Asthma	
D. Renard, M. D., (trans. from the French by A. Speirs-Alexander, M. D.)	91
<i>Homœopathy and the Infant</i> : The author divides the life of the child into different periods and suggests homœopathic treatment for the different conditions. A tabulated schema follows:	
I. Period in utero.	
It is essential to care for the mental and physical health of the mother during pregnancy if the child is to be well born. Maternal disabilities with adverse effect on the child are:	
A. Physical.	
1. Excessive vomiting. <i>Ipecac.</i> early. Remedy in advanced cases is more difficult to choose.	
2. Albuminuria. <i>Apis, Plumbum, Phos. acid, Terebinth.</i>	
3. Constipation with toxic absorption. <i>Nux vom., Opium, Alumina.</i>	
4. Diarrhoea. <i>Aloes, Podophyllum, Merc.</i>	
B. Mental.	
1. Undue depression. <i>Puls., Aurum, Sepia.</i>	
2. Morbid fears. <i>Aconite, Ars., Arg. nit., Ign.</i>	
3. Sleeplessness. <i>Aconite, Bell., Coff., Nux.</i>	
4. Frights. <i>Acon., Ign., Op., Phos., Puls.</i>	
II. Period of birth.	
A. Avoiding necessity of serious manipulations and operative measures.	
1. Treat mother during pregnancy with her chronic remedy. <i>Caulophyllum</i> for a time before delivery has power of regulating process of labor.	
B. Child in poor condition due to difficult labor.	
1. Blue asphyxia. <i>Laurocerasus.</i>	
2. Pallid asphyxia. <i>Carbo veg.</i>	
3. Intracranial hæmorrhage. <i>Arnica.</i>	
III. Establishment of breast feeding.	
A. Scanty milk. <i>Bell., Phytolacca, Puls.</i>	
B. Poor quality milk. <i>Calc., Lac def.</i>	
C. Milk poison to child. <i>Nat. carb., Sil.</i>	
IV. First few months of life.	
A. Digestive disturbances.	

Titles marked with an asterisk () are abstracted. All journals are in English unless otherwise specified.

- Milk upsets them. *Æthusa, Sil., Nat. carb., Calc.*
 - Acute infantile diarrhoea. *Ars., Merc., Aloes, Podo., Croton oil, Calc.*
- B. Later months of life.
- Teething. *Cham.*
 - Croup. *Acon., Spongia, Hep.*
- In the next three groups the indicated remedy will work wonders.
- V. Lack of proper development.
- A. Lack of physical development.
- B. The backward child, slow to walk and talk. *Bar. carb., Borax, Nat. mur.*
- C. The mentally defective.
- VI. The nervous child, full of fears.
- VII. The chronic child who develops all sorts of conditions, difficult teething, digestive upsets, bronchitis, frequent colds, enlarged adenoids and tonsils, middle ear abscesses, enlarged cervical glands, etc.
- Chronic Asthma*: The author "affirms that an asthmatic is an intoxicated subject, who seeks, by means of a violent and spasmodic crisis, to eliminate the toxins which oppress him. These crises are met with in some patients whose nervous systems are in a state of exaggerated excitability. The antecedents of asthmatics often show that their nervous system predisposes them to cramps, spasmodic affections, such as whooping-cough, convulsions, dysmenorrhœa with painful crises, etc." The nervous system is at fault, "consequently asthmatics are vagotonics, that is, patients with hyperactivity of the pneumogastric" which gives rise to the spasm of the bronchi. This explains the physiology of the attacks but not their etiology. "Asthma is the syndrome of a chronic intoxication". The treatment of asthma must be chronic, and will be:
- Symptomatic. When dyspnoea predominates, one should think of *Aralia, Asafetida, Belladonna, Bromium, Lobelia, Moschus, Sambucus*, etc. Should the catarrhal element predominate, the study of the materia medica will lead us to *Capsicum, Dulcamara, Grindelia, Ipeccacuanha, Bryonia, Kali bich., Phosphorus*, etc. These remedies will relieve, but will not cure, and then more deep-acting medicines must be thought of, and continued after the attack.
 - Constitutional. For oxygenoids: *Arsenicum, Ferrum, Kali carb.*, etc. For hydrogenoids: *Baryta carb., Natrium sulph., Thuja*. For carbo-nitrogenoids: *Graphites, Lycopodium*, and *Lachesis*, will often be indicated by the law of similars.
 - Causal treatment may require *Lueticum, Tuberculinum, Medorrhinum, Psorinum* and auto-therapy.
- Regime should not be neglected, and the ingestion of albumins causing attacks should be avoided.
- In the discussion Dr. Bayle tells of a case with a history of rheumatism of uric acid causation, successfully treated with *Thlaspi* and *Urtica urens*; Dr. d'Espiney, of asthmatics with abnormal livers treated with *Chelidonium, Kali carb., Sulphur*, etc.; Dr. Bernay, of a case of asthma on waking in the morning, accompanied by cough with sibilant rales, slight emphysema, slightly enlarged liver, splashing of stomach and hæmorrhoids cured by *Nux* and *Chelidonium*; Dr. Duprat, of a young woman who threw herself down with each inspiration like the bark of a seal for the past six months due to a powerful shock to her nervous system. This bark recurred with every respiratory move-

ment, unless she was lying at full length. Eating brought it on so she did not eat and was greatly wasted. The least external touch caused a spasm. She was cured by *Ignatia* 30 and *Lachesis* 30 alternating. [Beware of alternation! Who can tell which remedy cured?—Ed.]

THE HAHNEMANNIAN MONTHLY

(Philadelphia: Feb. 1929), LXIV, 81-160.

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*Lecture on Homœopathy: This is the lecture delivered by Dr. Ernest Bastanier before the University of Berlin on November 6, 1928 when the Chair of Homœopathy became a reality in this University.	

HOME AND HOMŒOPATHY

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<i>Rupture Cured by the Internal Remedy</i> : Dr. Norman cites the case of a man of fifty who consulted him for "Bright's disease". The usual tests showed that he did not have this. He presented the following symptoms: Inability to think quickly, slow in answers, dull headaches agg. from noise and amel. by pressure; vertigo as if drunk, agg. in warm room; sensation of feathers in throat; grasping pain in heart, agg. lying on the left; drawing pain from right hip to knee, amel. by rubbing; dribbling of semen at stool; history of gonorrhœa which left him with gleet. He was given <i>Phos. ac.</i> 200, three powders q. 12 h. He felt much better and after about two months reported that his ten-year old scrotal hernia was much relieved. The potency of the remedy was raised when improvement ceased and after a year on that one remedy he could go without trusses and was no longer troubled by his hernia. [This case is very interesting as demonstrating the power of the constitutional remedy over pathology of long standing.—Ed.]	

A HOMŒOPATHIA

(In Portuguese)

(Rio de Janeiro, Brazil: Jan. 1929), II, 1-8.

[No original articles in this number.—Ed.]

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(Calcutta: Nov. 1928), I, 121-144.

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*Repr. in full in <i>Recorder</i> for April, 1929.	

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(In French)

(Paris: Jan. 1929), IX, 1-80.

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(In Swedish)

(Solleftea, Sweden: Jan. 1929), XIV; I, 1-33.

Vitality in Middle Age (trans. from <i>Homœopathische Rundschau</i> 1928, p. 208)	
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The First Lecture in Homœopathy in the University of Berlin (trans. from the <i>Deutsche Zeitschrift für Hom.</i> 1928, p. 461)	
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*Drug Pictures—I (trans. from <i>Homœopathisch Monatsblätter</i> 1928, p. 106)	
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Canalization and Drainage Remedies (trans. from <i>Revue Française d'Hom.</i> 1928, p. 63)	
H. W. Sjogren, M. D. (trans.), Solleftea	12
Homœopathy and Some Useful Hints (trans. from <i>The Homœopathic World</i> 1928, p. 238)	
J. H. Clarke, M. D., London	14
<i>Secale Cornutum</i>	
H. W. Sjogren, M. D., Solleftea	18
<i>Drug Pictures—I</i> : Dr. Tyler gives one page descriptions starting with the type of patient and including relationships of the following seven drugs: <i>Ars. alb.</i> , <i>Bell.</i> , <i>Cham.</i> , <i>Nit. ac.</i> , <i>Psor.</i> , <i>Puls.</i> , and <i>Sulph.</i>	

THE INDIAN HOMŒOPATHIC REVIEW

(Calcutta, India: Sept., Oct. 1928) XXXVII, 225-272.

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(New York: Feb. 1929), XXII, 93-180.

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The Treatment of Gonorrhoea in Women H. E. Ayers, M.D., New York.....	166
Practical Points in Bacteriology L. F. Cocheu, M.D., New York.....	171

Epidemic Encephalitis: This article gives good resume of the history, pathology, types, cystology, symptoms, prognosis, diagnosis, differential diagnosis, sequelæ and treatment of this disease. The section on homœopathic treatment follows:

"Dr. Linn J. Boyd has called attention to the fact that remedies commonly used in influenza and poliomyelitis are of little value in epidemic encephalitis, which tends to support the idea that these diseases are not very closely related, also that from a therapeutic standpoint the pathological indications lead to several interesting suggestions:

1. Primary lesion being vascular, properly indicated remedies at this time may lead to recovery.
2. Remedies chosen later in the course of the disease should be essentially those that are neurotropic.
3. Peculiar pathology found is that noted in the intoxications of the heavy metals as *manganum acetate*, *mercurius corrosivus*, *lead iodide*, etc.
4. Late in the course of the disease, when there is marked neuronal decay, many of the sequelæ are present.

"*Gelsemium* is probably the most often used and best indicated in the acute stage, but it also is valuable when oculomotor, pontine and bulbar symptoms arise.

"*Belladonna*, *Hyoscyamus* and *Stramonium* in the more excited stage. *Opium* and *Nux moschata* where lethargy is more pronounced.

"The venoms give a symptomatic but not a pathological picture, and often fail to be of value except in the acute febrile attack.

"Remedies following later are *Arsenic*, *Causticum*, *Gelsemium*, *Mercurius corrosivus* (probably the most valuable in myoclonic cases). Also think of *Zincum*, *Cuprum*, *Cicuta*.

"In the late stages *Arsenic iodide* (which may also be valuable in the vascular stage), *Lead iodide*, *Pib. iod.* and *Mercurius corrosivus*. *Manganum acetate* gives almost a perfect picture of the paralysis agitans type of this disease.

"In the article of Dr. Boyd in another issue of this Journal, entitled '*Manganese, a Neglected Remedy*', he describes cases of chronic manganese poisoning by Edsall and Drinker, Casamajor and others, which show a remarkable similarity.

Summary of chronic manganese poisoning:

1. Languor and sleepiness.

2. Stolid, mask-like face.
 3. Low monotonous voice. 'Economical speech'.
 4. Muscular twitching, varying in degree from fine tremor of hands to gross rhythmical movements of the arms, legs, trunk and head.
 5. Cramps in the calves of the legs, especially coming on at night. Complaints of stiffness in the muscles of the legs.
 6. Slight increase in reflexes.
 7. Ankle and patellar clonus. Romberg inconstant. No incoordination.
 8. Retropulsion and propulsion.
 9. A peculiar slapping gait.
 10. Occasional uncontrollable laughter and less frequent crying.
 11. Liver changes.
- "These changes were noted only after the patient had been working with manganese for long periods, six months to four years, and had been under observation for 10 years.
- "Here are Dr. Boyd's conclusions:
- "There is a very close similarity between the symptomatology and possible pathology of chronic manganese poisoning and paralysis agitans, progressive lenticular degenerations and the pseudosclerosis, and, therefore, homœopathically *Manganese* may be, if research shows, a specific for these diseases".

THE JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY

(New York: Jan. 1929), XXXIII, 1-42.

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LEIPZIGER POPULARE ZEITSCHRIFT FÜR HOMŒOPATHIE

(In German)

(Leipzig: Jan. 1, 1929), LX, 1-20.

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(Leipzig: Feb. 1, 1929), LX, 41-60.

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(Palatine, Ill.: Feb. 1929), II, 1-47.

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<i>Sium Cicutifolium</i> : Three boys poisoned from eating wild parsnips were treated by the author. Among the symptoms presented were: Semi- consciousness, convulsions, wildly dilated eyes, retching but no real vomiting, weak heart action (this child died possibly due to bad ef- fects of being immersed in cold water); severe vomiting, very sick, no convulsions; clonic convulsions. A fourth case reported by Dr. O. B. White showed vomiting and purging, marked excitement, great prostration of strength, pulse 44, skin clammy and cold, pupils some- what dilated, respiration slow, great dizziness, lack of mental power, loss of voluntary motion, headache, sense of fear of death, decided burning along alimentary canal (oesophagus especially), sense of swelling and flatulence about the bowels. On the second day this case was better but still very weak, no appetite, soreness and loss of power in limbs notably in the arms. He recovered. These four cases present many of symptoms given under <i>Sium</i> in Clarke's <i>Dictionary</i> of <i>Materia Medica</i> .	

NEUE HOMOOPATHISCHE ZEITUNG

(In German)

(Berlin: Jan. 1929), IV, 1-42.

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(In German)

(Berlin: Feb. 1929), IV, 43-84.

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(Los Angeles, Cal.: Feb. 1929), XXXX, 37-63.

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LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon: Jan. 15, 1929), IV, 403-440.

Toward a New Effort	
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R. Schmidt, M. D., Geneva.....	415
Whooping-cough and Its Medicinal Treatment	
J. A. Lathoud, M. D., Lyon.....	424
<i>Whooping-cough and Its Medicinal Treatment</i> : Four remedies are mentioned for the initial stages of the catarrhal period before the whoop has developed: <i>Acon.</i> which will aid only briefly (but may, according to Dr. Lathoud be needed again and again in the course of a single case); <i>Dulc.</i> if the onset is in wet weather or after exposure to wet cold, with easy and abundant thin mucous sputum; <i>Ipecac.</i> and <i>Pertussis.</i> At the height of the disease think first of <i>Dros.</i> The child holds its lower ribs because of pain, vomits after each paroxysm—first food, then mucous; nosebleed occurs, movement relieves. Cough worse in the warm bed and after midnight. There is usually little fever in <i>Dros.</i> but may be chill with the subsequent thirst at regular intervals. The <i>Dros.</i> child is sad and constipated. Where the child stiffens during suffocation from cough, with loss of consciousness, and where a convulsion takes the place of the cough and only ceases when the paroxysm arrives, with cyanosis and relief from swallowing cold water, think of <i>Cuprum.</i> Between spasms you hear large mucous rales with whistling in the chest and the child weeps and is exhausted. <i>Corallium rubrum</i> gets almost black in the face, suffocating before the cough, which is staccato with morning aggravation. <i>Coccus cacti</i> is definitely worse in the evening, with sneezing during the day. Viscid albuminous sputum, especially at night. Worst spasm at 11 p. m. <i>Bell.</i> is also worse at night, with nosebleed and bloodshot eyes and a disagreeable sensation in the stomach preceding the cough. Worst spasm at midnight, often lasting an hour. <i>Hyos.</i> is useful when you cannot lay the child down without provoking the cough. <i>Cham.</i> for cases with flatulent colic, nocturnal diarrhoea, especially for older children and adults who are hypersensitive to pain. <i>Ipecac.</i> has strangling and stiffening with paroxysms at every inspiration, nosebleed, rattling, worse midnight to morning with nocturnal diarrhoea. <i>Hepar</i> has hoarseness and bleeding from the nose and mouth after dry cough, cough worse in the morning. <i>Kali bi.</i> is needed when the thick	

sputum sticks to the throat, mouth and lips. *Ant. tart.* has no sputum though rattling in the chest, vomiting of food without relief. Diarrhoea with attempt to vomit, coma from exhaustion. *Pertussin* has itching of the palate with strangling. In *Bry.* cough is much worse after eating or drinking and in *Arn.* the child cries before coughing and weeps after it. *Ars.* helps in interminable whooping-cough, with stool after each paroxysm. In convalescence with relapses and especially with frequent abortive paroxysms *Sulphur* is indicated. In obstinate, short, dry cough during recovery, with hoarseness in the morning, with involuntary spurring of urine and swallowing of sputum, in timid children, *Causticum* is needed. *Cocc. c.* may help prolonged cough. As prophylactics he suggests *Pertussin* or *Drosera* or, better still, the epidemic remedy. The doctor concludes in warning us not to limit ourselves to these remedies as any one in the materia medica may be needed according to the symptoms.

LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon: Feb. 15, 1929), IV, 441-472.

What Is Homœopathy?	
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W. A. Dewey, M. D. (trans. from <i>Practical Materia Medica</i>)...	462
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L. Renard, M. D., Saint Etienne.....	466

REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Jan. 1929), XVI, 1-31.

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REVISTA HOMEOPATICA INTERNACIONAL

(In Spanish)

(Yucatan, Mexico: Oct. 1928), III, 203-284.

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REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Nov. 1928), XLI, 313-342.

- *Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists, II.
 A. Thooris, M. D. 313
 *Angina Pectoris
 P. Le Tellier, M. D., Paris. 320
Podophyllum in Malaria, Diarrhœa and Cholera Infantum; *Mezerereum* in Tic Douloureux
 E. B. Nash, M. D. (trans. from *Testimony of the Clinic* by F. Manget, M. D.) 329

Arsenicum Iodatum

J. T. Kent, M. D. (trans. from *Materia Medica* by Dr. Audureau) 335
Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists: Dr. Thooris regrets that the homœopathic materia medica does not deal more with the construction of the individuals who are typical of its remedies and with the biological significance of such structural variations. He has been able to find sparse mention of the horizontal lines of the Carbonic type, the vertical lines of the Phosphoric type, the sinuous lines of the Fluoric type. He regrets, also, that whatever is noticed about the expression of remedies or patients is not collated with the physiological happenings to which it bears witness.

Morphologists consider the head as the most representative part of the human form. Thooris sees an analogy between the configuration of the face and certain simple geometric figures. For instance, he considers the cube symbolic of the Carbonic type of head and the square (which is its two-dimensional representation) as characteristic of the remedy *Calcarea carbonica*. The square brutality of this facies he likens to the Roman type of visage. This he calls Type A. The circle he calls Type B and relates it to *Natrum sulphuricum*. Type C is a pyramid standing on its base and represents the triangular facies of the *Thuja* type with a narrow forehead and heavy jowls. This he likens to Sancho Panzo. The fourth type, D, is the inverted pyramid, corresponding to *Calcarea phosphorica* whose brow is broad and whose chin is narrow. His fifth type, E, is the Phosphoric. The cube on its point, like an equilateral diamond in cross section, with narrow brow and chin and prominent molars.

Thooris wonders whether these analogies cannot be extended from the head to the body. [This opens a fascinating vista for a comparative study not only of morphological measurements in general but of the types of hands; the square spatulate hands perhaps going with Type A; the round, pudgy ones with B; the broad palms with pointed fingers with C; the large, square fingers with narrow palms with D; and with E, either the uniformly narrow, long hands or the pointed fingered, small wristed but wider knuckled hands. This is pure speculation on our part and would make a valuable subject of study.—Ed.]

Thooris remarks that although there is little in the homœopathic materia medica about gross morphology and measurements, there is abundant detail relative to morphological minutia such as skin, hair distribution, wrinkles, blotches, orificial color, etc. He

then gives a page and one half of such details culled from our materia medica, which are of such interest that we cite them in full as follows:

"The masks pass with a thousand singularities before our amazed eyes: Here is *Phosphorus* with its waxy grace, the cheeks having circumscribed red spots like a touch of rouge; there is *Lachesis* of leaden hue, the swollen lids exposing a yellow sclera, the nose highly colored and the lips purple. *Sulphur* is yellow, its eyes blue, its cheeks and lips red, pimples marking its greasy shining skin. *Sepia* has an earthy face with black hair and eyes and a butterfly shaped spot on the nose and upper cheeks. *Lycopodium*, with graying hair, has a gray skin with dark patches on the temples, the cheeks sag and it has blue circles beneath the eyes. *Chamomilla*, with a white, cold face is noted by one cheek pale and the other red.

"Look at the greenish face of *Kreosote*, the rubicund one of *Nux*, the yellow one of *Natrum muriaticum*, the lividity of *Antimonium tart.*, the ashen countenance of *Secale* with its livid spots, the pallor of *Arsenicum*, the bluish hue of *Conium*, the suffused puffiness of *Aconite*, the fresh tint of *Bromium*, the slate color of *Carbo*, the deathly pallor of *Tabacum*!

"Red circles under the eyes of *Arsenic* contrast with the blue ones of *Lyc.*; *Calc. phos.*, *Baryta* and *Hepar* are distinguishable by their long noses (*museau de tapir*, literally 'tapir-like snout'). Consider the white lips of *Thuja*, as if they had just drunk milk; the black, cracked ones of *Arsenic*; the burning mouth of *Bryonia*; the exfoliated lips of *Conium*; the oral cyanosis of *Dig.*, *Camp.*, *Cupr.*, and *Verat. alb.*, the lips of *Graphites* very thick, the deformed ones of *Ant. crud.*, the upper lip of *Selenium* marked with a crack or chap (*gercure*)!

"I note the nasogenic wrinkles of *Thuja*; the deep lines of *Lyc.*; the drooping lid of *Alum.*, *Led.*, and *Rhus*; the heavy lid of *Sepia*; the puffing of the internal angle of the upper lid of *Kali carb.* and its glabellar swelling; the œdema of both lids in *Apis*; the palpebral œdema interior in *Arsenic* and general in *Conium*.

"Note the melancholy of *Graphites*, *Ambra* and *Aconite* which music augments; the concentrated sorrow of *Pulsatilla*, the inquietude of *Sepia*, the fear of death of *Aconite*, the inconsolable air of *Natrum mur.*, the hesitation of *Cyclamen*, the irritable mien of *Nux*, the variability of *Zinc*, the nostalgia of *Capsicum*, the indifference of *Kali brom.*, the stupefaction of *Apis*, the torpor of *Baptisia*, the despair of *Verat. alb.*!

"One recognizes the soft, smooth warts of *Ant. crud.*, the large horny, crenelated warts of *Causticum*, the enormous warts of *Dulcamara*, the pedunculated and fissured warts of *Thuja*.

"Not only is the clinical attention of the homœopath attracted by the visible but also by the palpable. *Calc.* has a fine skin; that of *Alum.* and *Sulph.* is hard and dry. *Ars.* has cold skin like parchment; *Thuj.*, *Pib.*, and *Natrum mur.* have an oily skin; *Merc.* a livid one. Compare the flaccid tissues of *Kali bichr.*, the relaxed fibre of *Sulph.* and the soft musculature of *Merc.* with the rigid fibre of *Nitric acid* and *Conium*".

Dr. Thooris ends with a charming sally at mental standpatters. He quotes Le Dantec who says, "Do not live in a cylinder", and adds that whoever only reads what pleases him, will never grow beyond mental childhood. Happily, there is more to follow in subsequent issues.

Angina Pectoris: Dr. Le Tellier gives a resume of the symptomatology,

physiology and causation of angina pectoris and cites a couple of cases. The most unusual details in this exposition are his observations that there is usually at the end of the attack an emission of gas from the stomach, and that the attacks may be brought on by injudicious eating, wind and even cold sheets, as well as the usual causes. He stresses the role of fatty degeneration of the heart and of a luetic background and lays to angina the origin of the proverb that "Death loves the half century". He gives a resume of the allopathic treatment, and careful diet directions and then goes on to a brilliant outline of some twenty remedies in homœopathy which we list below with some of the especially notable symptoms:

Acon., *Ars.* seizures due to tobacco, pains radiating to the occiput and the heart; *Arn.* pain especially in the left elbow, sudden compressive heart pains or sticking pains with syncope; *Aur.*; *Amyl. nitros.* sensation as if sternum pressed back on the vertebræ, with apprehension; *Cactus* with numb left arm and aggravation at 11 a. m. and p. m.; *Cratægus* cardiac dilatation with dull first sound; *Cupr.* angina especially before menses, fatty degeneration type; *Glon.* attacks with suppressed menses or loss of orientation in the street; *Hydr. ac.*; *Naja* where grief is causative, with continuous dry cardiac cough and sweat of the palms; *Spig.* least motion of left arm agonizing, apex beat and pulse not synchronous, can only lie on right with head high, not suitable for phlegmatic people; *Tab.* pains between the shoulders; *Verat. alb.* attacks after eating and drinking; *Lil. tig.*; *Lith. carb.* where angina comes before or during urination; *Luesinum* where syphilitic basis is suspected; also less often *Corydalis*, *Elaps.*, *Moschus*, and *Spongia*. [It is interesting that the doctor does not mention *Kalmia* or *Latroectus mactans*.—Ed.]

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Dec. 1928), XLI, 345-374.

*Some Medicaments for Traumatism

P. Chiron, M. D., Paris.....	345
<i>Arum Triphyllum</i> , <i>Asafœtida</i> , <i>Aurum</i> J. T. Kent, M. D. (trans. from <i>Materia Medica</i> by Dr. Audureau)	352
<i>Baptisia Tinctoria</i> in Typhoid, Stomatitis and Pneumonia E. B. Nash, M. D., (trans. from <i>Testimony of the Clinic</i> by F. Manget, M. D.)	376

Some Medicaments of Traumatism: Dr. Chiron first takes up CONTUSIONS. In addition to the usual *Arn.*, *Rhus tox.*, *Ruta*, *Hyper.*, he discusses *Badiaga* which he calls "little *Arnica*" as it has the sensation of being beaten, the pain and stiffness of the limbs and back worse from the least movement, the skin blotched with ecchymoses and hypersensitive so that the friction of clothing is unendurable, cold aggravates and heat relieves and there is a sensation as if the head had increased in volume; next *Conium* for bruises of the breast; *Hamamelis* for sensitive muscles with bruises which suggest subsequent inflammation; then *Tamus communis* which is popularly known as "the herb of a beaten woman" and which rapidly dispells stiffness from superficial bruising; lastly *Sulphuric acid* where shock supervenes with pallor

and cold sweat, hæmatomas, internal hæmorrhages, and vitality so low as to lead to gangrene.

For WOUNDS he cites first *Calendula*, especially at the onset of infection where the case is seen late; *Led.* in punctured wounds, cold to the touch with discolored skin; *Staph.* in clean cuts, including those of the cornea; *Hyper.* in lacerations of nerves; *Symphytum* in lacerated wounds especially penetrating ones of the perineum; *Ham.*, *Mill.*, *Lach.*, *Phos.*, and *Sec.* in abundant hæmorrhage; *Bufo* when tiny wounds suppurate abundantly with swelling and lymphangitis; *Apis* with red, varnished swelling and lymphatic streaks; *Ars.* in bluish, easily-bleeding wounds with typical modalities; *Lach.* for violaceous wounds where blood does not coagulate, better by hot applications; *Echinacea* in intense suppuration with gangrene, wasting and septicæmia; and *Anthracinum* in blue-black wounds with intolerable burning, induration and œdema with septicæmia. [*Stront. carb.* for post-operative wounds as well as *Arnica* might have been mentioned.—Ed.]

For FRACTURES in addition to *Arnica* for the immediate bruising, shock, etc., he suggests *Symph.* for violent sticking pains at the point of fracture to promote healing of periosteum and callus formation; *Ruta* for periosteum and callus with sensation of tendons being too short; also *Calc. phos.* to promote recalcification.

YOUR HEALTH

(Chardon, Ohio: Feb. 1929), X, 1-48.

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The Fiftieth Annual Meeting of the I. H. A.

will be held at

Mount Royal Hotel, Montreal, Quebec
June 22nd to 25th, Inclusive, 1929

PROGRAM

BUREAU OF OBSTETRICS AND PEDIATRICS

MARGARET BURGESS-WEBSTER, M. D., *Chairman*

Constitutional Treatment of Children,
S. MARY IVES, M. D., Middletown, Conn.

Care of the Infant,
JAMES W. KRICHBAUM, M. D., Upper Montclair, N. J.

Children in the Jones Family,
THOMAS G. SLOAN, M. D., South Manchester, Conn.

Broncho-pneumonia of Children,
HERBERT A. ROBERTS, M. D., Derby, Conn.

Preventive Medicine in Its Relation to Children,
EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

A Case of Separation of the Epiphysis of the Head of the Femur
in a Girl of Twelve,
GRACE STEVENS, M. D., Northampton, Mass.

Obstetrics in the Making,
IRVING L. FARR, M. D., Montclair, N. J.

The Child,
GEORGE E. DIENST, M. D., Aurora, Ill.

SUPPLEMENT

to

The Homœopathic Recorder

of

May 15th, 1929



CORRECTIONS

to

Third Edition of Kent's Repertory

By

J. S. PUGH, M. D.

Dallas, Texas

CORRECTIONS TO KENT'S REPERTORY*

J. S. PUGH, M. D.

[For the convenience of our readers in comparing these corrections with those taken from Kent's own annotated copy by Dr. F. E. Gladwin (*Homœopathic Recorder*, XLIII, Feb. 1928, p. 53) we have marked with an asterisk (*) the items which agree in Pugh's and Gladwin's studies, and with (†) those items which are contradictory. Reprints of each set of corrections are available.—Ed.]

The following are the errors I have found in Dr. J. T. Kent's *Repertory*, third edition, published by Ehrhart & Karl, Chicago, Ill., 1924.

Orthographic errors and their abbreviations in the index:

Aca.	should be "Acal." (Acalypha ind.)
Atrophia	should be "Atropinum"
Blatta orientala	should be "Blatta orientalis"
Cajaputum	should be "Cajuputum"
Cenchrus contortrix	should be "Cenchrus contortrix"
Centaurea tagana	should be "Centaurea tagana"
Cer-b.	should be "Cere-b."
Cereus bondlandii	should be "Cereus bonplandii"
Cond.	should be "Cund."
Condurango	should be "Cundurango"
Chinacea angustifolia	should be "Echinacea angustifolia"
Euphasia	should be "Euphrasia"
Ho.	should be "Hom." (Homarus)
Hydrangia	should be "Hydrangea"
Iodum	should be "Iodium"
Kali ferrocyanoretum	should be "Kali ferrocyanicum"
Lac filinum	should be "Lac felinum"
Latroedectus modans	should be "Latroedectus mactans"
Magnetis Polus Arcticus	should be "Magnetis Polus Arcticus"
Pulsatilla nattaliana	should be "Pulsatilla nuttaliana"
Sram.	should be "Stram."
Ppas	should be "Upas"

Forty-two remedies left out of the index in the 2d. and 3rd. editions should be written in their proper places, in both editions:

Alstonia constricta	Lappa arctium
Alumina silicata	Lappa major
Ambrosia artemisiæfolia	Linum cathar
Ammonium benzoicum	Lyth., (p. 1312, column 1, "eczema")
Anilinum	Menispermum
Anthrokokali	Mentha piperita
Aurum arsenicum	Myrtus communis
Aurum iodatum	Niccolum sulph.
Baryta iodata	Nitrogenum oxygenatum
Calendula off.	Nymphæa
Calliandra houstoni	Ovinine
Canchalagua	Paullinia pinnata
Cholesterinum	Pediculus capitis
Cinchona Boliviana	Rhus glabra
Coccinella septempunctata	Saccharum album
Colostrum	Sanguinaria nit.
Cuprum aceticum	Santoninum
Duboisinum	Serpentaria
Filix mas	Solidago virga aur.
Gadus morrhua	Symphoricarpus rac.
Kali aceticum	Wiesbaden

*Sent to I. H. A., June, 1928, Bureau of Materia Medica.

The following will show many typographical errors in many rubrics, beginning with MIND and ending with GENERALITIES.

PAGE	COL.	RUBRIC.
2	1	DANGER: Arg-n. repeated.
12	1	COMPANY, aversion to: <i>lac-d.</i> , <i>lach.</i> , <i>led.</i> , <i>lyc.</i> , mang., mag-m., are out of place, should be on line 12; the line beginning with meny. should be the 13th line.
17	1	COUVEYOUS, (See averice); should be changed to (See avarice)
19	2	DELIRIUM: quiet; <i>chlo.</i> should be <i>chlor.</i>
28	1	DELUSIONS, frightful; <i>carb-n.</i> should be <i>carb-an.</i>
35	1	8th line from top write "w" in front of "alls".
36	1	*DESPAIR, recovery: CAL. should be CALC.
36	2	*DISCOURAGED: <i>chims-s.</i> should be <i>chim-s.</i>
37	2	DULLNESS: <i>nu-v.</i> should be <i>nux-v.</i>
42	1	FANCIES, lascivious: <i>cacl.</i> should be <i>calc.</i>
42	2	*FEAR: eupr. should be euph.
44	2	*4th line from top, write "disease" instead of "disaster".
48	2	*FOREBODINGS: (See ear.) should be (See fear).
63	1	*LOQUACITY: <i>kali-</i> should be <i>kali-i.</i>
65	1	MEMORY, weakness of, names, for proper: <i>chlo.</i> should be <i>chlor.</i>
66	1	*MIRTH, forenoon: <i>raph.</i> should be Graph.
68	1	MOOD, alternating: ZINZ. should be ZINC.
69	2	PLAYFUL, indisposition to play, in children: <i>cna.</i> should be <i>cina.</i>
71	1	*RAGE, touch, removed by: should be "renewed by".
72	1	RESTLESSNESS, nervousness: <i>chlo.</i> should be <i>chlor.</i>
73	2	RESTLESSNESS, bed, tossing about in: <i>ran-sc.</i> should be <i>ran-s.</i>
75	1	RUDENESS, ailments from: <i>cloch.</i> should be <i>colch.</i>
78	2	*SENSITIVE: <i>æes</i> should be <i>æsc.</i> ; <i>asar</i> should be <i>asar.</i>
79	1	*SENSITIVE, noise to: <i>coc.</i> should be <i>cocc.</i>
80	2	SIT, inclination to: <i>croc.</i> is repeated, first one should be <i>cocc.</i>
83	1	*STARTING, easily: <i>coc.</i> should be <i>cocc.</i>
84	1	STRIKING: HOS. should be HYOS.
92	2	WEeping, tearful mood: <i>merci-r.</i> should be <i>merc-i-r.</i>
95	1	WHIMSICAL. (See Good); should be (See Mood).
95	2	*WORK, desire for mental: <i>sob.</i> should be <i>cob.</i>
96	1	VERTIGO: <i>gur.</i> should be <i>aur.</i>
99	1	*FALL, tendency to: eupr. should be cupr.
100	1	*INTOXICATED, as if: <i>nux-m.</i> is repeated, 2d. one should be NUX-V.
104	1	STAGGERING, with: on line 1, <i>sil.</i> should be <i>ail.</i>
111	2	CONSTRICTION, tension: CARB-V. is repeated. Rub out 2d. one.
122	1	*HEAT, forehead. Erase "forehead", as it is heat of head.
122	2	HEAT, menses, during: <i>cac.</i> should be <i>calc.</i>
140	1	*PAIN, gastric: <i>cacl.</i> should be <i>calc.</i>
140	2	PAIN, heat, during the: <i>cort-h.</i> should be <i>erot-h.</i>
149	2	PAIN, talking, while: <i>gran.</i> in first line should follow <i>glon.</i> in 4th line. It is out of place.
153	2	PAIN, Forehead, in: <i>id.</i> should be <i>ip.</i>
158	1	PAIN, forehead, walking in open air: <i>chinm.</i> should be <i>chin.</i>
159	2	PAIN, forehead, eyes, above, right: <i>bar-ac.</i> should be <i>bor-ac.</i>
164	2	PAIN, Occiput, sleep, after: <i>nit-ac.</i> and <i>ph-ac.</i> are repeated. Rub out one. <i>nat-s.</i> , <i>nit-ac.</i> should follow mang. in 6th line. Also, <i>nux-v.</i> should follow <i>nux-m.</i> on the 6th line, and <i>phos.</i> , <i>prun.</i> should precede <i>ptel.</i> These are out of order.
166	1	PAIN, Sides, one side: <i>vrat.</i> should be <i>verat.</i>
171	2	*PAIN, Temples and Forehead: <i>lach-n.</i> should be <i>lachn.</i>
179	2	*PAIN, Vertex: CARB. should be CARB-AN.
189	2	PAIN, ascending steps: <i>phac.</i> should be <i>ph-ac.</i>
197	2	PAIN, pressing, occiput, weight or stone: PTER. should be PETR.

PAGE	COL.	RUBRIC.
198	1	*PAIN, pressing, occiput, Sides: <i>cacl.</i> should be <i>calc.</i>
204	2	*PAIN, sore, bruised; remedies out of order: eup-per on the 9th line, should be followed by eup-pur., euph., euph., ferr., ferr-ar., ferr-p., on 10th line, and fl-ac., etc., should then follow on 11th line.
219	1	*PAIN, tearing, sides: beginning at the 13th line with mag-c. cross out lines 13, 14, 15 and 16, including <i>spig.</i> This is all repeated above the 13th line; <i>ptel.</i> on 11th line should be <i>phel.</i>
221	2	PERSPIRATION, scalp: MUC-AC. should be MUR-AC.
241	2	INFLAMMATION: <i>euph.</i> is repeated, 2d one should be EUPHR.
243	2	INFLAMMATION, iris: <i>steph.</i> should be <i>staph.</i>
248	1	*PAIN: <i>cuph.</i> should be <i>cupr.</i>
251	1	PAIN, turning sideways: <i>strict.</i> should be <i>stict.</i>
253	2	PAIN, exertion of vision: NATM. should be NAT-M.
273	1	*COLORS, bright: NUM-V. should be NUX-V.
279	2	*FOGGY: CAUT. should be CAUST.
290	2	*INFLAMMATION, erysipelatous: <i>seb.</i> should be <i>sep.</i>
292	2	NOISES, right: <i>chlo.</i> should be <i>chlor.</i>
296	2	NOISES, drumming should be "drumming".
304	2	PAIN, drinking, while. (See wallowing): should be (See swallowing).
306	2	PAIN, extending to side of neck and clavicular region, etc.: should be "clavicular".
309	1	PAIN, burning: <i>caus.</i> should be <i>caps.</i>
309	1	PAIN, burning, perpiring, when: should be "perspiring".
309	1	PAIN, burning, cratching after: should be "scratching".
323	1	IMPAIRED, scarlet fever, after: LYCH. should be LYC.
324	1	BLOW the, constant inclination to: STRICT. should be STICT.
324	2	CARIES: <i>hekla.</i> should be <i>hecla.</i>
324	2	CARIES, septum: change <i>hekla.</i> to <i>hecla.</i>
333	1	*DRYNESS, inside: NUM-M. should be NUX-M.
335	2	EPISTAXIS: <i>hekla.</i> should be <i>hecla.</i>
339	2	ITCHING, inside: <i>colch.</i> should be <i>colch.</i>
340	2	OBSTRUCTION: <i>chlo.</i> should be <i>chlor.</i>
343	1	*OZENA: ASA6 should be ASAF.; <i>merc-c.</i> repeated, rub one out.
344	2	PAIN, boring: AUG. should be AUR.
357	2	CRACKED, corners of mouth: <i>nat-m.</i> , <i>NIT-AC.</i> , <i>Sep.</i> , <i>SIL.</i> , <i>inc.</i> is repeated on 5th line. Rub out 5th line.
358	1	DISCOLORATION, bluish: <i>chol.</i> should be <i>chlol.</i>
361	1	DISCOLORATION, pale: <i>dors.</i> should be <i>dros.</i>
361	1	*DISCOLORATION, red: CHA. should be CHAM.; MALI. should be MELI.
370	1	*ERUPTIONS, patches: <i>merc.</i> should be <i>merc.</i>
378	1	INFLAMMATION, bone of: <i>stil.</i> should be <i>still.</i>
392	2	SWELLING, <i>cadc-ar.</i> should be <i>calc-ar.</i>
393	1	SWELLING, cedematous: <i>cast.</i> should be <i>cact.</i>
399	1	CLAMMY: has been repeated out of order. Rub out. See CLAMMY, page 398, for the correct rubric.
401	1	DISCOLORATION, green: NATS. should be NAT-S.
409	2	ODOR, putrid: <i>chlo.</i> should be <i>chlor.</i>
417	2	SALIVATION: NAT-AM. should be NAT-M.
420	1	STIFF, Tongue: BEL. should be BELL.
420	2	SUPPERATION. Gums: should be SUPPURATION.
432	1	*ENAMEL, deficient: <i>Calf-f.</i> should be <i>Calc-f.</i>
433	2	*PAIN, incisors: SEPH. should be SEP.
446	2	PULSATIENS. (Seen Pain, Pulsating.) should be (See Pain, Pulsating.)
449	1	CHOKING, Oesophagus: <i>coch.</i> should be <i>colch.</i>
453	2	HEAT, Oesophagus: <i>colc.</i> should be <i>colch.</i>

PAGE	COL.	RUBRIC.
458	1	OBSTRUCTION: should be "OBSTRUCTION".
460	2	*PAIN, burning: glon. and graph. on 15th line should be rubbed out, as they are repeated.
467	2	SWALLOWING, difficult: BARC. should be BAR-C.
468	2	*SWALLOWING, impossible, Constriction of œsophagus: BARC. should be BAR-C.
472	1.	INDURATION, of glands: Alum. should be Alum.
472	1	*INDURATION, of glands: car-s. should be carb-s.
472	1	INUMBNESS: Carb-m. (?)
486	1	DESIREs, pungent things: la-c. should be lac-c.
486	2	DESIREs, tea: ast-r. should be aster-r.
489	2	ERUCTIONS: ARG. should be ARG-N. and jug. should be jug-c.
504	2	*NAUSEA: change meng. to meny.
514	1	PAIN, motion, on: cloch. should be colch.
515	2	PAIN, burning: calcp. should be calc-p.
524	1	PAIN, tearing: codch. should be colch.
530	2	TREMBLING: hahm. should be ham.
538	2	VOMITING, mucus: natm. should be nat-m.
540	1	VOMITING, water: Aen. should be Acon.
543	1	CONSTRICTION, Sides, below short ribs, extending of abdomen: should be "extending to abdomen".
559	2	PAIN, paroxysmal: cuupr-ar. should be cupr-ar.
568	1	PAIN, Liver: lines 11 and 12 are out of order after kalm, at end of 10th line. Should begin 11th line with kreos., then LACH., lact., laur., lec., led., LEPT. Begin 12th line with lith., LYC., MAG-M., etc.
572	2	*PAIN, burning, standing, where: should be "standing, when".
573	2	PAIN, cramping, griping: arg-m. is repeated, the 2d. one should be arg-n.
574	1	PAIN, cramping, griping: strong. should be stront.
577	1	*PAIN, cramping, griping: menses, before: ZULPH. should be SULPH.
578	2	PAIN, cutting: merrc. should be merc.
580	2	*PAIN, Hypochondria: "breakfast" should be placed two letters to right, as it modifies "right". The word "after" should be placed after "breakfast". It should read: "PAIN, Hypochondria, right; breakfast, after".
590	2	PAIN, sore, Ilio-cæcal region: Lyc. repeated. Rub out one.
591	1	PAIN, sore, Sides, left: Arg-hm. should be Arg-m.
595	2	*PAIN, stitching, Liver, walking, amel.: calf-f. should be calc-fl.
595	2	PAIN, stitching, Sides: Strann. should be stann.
600	2	RUMBLING: cast-c. should be cast-v.; senec. is repeated; rub out one.
606	2	CONDYLOMATA, flat: Eupr. should be Euphr.
606	2	CONSTIPATION: hyc. should be hydr.
607	2	*CONSTIPATION, ineffectual urging and straining: dios. is repeated, the second one should be dros.
616	1	*DYSENTERY: crot-t. is repeated, the first one should be crot-c.
616	2	*ERUPTION about anus, itching: PTER. should be PETR.
617	2	FLATUS, diarrhœa, during: CAR-V. should be CARB-V.
623	1	LUMP, sensation of, Perineum: CHIM. should be CHIN.
635	1	ACRID, corrosive, etc.: stoph. should be staph.
635	2	BLACK: nux-v. should be nux-v.; PIB. should be PLB.
638	2	LIENTERIC: cro-t. should be crot-t.
639	1	MUCOUS, slimy: carb-c. should be carb-ac.
641	2	SOFT: first line argn. should be agn.
642	1	*SOFT: lac-d. should be lac-c.
645	1	*CATARRH, chills spread, etc.: Chills should be in capitals and should be placed three letters to the left. It modifies BLADDER, not CATARRH.

PAGE	COL.	RUBRIC.
652	1	TENESMUS, stool, during: merc-c. should be merc.
656	2	URINATION, dysuria: LILT. should be LIL-T.
657	1	URINATION, feeble stream: MERCC. should be MERC-C.
670	1	DISCHARGE, greenish: nat-s. is repeated. Rub out one.
675	2	PAIN, burning, urination, fossa navicularis: should be "fossa navicularis".
679	2	SWELLING: cerc-c. should be merc-c.
680	1	TWITCHING: cann-c. should be cann-s.
680	1	*ACRID: fl-as. should be fl-ac.
681	1	ALBUMINOUS, heart disease, consecutive to: peter. should be petr.
682	1	CLOUDY: calf-f. should be calc-fl.
683	2	COLOR, dark: MER. should be MERC.
684	1	COLOR, red: can-s. should be cann-s.
685	1	COPIOUS, (increased): ARGN. should be ARG-N.; also cholol. should be chlol. and lili-t. should be lil-t.
686	1	COPIOUS, apyrexia, during: should be "apyrexia, during".
686	2	MILKY: lili-t. should be lil-t.
691	2	SUGAR: sulac. should be sul-ac.
694	2	ERUCTIONS, troublesome: after nicc. comes pit-ac.; this should be nit-ac.
695	2	ERUCTIONS, incomplete: barc. should be bar-c.
696	1	ERUCTIONS, urinating, after: lilt. should be lil-t.
699	1	INDURATION, Testes: ido. should be iod.
701	1	ITCHING, Scrotum, scratching anel.: crot. should be crot-t.
702	2	PAIN, stitching, Testes: mer-c. should be merc-c.
709	2	RETRACTION, Testes: pulb. should be pib.
714	1	*ABORTION: con. is repeated; 2d. one should be CROC.
719	1	INDURATION, Ovaries, right: palad. should be pail.
720	2	ITCHING, pregnancy, during: chlolo. should be chlol. and "call." is "Callandra-Houstoni". Add to index.
724	1	MENOPAUSE: gies. should be gels.
725	2	MENSES, copious, afternoon, while waling; should be "afternoon, while walking".
726	2	MENSES, frequent, too early, too soon: at end of line 20 mark out murx., mur-ac., and on line 21, mark out nat-a., nat-c., nat-h.; these were repeated.
739	1	PAIN, labor pains, ceasing: carb-c. should be carb-v.
741	1	PAIN, sore, Uterus: RR. should be BRY.
747	2	CRAWLING, Trachea: capc. should be caps.
749	1	INFLAMMATION: many. should be mang.
749	2	IRRITATION, Larynx: meg-c. should be mag-c.
759	2	VOICE, hoarseness, reading, after: calf-f. should be calc-fl.
761	1	VOICE, low: spon. should be spong.
766	1	DEEP: rhus-t. should be rhus-t.
779	2	EVENING: chlo. should be chlor.
782	2	BATHING agg.: calf-f. should be calc-fl.
785	2	CROUPY, with sopor: 6th line, "seats in" should be "sets in".
790	2	FEARS to, etc.: "children with bronchial catarrh": in last line of rubric, should be "children with bronchial catarrh".
803	1	SHORT, evening, seleeping, while: should be, "sleeping, while".
805	2	SPASMODIC, lying agg.: san. should be sang.
808	1	TICKLING, chest: myrt. should be myrt-c.
809	1	TIGHT: myrt. should be myrt-c.
809	2	VIOLENT: on 6th line suphr. should be cuphr.
811	1	WHOOPING: chlo. should be chlor.
811	2	WORM, sensation as if a, crawled, etc., should be "crawled".
814	1	BLOODY, viscid: CROC-C. should be CROC.
818	1	STRINGY: chins. should be chin-s.
821	1	YELLOW: linu. should be linu-c.

PAGE	COL.	RUBRIC.
822	2	ANGINA pectoris: <i>ther</i> should be <i>ther</i> .
822	2	ANXIETY in: <i>oldn</i> . should be <i>olnd</i> .
824	1	ATROPHY, mammae: <i>sacch</i> . should be <i>sacch-alb</i> .
824	1	CANCER, mammae: <i>aur-a</i> . should be <i>aur-ars</i> .
824	2	COLDNESS: <i>culex</i> . should be <i>culex-m</i> .
826	2	CONSTRICTION, cough, during: <i>myrt</i> . should be <i>myrt-c</i> .
828	1	CONSTRICTION, Heart: <i>chlo</i> . should be <i>chlor</i> .
829	2	DROPSY: <i>KALIC</i> . should be <i>KALI-C</i> .
830	2	ERUPTIONS, pustules: <i>chlo</i> . should be <i>chlor</i> .
832	1	*FLUTTERING: <i>spig</i> . is repeated. Rub out one.
832	2	*FULLNESS: <i>chin</i> ., <i>cist</i> ., <i>coff</i> ., <i>colch</i> ., on 6th line: Rub out, as it is repeated on 5th line.
834	2	HEPATIZATION of lungs, left: <i>myrt</i> . should be <i>myrt-c</i> .
836	1	INFLAMMATION, lungs: <i>myrt</i> . should be <i>myrt-c</i> .
838	2	OPPRESSION: <i>bracc</i> . should be <i>brach-rep</i> .
845	1	PAIN, warm room agg.: <i>Maf-s</i> . should be <i>Mag-s</i> .
852	1	*PAIN, aching, Heart: <i>lypps</i> . should be <i>lycps</i> .
854	1	PAIN, burning, Sides, left: <i>myrt</i> . should be <i>myrt-c</i> .
854	2	PAIN, bursting, heart: <i>lys</i> . should be <i>lyss</i> .
857	2	PAIN, drawing, Heart, in the: <i>olean</i> . should be abbreviated <i>olnd</i> .
866	1	PAIN, stitching, Clavicle, left: <i>myrt</i> . should be <i>myrt-c</i> .
871	2	PAIN, stitching, Heart: <i>iodf</i> . should be <i>iodof</i> .
873	2	*PALPITATION, heart: <i>CALM</i> . should be <i>CADM</i> ., also <i>KALIC</i> . should be <i>KALI-C</i> .; <i>lec</i> . should be <i>lec</i> .; <i>mur-x</i> ., in same rubric, should be <i>murx</i> .
874	1	PALPITATION, heart, evening: <i>carb-n</i> . should be <i>carb-an</i> .
875	2	PALPITATION, heart, irregular: <i>asng</i> . should be <i>sang</i> .
875	2	PALPITATION, lying, while, side, right: <i>liti-t</i> . should be <i>lil-t</i> .
877	1	PALPITATION, heart, tumultuous, etc.: <i>clon</i> .. should follow <i>ferr-m</i> ., also <i>plat</i> . should follow <i>phys</i> ., these remedies are out of order.
879	1	PHTHISIS pulmonalis: <i>myrt</i> . should be <i>myrt-c</i> .
879	1	PHTHISIS pulmonalis pituitous: <i>LYCH</i> . should be <i>LYC</i> .
879	2	PULSATION, Clavicle, region of: <i>myrt</i> . should be <i>myrt-c</i> .
880	1	SHOCKS: <i>myrt</i> . should be <i>myrt-c</i> .
885	1	COLDNESS, air, cold, when in: <i>Sstront</i> . should be <i>Stront</i> .
894	2	PAIN, night: <i>ferr-ar</i> . should be <i>ferr-ac</i> .
898	1	*PAIN, sitting, while, bent, long, after: "Long, after" should be placed two letters to the left, as it modifies "sitting", not "bent".
899	2	PAIN, Cervical region: <i>sambz</i> . should be <i>samb</i> .
900	1	PAIN, Cervical region, air, draught of: should be "draft".
901	2	PAIN, Dorsal region: <i>iodf</i> . should be <i>iodof</i> .
902	1	PAIN, scapulae: <i>rau-b</i> ., <i>rau-s</i> . <i>rhod</i> ., <i>rhus-t</i> ., <i>rumx</i> ., <i>ruta</i> , should be on 11th line, then followed on 12th line by <i>sang</i> ., <i>seneg</i> ., <i>sep</i> ., <i>sil</i> ., <i>spong</i> ., <i>sulph</i> . They are out of order.
902	2	PAIN, scapulae, left, under: <i>aphis</i> . should be <i>apis</i> .
915	1	PAIN, aching, stooping, on: <i>Agar</i> . should be <i>Agar</i> .
915	2	PAIN, aching, cervical region: <i>Ple</i> . should be <i>Plect</i> .
915	2	PAIN, aching, Dorsal region, writing, while: <i>Mur-c</i> . should be <i>Mur-ac</i> .
916	1	PAIN, aching, Lumbar region: <i>iodf</i> . should be <i>iodof</i> .
918	2	PAIN, aching, Spine: <i>lac-c</i> . is repeated, 2d. one should be <i>lac-ac</i> .
920	2	PAIN, burning, scapulae, between: should be "between".
923	1	*PAIN, Dorsal region, left: "Left" should be placed two letters to the right. It modifies "under".
926	2	PAIN, drawing, Lumbar region: after <i>coc-c</i> . is "olch"; should be <i>colch</i> .

PAGE	COL.	RUBRIC.
934	2	PAIN, sore, Spine, spinal irritation: <i>iodf</i> . should be <i>iodof</i> .
935	1	PAIN, sore, Cervical region: <i>colo</i> . should be <i>coloc</i> .
936	1	PAIN, stitching, shooting: <i>coc</i> . should be <i>cocc</i> .
940	2	*PAIN, stitching, extending legs, down: <i>kalibi</i> . should be <i>kali-bi</i> .
944	2	PULSATING: <i>alc-p</i> . should be <i>calc-p</i> .
946	2	STIFFNESS, moving: <i>cup-ar</i> . should be <i>cupr-ar</i> .
947	1	STIFFNESS, Cervical region: following <i>EUPH</i> . is <i>sup-pur</i> ., this should be <i>eup-pur</i> .
950	2	WEAKNESS, Lumbar region: <i>ka i-c</i> . should be <i>kali-c</i> .
954	1	*BRITTLE finger nails: Repeated. Rub out second one, as the 2d. one divides the remedies of the rubric.
960	1	*COLDNESS, Fingers, tips: <i>cal</i> . should be <i>carl</i> .
967	2	CONTRACTION, Leg: <i>merz</i> . should be <i>mez</i> .
970	2	*CRACKED: You will find "CRACKED", large type, twice. Rub out the 2d. and write "Fingers" instead, indented like Thumb.
984	2	DRAWN, upwards: <i>str</i> . should be <i>stry</i> .
985	1	DRYNESS, hands: after <i>rhus-v</i> . comes "road." What is this remedy?
985	2	*EMACIATION, Leg: <i>capc</i> . should be <i>caps</i> .
986	1	EPILEPTIC, heel to occiput: should be "heel to occiput".
1001	1	ERUPTIONS, pustules: <i>carb-s</i> . should be <i>carb-s</i> .
1002	1	ERUPTIONS, leg, pustules: <i>postules</i> should be "pustules".
1002	2	ERUPTIONS, Ankles, pustules: <i>postules</i> should be "pustules".
1005	2	FELON, suppurative stage: <i>Calc</i> . should be <i>Calc-s</i> .
1007	2	FORMICATION, Leg: <i>po</i> . should be <i>op</i> .
1018	1	INFLAMMATION, Joints, synovitis: In 2d. edition all remedies in this rubric are in italics with the exception of <i>verat-v</i> .; <i>Apis</i> and <i>Bry</i> . are in capitals.
1018	2	INFLAMMATION, Hand, collosities: should be "callosities".
1019	1	INFLAMMATION, Foot, erysipelatous: <i>rhus-t</i> . should be <i>rhus-t</i> .
1031	1	LAMENESS: <i>chin</i> . should be <i>chin</i> .
1032	1	LAMENESS, Hand: <i>sulph</i> . is repeated, cross out last one as 1st one is in italics, although out of order.
1044	2	PAIN, chill, during: <i>seb</i> . should be <i>SEP</i> .
1045	1	*PAIN, motion, on: after <i>dulc</i> . follows <i>suphr</i> ., this should be <i>euphr</i> .
1045	2	PAIN, rheumatic: <i>KALM</i> . on line 12 is repeated again on line 13 in regular order, but is not in capitals there as it should be; mark it out, use 1st.
1045	2	*PAIN, rheumatic: <i>SAPG</i> . should be <i>SANG</i> .
1049	1	PAIN, Upper limbs: <i>iodf</i> . should be <i>iodof</i> .
1052	2	PAIN, shoulder, dislocation, as of: <i>myrt</i> . should be <i>myrt-c</i> .
1058	1	PAIN, wrist: after "grasping anything" comes "perking", should be "jerking". Line 33.
1058	2	PAIN, wrist, rheumatic: <i>Act-s</i> . should be <i>Act-sp</i> .
1059	1	PAIN, Hand: <i>act-s</i> . should be <i>act-sp</i> .
1059	2	PAIN, Hand, rheumatic: <i>Act-s</i> . should be <i>Act-sp</i> .
1061	1	PAIN, fingers, joints, rheumatic: change <i>Act-s</i> . to <i>Act-sp</i> .
1061	2	PAIN, fingers, first, joints of: change <i>ACT-S</i> . to <i>ACT-SP</i> .
1064	2	PAIN, sciatica, evening: <i>led</i> . should be <i>led</i> .
1118	2	PAIN, pressing, upper arm: 11th line they have "constructive", should be "constrictive".
1119	1	PAIN, pressing, Forearm: <i>oldn</i> . should be <i>olnd</i> .
1134	2	PAIN, walking: Left out at top of page.
1136	2	PAIN, sprained, knee, walking: Left out at top of page.
1141	2	*PAIN, stitching, Wrist: <i>led</i> . is repeated. Rub out one.
1145	1	PAIN, Lower Limbs: 2d. line from bottom, "cratching" should be "scratching". Last line, "spinters" should be "splinters".

PAGE	COL.	RUBRIC.
1145	2	*PAIN, stitching, lower limbs, bones: <i>lys.</i> is <i>lyc.</i>
1151	1	PAIN, stitching, leg, calf: <i>gambia.</i> , should be abbreviated <i>gamb.</i> Mark out " <i>ia</i> ".
1168	1	*PAIN, tearing, hip, extending, gluteal muscles: this should have been two letters to the right, to make the " <i>g</i> " fall under the first two letters of foot. Not a new rubric, it is "extending to".
1187	1	RESTLESSNESS, in general: <i>Med.</i> has been omitted, and also omitted under Restlessness of Lower Limbs. But it is in bold type under Restlessness of the Legs and Feet, on page 1188. Generalities, page 1369, under excessive irritability, has <i>Med.</i> in bold type; also, on page 72, under Restlessness of Mind, <i>med.</i> is in italics.
1200	1	SWELLING, Knee: <i>lac-ac.</i> is repeated. 2d. one should be <i>lac-c.</i> , in italics.
1211	1	TREMBLING, Upper Limbs: <i>plb.</i> is repeated, mark out the one following " <i>meph.</i> " as this is out of order.
1212	1	*TREMBLING, Hand: <i>cocc.</i> is repeated. Rub out one.
1214	1	TREMBLING, Leg: <i>mnac.</i> should be <i>manc.</i>
1216		*The rubrics on this page are reversed as follows: Joints, should come at top of 1st column; next following should be Upper Limbs, then Shoulder, and then Upper Arm. These come at top of 2d. column, and are out of order. The following are on 1st. column and should be on 2d. column; Elbow, then Forearm, then Wrist. Notice, Upper Arm begins at bottom of 2d column, and ends at top of 1st. column. All mixed up until you come to Hand, page 1217, then they are in order. These rubrics should be marked by the physicians to avoid confusion. [i. e., transpose columns.—Ed.]
1217	1	TWITCHING, Hand: 2d. and 3rd. lines of this rubric are out of order: <i>colch.</i> should follow <i>coff.</i> , then <i>con.</i> , <i>cupr.</i> , <i>bell.</i> should follow <i>bar-m.</i> ; <i>dulc.</i> , <i>graph.</i> , <i>hyos.</i> , and <i>ign.</i> should follow <i>cupr.</i> , when in regular order, but they do not in this rubric. [i. e., transpose 2d. and 3rd. lines.—Ed.]
1220	2	ULCERS, Fingers, nails: <i>bov.</i> should be <i>bor.</i>
1223	1	*UNSTEADINESS should be written in place of ULCERS, at top of first column.
1229	1	WEAKNESS, Thigh: <i>stam.</i> should be <i>stann.</i>
1231	1	WEAKNESS, Leg: <i>mec.</i> should be <i>merc.</i>
1234	1	COMATOSE: <i>chol.</i> should be <i>chlol.</i> ; and <i>chlof.</i> should be <i>chlor.</i>
1234	1	DEEP: <i>alumn.</i> should be <i>alum.</i> as it is in italics in 2d. edition.
1235	2	DREAMS, accidents: <i>iodf.</i> should be <i>iodof.</i>
1237	2	DREAMS, danger: <i>calf-f.</i> should be <i>calc-f.</i>
1240	1	DREAMS, frightful: <i>chol.</i> should be <i>chlol.</i>
1241	1	DREAMS, many: <i>rhust.</i> should be <i>rhust-t.</i>
1243	1	DREAMS, shooting: <i>Amm.</i> should be <i>Am-m.</i>
1247	1	RESTLESS: <i>card.</i> should be <i>card-m.</i>
1251	2	SLEEPLESSNESS: <i>cdam.</i> should be <i>cadm-s.</i>
1252	2	SLEEPLESSNESS, midnight, until 1 a. m.: should be "until".
1257	2	YAWNING, frequent: <i>lys.</i> should be <i>lyc.</i>
1262	2	ASCENDING. (See Coldness, Back): <i>sulph.</i> should be <i>SULPH.</i>
1267	2	EXPOSURE, after, draught, to a: should be "draft".
1269	2	PERIODICITY, irregular: <i>AS.</i> should be <i>ARS.</i>
1280	1	NIGHT, perspiration, with, 9 p. m.: <i>BY.</i> should be <i>BRY.</i>
1280	2	*NIGHT, 2 p. m.: should be 2 a. m.
1280	2	ALTERNATING with chill, forenoon: <i>Calch.</i> should be <i>Colch.</i>
1282	2	CATARHAL fever: <i>ARY.</i> should be <i>BRY.</i>
1285	1	CONTINUED fever, hæmorrhagic: <i>CROTH.</i> should be <i>CROT-H.</i>
1287	1	EXTERNAL heat: <i>upr.</i> should be <i>cupr.</i>

PAGE	COL.	RUBRIC.
1288	1	INTERNAL heat, burning, in blood vessels: following RHUS-T. they have <i>sulph.</i> ; 2d. edition shows this as <i>syph.</i>
1291	2	SUCCESSION, heat, with sweat, then heat: <i>caled</i> should be <i>calad.</i>
1305	2	CRACKS, fetid: <i>Mers.</i> should be <i>Merc.</i>
1305	2	DISCOLORATION, bluish: <i>arg-m.</i> should be <i>arg-n.</i>
1307	1	DISCOLORATION, red spots, fiery red: <i>ferr-mang.</i> should be <i>ferr-mag.</i>
1310	2	ERUPTIONS, moist: <i>MEC.</i> should be <i>MERC.</i>
1313	1	ERUPTIONS, itching: <i>oldn.</i> should be <i>olnd.</i>
1314	1	*ERUPTIONS, herpetic, itching: <i>arn.</i> is repeated, the 2d. one in capitals should be <i>ARS.</i> ; also, <i>jug-a.</i> should be <i>jug-c.</i>
1319	2	ERUPTIONS, suppressed: after <i>am-c.</i> comes <i>ras.</i> , this should be <i>ars.</i>
1322	1	ERYSIPELAS, vesicular: <i>cam-s.</i> is repeated. Rub out the 2d. one, the 1st. one should be in italics.
1324	1	ERYSIPELAS, vesicular: <i>grauh.</i> should be <i>graph.</i>
1324	1	EXCORIATION, scratching, after: <i>PET.</i> should be <i>PETR.</i>
1325	1	FILTHY skin: <i>sanac.</i> should be <i>sanic.</i>
1339	2	WARTS: <i>euphr.</i> is repeated, the 1st. one should be <i>euph.</i> as it is <i>euph.</i> in 2d. edition.
1339	2	WARTS, bleeding: <i>oil-ac.</i> should be <i>nit-ac.</i>
1341	1	MORNING: <i>pareir.</i> should be <i>pareir.</i>
1341	2	FORENOON: <i>ph-ac.</i> is repeated. 1st. one should be <i>phos.</i> as 2d. edition shows it.
1341	2	AFTERNOON: <i>allc.</i> should be <i>all-c.</i>
1343	1	NIGHT: <i>per.</i> should be <i>petr.</i>
1343	1	NIGHT: beginning with <i>chinm.</i> some of rubric NIGHT, page 1342, has been repeated at top of column 1, page 1343, with other remedies mixed in, out of order. The following are the ones that have been repeated: <i>Chin.</i> , <i>cocc.</i> , <i>coloc.</i> , <i>ferr.</i> , <i>graph.</i> , <i>hep.</i> , <i>ign.</i> , <i>kali-ar.</i> , <i>KALI-C.</i> , <i>kali-n.</i> , <i>kali-p.</i> , <i>lach.</i> , <i>led.</i> , <i>lyc.</i> , <i>mag-c.</i> , <i>merc.</i> , <i>mur-ac.</i> , <i>nat-c.</i> and <i>nat-m.</i> These should be rubbed out.
1345	1	ANALGESIA, parts affected: <i>yc.</i> should be <i>lyc.</i>
1348	2	COLD in general agg.: <i>pus.</i> should be <i>puls.</i>
1352	2	*CONVULSIONS, consciousness, without: <i>supr.</i> should be <i>cupr.</i>
1352	2	CONVULSIONS, coughing, after: should be "Coughing after".
1355	1	CONVULSIONS, suppressed, foosweat: should be "footsweat".
1355	2	CONVULSIONS, uræmic: <i>cup-ar.</i> should be <i>cupr-ar.</i>
1357	1	EATING, while: <i>rum-x.</i> should be <i>rumx.</i>
1358	1	EMACIATION, children: <i>al-j.</i> should be <i>ol-j.</i>
1362	2	FOOD, cold agg.: <i>calf-f.</i> should be <i>calc-f.</i>
1362	2	FOOD, dry agg.: 3rd. line of this rubric is a repetition of 2d. line. Rub out 3rd. line.
1364	1	*FOOD, sour agg.: <i>sulph.</i> is repeated. Rub out the one following <i>phos.</i> as this one is out of order.
1366	2	*HEAT, sensation of: Transpose <i>psor.</i> and <i>plat.</i> ; <i>pter.</i> should be <i>ptel.</i>
1368	1	INDURATIONS, Muscles: <i>calf-fl.</i> should be <i>calc-fl.</i>
1368	1	INFLAMMATION, externally: <i>bro.</i> should be <i>brom.</i>
1368	2	*INJURIES: <i>HYPPER.</i> should be <i>HYPER.</i>
1369	2	JERKING internally, convulsions, as in: <i>liti-t.</i> should be <i>lit-t.</i>
1370	1	JERKING, muscles: <i>vics.</i> should be <i>visc.</i>
1372	2	LYING, in bed, agg.: <i>coc.</i> should be <i>cocc.</i>
1375	2	NUMBNESS externally: <i>chlo.</i> should be <i>chlor.</i>
1378	2	PAIN, boring, Bones: <i>thuj.</i> should be <i>thuj.</i>
1385	1	PAIN, parts lain on: <i>pyr.</i> should be <i>PYROG.</i>
1385	2	PAIN, stitching, externally: should be "stitching".

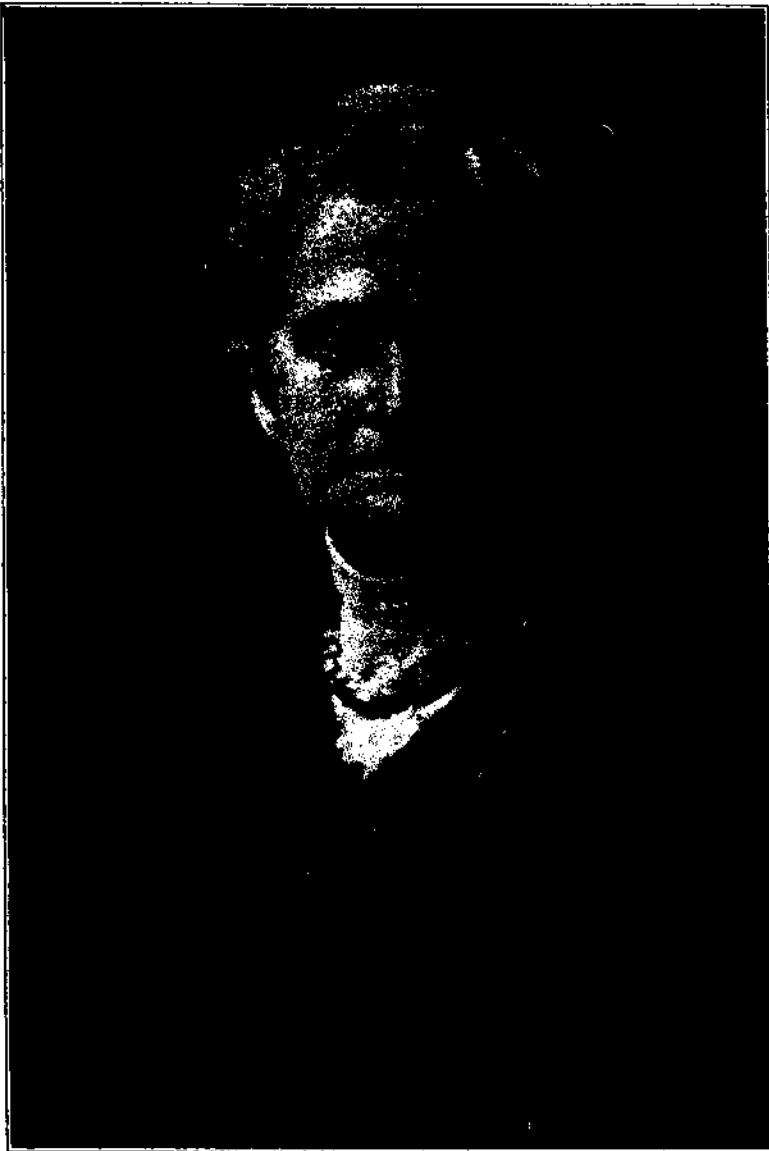
PAGE	COL.	RUBRIC.
1387	2	*PAIN, tearing, externally: after nat-p. NAT-C. is in capitals. This should be NAT-S. as nat-c. follows mang. in order, making it appear twice.
1389	2	PAIN, twinging, at beginning of this page should have added "cramp-like in muscles". Twinging comes 2d. rubric from the bottom of column 1.
1390	1	PARALYSIS, one-sided: led. is repeated. Rub out one.
1390	2	PARALYSIS, painless: chlo. should be chlor.
1394	1	At top of columns 1 and 2 PULSE, frequent: should be "frequent".
1395	2	PULSE, imperceptible, almost: <i>psong.</i> should be <i>spong.</i>
1395	2	PULSE, irregular: <i>asper.</i> should be <i>aspar.</i>
1396	2	PULSE, tense: natc. should be nat-c.
1397	1	REACTION, lack of: <i>arsi.</i> should be <i>ars-i.</i>
1398	1	RIISING, amel.: Rub out 4th. line, as this is a repetition of 3rd. line.
1401	1	SIDES, left: <i>viol-t.</i> should be <i>viol-t.</i>
1401	1	SITTING, amel.: aur. is repeated. Rub out one.
1402	1	*SLEEP, during agg.: Next after MERC. is z. This should be mez.
1402	2	SOFTENING bones: calf-f. should be calc-fl.
1404	2	SWELLING in general: op. repeated. Rub out one.
1411	2	WALKING, amel.: croth. should be crot-h.
1412	1	WALKING, in open air, amel.: nita-c. should be nit-ac.
1419	1	WEAKNESS, sleepiness, from: should be "sleepiness".
1420	2	WEAKNESS, wine agg.: should be "wine amel."
1421	1	WEARINESS, menses, during: cal-p. should be calc-p.

DALLAS, TEXAS.

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THE LATE DR. S. L. GUILD-LEGGETT

THE HOMŒOPATHIC RECORDER

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A SYMPOSIUM ON HOMŒOPATHY

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THIS MEETING WAS A NOTABLE EVENT AS IT WAS, TO OUR KNOWLEDGE, THE FIRST TIME THAT A NON-HOMŒOPATHIC MEDICAL SOCIETY HAD REQUESTED A PURELY HOMŒOPATHIC PROGRAM. OVER EIGHTY MEMBERS OF THE SOCIETY WERE PRESENT AND THERE WAS A CORDIAL AND SCIENTIFIC INTEREST IN THE PROGRAM.

A FEW FACTS FOR NON-HOMŒOPATHIC PRACTITIONERS*

WILLIAM H. DIEFFENBACH, M. D.

A critic once said: "Why all this controversy between hydro-paths, osteopaths, homœopaths and allopaths? I am convinced that '*all paths*' lead to the grave!"

The more advanced our knowledge becomes as to the natural forces and the immunizing activities inherent in the body itself the more humble do we become as to the actual achievements of drug therapeutics. It must never be forgotten that given proper rest, correct diet and proper elimination, the *vis medicatrix naturæ* will in a large percentage of *acute conditions*, be the chief assistant to the physician in a *restitutio ad integrum*. The doctor who therefore interferes least with normal processes of repair has the best chance for therapeutic success.

Professor Osler is reported by Professor Cushing in his admirable *Life of Sir William Osler*, on page 171: "His belief was that over-treatment with drugs was one of the medical errors of the day and it was always one of his favorite axioms that *no one individual* had done more good to the medical profession

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than *Hahnemann* whose therapeutic methods had demonstrated that the natural tendency of disease was toward recovery provided that the patient was decently cared for, properly nursed and not over-dosed". Osler practically became a therapeutic nihilist and in his later years confined his prescriptions to less than a dozen remedies. Due to his influence materia medica was abolished from most of the medical schools as a special department and medical students were often obliged to pick up crumbs of medical prescribing in their clinical demonstrations only.

Professor Strumpell in his lecture upon the celebration of his 50th anniversary as a physician made the assertion that the only remedies he had any confidence in could be counted on the fingers of the hands. He mentioned quinine in malaria, the salicylates in rheumatism, antitoxin in diphtheria, the arsenical compounds and the mixed treatment in syphilis, morphine for pain, remedies used to produce anæsthesia and the chemical antidotes. Replacement therapy such as thyroid and insulin met with his approbation but the rest of the huge materia medica he threw into the discard as useless or harmful. Students of homœo-therapeutics cannot agree with either Osler or Strumpell as to these drastic limitations and offer in evidence of their disagreement, most reliable statistics of clinical and hospital records, particularly in pneumonia, influenza and other infectious diseases, that homœopathy has good and abundant reason for its existence and that its utilization as an *integral* part of general medicine should become the property of all physicians who are truly *non-sectarian* and are willing "to *prove all things* and hold fast that which is good".

Within the past decade two scientists of high standing have openly advocated the incorporation of homœo-therapy as an *integral* part of the medical arts. These are Professor Hugo Schulz, former head of the Department of Pharmacology at the University of Greifswald, Germany, and Professor Dr. August Bier, head of the Surgical Department of the University of Berlin. The pronouncement of Dr. Bier occurred in his articles in the *Munchener Medizinische Wochenschrift* May 1, 1925, and subsequent numbers. "*Wie sollen wir uns zu der homœopathischen stellen?*" "What shall be our attitude towards homœopathy?"

In this series of articles Professor Bier tells of his experiments with protein injections and his study of the Arndt-Schulz law and how he gradually through these studies became convinced of the value of homœopathy within its curative sphere. It is my purpose to quote from Bier's articles so that one can follow his gradual conversion to homœopathic reasoning. What was convincing to an outstanding practical surgeon of Bier's prominence, might seem equally so to many of his colleagues who have an inquiring and open mind towards therapeutic study. His colleague and friend, Professor Schulz, lectured for many years on pharmacology and his studies compelled him to investigate homœopathy, so as to present this phase of therapeutics to his many students and be prepared to discuss it. Like the great Dr. Constantine Hering who started as a committee man to write a criticism of homœopathy and became its greatest exponent, in similar manner Dr. Schulz became an enthusiastic advocate of homœo-therapy and incorporated it in his lectures. In his text-book on pharmacology, he describes the stated remedy, gives its toxicology and physiological action and as the final resumé its homœo-therapeutic application based on *individualistic* symptomatology.

In the periodical *Artzliche Rundschau* July 1, 1925 he clearly states his views and personal experiences which led him to add homœopathy to his practice. He found that the addition of formic acid in definite amounts to yeast solutions *inhibited* fermentation. When the formic acid was diluted progressively fermentation was augmented and when the *dilution* of the formic acid was still further carried on, fermentation promptly *increased greatly*, much more than yeast which had no drug addition *at all* and was kept as a control.

This experiment was repeated again and again with the same result. Schulz now concluded to try this experiment with *Arsenicum*. Large doses *checked* fermentation but much *diluted* solutions of *Arsenicum* increased fermentation much more so than the control, to which nothing had been added. At this time Schulz read of the reported value of *Veratrum album* in cholera as utilized by homœopathic physicians and having experimented with veratrin before his classes and demonstrated the tremendous toxicity of this poison, particularly in producing a severe colitis

and diarrhœa he concluded that the homœopaths were using this poison along lines indicated by his experiment on yeast. During this period Schulz became acquainted with Professor Arndt who had formulated and was experimenting with an interesting postulate.

This so-called Arndt-Schulz Law reads as follows:

1. *Weak irritants stimulate or promote* cellular activity.
2. *Moderate irritants augment* same.
3. *Strong doses inhibit*.
4. *Excessive doses destroy* cellular activity.

Schulz now started to experiment with medicine and induced his students to co-operate. Some he dosed with remedies and to others he administered alcohol as a control. He experimented with sulphur, iron, quinine, nux vomica, silica and others and found that the symptoms produced on his students agreed with those tabulated in homœopathic literature. He also found that some individuals did not react to the drug at all, while others reacted so strongly that the remedy had to be interdicted. This observation proved the importance of the *individuality* of the prover as recently again emphasized in his studies by Professor Philip Rice and also indicated to him that a remedy had different spheres of action and must frequently be given in different dosages. This has been abundantly proven by animal experimentation where certain remedies toxic to humans do not at all adversely influence the physiological processes of animals. It clearly demonstrates the limited scope of animal experimentation as related to human therapy. Schulz now cautiously started to apply his acquired conviction. He was called to see the child of a colleague suffering from an exhausting enteritis and colitis in which the attending physician had predicted exitus in a few hours—Schulz on the symptoms found suggested a *minimal dose* of *Arsenicum* and had the satisfaction of seeing a prompt cure within 24 hours. Several cases of persistent skin lesions were referred to him for study and the remedy *Silicea* (silicic acid) was found to be curative. Schulz now proceeded to test the application of the formula *similia similibus curentur*—"let likes be cured with likes". He found that the symptoms and effects produced by severe irritants if tabulated could be applied therapeutically if this

same irritant was given in sub-physiological dosage or minimal dosage to a patient exhibiting similar symptoms of disease. As an example let us consider the application of Spanish-fly; cantharis produces a severe cystitis and tenesmus and a similar pathology is relieved by *Cantharis* given in minimal dosage. Ipecac in appreciable dosage produces emesis and a minute dosage of *Ipecac.* often relieves this condition. Apomorphine in 1-16 grain dosage produces nausea and vomiting of a projectile character and for 20 years has been my sheet anchor for sea-sickness, so that although I have retired from general practice for a decade, I still have former patients call at my office when going abroad for my "sea-sick" remedy as they call it. It is of course not a specific, for *Petroleum*, and *Ipecac.* or *Nux vomica* may be indicated, but it has served my patients in most cases. I usually administer the 4x tablet, advise dissolving same in a glass of water and sipping same slowly whenever the tendency to nausea and vomiting occurs. Bichloride of mercury poisoning attacks the kidneys and causes croupous nephritis and death from coma if not promptly antidoted. This remedy in minimal dosage is one of the leading remedies for chronic croupous nephritis, if matched in symptomatology.

Croton tiglium produces a most remarkable explosive action of the bowels—it is a most reliable remedy for a similar diarrhœa if given in the 6x-12th dilution.

In the Molineux murder trial some years ago it was proven that the victim, a Mrs. Adams, had been poisoned with cyanide of mercury. The attending physicians had diagnosed and treated the case as *diphtheria* as the characteristic membrane found in this disease had been produced by this poison. While the antitoxin of diphtheria neutralizes the toxins of this disease and is usually curative if given in *early* stages, a percentage of diphtheria patients still succumb in spite of antitoxin. Think of *Mercurius cyanatus* in sub-physiological dosage 6-12x, or some of the potash salts which produce membranous changes as a curative remedy in this disease and do not rely on antitoxin alone. Schulz wrote a monograph on *Mercurius cyanatus* and its relation to diphtheritic pathology and recommended it highly. Professor Bier's conversion and approach to homœopathy was somewhat

different from that of Professor Schulz. While Professor of Surgery in the University at Bonn he wrote his famous book on hyperæmia as a method of cure and advocated its use in many inflammatory conditions, particularly in arthritis and osteomyelitis. Upon his transfer to Berlin where he became the leading surgeon and had large clinical facilities, he started to apply hyperæmia and also experimented with protein (milk and blood) injections in chronic joint conditions. His experiments convinced him of the similarity of results secured by injections of proteins to the results and reactions of drugs given according to the homœopathic principle of *similia*.

The assistant of Professor Bier, Dr. A. Zimmer, experimented with the dosage of protein therapy and determined that only the *smallest dose* proved curative while appreciable doses or heavy doses aggravated the pathology for which these injections were utilized. These experiments lead Bier and Zimmer to a closer study of homœopathy.

Zimmer experimented with methyl'n blue, yatren and other drugs which if given *internally* produced reactions identical to the protein hypodermic injections, in relation to dosage. They confirmed the statements of Hugo Schulz that drugs do not act as solvents, neutralizers or disinfectants but through the *stimulation* of definite *tissues* and *organs*. These are stimulated to increased activity, which accelerates or initiates the curative action. For this purpose, the *smallest* dosage is adequate to stimulate the natural forces of cure.

This is in harmony with the Arndt-Schulz law which states that weak irritants *stimulate* while larger doses *inhibit* cellular activity.

These observations have recently been abundantly verified. Kendall has shown that due to diminution or *lack of iodine* in the tissues an *hypertrophy* of the thyroid gland is caused in its efforts to produce the thyroxin required by the organism. We know that in such parenchymatous hypertrophies of this gland, *small sub-physiological doses* of iodine are curative, while heavy doses aggravate. The parathyroid affinity and control of calcium metabolism has been determined. The pancreatic (especially the Langerhansian portion) control of sulphur metabolism and the

gonadal affinity and control of phosphorus metabolism, are all recent developments. Sub-physiological doses of these tissue salts or minerals are sufficient for therapeutic purposes. In other words, remedial agents stimulate a diseased organ or tissue and the whole organism is thus brought into a curative sphere. The studies also verified that sulphur, arsenic, calcium and others (without reference to their general action) have a special affinity for the *skin*, while mercury has a special affinity for the *mucous membranes*, antimonium tartaricum for the *pulmonary* tissues, etc. Calcium and phosphorus are medicines, not foods and iron conforms to the same status. The *direct* curative actions of remedies are therefore few, as the medicines act upon the organs and tissues and stimulate the natural principles of healing and immunity. A *diseased tissue* requires but a small percentage of drug dosage, as compared with *normal tissue*, for reactive purposes.

Bier and his assistant Zimmer commenced to experiment in their large Berlin clinic with different remedies and following the suggestions in homœopathic literature tried *Sulphur iodatum* in the 3x and 6x trituration in 34 cases of furunculosis. Some of these cases were of 3 years' duration and had previously received ultraviolet rays, vaccines, yeast, arsenic, protein and blood injections, but constantly recurred. *Sulphur iodatum* given half an hour before meals one tablet at a time, cured all of these chronic cases. Impetigo and other staphylococcic infections of the skin also responded favorably. In beginning carbuncles *Sulphur* aborted some cases, but in advanced carbuncles, operation was invoked.

The conclusions drawn from these experiments were that these small doses of *Sulphur* were more successful and curative than any other method employed in furunculosis. It was found that the 6x cured as effectively as the 3x and Bier states quite frankly that he is convinced that higher potencies would be equally effective. *Sulphur* therefore cannot, if utilized in this manner, be considered as a *disinfectant* of either the skin or mucous membrane, but acts as a stimulant to the skin which through its own physiology throws off the infection.

He believes that a medicinal substance does not act through coarse contact but as a *colloid* or *ferment* which only develops in finely divided substance, so that a greater surface distribution and

absorption can be secured. These Berlin scientists thus explain the action of the higher potencies and the value of such insoluble substances as gold, platinum, silver and charcoal, etc., as medicines, can only be secured through the trituration and colloidization of such substances. The use of salt in the daily diet is non-medicinal, while if given in highly diluted form it is a very valuable remedy, affecting the system in a remarkable manner, as was proven by Dr. Guy B. Stearns in his animal experiments and by a century of clinical application along homœopathic lines.

Bier's experiments with ether in post-operative bronchitis and pneumonia while not strictly homœopathic are nevertheless of great interest. The inhalation of ether often produces a temporary irritation and semi-paralysis of the bronchi and lungs. To avoid this condition Bier injects 5 drops of ether in almond oil into the buttocks a few hours before each operation as a prophylactic and he claims that since this technic has been adopted in his operating rooms no post-operative pneumonia has developed.

In his conclusions Bier states that homœopathy while an integral and valuable branch of medicine must not be utilized as a sectarian or exclusive system, but should be incorporated into the larger sphere of general medicine.

It is quite remarkable how text-books on physical therapeutics, on the x-ray and radium will give clear pathological pictures of lesions produced by large or *excessive* dosage and in other chapters recite the *curative* action of these agents in similar conditions. Hydrotherapy, sun-light, ultraviolet rays, x-rays and radium all respond to the Arndt-Schulz law which, as has been proven, is correlated to the law of *similia*.

Not only physical therapy, but bacteria respond to this natural law.

The late J. George Adami, C. B. E., M. D., F. R. S., University of Liverpool, Professor of Pathology at McGill University, Montreal, stated in the *Medical Journal and Record*, Aug. 18, 1926: "There is the fact that while the more virulent bacteria growing in the body lead to cell necrosis and destruction, less virulent strains of the same bacteria together with other less virulent bacteria *stimulate* cell growth." What is this but another restatement of the Arndt-Schulz postulate?

The remarkable studies of Professor D'Herelle of Yale University Medical School on the bacteriophage also point unerringly to this underlying or basic therapeutic law.

In conclusion the writer believes that homœopathy should be incorporated and studied as part of the great science and art of medicine and that it should be taught in *all* colleges of medicine and *not confined* to a few.

NEW YORK, N. Y.

THE HOMŒOPATHIC VIEWPOINT

GUY B. STEARNS, M.D.

Medical progress has advanced along a curve of changing viewpoints which is always approaching but never reaching ultimate truth.

Modern medicine, which we call rational medicine, dates back approximately 300 years, to the time of Harvey, and is the rebirth of the Greek inductive method of study of 2,000 years ago. For two centuries after Harvey's day, the curve of advance was shaped by the gradual accumulation of chemical, physical, anatomical, physiological and gross pathological knowledge. In the first quarter of the last century, the trend turned toward public hygiene and a more careful study of the gross signs of disease and gross pathological changes. In the second quarter, the movement swung to a study of finer pathology. In the next quarter, bacteriology dominated the trend and since the advent of the twentieth century, study of function has been the chief motive. The result of this movement has been the development of a comprehensive scientific system of diagnosis. Methods of treatment have been linked with the changing theories of diagnosis and disease. In the early days, treatment was empirical. The advent of bacteriology brought the use of vaccines and sera.

The various functional tests have brought more rational management of diseased conditions and the study of the endocrins has led to a concept of the organism as an integrated whole, so that in the general trend has come more individual and consti-

tutional consideration of the patient. Diagnosis forms the principal basis for treatment and it is assumed, in present-day medical teaching, that correct diagnosis furnishes the knowledge necessary to deduce rational treatment. The last sentence may be taken as the generally accepted viewpoint of modern medicine. Treatment has always remained a changing subject and to therapy has been given the title: "Art in medicine".

Hahnemann who established the homœopathic viewpoint was born in 1755. At 22, he was master of nine languages and, at 25, a doctor of medicine. Becoming intolerant of the accepted empirical methods of therapy, he decided to investigate all medical principles from the beginning and, for this purpose, he studied chemistry and languages.

He soon became known as an authority on chemistry and as the most famous translator of his day. If the subject that he was studying was treated of in a tongue which he did not know, he learned that language thoroughly. In 1790, Hahnemann translated a work acknowledged to be a standard: William Cullen's *Materia Medica*, into German and was impressed by Cullen's description of cinchona bark and its action in intermittent fever, which action Cullen explained as being due to its tonic effect upon the stomach. Hahnemann's logical mind could not take this explanation for granted, so he set about to discover by inductive methods what principle underlay this effect.

He himself took four drams of a strong infusion of cinchona bark, daily, and described the effect as follows:

I developed all these symptoms which to me are typical of intermittent fever—stupefaction of the senses, rigidity of all joints, but, above all, the disagreeable, numb sensation which seems to lodge in the periosteum over all the bones of the body. This paroxysm lasted two or three hours every time and recurred when I repeated the dose, but not otherwise. I stopped taking the medicine and I was once more in good health. Peruvian bark, which is used as a remedy for intermittent fever, acts because it produces, in healthy people, symptoms similar to those of intermittent fever.

Luckily Hahnemann was sensitive to cinchona or the fact of this relationship would not so vividly have come home to him.

This striking result suggested to him that such relationship might be a general law underlying curative action in all drugs and

so he devoted himself to discovering, by experimenting on himself, the powers inherent in other drugs. He commenced by investigating the common drugs which had, throughout the ages, been believed curative in common diseases and, when he had gained by his experiments a knowledge of their symptoms, he employed the drugs in such cases as presented similar symptoms and brought about cures such as he had never before observed.

He took as his premise that there must be relationship between the symptoms caused in healthy persons by a drug and the symptoms of the disease which that drug cures. There are only three possible relationships—1st, that the drug produces symptoms different from those caused by the disease; 2nd, that the drug causes symptoms opposite to those caused by the disease; 3rd, that the drug causes symptoms similar to those caused by the disease. The first is logically impossible because a relationship of different symptoms would lead to a great number of drugs. The relationship of opposite symptoms is untenable, because there are so many conditions where there is not any possible opposite—for example, there is no "opposite" of pneumonia. The relationship of similar symptoms is the only possible general relationship.

Hahnemann's reputation attracted many physicians to his new theory and they entered into the experiments with him. In connection with each drug, he first collected all that he could find about its known effects, paying particular attention to the records of poisonings. Before having any of his associates prove the drugs, he took them himself, so that he could determine their dosage and their general action. Hahnemann proved 99 drugs on himself. Each proving extended over several weeks. A drug was given to a whole group, but only those who were shown to be sensitive to it continued in the proving.

The crucial point in connection with provings on human beings is just that—that a drug be proved only on those who are sensitive to it and the reason for this lies in the laws of susceptibility and immunity. Unless a man is susceptible to an infection, he does not become infected; the reaction against infection by one who is susceptible is a natural, spontaneous effort on the part of his organism. If a prover have a high degree of idiosyncrasy for a drug, a very small quantity of that drug will cause vivid,

characteristic reaction. Poisoning by a drug may so closely simulate a disease as to deceive a physician who is off guard. In a notorious murder case about thirty years ago, the victim was poisoned with cyanide of mercury which caused a condition that was clinically diagnosed as diphtheria.

A large percentage of humanity are susceptible to epidemic diseases. There are certain drugs to which a large percentage of individuals are sensitive; these are called polychrests and they resemble, symptomatically, the common diseases. During an epidemic, only susceptible persons are affected. There are always a few remedies which correspond to the characteristics of the epidemic one of which will cover the majority of cases—and the other remedies will be scattered amongst the remainder. No two epidemics are precisely alike, so that, for accurate prescribing, it is essential to make a composite study of the first few cases in order to establish the similar group of remedies, and after that, prescribing during that epidemic will not be difficult.

During the cholera epidemic of 1831, Hahnemann, who then had never seen a case of cholera, was able, from a description of symptoms, to tell which remedies would cure the disease. He selected *Camphor*, *Cuprum*, *Veratrum alb.* and *Phos. ac.*, and very few died who received the appropriate one of those drugs.

The law of similarity expresses itself so clearly that, in everyday practice, the physician who knows his materia medica can often recognize the remedy which is needed, almost before the patient speaks and often he can describe to the patient, before the patient himself recites them, the symptoms which are troubling him.

The Single Remedy.

The same inductive reasoning that revealed the law of similars as a workable principle led Hahnemann to the principles essential for its application. The first of these is the use of the single remedy. It is obvious that, if more than one remedy be given in a proving, separation of the effects of the various drugs will be impossible. The body naturally reacts to disease in a co-ordinated manner and this reaction is best covered by the single drug which causes the same kind of co-ordinated reaction.

The Single Dose.

When his assistants were proving drugs, Hahnemann, as soon as an effect was observed, gave no more of the drug until the effects had disappeared. When giving drugs to his patients, he never repeated the dose until the effect of the first had vanished. This is the logical procedure and is the practice followed by most of the best homœopathic prescribers.

The Minimum Dose.

The giving of the smallest amount capable of causing reaction is also logical and naturally belongs with the law of *similia*. A remedy is homœopathic because the patient is especially sensitive to it and it naturally follows that the drug must be administered to him in small amounts. Hahnemann's solution of the dosage-problem was, like all his other discoveries, arrived at inductively. At first, he gave drop-doses of the tincture, but, these often causing too violent symptoms, he next gave one-drop doses of a one per cent dilution of the tincture and obtained better results. Then, step by step, he carried the dilutions higher, making each succeeding dilution in a ratio of one one-hundredth of the preceding one, until, toward the end of his life, he recommended, as the result of his experience, the 30th dilution as the most curative. He remarked, however, that some of his disciples had carried their dilutions much higher.

Hahnemann considered his discovery of the action of remedies in high dilution one of the most momentous discoveries of his day. Physical science does not explain this and the subject of high dilutions has been the source of much discussion. The fact that this is the least understood of the fundamental principles of homœopathy inspired the Foundation for Homœopathic Research to institute, nine years ago, experiments to determine whether high dilutions would affect guinea-pigs. These experiments continued for two years, 212 animals being used. *Sodium chloride* was potentized to the 200th dilution and various potencies from the 30th to the 2000th were used. Many effects were observed, the most marked being the gradual loss of virility, the progeny coming less frequently, progressively smaller and of poorer vitality until, at last, there ceased to be any offspring at all.

Dr. Mary Stark conducted, for the Foundation for Homœopathic Research, another experiment with fruit-flies. In a certain strain, every fourth fly died in the larval stage and Dr. Stark discovered that this was caused by tumour-growths. Microscopically, these growths show all the characteristics of cancer. *Arsenic*, in homœopathic hands, has occasionally benefited cancer-patients and so the 30th and the 200th potencies of *Arsenic* were fed to colonies of these flies, with the result that certain colonies of their offspring lost this hereditary characteristic and developed, free from tumour.

It is difficult to rationalize the fact that living things respond to dilutions so high as are those employed in homœopathy. If the corpuscular concept of the ultimate properties of matter be accepted, not even one electron of the original substance can remain in dilutions as high as the 30th. BUT A CONCEPT IS ACCEPTABLE ONLY SO LONG AS IT ACCOUNTS FOR ALL THE FACTS. THE FACT THAT DILUTIONS HIGHER THAN THE 30th ACT ON INSECTS AND ON ANIMALS, AS WELL AS ON MAN, NECESSITATES A CONCEPT OF CONTINUITY, INSTEAD OF DISCONTINUITY, AS THE ULTIMATE PROPERTY OF MATTER. RECENT EXPERIMENTS AT THE BELL LABORATORIES AND EINSTEIN'S RECENT MATHEMATICAL CONTRIBUTION TO THE WORLD INDICATE THAT THE VARIOUS CORPUSCULAR CONCEPTS OF MATTER, FROM THE MOLECULE DOWN THROUGH THE ATOM TO THE ELECTRON AND THE PROTON, LEAD TO AN ULTIMATELY CONTINUOUS STATE.

Chronic Diseases.

Hahnemann's first provings were made with drugs which correspond to acute conditions. In practice, he noticed that although a patient was promptly cured of an acute condition, in some cases a similar attack recurred later and would not respond to the remedy which had cured it before. For 12 years, he sought the cause for this, studying these uncured diseases and keeping minute records of all their symptoms. From this study, he developed a theory of chronic diseases. He classified the cause of all chronic diseases under three heads which he called "the chronic miasms"—namely, syphilis, sycosis and psora.

Syphilis, as a cause of chronic disease, does not require discussion. Sycosis is the sequela of gonorrhœa. That which Hahnemann classified as psora covers everything of a chronic nature not included in the first two.

In Hahnemann's time, almost everybody, at some stage of his life, had scabies. The "itch mite" was known to be the cause of this, but practically all skin-diseases, as well as scabies, were called "the itch". Hahnemann believed that psora was due to the suppressing of itch. His itch-theory has caused much irrelevant criticism—irrelevant, because Hahnemann himself said that, although every one of his theories might be wrong, the law of similars remained a fact. That which he called psora is represented by a definite syndrome of symptoms and has a wide significance. He recognized that certain chronic conditions have a definite relationship to some previous illness.

The cause of some chronic conditions goes still deeper and can be traced to hereditary deficiencies. All these things were recognized by Hahnemann, but he was unduly impressed by, and gave too great importance to, the ubiquitous itch.

He observed that a cure made by a remedy homœopathic to a case takes place in an orderly manner, the patient responding first by feeling better within himself; the symptoms disappearing from within out, from above down, and in the reverse order of their oncoming. Such a cure is complete. When recovery does not take place in this orderly sequence, reminders of the illness are left. The accumulation of such effects, plus the patient's hereditary deficiencies, make up all chronic conditions. This broader concept was in Hahnemann's mind in connection with psora.

Scientific Support of the Law of Similars.

The application of homœopathy remains an art but the law of *similia* has scientific support. From the bacteriological concept of disease developed the laws of immunity. Von Behring acknowledged the validity of the homœopathic law in connection with his development of diphtheria antitoxin. Wright made a like acknowledgment and, recently, the great German surgeon Bier, publicly accepted it. Among the homœopathic researchers, notably,

Hinsdale, Boyd and Nast, animal experiments have been conducted with a large number of drugs used in homœopathy, and, in many instances, pathological changes have been brought about corresponding to the diseases in which the drugs have been found valuable. *Bryonia*, in its provings, causes many chest and respiratory symptoms and it is one of the remedies most frequently indicated in pneumonia and pleurisy. Experimental animals which have been poisoned with *Bryonia* have developed pleuritic and lung inflammation. Boyd, in a recent experiment, caused the Widal reaction to occur in a rabbit's blood by feeding the animal *Baptisia* and this remedy is one of the most frequently-used homœopathic remedies for typhoid fever.

Hahnemann recognised the possibilities of disease-products as remedies, thus anticipating vaccine-therapy. He triturated the secretion of scabies vesicles and potentised it up to the 30th and named it *Psorinum*. The characteristics revealed by its proving led to its employment in obstinate, deep-seated conditions. Tubercular sputum was potentised several years before Koch published his discoveries. In homœopathy, remedies from disease-products are called nosodes.

During the past few years, the bacteriologist Bach, of London, has done some remarkable work with different strains of the non-lactose-fermenting coli-typhoid group of bacilli. By isolating the predominant strain from the stool of a patient and making a vaccine of it, he produced striking results in many chronic cases. In association with Wheeler, of London, a technique was developed wherein the vaccine was potentized and given in single doses by mouth. The dose was never repeated as long as any effect of the preceding dose remained. This method was arrived at by slow degrees and Bach now affirms that the results of this method are far superior to any that he obtained before and he emphasizes the long wait between doses—in some cases, a wait of more than one year!

As we observe the point of view towards which general medicine is swinging, we can see how Hahnemann established a point of view which cut across the circle to a point even in advance of today. Whereas, general medicine considers diagnosis

as the basis for a prescription and has only recently through study of the endocrins developed a growing concept of the organism integrated as a unit, Hahnemann, more than one hundred years ago, formulated the unit concept and fitted into it all disease and all drug effects basing his prescription not on the diagnosis but on the arousing in the individual of the kind of reaction that his disease is arousing. Patients must be seen, not as pathological complexes, but as personalities expressing themselves in their symptoms. A patient's remedy, if it corresponds to his disease, must correspond to his personality and the homœopathist comes to think of drugs in terms of personality. Should the physician not recognize the remedy for his patient among the drugs which he knows, he must follow a technique for finding it which is no less exacting, and, in some respects, more subtle, than the technique required in the entire field of diagnosis. Those who have come to the study of homœopathy from the old school usually become our best prescribers, because, once they realize that there is a curative remedy for each individual and once they grasp the reasonableness of the homœopathic philosophy, they acquire a new satisfaction in medicine; because every prescription is worked out by the application of a single co-ordinating law and the accuracy of a prescription can be tested by the orderliness with which the symptoms depart.

The late Jacob Teschner is an example. After 39 years in "old school" practice, he began the study of homœopathy. At first, he refused to see more than one patient each day and he often spent three or four days studying the case before prescribing. In this way, he acquired an intimate knowledge of a great number of provings. Gradually, he took on more patients, until, finally, his hours were filled with appointments. FOR THE FIRST TIME IN HIS LIFE, HE FELT SATISFIED WITH MEDICINE.

It has been the writer's privilege to read over Dr. Teschner's records and to note the remarkable results which he obtained, and this presentation of our homœopathic point of view may be accepted as a message from Teschner to the profession that he loved.

NEW YORK CITY.

HOW I CAME TO TAKE UP THE PRACTICE OF HOMŒOPATHY

EUGENE UNDERHILL, JR., M. D.

From my earliest recollection I took it for granted that I was going to be a doctor. Possibly that was because Father and Mother took it for granted, and visualized such a life work for me in their minds. I cannot recall that any shadow of doubt or uncertainty on this point was ever felt or expressed.

My grandfather had studied medicine. Father was a physician and is still in active practice. After graduating from college came the question: What medical school? Father said: "I don't see that you need to go outside of Philadelphia. Investigate all the medical schools in the city, get their catalogues, interview the Deans, and let me know which school you would prefer to attend". I followed this advice, and after "looking them all over" finally decided in favor of the University of Pennsylvania.

Now Father was a graduate of Hahnemann Medical College, and as I look back I can recall a look of regret or perhaps disappointment on his face—for I had not only in a sense frowned on his *Alma Mater* but was turning my back on the system of medicine which that institution really represented in those days. But Father's vision was not confined to the walls of any institution or even to any so-called system of medicine. He finally said: "I think you have made a wise choice", but he added, "some day you will be practicing homœopathy". But those words were forgotten until years later their prophecy was translated into fact.

So I went to the University of Penn. Medical School and graduated. To this day I have never regretted it, and if I had it to do over again I would go back to old Penn. and battle it through. After completing my internship and passing my State Board examinations, I hung out my shingle and was at last a "regular doctor".

Of course, I was prejudiced against homœopathy, but just how and when that prejudice was acquired it is even now impossible for me to tell. Prejudice is evidently infectious, if not actually contagious, and few indeed are they who are immune

to it. For three years I practised old school medicine, "untainted" by any homœopathy whatever.

Father and I applied together for admission to the 32nd degree of Freemasonry. On the evening of our initiation, we found all the candidates were being sent up to the fifth floor to await the result of the balloting. We were taken up in an elevator with perhaps ten or a dozen other men. The only man we happened to converse with was Dr. George H. Thacher, a leading homœopathic physician of Philadelphia, whom, however, we had never met before. On arriving at the fifth floor and having more time than anything else on hand we again got into conversation with him. From that first meeting a friendship was formed that has grown and deepened with the years.

One day I said: "Dr. Thacher, just what kind of medicine are you practising?" He said: "You won't have any more time for me when I tell you. I am one of those high potency, high-falutin homœopaths." Of course, I was somewhat disappointed, but by that time our friendship had grown too strong to be upset by anything like that.

Some months later I was in Dr. Thacher's office, and he asked: "Have you any interesting cases on hand?" Previous to this occasion we had talked over everything but medicine. It just happened that I did have an interesting case on hand. In fact, it was getting too interesting and I began to have visions of being dismissed most any day, and at that time every case meant something and I couldn't afford to lose any.

This man was sorely afflicted with acute gouty arthritis that had begun in his feet and was now involving the knees as well as the feet. The limbs were swollen and the skin mottled. His one relief was to sit with his feet and legs in a tub of ice water, and he insisted on having pieces of ice floating in the water. In all my experience I have never seen this case duplicated. Motion greatly added to his sufferings. He was much worse at night and he could not endure any covering on the feet, legs and knees. I soaked him with salicylates; gave him colchicum on the gouty theory; purged him; gave him diuretics, and applied evaporating lotions to the inflamed joints—lead water and laudanum, ice compresses of epsom salt solution—with only slight temporary re-

lief. I called at the house every day and each time found him more discouraged, more grumpy, and his feet and legs still parked in the tub of ice water.

So when Dr. Thacher asked if I had any interesting cases on hand, of course I told him about this man. I had no sooner recited the main features of the case when he said: "Why that man needs *Ledum*." (*Ledum palustre*, or wild rosemary, also called marsh tea and Labrador tea. The plant grows in cold swampy regions—particularly in Canada. *Ledum* from the Greek, *ledon*, a resinous juice and *palustre*, a swamp). The doctor said this with such certain assurance that it was truly amazing. He asked: "Do you mind if I fix up a few powders of *Ledum* for him?" It is said that necessity knows no law, and I was ready to give that man anything from soothing syrup to dynamite, and I welcomed the offer, and agreed to discontinue all other medication both external and internal and give the powders a chance, as Dr. Thacher put it.

I saw the patient that same afternoon, and he was about ready to call it quits. However, on seeing a radical change of treatment and thinking that I had been studying up his case, he finally consented to give the powders a chance. His wife was not very enthusiastic and I thought, "Well, they will soon call another doctor." The next day he was just about the same but he did say that he was certainly no worse but he added, "I guess no better either." However, my "get away" that time for some reason was not quite as unsatisfactory as the day before. The following day, however, told a different story. The wife greeted me with a pleasant good morning and promptly announced that our patient was better. For the first time I found him without his tub of ice water, and he said: "Doctor, why didn't you give me those powders before, they have done me more good than all your other dope put together. Don't let me be without them." I looked in the envelope—only two powders left, and nothing to do but beg for more. I told him that was a medicine I rarely used and I would have to go back to the office to get it. Dr. Thacher was much interested and greatly pleased with the report and doled out more powders. The patient was able to return to

work in two weeks, and remained well for over a year, when the family moved away and I have never heard about him since.

On looking back on that case I realize that Dr. Thacher and the white powders soon faded out of the picture, and a feeling of personal pride and satisfaction grew, and the check—a fairly large one for me in those days—I felt was well earned.

Months later when I was in the doctor's office, came the same question: "Any interesting cases on hand?" For some months I had been treating an eighteen-year-old girl for severe dysmenorrhœa. She suffered the most severe cramping pains and had to spend the first day of the period in bed every month. The only relief I had succeeded in giving her was by prescribing *viburnum prunifolium* compound and whiskey, and each time she seemed to require larger doses. As to preventing the recurrence of the trouble I had already considered and suggested dilatation and curettage, and she and the family had about decided in favor of the operation. I told Dr. Thacher about this case, but he was not so sure of the remedy this time. He said, "I think we can help her, if you wouldn't mind getting the answers to a few questions so we can tell just what remedy she needs." I agreed to do this without any particular interest or enthusiasm—more for the doctor's sake than for the sake of the patient.

He wanted to know: Whether the pain preceded the flow or only came on after the flow was established? What kind of pain it was, whether bearing down, cutting, cramping, burning, etc.? Was the pain continuous or intermittent? What gave the most relief? What was the effect of heat, cold, motion, pressure, etc., on the pain? What position in bed did she assume during the pain? What did she think caused the trouble in the first place? When was the first menstruation, and did she suffer in this way from the very first time? Just where was the pain most intense, back, front, or on which side? Did she want more or less covering than at other times?

I sent for the patient to come to the office and got answers to as many of the questions as I could. I found out and noted down that the pain almost always preceded the flow, that the flow was slow and sluggish in starting and that relief only came—usually on the second day—with the establishment of a real free flow.

She said the pains would shoot all over the abdomen, but were always worse over her right ovary. The pains came in spasms and were more cramp-like than anything and almost drove her frantic. The only relief she could get was by bending almost double and holding a hot water bottle tightly to the lower abdomen. She couldn't stand any uncovering and wanted the room warm. She said the trouble began after a long exposure to cold during menstruation. She never had any trouble from the first menstruation which occurred at thirteen years of age until that exposure.

After reading over this data, Dr. Thacher said with all the assurance in the world: "That girl needs *Magnesia phos.* (Phosphate of magnesia). Do you mind if I fix up a few powders for her?" Of course, I didn't mind. I wouldn't hurt his feelings for anything and of course it was kind of him and so I let him put them up. As I left his office, he said: "You might stop all other treatment and give the powders a chance. Let her start them at the first onset of the pain." So I carried out his suggestion and gave the patient the medicine. It was some time before I heard from her. One day she came to the office and said: "Doctor, I want more of those powders. They were wonderful. I have had the easiest time I have had for two years," and she meant just that.

Of course, I had none of the medicine on hand and had to invent an alibi. I told her that was very special medicine and I would have to send away for it. Well she said, "I don't want to be without it next time." Again nothing to do but go to Dr. Thacher, report and ask for more powders. Somehow there was a feeling of annoyance associated with the idea, but I had it to do and did it. Again the pleased look on the doctor's face, and more powders, but very little was after all said about the case. If I recall correctly, I think I was in more of a hurry than usual that day. However, I appreciated his kindness, in words if not in fact, and sent the little white powders to the patient.

That was over ten years ago, and that patient and her entire family still call me whenever they need the services of a physician. After three months she was completely cured, and has never really suffered during menstruation from that day to this.

Still I gave homœopathy no serious thought, although I took

particular care not to mention these experiences to any one. The next time Dr. Thacher asked about interesting cases I didn't have any, and soon got the conversation turned to the war which was still raging in Europe. In fact it was some time before I felt inclined to discuss my work with him, although he always showed a genuine and sincere interest in my progress.

However, one day he asked the same old question again, and I was having trouble with a case, a man of middle age suffering from gastro-intestinal disorder, and I was beginning to fear cancer of the pylorus with possible metastasis to the liver. He was very sallow. He could eat only the least bit of food—as he expressed it, he would go to the table hungry but a few mouthfuls would fill him up and he could eat no more. There was almost continuous belching of empty gas. He had a sticking feeling in the gall-bladder region and was very tender in the right lower quadrant of the abdomen. He was about to give up his work. He said: "Doctor, if quitting time only came at three o'clock I would be all right, but by four o'clock I am all in, and I don't pick up until nearly time to go to bed." I had given him *nux vomica* and tinct. of gentian. Also iron and arsenic, likewise, a little Hg. and K. I. "on suspicion", although his Wasserman was negative. The x-ray was also negative and there was no palpable mass in the abdomen. Still he simply did not respond and continued to lose ground. I outlined the case to Dr. Thacher about as I have here described it. He said: "What else does he complain of?" Then I recalled that the man suffered from severe right-sided headaches and he would either wake up with this headache or else it would come on late in the afternoon. Dr. Thacher said: "You have a very interesting case here. Let's see. His complaints are mostly right-sided—head, liver and lower quadrant of abdomen. He has easy satiety or sudden repletion when eating—a few mouthfuls fill him. He suffers from a great amount of gas. His time of aggravation is from 4 p. m. until some time in the evening. Probably it is from 4 to 8 p. m. You say he is very sallow in appearance. Why, that man needs *Lycopodium*." (*Lycopodium clavatum* or club moss—often used as a dusting powder and generally considered inert.) He couldn't have named a more helpless or hopeless remedy according to my way of thinking.

The doctor took down a book and showed me the symptoms listed under *Lycopodium*. Now he said: "Doesn't that look like your man?" I read over the symptoms and sure enough not only were the ones there that I had told him about but, to my amazement, a number of others almost in the same words the patient used in describing them. "Fits him like a glove", said Dr. Thacher. "Do you mind if I let you have some of the remedy to give him?" This was really interesting and I said, "Sure, I will give them to him."

Never have I seen more prompt, clear-cut results or a more appreciative patient. When the time came to ask for more powders I was in a vastly different frame of mind. The other two cases now stood out along with this one, in sharp contrast to the results I was usually getting. I said: "Doctor, you have cured three cases for me, sight unseen, and they have been such striking cures I cannot ignore them. I thought it was time for the first man to get well, medicine or no medicine. The second I thought was a fortunate coincidence but three is one too many for me. I would like to read up on homœopathy."

My good friend, the doctor, wasted no time in handing me two books and said: "Read these over. I'll start you easy so you won't get indigestion." Those books were *Leaders in Homœopathic Therapeutics*, by E. B. Nash, and *Homœopathy in Medicine and Surgery*, by Edmond Carleton. I studied these books and talked homœopathy early and often. Soon I had a pocket case containing thirty remedies and started in earnest to try my hand at Hahnemann's proposition that "like cures like", and found as he did, and as every other man finds who will give homœopathy an intelligent and honest trial over a reasonable period of time, that the Law of Similars is indeed one of the fundamental laws of nature, and one of the most easily demonstrated of these laws. But to understand and comprehend this law requires a sincere and gigantic effort of mind. It requires the laying aside of personal prejudice and conceit—an almost superhuman task.

Homœopathy has developed a vast materia medica through a system of drug provings on human beings. A group of men and women of good average health are selected. They constitute the provers. The provers are given minute and frequent doses of a

certain drug until they are brought under the influence of that drug and begin to express symptoms. A few receive blanks. These are the "controls". Before beginning the proving each person writes down any symptoms he may be experiencing. This acts as an additional check or control. After beginning the proving each person, including the controls, must independently write down every symptom observed. The symptom must be described in full in simple lay terms. Its time of onset, its duration, and time of cessation, also especially what aggravates and what ameliorates the symptom. Any symptom which nearly all the provers, but none of the controls express, is called a characteristic symptom of the drug. In this way by patient and repeated provings, a clear picture or image of the drug is gradually brought out.

Drugs have as definite a constitution and personality as have people, and after becoming acquainted with them it is just as easy to distinguish between *Nux vomica* and *Digitalis* as it is to differentiate Mr. Brown from Mr. Smith when once you have come to know them.

When called to see a case, we try to get all the symptoms of the patient. Having gotten in mind or on paper an image of this particular sick patient, the question then arises what remedy in its proving has produced essentially similar symptoms. If that question can be correctly answered we have found the similar or homœopathic remedy for that patient.

In all cases of illness we are dealing with the patient plus the disease and not with the disease *per se*. The disease is modified or warped by the constitution of the individual patient. Hence the frequency with which we meet the so-called atypical case and how seldom the text book picture of the disease.

What about the curative results in homœopathic practice? Let us take pneumonia as an illustration. The generally conceded death rate in pneumonia is 20 to 25%. Allow me to suggest that you give your pneumonia patient *Placebo*—no treatment whatever—except the common sense care that any wife or mother can give, and watch your death rate drop to less than 10%. Then try homœopathy honestly, patiently and intelligently, and your death rate in pneumonia will continue to fall, until you have become really proficient in the science and art of homœopathic practice and in that day your death rate will be definitely less than 1%.

The results of homœopathic treatment in chronic conditions have been most excellent. While the disease is still in the functional plane, rapid and complete cure is the rule. Where organic or structural changes have taken place, a cure is still possible, but in inverse ratio to the extent of the pathology. Pathology *per se* is a result of constitutional disorder, and is, therefore, neither an indication for, nor a guide to, treatment.

In homœopathic practice it is not necessary to wait for pathological findings—meet the symptoms of the patient with the remedy capable of producing essentially similar symptoms, and further pathological changes will be largely if not entirely prevented.

PHILADELPHIA, PENN.

PROBLEMS CONFRONTING ONE WHEN FIRST ATTEMPTING TO PRESCRIBE HOMŒOPATHICALLY

ELIZABETH WRIGHT, M. D.

Before discussing the problems of actual homœopathic practice let me show you some of the difficulties in the ordinary practice of medicine which led me to an interest in homœopathy. When I was a student at Columbia Medical School, "P & S" as we called it, in the war time, I was much disappointed at the paucity of therapeutic information. There was pathology and bacteriology galore, and fascinating drill in diagnosis, but being a woman, and therefore a practical soul (I see some of you smiling at women you have met) I hankered after means of cure. Most of what we were taught in therapeutics was hygiene, nursing procedures, diet, hydrotherapy, etc. A large proportion of my class, who had intended to go into general medicine, took up surgery or the specialties because in those fields there was something definite to do for the patients. From medical school I went to Bellevue Hospital for two years' rotating internship, and there again I met the prevailing therapeutic nihilism. Our chief of service was a wizard at diagnosis, but I always felt that an autopsy was fully as acceptable as a cure and much more frequent. One class of patients in the hospital, particularly distressed me; those who had

abundant subjective symptoms and on whom the diagnostic and laboratory pronouncement was, "There is nothing wrong with you". I remember one saying, "Well, doctor, I may be perfectly well, but I know I am sick". And then there were the chronics, not only those with marked pathology but life-long sufferers from "indigestion" or migraine, who had been passed around from doctor to doctor with nothing but temporary relief. Two other problems puzzled me particularly in those days besides the apparently functional cases and the chronics. One of these was the patient with a classically recognizable disease who did not respond to the usual "specific" treatment for that disease. For instance, a young sailor with a severe malaria which no amount of quinine influenced in the least, to the consternation of all the visitings. The other matter which set me thinking was the wide variety of types of a single disease. I used to wonder why the pneumonia in the second bed who was such a strapping specimen, and had come down suddenly at midnight on the date of admission, was in such mortal terror of dying by noon the next day, (which, I may add, he did, to the surprise of all of us), and why the besotted looking fellow in the next bed, lay on the affected side with his hand under his chest, motionless, gulping two or three glasses of water at long intervals, complaining of the light and snapping your head off when spoken to; and why the pneumonia on the other side of the ward thrashed about so incessantly, especially in the evening, calling for cold milk. Now I know that although these three had the same disease and received the same treatment, they would have responded to three different remedies, *Aconite*, *Bryonia* and *Rhus tox*. But that is getting ahead of our story. My puzzles, then, in my training, were the apparently functional cases, the chronics, the patients who did not respond to the classical treatment of a clearly marked disease, and the varied types classified and treated according to one diagnosis.

Dr. Underhill has told you most graphically and humorously how *he* was led into homœopathy so I will omit my initiation except to say that after working at the *Allgemeine Krankenhaus* in Vienna in the usual way, I was apprenticed for nine months to a homœopathic physician in Geneva where I studied, literally, from 12 to 16 hours a day.

Before he was willing to take me as a pupil he gave me a stiff examination in ordinary medicine, including anatomy, fractures, surgical diagnosis, pathology, bacteriology, and chemistry, and gave me slides to diagnose under the microscope, etc. He then asked me certain questions as to what I thought life was about, why I went into the practice of medicine, what were the chief duties of a physician and so on. These questions perplexed me, as I did not then understand their bearing on the philosophy of homœopathy. He then put to me a leading question to see if I already had any background of homœopathy. It was, "What do homœopaths give for rheumatism?" Having read somewhat in homœopathic literature I answered that homœopaths do not give a remedy for rheumatism or for any disease name or diagnosis (although, of course, certain remedies are more frequently indicated in rheumatic conditions). They give a remedy on the symptoms of the patient who has the disease, in other words on the reaction of the individual in question to any given disease entity. This defines one of the fundamental differences between the homœopathic approach and regular medicine.

Until the physician's mind has compassed the differences between the viewpoints of ordinary medical training and homœopathy he cannot even begin to prescribe homœopathically. Let me enumerate, for clarity, wherein these differences lie. First, as above mentioned, he must grasp the principle of *individualization*. Modern medicine lays a good foundation for this through its interest in endocrinology and psychiatry, but except for obvious glandular imbalances it offers, as yet, no therapy commensurate with the refinements of differentiation. What does individualization mean to the homœopath and how does he arrive at it? It involves a subsidiary new method of case-taking. After you have your classical history, elicited largely by asking questions, you can often make a diagnosis but rarely a homœopathic prescription. For the latter you need to know the *mental* state of your patient, and what the homœopaths call his "*generals*", which mean the things which apply to the patient as a whole—his reaction to heat and cold, wet and dry weather and storms, motion, position, food, etc. You need to know how these same factors affect the specific complaints of your patient, in other words

the *modalities* of his particular disease symptoms—whether his headache is better from hot or cold applications, from motion or rest, from lying or walking, from pressure, or food, and at what time of day it is worse. ("Modalities", in other words, mean aggravations or ameliorations of specific symptoms, just as "*generals*" mean aggravations and ameliorations of the patient as a whole). There is a fourth type of thing that you must know about your patient in order to prescribe homœopathically and that is his rare, peculiar, or characteristic *particular* symptoms. These often appear trivial idiosyncrasies to the patient, things that he has always had, or that no doctor to whom he has told them, has ever been interested in. These often serve as *keynotes* to guide you to a remedy. But of what use is all this additional information about your patient? How does this picture of his personality aid you? You have individualized, but of what use is such differentiation, if you have only a standard treatment for the condition that you have diagnosed?

This brings us to the second great difference between homœopathy and regular medicine. The law on which homœopathy is based, or, if you prefer, the hypothesis, is to be found in the statement of Hippocrates, "*similia similibus curantur*," which Hahnemann revived and amplified. Dr. Stearns has told you how Hahnemann came to apply this law and made the first so-called "proving" of quinine. A "proving", in the homœopathic sense, is experimenting with a drug in minute doses on a relatively healthy human being. The record of symptoms so produced, on a large number of provers of different ages and sexes, constitutes the basis of our homœopathic materia medica. The object of proving a drug is to delineate the drug personality. Each of our remedies is to us a living individual, they are like friends whom one recognizes whenever seen, not only by their grand characteristics but also by their mannerisms and tricks. We now have on the one hand, the drug personalities, and on the other the picture of our patient in his present state. It follows, if like cures like, that we must match pictures and fit the personality of a drug to our patient, administer it, and watch the results. After one has grasped this ingenious theory and learned to put it into practice, it remains only to see it work. I, for one, being a natural sceptic, was

slow to believe the evidence of my senses. Could the astonishing improvements and cures have been coincidence, or suggestion, or faulty diagnosis? There are certain controls which one can use. Put the patient on the proper regimen including diet, etc., and see what that alone does for your condition. Then give *Placebo*, with your best manner. In my experience, in nine cases out of ten, the patient will report no progress. When they are discouraged by this unsuccessful first prescription, give them the remedy you have chosen, the *simillimum*. If you feel reasonably certain that the drug-picture fits your patient, and you have the *simillimum*, in most cases you will see a swift and beautiful result. But these are not the only possible methods of control. There are laws of remedy action which are contrary to anything you could expect in an untreated case. When you see these, you know that your remedy is taking hold. They were formulated by Constantine Hering, one of the pioneers of homœopathy in this country, and are as follows: The curative remedy acts *from within outward, from above downward, and in the reverse order of the symptoms*. Take, as an illustration, a case of rheumatic fever in which, after the customary salicylate dosing, the joints appear to have cleared up but a heart condition develops. Give such a patient the similar remedy and he will complain that his joints are worse again, but *he himself* feels better and you find that his heart is clearing up. You explain to him that the remedy is working *from within outward*; the more vital organ, the heart, is getting well first, and the peripheral organs, the joints, are again involved. Give him nothing but *Placebo*. Shortly he will tell you that his shoulders and wrists are clearing up but that the pain is now in his knees or ankles. Again you see the law of cure in action, *from above downward*, and you wait. You observe that his symptoms are disappearing *in the reverse order of their appearance*, the heart condition which came last, going first. If you trust your remedy under these conditions, your patient will make a real recovery without the annoying recurrences. (If, on the contrary, you found that the joints in the lower extremities cleared up and those of the upper extremities became involved, you would know you were on the wrong track and had not found the *simillimum*.)

One of the knottiest problems for the beginner is the differ-

ent concept of pathology and bacteriology. Homœopaths accept the facts of these branches of medicine. The difference lies in the interpretation. Pathology is an end result of some morbid process. The homœopath is not nearly as interested in the diseased tonsil, the hæmorrhoid, the ovarian cyst, the cancer, the tapeworm, or the psoriasis, as he is in the constitutional dyscrasia behind these. He is not eager to remove the ultimates of disease at once, but rather to cure the underlying cause. In the course of this cure the ultimate will often disappear, as in the case of diseased cervical glands or fibroids. If not, it can be removed when it has become merely a foreign body, and when the constitution is so changed that it will not ultimate itself in further pathology in a more deep-seated organ. Similarly one is taught to consider that bacteria cause disease. The homœopath is more interested in the individual's susceptibility, than in the bacteria themselves. Instead of poisoning the malarial plasmodia with quinine or the syphilitic spirochætæ with salvarsan, the homœopath prefers to stimulate the body to make itself uninhabitable for these organisms, and he does this by means of the similar remedy. To give another instance, instead of killing off head lice with delphinium and leaving the patient susceptible to further invasions, the homœopath gives a chronic constitutional remedy which removes the susceptibility and the lice seek better pasturage.

A fourth stumbling-block for the medical mind is the question of suppression. Discharges and eruptions are ordinarily classed with pathology as something to be gotten rid of by local measures. We are taught to use argyrol in coryzas, to paint cervixes with mercurochrome in leucorrhœa, to stop a gonorrhœal discharge with protargol, to check a diarrhœa with opium or bismuth, to clear up skin eruptions with ammoniated mercury or sulphur ointment or other applications. The homœopath holds that this is suppression, and not cure, that these outward manifestations are not primarily local but an expression of deep disease, the body trying to throw off impurities. They have watched the incidence of more deep-seated troubles following such "suppression". The chronic constitutional homœopathic remedy given to a case which has been so treated, will often bring back the original eruption or discharge with concomitant relief of recent grave symptoms and ultimate clearing up from *within* of the

original discharge or eruption. Let me illustrate with a case from my practice recently. A woman of 45, came to me for suicidal depression, for which she could give no emotional cause. She dated her mental symptoms definitely from the time when she had had a foul, lumpy, green leucorrhœa "cured" by local vaginal applications, a few months before. I gave her a dose of *Sepia* (a remedy made from cuttlefish ink) on her mental symptoms. A week later she returned exuberant, all the depression for which she had been doctoring being gone, and said, "By the way, doctor, I have that awful discharge back again just as it was before". I was delighted, warned her against suppressing it a second time, and gave *Placebo*. The discharge has since lessened and improved in character and she continues, as her husband says, a changed woman. So much for the fundamental differences.

Another problem which confronted me was whether the homœopathic remedy could influence definite chronic pathology. A girl of 19 came to me for severe intermenstrual bleeding. On examination I found a nodular fibroid bigger than my fist. A well-known New York specialist, she told me later, had diagnosed it and advised merely general health measures, as he did not want to x-ray so young a girl. Her chronic case worked out on mental and general symptoms to *Phosphorus*; which happens to be one of the main remedies useful in fibroids. Three months after I gave her this, I sent her to be checked up by the same specialist. He was amazed at the decrease in size of the fibroid and asked her what she had been doing. Six months later he pronounced her normal and sanctioned her marrying.

A further difficulty I experienced was in believing the current statement that homœopathic remedies can do no harm. THEY CAN!

Another problem which one frequently meets in general practice is that of prophylaxis. Strict homœopaths believe that vaccines and inoculations are harmful. It took considerable experience for me to be convinced that the chronic constitutional remedy is the best prophylactic. The whole subject of the chronic constitutional remedy is a fascinating one, but beyond the scope of this paper.

As a last problem comes the practical one which is such a

stumbling-block to students, as to whether one can make a living on homœopathic general practice. Certainly more than half of my patients were not believers in homœopathy, many of them dead against it, but I have found that by up-to-date examination and laboratory procedures, by the actual accomplishment of the remedies, and by adroitly "selling" to the patient the principles of homœopathy without the name, they are intrigued, send you their friends, and become staunch believers in the method.

To all of the puzzling problems outlined above, a satisfactory solution can be found, if one is willing to do the hard work involved in learning enough to get results. I am completely "sold" to homœopathy. When I fail, I know that the failure is *mine* and not homœopathy's, and when I can see a similar remedy for a case, I have, even before giving it, a perfect certainty that good results will be forthcoming.

BOSTON, MASS.

DISCUSSION OF PAPERS ON HOMŒOPATHY AT THE RIVERSIDE MEDICAL SOCIETY

Dr. Maximillian Stern, president, in calling for discussions, said that he felt that he, and all present had come to hear and question, but after hearing the quality of the papers, he had decided to listen and digest.

He called upon Dr. Samuel Morse to discuss the papers stating that he knew he was calling on one acquainted with homœopathy for several years.

Dr. Morse said that he had not sought out homœopathy as Dr. Elizabeth Wright said she had, because of her dissatisfaction with the results of allopathic prescribing in medicine, but that he had been practising the specialty of eye, ear, nose, and throat, for over twenty years from which he had desired and satisfactory results in a large percentage of cases. He felt satisfied and did not seek for any other method of treatment. He felt rather, that homœopathy sought him out of a multitude of specialists in an accidental manner and that was by meeting an old medical acquaintance, Dr. Nathan Schwartz of New York.

Dr. Schwartz told him the way in which he became a homœopathic prescriber. Dr. Morse stated that he remembered what had been said of homœopathy while he was a medical student, namely, that it was of no value and was insignificant. However by frequent contact with Dr. Schwartz some amazing results were seen and verified repeatedly and they were as follows:

1. That very high dilutions such as homœopaths recommend, have decided reactions according to the Arndt-Schultz Law and are not innocuous.
2. The proving of remedies on patients.
3. The remarkable reaction of the *simillimum* by the principle of "*similia similibus curentur*".

Dr. Morse further quoted that Dr. Oliver Wendell Holmes, in a volume called *Medical Essays*, written fifty years ago, criticized homœo-

opathy very thoroughly and was well versed in the subject of same, but had no actual experience with its practice. He also quoted that Dr. Fishbein, editor of the *A. M. A. Journal*, criticized homœopathy most sarcastically but knew nothing of the subject and had no experience whatever. Some of Dr. Fishbein's arguments were ridiculous and misapplied and one could see that he had no personal experience to be able to criticize a subject based on scientific laws and theories.

Dr. Morse in closing said that he had seen instances of cures by homœopathic prescribing in his own work.

Dr. M. N. Peshkin was called for discussion, and in his own inimitable manner described the analogy of his work, allergy, to homœopathic principles. He pointed out most vividly the theory of suppression causing aggravation by interesting cases, such as children who having had eczema in early childhood, developed asthma, and if anything was done to bring out the eczema, the asthma would get better. He also felt that the dosage and similarity of protein, used in relation to similar causes of asthma, was homœopathic, although not generally known.

In conclusion, Dr. Peshkin complimented the three papers read, and said that they were of such scientific ability, that they would have graced any scientific society.

Dr. M. L. Landman said that he was very much pleased to be at the meeting and was also impressed with the scientific exposition of the subject of homœopathy. He was very much interested in the exposition of the Arndt-Schultz Law as given in Dr. Dieffenbach's paper and that many of the principles therein described, were very much in evidence to him in the subject of immunology in which he was interested, and in closing he appreciated the privilege of having been able to listen in on such an interesting subject.

Dr. Samuel Sobel, in his discussion, said that he had been practising homœopathy for many years and was absolutely convinced of the many things that were claimed and proven. It is interesting to note that while Dr. Underhill was describing certain cases, Dr. Sobel picked out two of three remedies that cured just by hearing the citation of the symptoms. This he said was something that is usually so in homœopathy, namely, that the similar remedy of a case could usually be found to be sure, no matter who examines the case.

Dr. Sobel also gave instances of prominent men from the allopathic world who had practised homœopathy for many years with much more advantage to their patients and themselves.

In closing, Dr. Maximilian Stern, president of the Riverside Medical Society, called upon Dr. Dieffenbach, who was very much pleased with the reception of his paper, and said in closing that the principle of homœopathy and the Arndt-Schultz Law, were things of proven scientific fact and could not be disputed by those who had an open mind to the subject and made proper investigations.

Dr. Guy Beckley Stearns did not have much to add to the discussion because his paper itself expressed everything he desired to say to the gathering of allopathic physicians and surgeons.

Dr. Elizabeth Wright said that she was very much surprised at the tameness and mildness of the discussion, after hearing her paper in particular, which she purposely filled full of fire-crackers in order to raise questions which she was prepared to answer.

Dr. Underhill spoke of some of the details that were incidental to homœopathic prescribing and went on to answer many questions that were asked by numerous men of the audience long after the meeting was closed.

A rising vote of thanks was then given to the readers of the papers and the meeting was adjourned.

LITTLE DOSES—BIG RESULTS! HOMŒOPATHY FOR ANIMALS—II.

PIERRE SCHMIDT, M. D.

THIRD CASE: Motor paralysis following distemper in a German hound dog seven months old, sick for two months with distemper which was manifested by the usual symptoms:

Temperature.

Catarrhal symptoms of the urinary tract.

Dyspnoea.

Purulent discharge from the eyes and nose.

Loss of appetite.

Diarrhoea alternating with constipation.

The owner had given various allopathic pills with ipecac as a base, purges and syrups, without any result except the suppression of certain symptoms and the progressive development of a spasmodic paraplegia of the hind quarters.

The striking features on examination of the dog were:

Spasmodic muscular symptoms.

Trembling of the limbs.

Marked paresis of the hind quarters.

Increased reflexes.

Symptoms only during the day.

The animal drinks little.

Aggravation from cold air.

Aggravation after motion.

Swaying, very uncertain gait.

Repertory study, taking into account the non-pathognomonic symptoms, done with Dr. Ferreol, showed *Agaricus muscarius* as being the remedy corresponding best to the case and alone possessing all the indicated symptoms. In fact, all these spasmodic and parietic symptoms, associated with this curious aggravation from cold, are found in the pathogenesis of this poisonous mushroom.

June 15, 1928, we gave *Agaricus muscarius* 200 dilution, ten drops in one single dose.

Five days after, this dog, who previously could not go up stairs, could mount them although with difficulty. He swayed less but he still frequently fell to the right in walking.

Eleven days after the first dose its eyes suppurred abundantly and the owner, of course, ran to the pharmacy to buy a collyrium which Dr. Ferreol hastened to empty down the sink! The dog no longer fell, although he still tottered a little; he could mount the stairs without difficulty, run, jump and play with other dogs; his general condition was much improved.

Agaricus being supposed to act forty days, and the amelioration having been progressive from the time of the first medication, we allowed the remedy to act and simply advised bathing the eyes with boiled water. Fifteen days after the first dose the animal was cured.

On July 13, 1928, four weeks after the first dose, we again saw the animal who was marvelously well: he walked, ran and behaved like a normal dog. His eyes still discharging a little but we ordered no local treatment as that is a natural vent for distemper which we knew ought to be respected.

All veterinaries know the progressive evolution and the gravity of the nervous sequelæ of distemper. This cure was complete, patent and permanent.

Was the 200 centesimal dilution of *Agaricus* too weak to act in this case? Is this not the confirmation of the law of similars? A verification of the symptoms of this dangerous mushroom? A proof of the undeniable action of high dilutions when they are administered according to Hahnemannian rules? And a plain demonstration that a single dose is entirely sufficient to cure even a severe case, if one knows enough to give the organism time to react to the action of the remedy administered?

Although insufficient from the point of view of numbers, the two cases cited in the previous issue together with this case, which were experiments rigorously conducted, admirably illustrate this great general law, the law of similars. This therapeutic law has an inconceivable bearing on cure; and the imperious necessity of plumbing it and giving it the place of honor which it merits in therapeutics, is none other than the crown and object of medical work. It is this law, together with the cases which have permitted its establishment and confirmed it, which gives to homœopathy the right to be a science and a therapeutic method. Medicaments applied according to this law and studied along

Hahnemannian lines become positive substances whose action on healthy men and whose application to the sick are no longer variables as they are in allopathic therapeutics. No sooner have the remedies of the so-called official school had their burst into prominence and been proclaimed so marvelous at their debut, than they rapidly arrive at their period of decline and disappear without leaving behind them, most of the time, any traces except their inconveniences, one could even say, with the French pharmacologist Pouchet, ". . . their bad results".

On the contrary homœopathic remedies are not subject to the influence of style or an extravagant modernism; once firmly established by experimentation they become medicaments and the homœopathic physicians who know them and use them remain constant to them.

Hahnemann said, in his Prolegomenon to his treatise on *Materia Medica Pura*, written in French in 1834:

Homœopathy rests entirely on experience. Imitate me, says she out loud, but imitate me well, and you will see at each step the confirmation of my claim. That which no materia medica, no system of medicine, no therapeutics has done or has been able to do heretofore, she loudly demands: to be judged according to results.

Homœopathy has never pretended to cure diseases by the same power as that which produced them; she wishes to do it by a power which is not identical but simply analogous, by a medicament which can only produce a morbid condition analogous to the disease.

Take cases of illness one after the other, describe them in the order outlined in the *Organon*; paint them so well according to all their perceptible symptoms that the author of homœopathy, himself, could have no criticism of the exactitude of your picture; and, supposing that these cases are among those for which one can find a remedy in the medicines already proved today, select the medicinal substance which is the most appropriate, homœopathically speaking; give it alone and unmixed, in doses as weak as the doctrine prescribes, while removing all other medicinal influences; and if the patient is not cured, if he is not cured promptly, if he is not cured gently, if he is not cured in a durable way, cover homœopathy publicly with shame, while proclaiming the failure of a treatment rigorously followed according to its own principles. But abstain, I beg you, from all mistakes.

If, after you have acted in good faith, others no less conscientious than yourself arrive at the same results in repeating your experiments, if all that homœopathy promises to him who follows it faithfully is not made good, then this doctrine can be considered as of no account.

Do you know any better method of disproving this doctrine which only needs to appeal to good sense and to minds free from prejudice in order to find access everywhere? Do you wish to obtain the same successes? Imitate me freely and loyally.

GENEVA, SWITZERLAND.

MEASURING MEDICAL PROGRESS

GEORGE ROYAL, M. D.

Most of us have been obliged to ride in a car of a slow train which had to be switched upon a side-track to let the express train speed by on the main track. Most of us also remember that as the express whizzed by it seemed that it was our train and not the express that was making progress toward its destination. Again most of us, while riding on the limited express, have looked out of the window and seen the telegraph poles and trees apparently moving at a very rapid speed in the other direction, going backward. So vivid have been these two incidences that I have, for the instant, taken the true for the false, the moving for the motionless, stagnation or even retrogression for progress. The reading of the magazines and medical journals of the past few months has left a big question mark in my mind about the rapidity and permanency of progress in medical matters. The reading of these articles has also raised another question, *viz.*: Is there any way of measuring and thereby ascertaining the rapidity and permanency of progress in medicine?

I believe we have yard-sticks and steelyards for measuring and weighing evidence on this question. Let us begin by admitting that there has been progress in medicine. Let us take as an illustration the increased span of life. Then let us inquire as to the cause of this longevity. The care of the child during the first 18 months of his life is the most important cause, and of this care the child's diet is the greatest part. The rest is hygiene, and quarantine for prevention of communicable diseases.

Progress has also been good in the treatment of tbc. (4) Here again diet, fresh air and prophylactic care have been important factors. I feel sure that had good homœopathic drug therapy been added to these non-drug therapies, even much greater progress would have been made. Nihilism regarding drugs, both as prophylactics and cures, has cost many lives; and has been one of the greatest obstacles to medical progress. Dietetic, hygienic and physical therapy should have been made auxiliary to drug therapy and not a substitute for it, in treating patients afflicted with tbc., rickets and all similar diseases.

Radio-therapy and electro-therapy should be added to diet, hygiene and prophylaxis. Much more could be said along the same line about progress in the treatment of diphtheria, small-pox and scarlet fever. But what about progress in the treatment of patients with flu, with cerebral hæmorrhage, with the various forms of heart disease, with the neuroses, and with mental abnormalities?

I am fully convinced that the use of the so-called anodynes, nervines, heart stimulants and cigarette smoking prescribed or taken (I say taken because it is fashionable for patients to go to the drug stores, purchase and take aspirin, for example) have done much to prevent progress in medicine.

The above applies to drugs given or taken in heroic doses, doses as large as one dares give and not produce fatal results; not in doses "just large enough to secure the desired effect". Not only has the heroic dose of poisonous "nasty" drugs checked progress by its effects, but has caused a large per cent of our people to lose confidence in the regular medical profession and refuse to take medicine altogether, going for treatment to the drugless healers.

Another great impediment to medical progress is the separation of the physicians into groups of specialists, and then, what seems contrary to that statement, the combination of specialists into groups of physicians. The reason that specialists are an impediment to medical progress is not due to the fact that they are specialists, but to the manner in which and the motive for which they become specialists. Many specialists have gone, at once, after securing their license, into their chosen specialty without any experience as general practitioners, as family physicians. As a result every symptom or condition of every patient seems to emanate from the organ of which they are specialists.

The motive for being a specialist instead of a general practitioner, as many have confided to me, is that they can get more money and at the same time have more time for tennis, golf, motoring, etc. To use the expression of many, "so that my nose will not be on the grindstone all the time".

The laity judge all specialists by the pretensions, lack of

preparation and paucity of good results of the unworthy members of the various groups of specialists.

The idea above hinted at is most forcibly and fully illustrated by Daniel E. S. Coleman (6) in his article "Superior Clinical Knowledge Only Obtainable in Private General Practice", and by O. S. Haines' "Adventuring in Medicine" (2). This fact is further demonstrated by Wingate M. Johnson (10) in his article "A Family Doctor Speaks His Mind". The laity use as their mouthpiece Lloyd Morris in his "Mammon M. D."

The tweedledee and tweedledum arguments, made by the "scientific investigators" into the minute and final chemical changes which take place in the ultimate infinitesimal division of cellular structure, are other serious impediments to progress. This is well illustrated by Irwin H. Myers in "Socrates Up-to-date". (9)

In closing I wish to add something to Dr. Coleman's idea and make it apply to all teachers in our medical colleges. (1), (6) I maintain that to be a success in his department one must not only have been, but must still be, an active practitioner of what one tries to teach.

The idea that anyone who never had nor now has a private practice, can teach the properties of a drug: how the knowledge of that property was obtained, or how that knowledge can be applied for curing or relieving the sick, seems to me not only an inconsistent, but an insane idea. Imagine, if you can, putting at the head of the department of surgery one who had never performed even a minor operation and let him, after exploring the technique of the operation for gastric ulcer, take up his instruments and say to the students, "Now watch and see me do it!"

Imagine the professor of obstetrics with similar qualifications successfully teaching his students how to determine the position or how to adjust the forceps and deliver the head!

SUMMARY.

From the evidence presented by those named in our bibliography and others we form the following conclusions:

1. That the instrument used for measuring medical progress

is public opinion, as expressed by the profession and the laity. (1-12)

2. That the greatest progress has been made in diseases of children and communicable diseases.

3. That the factors contributing to progress in the above diseases are diet, hygiene, physical-therapy, electro-therapy, radio-therapy and general prophylaxis.

4. (a.) That little or no progress has been made in the treatment of cancer, syphilis, diseases of the heart and circulatory organs (especially cerebral hæmorrhage) and of the nervous system.

4. (b.) That the hurry and worry of our American life is the cause of failure of progress in these diseases.

5. That progress has been impeded by the use of anodynes, nervines and stimulants given in heroic doses and unpalatable preparations.

6. That progress has been impeded by forsaking the old, tried and well proven drug therapy and substituting therefor the new, unknown and impossible drug therapy. (12)

7. The improper teaching in our medical colleges by those who have no practical knowledge, (knowledge acquired by experience) of the subject they attempt to teach. (1)

8. How to remove the impediments and hasten progress in medicine are suggested in the above and need not be stated.

BIBLIOGRAPHY

1. T. H. Carmichael, "Homœopathic Prescribing," a review, *Hahnemannian Monthly*, April 1929.
2. Oliver S. Haines, "Adventuring in Therapeutics," *Hahnemannian Monthly*, April 1929.
3. Agnes Repplier, "The Public Looks at Pills," *Atlantic Monthly*, April 1929.
4. Louis J. Dublin, "The Conquest of Tuberculosis," *Harper's Monthly*, April 1929.
5. H. A. Roberts, "Whither Are We Drifting?" *Homœopathic Recorder*, March 1929.
6. D. E. S. Coleman, "Superior Clinical Knowledge Only

Obtainable in Private General Practice," *Homœopathic Recorder*, March 1929.

7. Edward J. Martin, "Shall Doctors Rule Us?" *Harper's Monthly*, March 1929.

8. Thomas Parran, Jr., "Management of Syphilis in General Practice." *Venerical Disease Information*, February 1929.

9. Irwin H. Myers, "Socrates Up-to-date," *Atlantic Monthly*, February 1929.

10. Wingate M. Johnson, "A Family Doctor Speaks His Mind," *Harper's Monthly*, December 1928.

11. W. W. Keen, "What It Costs to Doctor," *Atlantic Monthly*, January 1928.

12. The various articles found in the *Journal of the A. I. H.*, *Medical Recorder*, *Hahnemannian Monthly*, *Mid-West Homœopathic News Journal*, *Pacific Coast Homœopathic Journal*, *Your Health*, *British Homœopathic Journal*, *Homœopathic World*, *La Propagateur de L'Homœopathie*, *Revista de Homœopatia Practica*, *Deutsche Zeitschrift für Homœopathie*. In addition to the above the *Journal of the A. M. A.*, *American Medicine*, and *The Journal of the Iowa State Medical Association*.

DES MOINES, IOWA.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly co-operation between the two organizations.

TRAUMATIC HEMIPLEGIA CURED BY HOMŒOPATHY*

GEORGE E. DIENST, M. D.

We are often perplexed by those paralytic conditions that come into our offices from time to time. In January 1926 one of our real estate men, who had been apparently always in good health, came into my office dragging his left foot. I noticed too that his left arm swung rather helplessly, the left eyelid was closed, and he had it suspended by a little strip of adhesive plaster. His tongue seemed to be pretty thick, he was unable to articulate distinctly, the muscles of the pharynx functioned backward so that when he attempted to swallow the food it would regurgitate through the nose; that was especially true with drink. Solid foods he could not swallow.

He was a man sixty-five years of age, and my first thought when he came in was, "Well he belongs to that overworked class that naturally drifts into these paralytic conditions".

In talking with him a little while, I really forgot the significant feature of the trouble, as we often do. I prescribed for him *Causticum*, but as days and weeks went by, results were negative. He thought he was doing fairly well, but I did not think so. The latter part of February, his sister, an old friend, came into my office and asked me if this man had ever told me about his accident. "No". Then she told me herself, and he repeated later on, that on the Christmas previous, his son-in-law, who had become demented, was taken into his home, as he was unable to support his family. They had two little girls. One of the little girls did something that displeased him on Christmas day and he took the child by the shoulders, lifted her up and bounced her down on the floor as hard as he could. This old grandfather objected to such procedure. The son-in-law is a very robust man, and he struck Mr. Wolfe on the right mastoid, knocked him down, and the old man lay unconscious for an hour and a half, and after he was able to get up, these things came on.

I was very glad to know that. In the latter part of March, I think it was, when I got the secret of the matter, I gave that man a dose of *Arnica* 10M. In about ten days he reported feeling a

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

little better. I let him rest, I think something like thirty days, on that one dose of medicine. Then I repeated my remedy when I saw that the symptoms were about at a standstill, and he bobbed up again and began to improve quite rapidly so that I dismissed him practically cured in April. He was so that he could eat solid food, he could drink without regurgitating through the nose, he could keep his left eye open and instead of dragging his left foot he walked very well.

Last summer, after a year's absence he came into my office walking like a soldier. "Good morning, Dr. Dienst, I came in to let you see how I could walk", and he has walked that way ever since, for I saw him the other day on the street, feeling fine, attending to his work, and with his left eyelid, his left foot, and his tongue all normal.

We cannot dispute what we see. It might look a little fishy that a few doses of a highly potentized *Arnica* would do a thing of that kind, but it did, and this man has been well ever since.

I think that is all that I want to say upon this matter, just to report what the homœopathic remedies will do when properly administered, but I do want to emphasize this other thought: that it is always well to look for *causes*. Had I detected the cause in the beginning it would not have taken so long to get him on his feet.

AURORA, ILLINOIS.

DISCUSSION.

DR. NELSON: I don't know how many of you would guess that I have been paralyzed on both sides of my face, and one eye didn't shut—it stood open. It struck me very forcibly when this happened the first time, on the left side, and I went to Dr. Truss in Columbus and he told me to take *Causticum* 30. He wanted me to see an eye specialist to see whether there was anything wrong with my eye. I did that and found I couldn't see so far with my left eye as I could with my right eye. That was in '94 or '95, along in June. Sometime in '97 or '98 I had the same thing on the other side of the face. I took the *Causticum* again. I had a little osteopathic treatment too.

DR. SLOAN: The potency of *Arnica* brings up a case I had last winter. An old gentleman 85 years old had an automobile accident. He bruised his chest very badly. I saw him and gave him *Arnica* 200th, several doses. They didn't do any good. I gave him one dose of *Arnica* CM. It didn't touch him. Then I went back to the tincture and inside of twenty-four hours he began to feel better. A few doses of the tincture cleared the thing up much quicker than I ever saw a potentized dose do it.

I think an injury is a material condition and is best met by a material dose.

DR. UNDERHILL: Did this man have *Arnica* symptoms?

DR. DIENST: Yes.

DR. OLDS: I think these two cases of Dr. Dienst and Dr. Sloan illustrate very well the fact that you cannot be sure that any one potency or series of potencies is the nearest *simillimum*. In the one case the tincture cured, in the other the 10M, so I think we should be very careful about saying that the high potencies are the only thing, or that the low potencies are the only thing, that is curative.

DR. MCLAREN, JR.: Replying to Dr. Sloan's thought that the material injury requires more of a material remedy, is it not possible that in our considerable variations in the vitality of different people that some people are of a grosser nature and require a crude remedy, and others are of a much finer nature and respond better to high potencies? There may be something along that line too.

DR. UNDERHILL: I don't know that this is the point to take up the question of potencies, but I would like to ask Dr. Sloan how long an interval elapsed between the last high potency and the tincture.

DR. SLOAN: Four or five days.

DR. UNDERHILL: When was the trauma received?

DR. SLOAN: Probably a week or ten days previously.

DR. UNDERHILL: In the matter of potency it seems to me generally the high potencies work better, but there are undoubtedly individual instances where the tincture, perhaps, may prove more effective.

CHAIRMAN DIXON: Do you wish to add anything in closing, Dr. Dienst?

DR. DIENST: Nothing in particular except to emphasize this point that Dr. Sloan got his patient soon after the injury, before there was a chance for anything particularly pathological to develop. Because of that I think his lower potency worked.

APIS IN OBSCURE PARALYSIS

(From a letter by J. Ellis Barker in *Hom. World*, Mar. 1929)

Young woman with paralysis of the legs and bladder and bowel sphincters, due, she insisted, to severe mosquito bites. The experts whom she had consulted laughed at the idea. Her urine was boiling hot, burnt her like acid and the upper legs were the color of a boiled lobster. Instead of giving the lady *Camph.* or *Tereb.*, I gave her *Apis*. After a few days the bladder trouble had cleared up, her walking power, which had practically disappeared, increased miraculously . . . and she feels sure that she is cured. The interesting and most important question arises whether *Apis* is able to counteract poisoning by insect bites and its consequences? That seems to be a very big problem and vast vistas are open to the inquirer. Was the cure a coincidence or not? If it was no coincidence, it may be that *Apis*, *Vespa* or some other insect medicine may cure a number of insect-caused diseases, perhaps even malaria, yellow fever, etc.

POINTERS

We were frankly sceptical concerning the success of the proposed Conference of the American Foundation for Homœopathy in Washington last December. The purely objective eye of a codfish fresh from the banks of a Gloucester refrigerator could not have symbolized more indifference than that with which the writer envisioned the project. "In the first place", he thought, colloquially, "there won't be much of anybody there anyhow" and "they can't get the Doctors to leave their work at this time of the year to go down there". Some undissected impulse sent us off just the same and we must confess to not only happy disappointment but to a lively anticipation of another event of the same kind.

The attendance was not only goodly in number but there was distinction as well for many homœopaths well known for practical homœopathic wisdom and insight and therapeutic exploits were there.

Neither attendance nor personnel were the immediate cause of success, however, and we doubt whether large attendance often contributes very much to it. Large assemblage does give an impression of weightiness, leaders are particularly fond of reproducing the mass or mob spirit, and a certain warmth or liveliness may arise from the process of mere human amplification: but we have seen sizable meetings of various kinds engineered by sturdy elbow men backed up with plenty of omental expansiveness, and yet the proceedings were, to the writer, at least, as lacking in marrow as any bone on the sands of Arizona.

The real reason for the success of the December Conference was that, for the most part, restrictions were off. It was a real conference and forum, the leaders helping to facilitate the exchange of ideas and methods.

If you want to kill the spirit of any artistic or æsthetic proposition all you have to do is to report and resolve and move and carry and parliamentate. It must be quite a vital thing that will not become waterlogged by this process and the more it is mechanized the deader it becomes.

There is more real happiness to the square inch around an

outdoor coffee table or beer arbor or a spaghetti joint of the right mellowness and cuisine than in all the substance that a directors' meeting can provide, that is, for one interested in the practical æsthetics of a subject.

This time mind rather than means dominated. The subject was homœopathics not policies, missions or salvation. Consequently everybody appeared to be refreshed and repaid for the time spent.

It seemed as if everyone might have learned something from everyone else: questions were settled, viewpoints gained, and pointers acquired.

The Homœopathic Survey for January, 1929, contains a number of the sparks that flew from the informal contacts of minds and individual experiences. It was a pleasant and worthwhile adventure.

The editor of the Pointer Department hopes to fulfill a similar function, a genial monthly Round Table, without expenditure of money or time on the part of the epistolatory conferees, but feels that he has failed, for some cause either within himself or otherwise, to put the project across. During the last two months the pointers received from the readers have been scarce as Cadmus' dragon's teeth. But they have been planted, and we await the living harvest. May it people the mails with fecund pointers!—R. E. S. H.

In nine cases out of ten when acute appendicitis comes on with a rush I have found it calls for *Belladonna*.—F. E. GLADWIN.

It has been my experience that I get much quicker as well as better results with the high potencies, 10M and 50M, than I do with 200ths.—F. E. GLADWIN.

Gels. is rarely found of benefit in superficial affections of the eye but is especially adapted to diseases of the fundus and paralysis of the nerves.—C. HERING.

In croup without fever think of *Kali-bi.* or *Brom.*, the latter especially if there is cyanosis.—G. E. DUNHAM.

In post-operative hiccup, worse at midnight, with involuntary urination look up *Hyos.*—G. E. DUNHAM.

Thuja softens hard tissue. Think of it in cases of hypertrophied, horny toe nails.—G. E. DUNHAM.

Merc. i. r. has intense frontal headache above the eyes, in the turbinates and in the facial bones, so that he holds his face in his hands and groans; usually accompanied by catarrhal troubles.

—B. ROY.

For the sensation as if the head were enlarged think of *Arg. nit.*, *Bov.*, *Cor. rub.*, *Dulc.*, *Glom.*, *Lachn.*, *Merc. i. r.*, *Nat. mur.*, *Nux vom.*, *Plat.*, *Ther.*—B. ROY.

Patients who are made sick by the odor of paint may be relieved by cutting an onion in half and placing it in the newly painted room. It will absorb the paint odor in a few hours.—N. CHOUDHURI.

If a cork is too large, cut out a section from the tapered end, squeeze the parts together, and it will slip in quite easily. Corks may be made watertight by being immersed in oil for a few minutes.—N. CHOUDHURI.

Tea stains can be removed with dry salt. [This makes one wonder about *Nat. mur.* as a remedy in tea hearts, and the amount of salt in the diet of a *Sel.* patient, *Sel.* being a great remedy for aggravation from tea.—Ed.]—N. CHOUDHURI.

Silicea has augmented menses with repeated paroxysms of glacial coldness throughout the body.—L. VANNIER.

For afterpains following delivery, with bruised sensation of the uterus, try *Arnica*.—L. VANNIER.

ORANGES AND SCARLATINA

(From a letter by F. J. Wheeler, M. D. to the *Hom. World*,
Mar. 1929)

There is a point about oranges which I have been intending for a long time to send you. About three years ago my youngest child came out with a rash resembling scarlet fever. Some men would have said it was this. The child had been having a lot of oranges, being fond of them. An allopathic friend of mine saw her and said it was some article of diet. On turning to Clarke's *Dictionary* I found the rash and the symptoms clearly defined under orange, *Aurantium*.

EDITORIAL.

From a teaching standpoint, and that of one coming in frequent contact with regular physicians learning to use homœopathy, one of the greatest obstacles is, as often, connected with a most precious aid. We mean the *Kent Repertory*. Invaluable, magnificent and fascinating as it is there is no denying that there are a great many rubrics in it that are rarely used, others which are repetitious and still others which are confusingly placed. The price of the book makes it almost prohibitive for medical students. Its size makes it unwieldy for carrying on the daily round. We have had brought home to us from many quarters the very great need of a small *Kent Repertory* available at say \$5.00, which would contain the main rubrics, following the general present arrangement. Such an abridged edition should, we strongly feel, contain the three classes of remedies as at present. There should be neither change nor curtailing in the remedies given under any rubric. We think that under rubrics to be omitted should be not only those which repeat, those which are rarely used, such as many under Delusions, etc., but also those containing so many remedies and in their nature so general as to be practically useless to the physician, i. e., such rubrics as Sadness, Restlessness, Vertigo, etc. Such an edition should have a brief index and some scheme of collating rubrics having to do with diagnosis such as suppressed gonorrhœa, scarlet fever, hæmorrhoids, etc., and rubrics relating to mental causes which are at present sprinkled all through the book.

The first step, however, would be to ask a number of veteran users of the *Repertory* to typewrite those rubric titles under one section, say Mentals, which they most often use and consider most important. Such a book would not supplant the present *Repertory* but would be, so to speak, a hand-book to it for beginners and for ready reference in a hurry. One cannot carry to the bedside one's entire cabinet of homœopathic remedies, but one can carry a succinct little case of chosen ones. This is no discredit to those of our remedies which are left in the office. In the same way the portable edition of the *Kent's Repertory* would be of great use on a large number of occasions and one would always have to refer to the fuller original book.

We should be glad to have our readers and correspondents write us their views on this subject.—E. W.

COMMUNICATIONS*

To the Editor of *The Homœopathic Recorder*:

I was very much interested in the answers to the question on *Sepia* but I see that none of the homœopaths exactly understood the question and the answers were not clear. I have found an explanation of this question in the *Life of Samuel Hahnemann*, written by Haehl (II, 249), where he speaks of intercurrent remedies and says that in psoric cases it is sometimes useful and even necessary to interpolate a complementary remedy between two doses of the fundamental remedy. In the case of *Sepia* this means that in order to obtain the full result one must, in the course of treating a *Sepia* type, introduce one or two intercurrent remedies, after which *Sepia* will act better. It is clear that Kent's experience with remedies in high dilution seems to show that a remedy that really corresponds to the symptoms never needs an intercurrent. At all events, the old practitioners held, I am sure, that, of the patients under their care for chronic troubles, there was but a small proportion who could be completely cured by the use of only one remedy. The single remedy is the ideal cure, but despite variation in potency it is sometimes necessary to call upon another remedy to complete the action of the first.

PIERRE SCHMIDT, M. D., GENEVA.

To the Members of the I. H. A., through the courtesy of *The Homœopathic Recorder*:

I have learned with astonishment and regret of the nomination of certain doctors for membership in the I. H. A. They are "complex homœopaths" whose practice is a mixture of several brands of homœopathy even when they do not give some allopathic treatment besides! Up to this time I have felt it a very great honor to belong to an association which stood for *pure* homœopathy and I feel that the I. H. A. owes it not only to its standards but to its members to maintain a strict criterion among its fellowship, and to take the necessary precautions to learn the quality of the practice of its prospective new members.

With a strong plea for the maintenance of the strict standard of the I. H. A.,

Fraternally yours,

PIERRE SCHMIDT, M. D., GENEVA.

WHAT'S IN A NAME?

Editor of *The Homœopathic Recorder*.

Dear Editor:

In the December issue of the *Recorder*, the question is asked by Dr. E. B. Lyle of Brookline, if anyone can suggest a better name than "allopathic" for the so-called *regular school* of medicine. It seems to the writer that this query opens up again an oft-discussed question. Of course this does not involve the various terms, such as Hahnemannian, Homœopathist, Homœopathician, as contrasted with such contrary terms as half-homœopaths, pseudo-homœopaths, non-homœopaths, *et cetera*. After all, what better term may we apply to the non-homœopaths (to use Dr. Lyle's term) than that of the *Old School of Medicine*? *Regular school* is certainly not the proper term, nor are any of the others which the Doctor enumerates.

Let us therefore call attention to Hahnemann's writings on this subject. Hahnemann, be it said, prefers the Greek term, *allæopathia*, and its

English equivalent, *allæopathy*, and the terms "former school of medicine", i. e., those prior to homœopathy in point of time. Reference to these terms is found in his introduction to the *Organon*, particularly in the first American (sometimes spoken of as the Allentown) edition of the fourth German edition, translated by the eminent scholar, Samuel Stratten of Dublin. This edition is the only English edition, to our knowledge, that uses the correct spelling of the term—allæopathy. All other editions have dropped the entire diphthong, thereby not only, in this simplification, emasculating the spelling but perverting the original meaning. This edition contains Hering's masterly preface. If the true term allæopathy be used, as it appears in the context of Hahnemann's original writings, i. e., in contrast to the name of the new school, *homœopathy*, it will become self-explanatory.

Hahnemann's deductions make this clear when he states (Stratten edition, *Introd.* p. 43)—here using both the correct spelling of *allæopathic*, and the correct methodological interpretation of the Latin formula *similia similibus*, about which there has been so great contention: "Observation, reflection and experience have unfolded to me that, in opposition to the old allæopathic method, the best and true method of cure is founded on the principle, *similia similibus curentur*. To cure in a mild, prompt, safe and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar to that against which it is employed."

Hahnemann's preference is really in favor of the term "old school", and this to emphasize that for long employed in the early days of homœopathy—the "new school", in direct contrast to the older method of time-honored medical practice. If it be examined with an unbiased mind, it will at once be evident that neither of these terms is in the least opprobrious, both allocating to the other definitive terms which are merely historical, and qualitative, rather than polemical and contentious.

Hahnemann further speaks of homœopathy as: "the sole therapeutic law of nature—*cure with medicines that are capable of exciting symptoms analogous to those of the disease itself*".

Let us adhere, therefore, to Hahnemann's term "old school", rather than to the term "regular", or others as meaningless; and if we use the Greek form, use the correct term *allæopathy*, instead of the hybrid, incorrect and meaningless term, *allopathy*. In the use of homœopathic terminology, let us strive, insofar as possible to use words in their original intent, and in the purity of their derivation.

B. C. WOODBURY, M. D., BOSTON, MASS.

SYMPHYTUM IN FRACTURED RIB

THOMAS SIMPSON, M. D.

Tom Wain, chimney sweep, slipped over a polished floor, causing fracture of the third rib. A broad bandage tightly applied to the chest wall kept the pain from causing him to exclaim during deep breathing and from my own experience long ago I found *Symphytum officinalis* 3 to be the specific remedy—affording immediate and permanent relief.

CARRIWITCHETS

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

26. One of the answers to Question 17 states that a proving of *China* would be accentuated by a malarial mosquito bite if the prover were tubercular. Why? Is the predisposition to malaria of tubercular origin?—E. WRIGHT.

27. Is heart trouble more likely to have a sycotic background rather than a syphilitic or psoric one?—E. LYLE.

28. Is a patient who has had a great deal of crude drugging likely to be sluggish or hypersensitive for that reason, and how would this influence the potency you would give?—E. WALLACE.

29. One of the students in my homœopathic clinic asked me just what the homœopathic remedy did to the protoplasm of the body cells to get its action? How would you have answered this?—E. WRIGHT.

30. What are the homœopathic implications of isomerism?—P. SCHMIDT.

31. What other remedies have aggravation after sleep except *Lachesis*? Is there any medicine which has the peculiar symptom aggravation after sleep which also will be complementary to *Lachesis*? If *Lachesis* 6x is to be used, at what stage of the disease is it used? Does the lower trituration of *Lachesis* possess any peculiar permanent effect on the nervous system?—BELA ROY, CALCUTTA. (repr. from *Hom. Bulletin*)

32. Two children, aged three and five, ate several seeds at 10 a. m. Four hours later they began to vomit, continuing to do so almost unceasingly for six hours. The substance vomited was thin, watery, foamy, slightly dissolved yellow, with the odor of green willow, and contained some thin glairy mucus. There seemed to be no retching or nausea. The attacks were sudden,

violent, over quickly only to begin again. During the intervals which were of only a few minutes' duration the patients lay listless, clear mentally, but too exhausted to give attention to anything. Their faces were pale and bathed in cold perspiration. Pulse was thin and thready. They complained of thirst and some pain or distress in the epigastrium. After vomiting for about four hours, they began to have frequent watery, painless evacuations from the bowels, purging and vomiting at the same time. The vomiting ceased at 8 p. m. and the diarrhoea after midnight. The following day the older child brightened up, took a little food, and from then on rapidly recovered. However during the following three months he had occasional attacks when he vomited yellowish watery substance with the characteristic odor of green willow. The other child lay lifeless for three days, refusing all food, after which he began to improve and made a slow recovery. What drug in our materia medica is capable of producing the above symptoms, and what will you prescribe for the above cases? Your answer, please.—V. SUBRAMANIA IYER, CALCUTTA. (repr. from *Hom. Bulletin*)

ANSWERS TO QUESTIONS IN MARCH ISSUE.

If a patient who has been on Sulphur calls unmistakably for Lycopodium may you give it, or should Calcarea be interposed? If you do give the unindicated Calcarea will it have any effect at all? Could it harm the patient?

—If a patient has had *Sulph.* and it has removed the *Sulph.* symptoms and conditions, and by their removal has paved the way for the development of a *Lyc.* condition I certainly would give *Lyc.* as I have often done without injury to my patient.—G. E. DIENST.

—My practice is always to give the *indicated remedy* regardless of theories.—DR. —

—If a patient who has been on *Sulph.* calls unmistakably for *Lyc.* then *Lyc.* is the only possible remedy for that patient at that time. Otherwise where would be your law of similars? However *Lyc.* should not follow *Sulph.* immediately as a general rule. Experience has shown that the usual sequence in chronic dis-

eases is *Sulph.*, *Calc.*, *Lyc.* but there are possibilities where *Lyc.* might be indicated after *Sulph.*, as where an acute disease supervenes, or where in a chronic condition no improvement was had under the *Sulph.* If *Sulph.* has been given in one or more potencies with improvement of the patient, do not abandon it until you are certain that it will no longer cause improvement. Then select a new remedy. It is likely to be *Calc.* But if it is "unmistakably" *Lyc.*, then give *Lyc.* A single dose of *Calc.*, if unindicated, cannot possibly do any harm, except, perhaps, to the conscience of the prescriber.—C. L. OLDS.

—It is my opinion that, unless the case be of a very chronic or of a very serious nature, or both, *Lyc.* will follow *Sulph.* very nicely and without untoward results; but should the case be very critical, then *Calc.* should by all means be interposed.—A. PULFORD.

—Give the *Lyc.* Whether the *Calc.* would have any effect would depend on the degree of cellular vitality. If it was of a high degree it would do no harm. If it was restricted by advance pathology it might be destructive and require antidoting.—J. WAFFENSMITH.

—The law of similars requires that we give the *indicated remedy*. Symptoms are more important than sequence. Just what harm the *Calc.* would do when thus interposed is pure conjecture. The patient may recover in due season, but if the symptoms call for *Lyc.* do not expect *Calc.* to cure.—E. UNDERHILL, JR.

Is it true that lower potencies antidote higher ones, and if so, why?

—Any remedy or drug capable of arresting or disturbing an action or movement once set in motion, may be antidotal. Thus, a low potency may completely upset or displace the action of a higher one.—DR. —

—It is not true that lower potencies antidote the higher ones, but it is true that where the lower do not act and the remedy is still indicated the higher potency will act. Witness, for instance, *Acon.* high in acute inflammation of the lungs.—G. E. DIENST.

—Experience has shown that the high may antidote the low

and the low the high potencies. At least this appears to be so. Why it is so I am unable to explain.—C. L. OLDS.

—No! A potentized remedy acts at once just as the strike of the finger on the piano key acts at once, and what follows is merely the continued result of that action. All that the next remedy can do after the action of the first remedy is extended is to protect the system against the effects of the further results of the action of the first remedy. Thus, all that any potency can do, whether high or low, is to change the course of, or stop the results of, the action of the first remedy; for it is too late to antidote a thing that has already passed away and gone.—A. PULFORD.

—It has been a matter of frequent observation that a low potency of a given remedy will antidote a higher potency of the same remedy, but I am not so sure that all will agree that such is invariably the case. More observations along these lines are needed. The *simillimum* when given in single potency starts a cycle or wave of action. This cycle should be allowed to finish its course without interference of any kind. However, in cases with advanced pathology or in extremely sensitive persons the remedy may over-act or produce a destructive aggravation. If the symptoms still call for the same remedy give it in a much lower potency and theoretically at least it should check or stop the action of the higher potency but note this, if your patient develops symptoms of another remedy give it to him, but in a more cautious (lower) potency.—E. UNDERHILL, JR.

—The lower modifies the over-action of the higher, which continues its action in normal rhythm.—J. WAFFENSMITH.

Is Natrum mur. a right-sided remedy?

—See Hering's *Condensed Materia Medica*, page 676 [five right-sided symptoms and seven left-sided ones.—Ed.]—DR. —

—*Natrum mur.* is not decidedly a right-sided remedy. It has an affinity for right and left.—G. E. DIENST.

—*Nat-m.* is not a right-sided remedy. If anything it predominates on the left side. Vide "Bœnninghausen".—C. L. OLDS.

—*Natrum mur.* seems to have no special affinity for either side. It acts equally well on either side.—A. PULFORD.

—*Natrum mur.* acts on either or both sides. See Hering's *Guiding Symptoms*, VII, 593.—E. UNDERHILL, JR.

—A remedy may be either sided. The repertory is an invaluable aid, not an unerring guide.—J. WAFFENSMITH.

What would happen if you got a picture of China in a prover and a malarial mosquito then bit him?

—This hypothetical question is entirely beside the mark, especially because the mosquito may not be infected with the genuine type of plasmodium.—DR. —

—If I had a prover proving *China* and a malarial mosquito bit him I would call the undertaker at once, not for the prover but for the mosquito.—G. E. DIENST.

—I think any self-respecting mosquito would shrivel up and die of shame at showing such poor taste. However, if the mosquito happened to be carrying a malaria that was not similar to *China* the tale might not end so quickly. *China* is not a specific for malaria; but only for its own particular kind as revealed by its provings.—C. L. OLDS.

—*China officinalis* is NOT the SPECIFIC for malaria though it may be so considered by some. Should it prove to be the specific in your particular case the system would be absolutely rendered immune to the mosquito bite.—A. PULFORD.

—When the organism is actively expressing symptoms as is the case in a successful proving it will doubtless be more or less immune to various infections. This immunity may be almost complete to malaria during a proving of *China*, *Nat. mur.* and other remedies having the malarial picture. But here again we have our old friend "X"—the individual—be he patient or prover.—E. UNDERHILL, JR.

—It would depend upon the miasmatic background of the person. If the grouping were intensely syphilitic or sycotic there would be no reaction. On the other hand if he were tubercular an accentuation of the proving would possibly result, always allowing for individual variations.—J. WAFFENSMITH.

Could this not be a case of homœopathic acquired immunity against malaria?

—A prover proving *China* is practically immune from malarial plasmodium for the condition of his blood leaves no ground for the development of malaria.—G. E. DIENST.

—Only if the remedy applied be the specific to that particular case could immunity be implied or guaranteed.—A. PULFORD.

—Probably, at least some temporary immunity can be thus acquired, but would *China* always prove to be the immunizing *simillimum* against malaria? I doubt it. This immunization ground is rather shaky at best. Let us get back of Hahnemann's first proposition: "The Physician's highest and only calling is to restore health to the sick which is called Healing". Here indeed is solid ground. But should not the children be protected against diphtheria, small-pox, and other dire scourges? Indeed they should—"and how"? By the indicated antipsoric remedy prescribed on the symptoms each child expresses, and we are still well within the bounds of "The Physician's highest calling". But you say some of them have no symptoms; they are well. What are we going to do then? The answer is simple: "They that be whole need not a physician but they that are sick".—E. UNDERHILL, JR.

—Yes, if *China* is the *simillimum* of the basic complex; otherwise temporary, to reappear as an added part of the future picture of the disease chronicity of the person in question. This allows for the possibility of acute recurrences by subsequent inoculations.—J. WAFFENSMITH.

On what plane would you dose a sluggish patient and how would you know you had a sluggish patient in a new case?

—If this questioner will use his eyes and ears he will know whether he has a sluggish patient or not.—DR. —

—I am too sluggish to understand the meaning of this question. But if it means would I adopt a procedure differing from the usual one, I answer, no. Base your prescription on the totality of the patient's symptoms, using whatever potency (dose) experience dictates.—C. L. OLDS.

—(A)—On a high plane all other things being equal. (B)—Study his temperament.—A. PULFORD.

—Start him on a medium potency perhaps the 30th or 200th.

You will know when you have a sluggish patient if you carefully take his symptoms. A sluggish patient will need a sluggish remedy, like *Carbo veg.*, *Phosphoric acid* and many others. The sluggishness is part of the picture of the patient and therefore of the remedy he needs.—E. UNDERHILL, JR.

—Begin on the 30c plane and be guided in further handling of the case by observation.—J. WAFFENSMITH.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

CALC. CARB. CONGENITAL CATARACT

A. A. POMPE, M. D.

An eight months' girl was brought to me with congenital cataracts pronounced incurable by allopathic eye specialists, who said nothing but operation could help her. She also was cross-eyed. She certainly can see now after three doses of *Calc. carb.*

BOOK REVIEWS.

Medizinsches Taschenwörterbuch (Medical Pocket Dictionary), by H. Balzli, M. D., published by J. Sonntag of Regensburg, Germany, 1926. In German. 307 pp. Price 7 RM. (\$1.75)

This handy little pocket dictionary of medical terms is written for the laity and gives special attention to the words peculiar to homœopathy. For instance, potentization, homœopathic aggravation, psora, sycosis, etc. It also gives very brief biographical data on Hahnemann, Rademacher, etc. No remedies are mentioned in the entire dictionary. Its purpose is evidently to enable the laymen to read homœopathic literature, philosophy and domestic therapeutics books more easily. A special feature is the fact that the author quotes under the definition of any word the paragraphs of the *Organon* which deal with that subject. For instance, under HOMŒOPATHIC AGGRAVATION appears "(s. O. d. H. pars. 58, 161, 248, 276, 277, 280, 282)" There are also references by page to Von Grauvogl, as, for instance, under PSORA.

Unfortunately the number of words dealing with exclusively homœopathic terms and giving references is relatively small. It is astonishing that there is not even a list of the homœopathic remedies anywhere in the book. Also certain words in common homœopathic usage such as "polychrest" are omitted.—E. W.

Lectures on Cholera by R. N. Ganguly, L. M. P., published by the Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India, 1928. In English. Pp. 61. Price Re. 1 (38c).

After a preliminary chapter on the aspect of the disease with a three-page section on the conventional allopathic treatment, the author goes on to take up the exclusively homœopathic treatment of the five stages of cholera. For the first stage he stresses *Acon.*, *Ars.*, *Camph.*, *Carb. veg.*, *Cham.*, *Chin.*, *Ip.*, *Nux-v.*, *Phos.*, *Phos. ac.*, *Puls.* In the second stage he discusses *Verat. alb.*, *Ars. alb.*, *Cupr. met.*, *Sec. cor.*, *Ricinus*, *Acon.*, *Camph.* (*Ricinus* being an unusual remedy to us, I will quote his indications: "Extreme collapse, eyes convulsed and drawn upwards, forehead covered with cold sweat; features contracted, voice very husky, almost lost; pulse normal in frequency but extremely small, sometimes scarce-

ly perceptible at the wrist. Muscles of the limbs and trunks are affected with very painful cramps; cramps in the stomach, great thirst; pyrosis, violent profuse vomiting of matter colored by bile and purging accompanied by burning in the œsophagus, yellowish green vomiting with violent colic, pain in the epigastrium radiating toward navel, pain and sensitiveness over the abdomen, increased by pressure, diarrhœa without pain, stool frequent and watery like rice water and later on mucous.") In the stage of collapse he suggests *Tab.*, *Ant. tart.*, *Crot. t.*, *Ip.*, *Euph. corollata*, *Merc. cor.*, *Aloe*, *Camph.* and *Sulph.* he also takes up. As remedies in *extremis* in addition to some of the above he mentions *Hydr. ac.*, *Naja*, *Lach.* and *Croc.*—E. W.

CRATÆGUS CARRIES ON

H. B. BAKER, M. D.

You certainly will be fooled on heart cases if you just see them once or a few times. I recall such a case. If you had listened to that man's heart you would have thought he wasn't going to live more than a week. We kept him going on the strictly indicated remedy for five or six years, then he got to the point where we put him on *Cratægus* and that carried him along for years. There was a peculiar thing about that case: he could go to the seashore and throw his *Cratægus* away and do anything he wanted to and his heart seemed to compensate. When he would get back to Richmond, in four hours he would be all in. He got along very well until he went to Atlantic City and met a heart specialist. He had two idiosyncrasies, *Belladonna* would shut his eyes up inside of five minutes and *Mercury* knocked him out. The heart specialist gave him calomel—he went to pieces. He lived about six months afterwards, but never recovered his sight. That was a case where just the physical signs and all the general clinical picture was most serious and yet he lived for years that way, and in very good comfort, on *Cratægus*.

CURRENT HOMŒOPATHIC PERIODICALS*

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<i>Silicea</i> in the Treatment of the Ear: The author uses <i>Silicea</i> for auditory vertigo due to hyperæmia and effusion of the labyrinth, so-called Meniere's disease. It is most successfully used after the first, more acute symptoms have been met by a more actively working remedy like <i>Gelsemium</i> . It is used in certain cases of distressing dizziness without Meniere's disease; in cases of over-sensitiveness to noise, ringing and roaring in the ears, pain in the ears; in suppurative cases with carious involvement of bone tissue; after bone surgery when it is desired to hasten a sluggish healing process, or correct some abnormality in healing; in incipient carious processes which can be met and checked in their development by the timely administration of the remedy; in local suppuration slightly within the meatus upon the floor of the external auditory canal, at about the point of juncture of its cartilaginous and osseous portions; in suppuration with caries in the tympanic cavity, and especially when its seat is in the attic of the tympanum; after mastoid operation; in the treatment of long-continued cases of chronic suppuration with caries (<i>Silicea</i> sometimes works well for awhile and then loses its effect. In such cases the author uses as an intercurrent remedy the <i>silico-fluoride of calcium</i> , <i>Lapis albus</i> . He later returns to <i>Silicea</i> and finds its action renewed); and lastly to favor the closure of perforations in the tympanic membrane which are healing too sluggishly. The author uses <i>Silicea</i> in the third and sixth decimal triturations.	
The Menopause: Some Homœopathic Remedies Useful in Treating Its Symptoms: Among the most frequently used remedies are:	
<i>Sabina</i> —Indicated when there is pain extending from the sacrum to the pubes. The blood is partly fluid and partly clotted.	
<i>Secale</i> —This remedy has clots accompanied by bearing down, labor-like pains. The patient is aggravated by warmth and desires to be uncovered.	
<i>Millefolium</i> —Indicated when there is fluid, bright red blood which pours from the vagina. There are no modalities.	
<i>Ipecac</i> —Profuse, bright red, clotted blood accompanied by nausea and distress in the lower abdomen.	
<i>Chamomilla</i> —Always irritable; intolerant of pain; intermittent, dark, offensive, bloody discharge.	
<i>China</i> —Useful in weakness and debility resulting from long-continued hæmorrhage. Pale, sickly appearance; bursting headache, ringing in the ears; coldness; faintness; uterine atony; the blood is dark and clotted.	
<i>Carbo veg.</i> —Degenerated blood, passive flow. Patient cyanotic, cold, desires to be fanned.	
<i>Lachesis</i> —Profuse, black, acrid, offensive blood. Hyperæsthesia of body surfaces. Sleeps into an aggravation.	
For the abnormal mental conditions arising at this period of life:	

- Cimicifuga*—Cannot be aroused from weight of gloom and dejection. Fears insanity and death. Has severe headache extending from the occipital region to the vertex and forehead.
- Cannab.*—Fears death and insanity. Mental exaltation with excessive loquacity and immoderate laughing. Innumerable hallucinations and imaginations. Exaggeration of time and space sense.
- Ignatia*—Conceals her troubles, broods over them. Despondent, sighs deeply, rejects attempts to console her.
- Hyos., Calc. carb., Lach., Stram.*, and many other remedies are found useful according to indications in the mental disturbances.
- The vasomotor disturbances due to imbalance in the endocrine system often responds well to the homœopathic remedy, such as:
- Sulphur*—One of the most frequently used in such conditions. Flushes of heat; empty, weak sensation in the epigastrium, worse at 11 a. m., relieved by eating; redness of orifices of body; patient is intolerant of heat, especially heat of the bed at night.
- Sulphuric acid*—Marked physical weakness and trembling; flushes of heat mostly of the upper part of the body, attended by easy sweating; sweat and body odors are sour.
- Amyl. nit.*—Violent, sudden flushing of the face and upper part of the body, attended by marked redness of the face and a pulsating headache.
- Lachesis*—With the flushes of heat there is desire to loose the clothing, especially about the neck; this is attended by a feeling of suffocation; mentally there is melancholia, especially of the religious type; sadness and depression worse on waking.
- Jaborandi*—Flushing attended by profuse sweating, cold extremities, nausea and vomiting.
- Sang.*—Flushes of heat accompanying right-sided headache; nausea and vomiting of bile; better in open air and by sleep.
- Bell., Glonoin, Calc. carb., Sepia* and many others are useful according to the indications.

HOME AND HOMŒOPATHY

(Calcutta, India: Jan. 1929), IV, 193-232.

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<i>Oral Hygiene of Ancient India</i> : The ancient Indians, including the Aryans and Dravidians, were supposed to possess most excellent teeth and healthy mouths. They and their children were breast fed; they were absolute vegetarians; they lived principally on coarse food, vegetables and fruit; they enjoyed life in the open air and exercise gained in cultivation; they adopted simple but effective hygienic prophylactic measures; there was no heritage of malnutrition for future generations. Herb sticks of such plants as Nim (<i>Milia Azederach</i>) and Mangœ (<i>Mengifera Indica</i>) were chewed regularly night and morning and after meals for about fifteen minutes. All surfaces of the teeth and all spaces were thoroughly cleaned with the chewed brush-like point of the stick. A new stick was used each day. The ancient Indians were fully aware of the value of the astringent, antiseptic, and refreshing properties of the <i>Milia Azederach</i> and <i>Mengifera Indica</i> sticks hundreds of years before the use of modern dentifrices. A simple dentifrice used commonly for many years in India is made up of powdered charcoal or burned almond shells eight parts and rock salt one part.	

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(Calcutta, India: Jan. 1929), I, 161-184.

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(In Bengali)

(Calcutta, India: Jan. 1929), VII, 1-28.

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* <i>Umbilica officinalis</i>	
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- Bio-Chemic Treatment in Various Diseases
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- Umbilica officinalis*: It is a kind of fruit found all over India. Here the constituents of this fruit have been discussed at great length and its uses from the homœopathic point of view in mental diseases, eye troubles, stomach, abdomen, male organs, and fever.

THE HOMŒOPATHIC WORLD

(London: Mar. 1929), LXIV, 57-84.

- The Need for Closer Co-operation Between Surgeon, Specialist and Prescriber
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THE INDIAN HOMŒOPATHIC REVIEW

(Calcutta, India: Nov. and Dec. 1928), XXXVII, 273-320.

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THE JOURNAL OF THE AMERICAN INSTITUTE
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(New York: Mar. 1929), XXII, 181-276.

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- The Action and Uses of *Nux Vomica*. Special Article—I.
L. J. Boyd, M. D., New York..... 253
- *Homœopathy Coming Into Its Own
G. Royal, M. D., Des Moines, Ia..... 258
- Therapeutics of the Pancreas
E. A. Farrington, M. D., (repr. from *Trans. of Hom. Med. Soc. of Pa.*, 1880, p. 339)..... 272
- Homœopathy Coming Into Its Own*: This is a very scholarly article in which Dr. Royal quotes at length from a number of endocrinological authorities such as J. Bauer of Germany, N. Pende of Italy and mentions the work of G. Draper in New York, Martius, Kraus and Moehlig, the point of his paper being to show how much unconscious scientific and practical homœopathy is being used and how much the principle of constitutional medicine is coming to the fore. We need more such articles to bring out the relationships between the orthodox science of today and homœopathic science.

THE JOURNAL OF OPHTHALMOLOGY, OTOLGY
AND LARYNGOLOGY

(New York: Feb. 1929), XXXIII, 43-78.

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LEIPZIGER POPULARE ZEITSCHRIFT FUR
HOMOOPATHIE

(In German)

(Leipzig: Mar. 1, 1929), LX, 81-100.

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*Signs of Illness in the Face—II. W. Held, Ph. D., Leipzig.....	86
Some Forgotten Points in Tooth Prophylaxis A. Pfeiderer, M. D., Ulm.....	88
The Velocity of the Decrease of Blood Corpuscles H. Neugebauer, M. D., Leipzig.....	90
Alcohol and Nicotine—I. A. Zweig, M. D., Hirschberg.....	91
A New Method of Deep Breathing W. Held, Ph. D., Leipzig.....	94
<i>Signs of Illness in the Face:</i> This article deals with the interpretation in terms of the localization of physical ailments of facial expressions which are usually considered psychological. One wonders on what theories Held bases his deductions and what has been the quantity of his empirical data. To illustrate the type of observation: "When a sick child's indifferent expression gives place to brightness, cramps are in the offing; children who smile in their sleep show a tendency to cramps". He then gives one of his sources explaining Jadelot's <i>three facial folds</i> developed through illness: The first or <i>ocular</i> (from the canthus to the highest point of the lower jaw) is a sign of brain and nerve trouble and foreshadows eclampsia, epilepsy, hydrocephalus, and also onanism. The second or <i>nasal</i> (from alae of the nose to the oral commissures) shows abdominal disease, peritonitis, worms, etc. The third or <i>labial</i> line (from corner of mouth down) means chest or neck trouble and often precedes these. The nasal line often occurs in diabetes, gastric cancer, and liver degeneration. The labial line often goes with laryngeal and asthmatic troubles. Next he takes up color: The hectic tubercular malar flush, the darker more diffuse one of pneumonia, the circumscribed bright red below the cheek bones indicating gastric irritation; bright red swelling of the mid upper lip and nose tip betokens erysipelas; dark reddish face, yellow tint around the nose and mouth means stomach or intestine trouble; flickering red or bluish hue with tiny veins on the cheek points to heart involvements, etc. Having covered the look of the face as a whole, Held promises in future articles to give the "language" of the eyes, lips, nails, hair, etc., working up to a semiotic picture, which will be of diagnostic and prognostic value.	

LEIPZIGER POPULARE ZEITSCHRIFT FUR
HOMOOPATHIE

(In German)

(Leipzig: Mar. 15, 1929), LX, 101-120.

The Work the Heart Does O. Hodde, Haan.....	102
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(Palatine, Ill.: March 1929), II, 1-45.

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(In German)

(Berlin: Mar. 1929), IV, 85-123.

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PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Los Angeles, Cal.: March, 1929), XL, 69-95.

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LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon, France: Mar. 1929), IV, 473-528.

*One Year of Homœopathic Veterinary Practice M. Ferreol	478
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Therapeutic and Pathologic Diagnosis: The Responsibilities of the Doctor P. Schmidt, M. D., Geneva.	490
The Medical Treatment of Typhoid Fever J.-A. Lathoud, M. D., Lyon.	500
Demonstration of the Law of Similars by the Four Methods of Induction (from the book by D. L. H. Dejust)—III. C. Montfort, M. D., Mexico.	526
<i>One Year of Homœopathic Veterinary Practice</i> : Ferreol gives a series of cases of convincing cures: an <i>Ars.</i> distemper; a dog with <i>Carb. veg.</i> hæmatemesis with collapse; a cow with prolapse, an ovarian cyst and suppression of milk, which responded to <i>Sep.</i> ; retained placenta in a cow with <i>Bell.</i> symptoms; infectious vaginitis of the <i>Merc. cor.</i> or <i>Nit. ac.</i> types; and a bitch with diarrhœa from going in boats, bilious, late in heat each time, who was cured by <i>Puls.</i> He ends with this fine summary from his case book: "One hundred cases given up by allopaths cured by homœopathy; more than six hundred cases of internal disease treated by homœopathy exclusively with 4 per cent mortality or failure to cure and 96 per cent cures"! His method as inculcated by his teacher, Dr. P. Schmidt of Geneva, he epitomizes as follows: "The single remedy; the infinitesimal, if possible the single dose; strict individualization of all cases; and treatment always in accordance with Law of Similars".	

REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Feb. 1929), XVI, 33-64.

Consistent with Homœopathy D. Vicente Peset, M. D.	33
Cures and Physicians (repr. from <i>El Sol</i> , Madrid) S. de Madariaga.	39
*Rheumatism M. Ramis, M. D.	41
Origin and Curability of Cancer J. A.	60
<i>Rheumatism</i> : Among the drugs and their indications mentioned in this article are: <i>Aconitum</i> —Used at the onset from exposure to dry cold; aggravation in the evening, by heat and by warm coverings; the joints are swollen and painful, the pain being accompanied by an intense restlessness, the patient cannot tolerate the pain; pains are tearing; the fever is high; insomnia is marked; there is great fear of death. <i>Actea spicata</i> —Pains in the small joints of the hands and feet, which prickle when the patient walks. <i>Actea racemosa</i> —Indicated in muscular rheumatism with painful cramps; fleeting, shifting pains; rigidity of the throat; rheumatism of the abdominal muscles; pain like electrical shocks. <i>Ammonium muriaticum</i> —Sensation as if the muscles were shortened and contracted; pain in the heels as if the skin were stripped off; indicated in sciatica; worse sitting, better walking, above all worse lying. <i>Anacardium</i> —Stitching pains in the cardiac region, one after another, quieted for a short time to appear in an extremity; indicated in rheumatic pericarditis. <i>Antimonium crudum</i> —Extreme sensitiveness of the soles of the feet, with difficulty in walking because of this. <i>Apis mellifica</i> —Burning pain; swelling of the affected joints, pale red color; stinging; intermittent fever; alternating sweating and dryness of the skin; smothering as if each breath would be the last; aggravated after sleep; aggravated by heat and touch; ameliorated by entering a cold room and from cold applications. Sleep is restless. <i>Arnica</i> —Attacks the joints, which feel broken or numb or crawling; used in rheumatism caused by exposure to dampness and cold; soreness of whole body. <i>Belladonna</i> —After <i>Bryonia</i> in treatment of polyarticular rheumatism, face is red, carotids full and beating; patient shakes and this aggravates the pain; tongue dry and red with red borders and a white line in the centre, dry mouth also; severe tearing, pricking pains; appear suddenly and after a longer or shorter time disappear as suddenly as they came; aggravated at night; nightmares are common; aggravated by draughts of air, and by uncovering; the eyes are injected, there is photophobia; surfaces of affected parts are hot, red like erysipelas. The sick one cannot swallow, especially liquids; the least sip is rejected on touching the vestibule of the throat.	

Benzoicum acidum—Rheumatism and chronic gout with urinary disturbances; the urine is strong, dark brown in color and of a pungent odor.

Berberis vulgaris—Pains in the region of the kidney and waist; bruised feeling; drowsy sensation with stiffness and pressing pains in the lumbar and kidney region; sensation of bubbling in the renal region; rheumatism and gout with urinary disturbances.

Bryonia—Most used medicine in acute polyarticular rheumatism; aggravated by movement; articulations are red, swollen and the least motion causes tearing, burning, lancinating pains; the lips are dry, the tongue coated or more frequently white and dry in the middle and at the base; there is high fever with chills; the pulse is full and rapid; general sweating; the pains in general run from above downward; aggravated by cough, cold and noise; the temperament is irritable and the patient is easily angered; type is thin, dark in color with a rheumatic diathesis.

Cactus grandiflorus—Indicated in rheumatism with cardiac complications, when there is a terrible sensation in the heart of oppression as if an iron hand were squeezing it.

Calcarea carbonica—Rheumatism caused by having worked a long time in the water.

Calcarea fluorica—Lumbar pain aggravated at the beginning of movement but better from continued movement.

Calcarea phosphorica—Rheumatism in the sacral region which radiates toward the legs; stiffness of the neck, heat in the extremities; these pains appear in changes of weather.

Caulophyllum—Rheumatism of the phalanges, the metacarpals and of the articulations of the feet; chiefly in women.

Causticum—Arthritic inflammation which is aggravated by cold air and is better by heat; stiffness of the articulations; shortening of the tendons, and deformity of the articulations; the jaws are stiff; the rheumatism of *Rhus* is caused by dampness, that of *Causticum* by dry cold; the urine has an abundant deposit of urates; the muscles contract until there is stiffness of the joints.

Chamomilla—Pain which is aggravated at night; the patient cannot sleep and must get up; the affected parts feel numb; the sick one is sensitive to cold, feels sick and has marked nervous irritability. This is manifested when the pains are drawing or tearing with the sensation of paralysis and numbness. He can have temperature and thirst.

China—Harrowing and pressing pains. The sick one wants to be alone, doesn't want anyone near him; skin is hyper-sensitive; aggravated at night; Nash refers to a case of inflammatory rheumatism in which he obtained a great cure from the symptom of aggravation every three days.

Colchicum—Wandering pains which pass from one articulation to another; aggravated in the afternoon or by the slightest movement; the urine is increased and spurts in large amounts from the urethra; violent pains cutting and boring in the chest around the heart with oppression; indicated in chronic valvular diseases of the heart.

Dulcamara—Chronic rheumatism which is aggravated by changes in weather; pains better with heat.

Ferrum metallicum—Localized in the muscles of the left shoulder; pain alleviated by slow movement.

Gnaphalium—Pain of the sciatic nerve alternating with numbness.

Guaiaicum—Administered in time it can prevent the formation of concretions of chronic arthritis deformans; contractions deforming the articulations, aggravated by movement. It should be remembered in syphilitic and gonorrhœal rheumatism.

Hamamelis virginica—Pains as if bruised somewhat like *Arnica*, but this drug acts on the capillaries and *Hamamelis* on the veins.

Iodium—Pains aggravated at night and by the heat of the bed; patient is emaciated; pain is better on rising from the bed.

Kali bichromicum—The pains appear and disappear suddenly; a good medicine for gonorrhœal rheumatism.

(To be continued)

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris, France: Jan. 1929), LXII, 1-40.

*Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists (concl.)

A. Thooris, M. D.	1
<i>Aurum muriaticum, Baptisia</i>	
J. T. Kent, M. D. (trans. from his <i>Materia Medica</i> , by — Audureau, M. D.)	15
Meeting of the <i>Societe Francaise d'Homœopathie</i> , with List of Members	27
<i>Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists</i> (concl.): Thooris regrets that homœopaths concern themselves more with portraits than with their classification. He suggests beginning the study of classification by morphological study of animals. In the human sphere we must recognize the endocrine classifications and implications of our remedies' morphologies. What is <i>Puls.</i> with its pallor, big lower lip, split in the centre, swollen hand veins, late menses, but a thyroid, suprarenal and ovarian insufficiency? What is <i>Calc. fluor.</i> with its facial asymmetry, mandibular protrusion, with irregular tooth implantation, ligamentous laxity, ptoses and varices, but hypophyseal insufficiency? In the frail skeleton with brown skin, large upper lip, sensation of shortness of the tendons, longilinear type, who does not see <i>Calc. phos.</i> , also hypophyseal with thyroid and suprarenal imbalance added? Take <i>Cocc.</i> , blonde, hot faced with yawning and masseter cramps, and cracking joints, what a picture of thyroid instability. Is not <i>Cupr.</i> the perfect parathyroid? How hyperthyroid is <i>Sulph.</i> with his exaggerated metabolism, hyper-everything, except for the crackings of the hypo. Thooris extends his classification to nations: the Germans being suprarenal, the intense type, persevering, preferring <i>mass</i> ; the French, the thyroid type, speedy, preferring <i>rush</i> . He closes with analogies between endocrinological and homœopathic thinking, both believing that a given drug excites a symptom or cures it according to the dose.	

THE SERVANT OF HOMŒOPATHY

(In Bengali)

(Calcutta, India: Jan. 10, 1929), X, 369-408.

Discussion about *Thuja occidentalis* and Antisyphilitics

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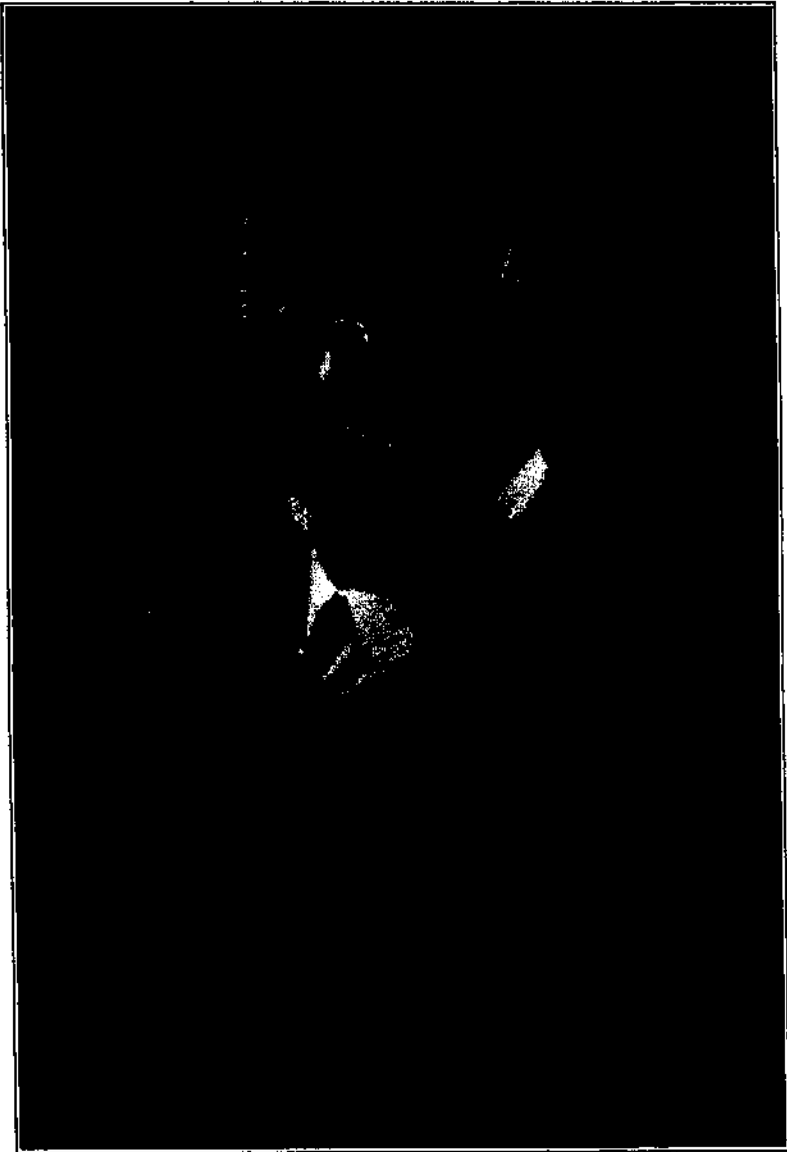
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WANTED—Second-hand copies of Kent's *Repertory*, third edition. Reply to E. Wright, M. D., Editor, *Homœopathic Recorder*, 472 Commonwealth Ave., Boston, Mass.

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CYRUS M. BOGER, M. D.
Parkersburg, West Virginia

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CATECHISM OF THE HOMŒOPATHIC DOCTRINE*

HIGINIO G. PEREZ, M. D.
DIRECTOR OF THE FREE SCHOOL OF HOMŒOPATHY OF MEXICO

PREFACE

The diffusion of homœopathy should constitute an apostleship because it is for the welfare and health of all humanity. It should be propagated in every way possible, together with the irrefutable evidence of its marvelous results, by means that will carry conviction to the hearts of the sick.

The brief pages which I today publish, as heralds of truth and messengers of health, breathe enthusiasm and express sincerity; neither personal interest nor vanity have inspired them, but only the desire to do something good in favor of those who suffer from diseases and who are exposed to the dangers of the empiricism and audacity of the savants who pay practically no heed to the teachings of Nature.

It is necessary to be convinced in regard to the principal part which the deranged organism performs in the healing of diseases and that the physician is wisest when he interferes less and less with that natural effort which by force of instinct is sure, easy and efficient. In all maladies the role of the physician is entirely a secondary one, as he is only the assistant of Nature which is the only power capable of effecting a cure.

What erudite traditionist, with all his science is able to heal up the wound in a corpse? What laureated savant is able to make or create a single simple cell and infuse life into it? Not one of them, neither today, tomorrow, nor ever; because the

(*Translated by Roger G. Hershberger)

secret of life will forever constitute the sphinx of the desert of our ignorance, always ready to be investigated.

But if we have not yet attained absolute truth, we can at least modestly confess that by imitating Nature we approach the truth in all the branches of human knowledge; for homœopathy does nothing but imitate Nature by directing its efforts in the same direction that Nature itself takes, and in this way the medicamentous dynamism is added to the vital dynamism.

The catechistical form which I have given to my pamphlet is an old pedagogic method, but it is always new because the infancy of every science, like the infancy of a human being, is reduced to an uninterrupted series of interrogations which must be responded to for the purpose of satisfying our curiosity or that of the child who is but awakening to intellectual life.

What homœopathy is is asked by everybody before having employed it. In order to satisfy this curiosity it is necessary to answer them in an abridged and categorical manner. This is the object of my catechism, to answer questions and explain everything that refers to the homœopathic doctrine. It will not be easy for everyone to understand its principles and paradoxes, but everyone can test it absolutely without danger and without inconveniences.

Homœopathy is a science of high principles, and in order to comprehend them it is necessary to have an initiation or preparation in the other sciences. In order to understand the celestial mechanism a knowledge of mathematics, mechanics and physics, etc., etc., is necessary, while with reference to every-day astronomy, it suffices to have eyes and feel that the world does not move, to erroneously believe that the earth is the stationary body, and that all the stars revolve around it as in the days of Ptolemy.

It is not easy to convince the man in the street that it is possible to cure constipation without a purgative and that the purgative is always detrimental and aggravates his ailment; for in order to convince him it would be necessary to instruct him in all the medical sciences, and even then, as occurs with the allopaths, they will continue along with their routine such as constitutes their second nature.

To break off habits is as difficult as the ironing out of creases

from a sheet of paper that has been folded and pressed many times. But a start must be made. The clientele of the homœopaths no longer use purgatives and although some hybrid physicians deviate from the straight and narrow road, the majority of them govern themselves in accordance with the principles of homœopathy which bases its ethics principally on that apothegm of universal law: *PRIMUM NON NOCERE*. The first thing for the physician to remember is, *NOT TO INJURE*.

This maxim is strictly observed by all true homœopaths, because we can never injure another with our minute doses and we never inject, purge, cauterize, administer frictions, nor do anything that might redound in detriment to a fellow man.

THE *GLOBULE* is our host or consecrated wafer and with it we offer the eucharistic bread of health.—H. G. P.

CATECHISM OF THE HOMŒOPATHIC DOCTRINE

1. What is homœopathy?

It is the method for healing the sick by means of medicines capable of producing in the healthy organism the same symptoms that they cure in the diseased organism.

2. In what other manner can it be defined?

It is the science and art of healing the sick by assisting Nature in its curative efforts.

3. How can Nature be assisted, or say the deranged organism?

By administering medicaments which produce the same symptoms as is done by the deranged organism.

4. What is to be understood by the healing of the sick?

The restoration of their health in a rapid, mild and permanent manner.

5. What is medicine?

It is the science and art which has for its object a knowledge of both the healthy and the diseased person, and lastly, the preservation and restoration of health.

6. What sciences make a study of the healthy person?

Normal anatomy and physiology, as biological sciences; and psychology, as the science of the spirit.

7. What science is studied for the preservation of the health?

Hygiene. Natural hygiene is that of the organism which is a paradigm of health and cleanliness; and artificial hygiene is that which imitates the other, and applied according to needs.

8. What sciences make a study of the diseased person?

Histopathology and physiopathology: that is, the organic alterations or modifications and the functional perturbations.

9. What science teaches us how to restore health?

Therapeutics, which is the science of indications.

10. What is an indication in medicine?

Galen says, that it is the evident necessity of a determinate action. Or say, that it is necessary to do the most convenient thing for the purpose of restoring health to a sick person.

11. On what are therapeutics based?

On the necessary relation existing between the most appropriate means and remedies, and the manifestations of the disease.

12. How are these relations established?

In the same direction as the symptoms or inversely to them. In the first case there exists a relation of analogy or of homœopathy; and in the second one that of enantiopathy or of inverse action.

13. And where there is no relation existing between the symptoms of the sick person and those of the medicament, what is it called?

It is called allopathy. This name was given by the selfsame Hahnemann to the traditional or empirical method.

14. What is the meaning of the word *homœopathy*?

Literally it signifies: *similar to the malady*.

15. What is the fundamental principle of homœopathy?

That which was enunciated by Hahnemann: *SIMILIA SIMILIBUS CURENTUR*.

16. How is this principle interpreted?

Literally: similars are cured by similars.

17. And how is it to be understood in its broadest sense?

As similar to the response of the organism against the morbid cause.

18. Is the organism capable of reacting for the purpose of its healing?

Not only is it capable, but it is the principal factor in every healing.

19. Who was the first person to make this curative power of Nature known to the world?

Hippocrates, who is justly called the Father of Medicine. His enunciation is formulated as follows: *NATURA MORBORUM MEDICATRIX*. Nature is the physician that cures diseases.

20. From whence did he deduce this principle?

From another more general one: *NATURE* is the master instructor in all the sciences and arts.

21. How is it demonstrated that Nature is the master instructor in all the sciences and arts.

By observation and experience, which are the means employed for the purpose of arriving at a knowledge of the relations existing between the phenomenon and its cause. The laws of gravity, of valences, or of optics, are nothing more than the manifestation of a relation existing between the phenomenon and its cause.

22. What is Nature to the artist?

Art as the realization of beauty, copies from Nature its manifestations and adds to them the soul of the artist.

23. Does medical science require the assistance of Nature?

No science needs the assistance of Nature more than medicine, because without its action a cure cannot be conceived of. The best of sutures would be useless without the vital force that cicatrizes it.

24. How did Hippocrates become aware of the existence of vital dynamism?

By observation and experimentation. The voice of Nature is heard during observation and is interrogated by means of experimentation.

25. Why was Hippocratic medicine not efficacious in spite of being naturistic?

Because it was unaware of the positive effects of the medicaments for assisting Nature in its curative efforts.

26. And who was the genius that accomplished the realization of the Hippocratic enunciation?

The immortal son of Meissen: SAMUEL HAHNEMANN.

27. Who was Hahnemann?

A great physician, a famous chemist and excellent philologist, a native of Germany, born in Meissen on April 10, 1755, and who died in Paris on July 2, 1843. But Hahnemann really is not dead, for he lives in the hearts of all humanity.

28. How did Hahnemann make his great discovery?

He had always harbored the idea that medicaments must have a constant relation to diseases, so he therefore began to experiment on himself the effects of *China*, which is a medicament very much in vogue for the cure of intermittent fevers.

29. And what was the result of his first experiment?

That *China* produced in him the same symptoms that it cured. From this he deduced, after many experiments on himself, that the medicaments were capable of curing the same symptoms that they produced in the healthy organism.

30. How did this discovery impress him?

He was first affected with pleased astonishment, and then came the absolute conviction that the medicaments acted on the organism owing to their analogy with the symptoms of the diseased person.

31. What did he then do?

He communicated his discovery to several of his friends, so that he would be able to continue experimenting on others as he had been doing on himself.

32. And what was the result of these experiments?

The formation of the body of a true materia medica, the wonder of the ages and model of the most logical induction. This work of a Benedictine is the fruit of the closest observation, of the most tenacious perseverance and patience, as well as of the perspicacity of an inspired human being.

33. What did he do with such positive data?

He began to formulate his doctrine which has not been a reformation of traditional medicine, but an entirely new system and a work which founded the school of scientific medicine: Homœopathy.

34. What principle served as the key to this doctrine?

The general principle of the SIMILIA SIMILIBUS CURENTUR.

35. How did he expound his new doctrine?

By means of his monumental work, entitled: ORGANON of the Art of Healing or EXPOSITION of the HOMŒOPATHIC MEDICAL DOCTRINE. It contains 294 paragraphs wherein he sets forth in a masterly manner and in the form of aphorisms and observations all that his observations and experiments had taught him.

36. On what hypothesis did he base his doctrine?

On the substitution of the natural disease for the artificial one as provoked by the homœopathic medicament whose stronger and irresistible action overcomes the natural disease.

37. Is this theory accepted at the present time?

Homœopathy has now passed from the hypothetical stage to that of doctrine, and consequently, it does not now need to base its certitude on theories; but it is based on self-evident truths. If Nature is the physician *par excellence* for the cure of diseases, it suffices that it be assisted in the same direction as its curative effort in order to become fully cognizant of the analogy which exists between the symptoms of the malady and those of the medicament.

39. What is the concept of disease or diseases as held by the homœopathic doctrine?

As diseases are only constituted according to the totality of symptoms that have relation to the organic alterations or modifications, and the symptoms are manifestations of their vitality such as responds to every aggression, it follows that the disease is the manifestation of an effort directed against the cause that provokes it. A lesion is not the disease but the cause of the reaction which constitutes the disease, and consequently, this is an organic defensive movement having a tendency to restore and preserve life.

This indicates that we should never combat the symptoms, but direct them along the same lines as their effort in order to assist Nature which creates, forms, and cures disease.

40. How do we become familiar with diseases?

By close observation and minute examinations of the patients: this is what constitutes clinical study.

41. How many kinds of clinical studies are there?

There cannot be more than two: that which shows us how to find out what the ailment of the patient is, and that which indicates to us the best treatment to be given for his recovery.

42. What do pathological clinics consist in?

In finding the exact relation existing between the totality of the symptoms and the organic alteration or modification. That is, that the clinic is realized when the conversion of the symptoms into signs has been effected.

43. When is the best indication accomplished?

When the analogous relation is established between the symptoms of the patient and those of the medicament.

44. How do the medicaments act on a sick person?

Along the same lines as his symptoms, in an inverse direction or in a different one. In the first instance, it is homœopathy; in the second, enantiopathy; and in the third, allopathy.

45. What is needed in order to insure action on the organism in any direction whatsoever?

A knowledge of the pure and positive effects of the medicaments.

46. And how can this knowledge be acquired?

By means of *pure experiments* which consist in experimenting with the medicaments on healthy persons. That is, on human beings and not on animals, and on healthy organisms, not on diseased ones.

47. Who was the first person to employ this method?

The incomparable Hahnemann. Before his time no one had ever attempted it in the inductive manner as he did. Only in this same way can we become familiar with the positive effects and not with the hypothetical ones of the medicaments.

THE TRUE HOMŒOPATH NEVER EMPLOYS A MEDICAMENT WHOSE EFFECTS ON A HEALTHY ORGANISM ARE UNKNOWN TO HIM.

48. What is pathogenesis?

The complete and detailed description of all the effects as produced by the medicaments when experimented with on a healthy individual.*

*Medicaments are all substances capable of deranging the well person and healing the sick, says Hahnemann.

49. Can the law of the *Similia* be applied without a knowledge of the medicaments?

By no means. Because even when realizing the necessity that exists for assisting Nature in its curative efforts, this assistance could not be given without knowing in what direction the medicaments are going to act.

50. When the medicament is known, what kind of doses should be administered?

The homœopathic doses have been made the object of ridicule and sarcasm by those who are ignorant of their action, or have no knowledge of the dynamic action of matter. The minute doses constitute the superiority of homœopathy.

51. How did Hahnemann discover the power of infinitesimal doses?

By observation and experimentation which are the keys to the unknown. He perceived that heavy doses exacerbated the patients to a high degree instead of curing them and even endangered their lives; whereupon, he began to diminish the doses to a minimum degree, and proved that the medicaments increased in curative power according as they continued to be diluted.

52. What did he do in order to accomplish such repeated dilutions?

The genius of Hahnemann is revealed in everything. Availing himself of an inert vehicle medicinally speaking, as pure water, sugar of milk, alcohol, etc., he set to work to divide up a minimum amount of medicament into 9 or 99 drops of the inert liquid or in a grain of the substance. From this division he took a drop or a grain which he again diluted into 9 or 99 parts for the purpose of forming the second dilution or trituration; from this also he took a drop or a grain and again divided it into 9 or 99 parts in order to constitute the third dilution or trituration; and so on successively he continued to dilute or triturate up to the 6th., 12th., 30th., 60th. potency, etc., etc.

The following numbers respectively indicate the amount of vehicle and of medicinal substance:

1	100	10,000	1,000,000	100,000,000	10,000,000,000
0	1	2	3	4	5
			1,200,000,1000,000		

53. How is the action of the imponderable doses explained?

In the face of facts a negation is impossible. Do the small doses act? No one can deny it. Does colloidal gold act? Let the allopaths answer and also say what amount of gold is contained in a dose of colloidal gold.

54. Why do the homœopathic doses not act on a healthy organism?

Because the healthy organism is not sensibilized by the malady. The deranged organ is very sensitive and in order for it to act in the same direction as its sensibility, this is to be effected by means of small doses. The doses should be proportional to the sensibility of the organism.

55. Can medicinal substance be conceived of as being present in the high dilutions?

Matter is infinitely divisible. The aroma of a perfume remains in the bottle which has contained it after many years. The dissociation of matter in general, as proven by Gustave LeBon, leaves no doubt whatever in regard to the divisibility of matter. The colloidal substances, catalysers, emanations, ions and electrons, are so many other evident proofs of the divisibility of matter. The wonderful part of it all is that the Master of masters in medicine, HAHNEMANN, surprised the world with his great discoveries many centuries in advance of their time, such as had never been dreamed of up to that date.

56. How do the medicines act according to the doses?

Heavy doses act in an irritating, physico-chemical or organic manner; small doses act in a physiological, dyscrasic or stimulating manner; and in minimum or imponderable doses, their action is dynamic; that is, they only stimulate the organism to function in accordance with the necessities of the moment.

57. Can the organism be stimulated without medicine?

Very easily, as experience demonstrates. The mere sight of a quince excites the salivary secretion; the remembrance of a purulent sputum provokes vomiting; and a strident sound can produce vertigo.

58. Are there various forms of dynamism?

Undoubtedly. The attraction of the worlds rolling in space is the most wonderful manifestation of the universal dynamic

force. The life of plants and animals is nothing more than different forms of vital dynamism; and the life of man is the sum total of dynamic energies of a physiological and psychic nature, superior to all dynamism, because with only a very small volume of matter he develops activities which are not in proportion to the amount of matter such as apparently sustains him.

59. If the physico-psychological dynamism conforms the human being, how can we regulate it in case of disease?

By means of medicaments that can develop a similar dynamism, or by means analogous to those which produced the functional perturbation. A luxation caused by a mechanical cause is adjusted mechanically and not by medicamentous means; an incision by means of a suture; and a chemical intoxication by means of a chemical antidote.

60. Are the homœopathic doses infinitesimal or imponderable?

The infinite has no limits while the imponderable is that which on account of its smallness is not capable of being measured, but which can become appreciable through the channel of the senses or by other means. In any dilution however high it may be, a definite though imponderable limit is arrived at. The perfume which a flask still retains after many years is a sign that there remain therein particles of aromatic substance; but the amount of which cannot be measured.

61. What substances are employed in homœopathy for its cures?

Besides all the mechanical and physico-chemical means, it utilizes all the remedies with which Nature supplies us in the three natural kingdoms.

62. How does homœopathy develop the latent or unknown medicamentous power?

By means of friction or trituration which develop latent activities, such as that developed by an electric dynamo in vertiginous revolution. Silicea, gold, amber, only develop their medicinal power when they have been dynamized to high potencies.

63. To what is applied the name of medicinal potency in homœopathy?

To that which is acquired by the medicament according as

it becomes more and more diluted or divided up by virtue of having multiplied its surface area by means of the division. A cube measuring one meter on each of its sides is covered by six square meters of cloth, while one thousand cubes measuring ten centimeters on each of their sides require for their covering 100 meters of cloth. The surface area of action of the medicaments is greater according as they become more and more diluted or divided up.

64. What property is peculiar to each one of the medicaments?

That of developing symptoms or causing perturbations in a manner peculiar to the organism, such as cannot be confounded with any other medicament.

65. Does the medicamentous individuality refer to the selfsame action or to the number of medicaments?

It refers to their selfsame action by virtue of the fact that identicalness between products of different species is impossible. As regards the number it is preferable to indicate one sole medicament in order to be able to know just how it affects the patient; although two analogous or complementary medicaments can be alternated; but not antidotes.

66. What relations exist between the medicaments?

They can be analogous, complementary, antidotal, etc., in view of their similarity of action, because they either complete the picture of the symptoms or destroy the action of the first medicament.

67. How can the medicaments act in connection with diseases?

As *palliative*, as *curative*, or as *prophylactic* medicaments. The palliative medicament is that which calms or moderates the intensity of a symptom and is employed in massive doses; the remedies that heal are the strictly homœopathic ones given in imponderable doses; and the prophylactic medicaments are those which check or prevent diseases. The prophylactic remedy is, or would constitute, the greatest triumph in medicine. It is far better to prevent diseases than to cure them.

68. At what intervals should the medicament be administered?

According to the case and to the criterion of the experienced physician. In very serious cases the doses should be given with frequency; in normal ones when a disease is developing along the lines of its natural evolution, then the doses should be administered every three or four hours at the most; and in chronic cases the doses should be given at rather long intervals. A 30th potency dose of *Sulphur* suffices during many weeks in a case of psora.

69. What is to be understood by morbid individuality?

It is an accepted pathological principle that every animal is afflicted according to its species, and every individual according to his own peculiar nature. That is, that there are no diseases but rather deranged persons, in view of the fact that every deranged person is a singular case and never identical with another. There is no typhus but rather a typhus patient. Homœopathy always and necessarily individualizes, by virtue of which there is sought each time the nearest similitude.

70. How can diseases be reputed?

As simple abstractions and denominations of groups of symptoms, as the name of a dove recalls to our mind all its zoological characteristics. And just as there does not exist nor can exist a particular garb for a whole race or family, neither can there be a medicament for a whole morbid species. A physician has to be like a tailor, having to fit the suit each time according to the body.

71. What are the specific remedies in medicine?

Those which are employed for a whole morbid species.

72. How can the specifics be reputed?

As simple palliative remedies and of dangerous action when they are not correctly indicated and administered in proper doses in accordance with the vitality of each individual; and they cannot be reputed as homœopathic ones in spite of their similitude of origin and action, by virtue of the fact that they have not been experimented with on a healthy person and that they nullify the principle of a morbid individuality.

73. Are the specific serums homœopathic?

Apparently they are; but their action on the healthy organism is unknown, and cross barriers that Nature has completely

closed. When the medicaments have been experimented with through the skin or venous circulation, only then will a medicament be scientifically indicated as being applicable through these channels. Moreover, homœopathy is fully equipped with all kinds of medicaments for all diseases and requires no new ones as empirically used. Our medicaments, upon acting in the same direction and in harmony with the vital energy, develop opsonic potencies and produce a peculiar anaphylaxis.

74. What are chronic diseases?

Those which have a common basis, such as those caused by defective nutrition (scrofulosis), by an excessive nutrition (arthritis), or by a perversion in same (herpetism).

In homœopathy they are considered to have another origin. According to Hahnemann, the chronic diseases are also three in number: psora, syphilis, and sycosis. These originate nearly all the maladies which afflict the human species.

75. What is psora?

It is like the mark of original sin or the atonement for sin, the indelible taint as inherited or left by acquired diseases. All these reveal a predisposition which, like tendencies, lead fatally to determinate maladies. This diathesis is the origin of the major portion of our ailments. Its type is that of the itch, and its typical remedy, although not the only one, is *Sulphur*.

76. How is syphilis considered according to the theories of Hahnemann?

As a diathetic disease indicating the debilitation of the species, and characterized by manifestations of a regression such as invades the whole organism owing to its localization in the blood, which is the fountain of life.

77. And sycosis?

It is like a condition of decadency or sign of natural or premature old age, which manifests itself by excrescences and scabs that come out on the surface of the body for the purpose of eliminating these acrimonies from the organism, which, if they remained on the inside, would shorten life and make it more burdensome.

78. What medicaments are the most homœopathic ones for these predispositions?

For psora, we have already stated that it is *Sulphur*; for syphilis, *Mercury*; and for sycosis, *Thuja*. However, these are not the only remedies. Hahnemann enumerates many others, but the most typical ones are those indicated and even considered as synonyms for such chronic affections.

79. Should the chronic diseases be borne in mind in connection with the treatment of every disease?

They being the supposed basis and origin of many maladies, the patient has nothing to lose and much to be gained through the physician beginning his treatment by modifying the chronic cause which aggravates his acute malady.

80. And with reference to the moral or psychic state of the patient, what should be done?

It should always be borne in mind, especially as our medicaments after having been experimented with have enlightened us in regard to their psychic or moral action; as it is thereby possible to modify the organism, and no one is ignorant of the intimate relation which exists between the organic and the spiritual.

The physician should begin healing the spirit before he does the body. The first act of the physician in the presence of the patient should be that of influencing his thought, leading and encouraging him or her to harbor real hopes such as are always so beneficial and necessary.

81. Did Hahnemann make any mention of mesmerism and suggestion as means for healing the sick?

He did so in a special manner in the last paragraphs of his *Organon*. The Master left nothing unsaid in regard to his doctrine, and to this is due the magnitude of his labor which is the greatest of any that has ever been the fruit of human genius.

82. Who is the true, puristic or orthodox homœopathic physician?

He who adjusts his indications and methods in accordance with the principles of homœopathic science.

Orthodoxy in homœopathy is not dogmatism, but an adherence to the truth which is immutable and eternal. The accident can be modified, but the foundation principles of truth must persist and herein lies true science.

HOMŒOPATHIC DECALOGUE

I.—To adjust all medical indications to the principles of homœopathy.

II.—To prescribe only those medicines as tested by actual experiment on a well person.

III.—To always employ small or imponderable doses.

IV.—To heal the sick and not diseases.

V.—To employ surgery only when the medicaments fail to heal the patient and it is seen to be the only recourse.

VI.—To never employ palliatives when there are indicated remedies.

VII.—To never employ antiseptics *in vivo*, antibodies, tonics, laxatives, nor allopathic specifics.

VIII.—To prefer prophylaxis to medicaments.

IX.—To employ hygiene before beginning treatment.

X.—The mission of the physician should be one of piety and apostleship.

All these laws are reduced to two:

1. To assist Nature in its curative efforts; and
2. To never injure the patients.

SYSTEMATIZATION OF PRINCIPLES OF THE HOMŒOPATHIC DOCTRINE

UNIVERSAL PRINCIPLE OF ALL SCIENCE AND ART

1. NATURE is the master instructor in all the sciences and arts.

2. Medicine as a science should have Nature for its guide: NATURA MORBORUM MEDICATRIX.

3. If Nature is the principal healer of disease, it should be imitated and assisted in its curative efforts: SIMILIA SIMILIBUS CURENTUR.

4. Every sick person owing to his idiosyncrasies is a particular case, because every animal is afflicted according to its species, and in each species every animal is afflicted according to its selfsame nature. *The morbid individuality is a self-evident fact.*

5. Every medicament develops a pathogenesis peculiar to itself. *The medicaments possess individuality of action.*

6. The medicaments act owing to their dynamic action and not as the result of their *physico-chemical effects.*

7. *The imponderable doses develop dynamic action.*

Large doses alter the organism; the small doses excite it; and the minimum or imponderable doses *heal owing to the fact that they add their efforts to the vital dynamism.*

8. It is necessary to add the medicamentous dynamism to the vital dynamism: THE SUM TOTAL OF DYNAMIC ACTION.

9. Every medicament administered in ponderable doses develops first a *primary* or irritating effect; and then a *secondary effect* which is the reaction or that which resists the action of the drug.

10. The palliatives calm the pains of the body because they suspend the organic activities which afterwards become more intense. They do not cure, but only impede the curative movement of the organization.

11. Every disease is the manifestation of an effort directed against the cause that produces it, and a tendency towards the prolongation and preservation of life. Paradoxical as it may seem to some, it is the self-defense of the organism.

12. The mission of the physician is to heal quickly, mildly, and permanently. (Hahnemann.)

SYNTHESIS OF THE ORGANON OF HAHNEMANN

The *Organon* of Hahnemann, as the Code of New Medicine, was first given publicity in the year of 1810, after fifteen (15) years of study and experimentation on the part of the author.

It contains a Preface by the same author which is an arraignment of allopathy, a name applied by Hahnemann to the traditional empirical system.

He then formulates a resume of the allopathic and palliative methods as employed by the schools that have dominated in medicine from the date of their founding up to the time of the author. In this exposition he shows himself to be a great scholar, a severe critic and a profound philosopher, destroying the prevailing errors and erecting over and above these ruins the grand

edifice of his monumental doctrine which will endure down through the centuries.

The *Organon of Medicine*, as he has called it, contains 294 paragraphs in aphoristic form and with brief footnotes teeming with profound conceptions.

The errors of his time are pardonable by virtue of their humanness and in view of the fact that it is impossible to wholly ignore some of the beliefs of the epoch which is being lived.

Hahnemann stood on the threshold of the Hippocratic temple, and if he had penetrated therein he would have found the supreme reason for his enunciation which establishes the homœopathic doctrine.

The homœopathic principle is the realization of the Hippocratic principle.

Subjects which correspond to the numbers of the *Organon*:

Introduction: 1, 2, 3 and 4.

Clinical: 5 to 8 and 83 to 89.

Vital Dynamism: 9 to 16.

Diseases: 17 to 19 and 71 to 82.

Medicaments: 20 to 23 and 105 to 116.

Homœopathy: 24 to 34.

Allopathy: 55.

Antipathy: 56 to 62.

Pathological Antagonism: 35 to 45.

Vaccine: 46.

Natural Laws: 48 to 54.

Artificial Diseases: 47.

Palliatives: 58 to 60.

Primary and Secondary Effects: 63 to 66.

Infinitesimal Doses: 67 to 68.

State of Mind: 96 to 99.

Repertorization: 102 to 104.

Idiosyncrasies: 117.

Medicamentous Individuality: 118 to 120.

Pharmacopœia: 121 to 124.

Experimenters: 125 to 145.

Doses: 248 to 278 and 259 to 260.

Aspect of the Patient: 249 to 258.

Regimen: 261 to 263.

Purity of the Medicaments: 264 to 269.

Preparation of the Medicaments: 270.

One Sole Medicament: 273 and 274.

Dilution: 288.

Impregnation of the Medicaments: 289 to 292.

Mesmerism: 293 and 294.

AMIEL'S IDEAL OF A PHYSICIAN*

"Why do doctors so often make mistakes? Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life.

"The principal grievance which I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with a profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher and inner life, they know nothing of the transcendent laboratories of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition, and sympathy. The ideal doctor should be at once a genius, a saint, a man of God".

Amiel's *Journal*, 1873.

THE MORPHOLOGICAL DIAGNOSIS AND TREATMENT OF CONSTITUTIONAL STATES IN CHILDREN*

PHILIP RICE, M. D., F. A. C. S.

The problem of disease is primarily a problem of morphology and not of pathology nor of symptomatology. That is to say, it is a problem of organic structure, and not one of effects produced in the structure. Symptoms and pathologic changes are effects produced in the structure of the organism. They are the end results and are, hence, no more than a reflection of a physical state.

In the process of evolution of the organism the vital force produces distinct structural changes and definite conditions in the intimate structure of the organs, and through these in the external form, by the character of the growth and development. As a structural unit, the organism is, therefore, the sum of the conditions composing the separate parts. From this it follows, since function is merely the activity of the vital force in organization, that the degree, and so the value of the vital processes at any given stage in the life of the individual, are determined by the character of the growth and development on the organism in its separate parts and in the whole.

If, as a result of uneven growth and development, excesses are created in one part and deficiencies in another, the resulting inequalities in structure are of necessity followed by inequalities or inharmonies in function. Nothing can be more obvious than the need of a structural balance in order to have functional harmony. Excess on the one hand and deficiency on the other produce an anomalous state; and observation and experience confirm the fact that the greater the anomalies in structure the more marked the anomalies in function and the greater the predispositions and the susceptibilities. Thus it will be noted that normal vigor of function as well as morbid dispositions are the consequences of the morphological conditions which prevail in the organism.

How irregularities in growth and development come to be is another question, and beyond the scope of the present discussion.

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

It is a question which we are not always able to answer accurately. In one instance they may be due to a powerful hereditary urge, while in another they are the result of powerful environmental influences. In all probability both operate in varying degrees under varying conditions in each instance. As no perfect organic being has yet been found, there is naturally no such thing as a perfect heredity; and a perfectly harmonious environmental situation probably has never surrounded an individual for any great length of time during his life.

That these things are true and constitute tremendously important factors in the problem of health and disease is now being recognized by the leading clinicians in the great medical centers of Europe, as is shown by their now approaching the problem of internal disease from the standpoint of organic constitution. And let me say that when speaking of constitutions, they mean something very different than we do when we speak of psoric, syphilitic and syphilitic constitutions. With painstaking effort they show that by constitution they mean the chemical and structural composition and relationship of organs and parts. In a word, they mean the morphology of the body, for this is really what the word morphology means.

Hence the term morphological diagnosis means the ascertainment of the exact structural status of the body; and that of morphological treatment means the selection of such hygienic and therapeutic measures as will bring about a harmonious structural and functional state.

The achievement of the latter is the goal of every true physician, since it is the only state which insures normal vigor, health and high resistance. Removing symptoms is the duty of every physician, but we must come to realize that absence of signs and symptoms of disease does not necessarily mean health. The question may be asked, indeed has been asked many times, "What is there left when signs and symptoms of disease have been removed?" The answer is, predisposition and susceptibility. This is a fact which many of us have not yet learned, as is proved by the way in which case histories are still being taken and by the kind of bases on which internal remedies are still being selected. Unless we dig deeper and remove underlying predisposing con-

ditions and those which make the individual susceptible, conditions preceding all disease, we have done no more than scratch the surface, albeit we have eased a patient's distress and established a semblance of health.

We are well aware that the composition of the body is different at different periods of life. What it is at birth, it is not and cannot be at any subsequent period and be normal. Changes must take place with the passing of the months and years. The state that is normal at birth is abnormal if carried over even to the end of the first year; and if carried over to a later period, it is still more abnormal. The older the individual, the more inadequate is the morphologic equipment of infancy and childhood.

All this is so obviously true as to make further comment and discussion unnecessary. We have simply the problem of method to solve which will enable us to discover all the morphological facts in the concrete case, and thus enable us to get at all the fundamental factors in the problem. When we have succeeded in doing this, then and only then, will we be in a position to go forward with truly scientific methods; then and only then, are we able to accurately interpret the effects produced by a morbid process as well as those produced by a drug during a proving.

With these few thoughts touching the principles of morphology, let us briefly consider some of the morphologic features presented by these two boys, who, through the efforts and kindness of Dr. Wright, we have before us.

It is clear that no great amount of skill is required to discern the morphological differences which are presented. Their ages, let me say, are almost the same; one is twelve and the other a few months younger. One presents clear evidence of an extreme development of all the vital organs, and the other presents just as clear evidence of extreme deficiency. The nutritive processes are very obviously not equal. In one there is an abundant, indeed, an over-supply; while in the other there is a scanty supply. Let me say in passing, that in the examination no other than morphological data were made note of, and in the analysis only such will be considered. But from this do not jump to the conclusion that this is deemed a complete examination or a complete analysis. I wish merely to try and show how much can be

made out in the concrete case from this standpoint only, and how important and essential that morphological factors are taken into consideration.

As you turn to the figures which are here placed on the blackboard, note first of all the difference in stature. That of Bob we see is 134.5 cm., and that of Charles is 152.5, a difference of 18, a shade over 7 inches. Remember their ages are about equal. The thoracic circumference of Bob is 78 cm., and of Charles 62.5, a difference of 15.5. The former is 10.8 above normal and the latter 14 below normal. The sagittal diameters are 13 and 19 in the former, and 11 and 14 in the latter. The one has a deep chest and the other a shallow and flat chest. The bi-axillary diameter is 27 in Bob and 20 in Charles. In actual figures the former has a thoracic excess of 1570 ccm. or 36 per cent and the latter a deficiency of 1879 ccm., or 35 per cent. Need I emphasize the fact that the vigor of the functions is not and cannot be equal? Equal supply of oxygen is utterly impossible. Neither quantitatively nor qualitatively can the circulatory functions be the same. In one there is an arterial dominance and in the other a venous dominance. This is very evident when we compare the character of development of the subcutaneous veins. In one they are absent and in the other they are abundant; which means that the deeper tissues and parenchymatous organs are supplied with arterial blood and have an active metabolism in one, and engorged with venous blood and have a sluggish metabolism in the other. One does not have to be much of a physiologist to know that the nutritive processes and so the building processes cannot be equal. Now when we come to examine the heart we find similar disproportions that we found in the lungs; and naturally so, for there is always a definite relation between the development of these organs. The heart in this boy with the large chest is large, vigorous and fast—the pulse is 88—while in this other boy the heart is small, weak and considerably slower—the pulse being 70. How greatly these things influence the circulation is not difficult to imagine.

The examination of the abdomen reveals similar disproportions in development of the organs. In the case of Bob we find excess in every measurement—length, depth, width and circum-

ference; while in Charles we find deficiency in every one except length. But in this case the excessive length does not have the same significance as it has in this one, for the excess is found in the upper segment of the abdomen, that is, between the end of the sternum and the umbilicus. Between the umbilicus and the crest of the pubis we find deficiency. Though the upper is long it is small in circumference, shallow in depth and narrow in width. This can have but one meaning, and that is, ptosis. Every organ in this region is badly placed, and the predisposition to ptosis is great. Only a radical change in the size of the cavity will prevent this unhappy condition. The short umbilico-pubic line and narrow pelvis tell us that the intestinal cavity is smaller than normal, and this means that the intestines are likewise smaller than normal. With this other boy we find the lower as well as the upper segments of the abdomen large, and we also find the bi-iliac diameter greater than the normal. In this boy the organs are larger, better placed, better nourished and hence are more vigorous in their functions.

And, finally, when we come to examine the nervous system we again find excess in one and deficiency in the other. In which one we find excess and in which one deficiency you can easily guess. This means that the large and capacious organs in this boy are also vigorously energized, while in this one the organs are not only small, badly placed, but also poorly energized; making us wonder that he has as much of a body as he has. He weighs 90 pounds while Bob, 7 inches shorter, weighs 112. Examination of the muscular system shows that Charles' muscles are exceedingly small and flabby. The thoracic muscles are especially attenuated; and you observe the droop of the shoulders. Time and again he is told to straighten up; and with this command he tries to comply. He pulls himself up, pushes his abdomen forward and produces a marked lordosis. We are apt to overlook the fact that the spine has little or nothing to do with squaring the shoulders. The rhomboid muscles do this. Now look at his scapulae: they are far apart and project far beyond the normal. Observe how I am able to push my fingers under the scapula to their full length. Now this has a deeper meaning than merely square shoulders. Drooping shoulders result in pressure on the first

rib, and the pressure is exerted in such a way as to cause an abnormal increase in the arc of the rib and so decreasing the sagittal diameter of the apex cavity. Let this condition remain until the costal cartilage has become ossified and you have a permanent defect which prevents normal and adequate expansion of the apex of the lungs and thus a condition of predisposition to tuberculosis. This fact was definitely shown in a study of several hundred cases of pulmonary tuberculosis. How important then that a child is helped to develop his rhomboids.

Now how do these structural conditions influence the functions?

Let us consider those of the thorax first. Charles has a deficiency, as has been said, of 14 cm. in his circumference, 1.5 in length of sternum, 2 in sagittal diameter and 5.4 in the bi-axillary diameter, or a deficiency of 35 per cent. Surely no one with a modicum of knowledge of physiology will say that a 35 per cent deficiency in oxygen supply can exist and the metabolic processes be normal; or that with a deficient metabolic rate the nutritive processes can be normal; or that such a defect can be safely ignored in the treatment of any condition that may develop and demand treatment. And yet it is an incredible fact that this latter is just what men and women are doing who pretend to be scientific physicians. Nothing is normal and nothing can be normal in the presence of such a morphological condition. Our physiologists are now telling us that the amount of oxygen consumed is an index of the metabolic rate. This deficiency accounts for the distended subcutaneous veins, the cold clammy hands, the sallow skin, the malnutrition that is so evident, the poor muscular condition and a host of other things that indicate low vitality, predisposition and susceptibility. In an acute condition, no matter how severe, the temperature would likely not reach 102. But in Bob the same condition would run a temperature of 104 or even 105, and, moreover, this would be reached in a few hours' time. Here the blood surges through the system with great force and great rapidity. He would, in a pneumonia, reach a crisis quickly, recover quickly or pass away quickly. While with Charles it is doubtful that a crisis would be reached at all. The whole process would be tedious. And does anyone imagine that

given *Aconite*, for example, in a proving, they would react alike? Impossible. I doubt that Charles would develop a single symptom. Bob, on the other hand, would undoubtedly develop every characteristic symptom of the drug. He has the apparatus to do it with.

The character of development of the abdominal organs quite clearly indicates what the character of the functions must be. Bob will digest anything that is edible, whereas Charles will digest nothing perfectly, no matter how simple and digestible. His organs are small, badly placed and very imperfectly nourished, and as has been said, poorly energized because of a deficient nervous development. The intestinal tract is deficient in growth as well as in development. This is shown by the short umbilico-pubic line and a short bi-iliac diameter. These two measurements are positive evidence that the intestinal cavity is small; and as nature cannot put large organs in small cavities the conclusion is justified that the intestines are small. This of course can have but one meaning, namely, weak function, a strong disposition to constipation, imperfect intestinal digestion. The fact is now well established that the vigor of the digestive function is in relation to degree of development of the intestines. But in Charles the intestinal condition is aggravated by the deficiency in the anatomical and functional correlations. Nothing is up to the normal. The liver appears to be larger than normal because of the wide area of dulness. But this is not reliable evidence. The area is wide because the liver is forced down by the shallow dome of abdomen, the short bi-hypochondriac diameter and deficient circumference. Bob, on the other hand, has an enormous development of the liver. Where Charles is deficient, Bob has excess. The lower sagittal diameter of the thorax, which really means that of the dome of the abdomen, in Charles is 14.2 cm; while in Bob it is 19. The hypochondriac diameters are 20 and 27, and the circumferences are 60 and 81—8 below normal in Charles and 15 above normal in Bob. And so I might go on for an hour; but this much may serve to show what is meant by the morphological diagnosis.

Now for just a word about the treatment; that is, the morphological treatment. The medical treatment is not within the scope of the present subject.

In the case of Charles we see at once the absolute necessity of increasing the thoracic functions. Hence we prescribe deep breathing exercises. The oxygen supply must be greatly increased, for only so can normal chemical processes be made possible. With a deficiency of 35 per cent these, as I have said, are not possible. Next, the diet is tremendously important; and this must be selected, not on some theory worked out in a chemical or diet laboratory, but on the basis of the structural facts. The size of his organs, the strong tendency to ptosis, the poor circulation, etc., are far more important factors than are those on which our diet theorists usually base their prescriptions. On a vegetable diet, which is invariably prescribed for constipation, Charles will starve. His small intestines can neither furnish the necessary amount of intestinal ferment for vegetable proteid digestion, nor can they properly take care of the large mass of material. He must have a relatively large amount of the animal proteids—meat, fish, eggs and milk. These have more nourishment per given bulk than vegetables, moreover, are digested in the stomach. This will relieve the intestines. Bob, on the other hand, should have the reverse. His diet should consist largely, if not entirely, of vegetables, and especially in the raw form. In this way the appetite would be satisfied yet the lymphatic output would be low. A diet with a low proteid content is clearly indicated. Much more could be said on this subject, but I fear I have already taken too much of your time.

But someone asks, How about selecting remedies on the morphological basis? There is little to be said. We have been too concerned throughout the years in gathering symptoms and have completely ignored the relation between effects, symptoms, and the morphologic conditions in which they originate and by which their mode of evolution is determined; hence we are unable at the present time to make a connection between the two—structure and function. We should be able to do so, and could do so if we had a broader vision. And could we do so, we should be in a position to scientifically interpret the symptoms in the *materia medica*; something we are not able to do at the present time.

NEW YORK CITY.



DISCUSSION.

DR. WILSON: What influence would you think the endocrine glands would have in the increased development of one boy and the lack of development of the other?

DR. RICE: They have a profound influence in regulating the vital forces, but they are not producers of such force. Hence they are sometimes the victim and sometimes the villain in the case. Which means that we are always confronted with the question: When are they the victim and when the villain? A defective thoracic development and poor pulmonary and cardiac functions will exert a profound influence on the glandular development and function. This fact is certainly not difficult to understand no matter how little one may know of morphology.

DR. UNDERHILL: How is the average physician to arrive at a remedy from the morphological standpoint? How many measurements are required?

DR. RICE: I have been successful on occasions in choosing the right remedy on the morphological data alone, but that can't always be done. The construction of the materia medica does not enable us to do so. In the building of this we took note only of effects, ignoring causal conditions altogether; and this I consider was a serious error. Were we able to accurately connect cause and effect we would be far better prescribers and physicians than we are. This tall boy has in general the appearance of a *Phosphorus* type, but this is only in general. Before one decides he must search into the particulars. I usually make from 30 to 35 measurements in each case.

DR. UNDERHILL: If you had, for instance, the case on the left, the tall boy, Bob, you could then get up a rubric of remedies that would be included under such a combination of measurements, for instance *Phosphorus, Tuberculinum*, and so forth. If that was usually warranted, such a rubric could be introduced into the *Repertory*, but symptoms not ignored nevertheless.

DR. MACLAREN: Do you consider the fat boy normal?

DR. RICE: Emphatically no! His predispositions to disease are equally as strong as they are in the other boy, but obviously of an entirely different type. Unless wisely dealt with his chances for a long life are no better than are those of the other boy. His strong propensities will lead him to abuse his functions, and this will end in unhappy consequences later in life. Of course both need exercise in their treatment, but not of the same character.

DR. HAYES: I would like to ask Dr. Rice one question—if he will give a morphological explanation of how water can come out of the same pipe either fast or slow.

DR. RICE: Yes, it depends upon the size of the pipe and the pressure behind it.

DR. HAYES: The pressure—that's it.

DR. RICE: Not being a plumber, and never having made a proving of this experiment, I don't know.

DR. HAYES: The pressure explains it.

DR. RICE: What makes the pressure?

DR. HAYES: Back of the pipe, the tank.

DR. RICE: No, because the pressure, the condition which produces the pressure is part of that same morphology, the tank which contains the water is part of the pipe that is transporting the water.

DR. HAYES: We have the same function in the human being.

DR. RICE: That is why I say sometimes plumbers use better judgment than we do. When you have, for example, the case there with the little bit of development, what has that heart to do? Small development of the lungs means small pulmonary organs. There is a predisposition to right side enlargement, I wouldn't be a bit surprised whether this tall boy already had an enlargement

there—I didn't go into that, yet where we have this huge development there is intense pressure too, but a tendency to enlargement of the left side. To sum up: The pages of our materia medica are pages of facts with bewildering contradictions and uncertainties, and by contradictions I mean this: a remedy is indicated in constipation, in diarrhœa, it is indicated for sleeplessness and stupor.

Why does *Bryonia* indicate constipation in one individual and diarrhœa in another?

Bryonia will produce constipation in every single case in which lower abdominal development is less than the normal. On the other hand, in an individual who has a lower abdominal measurement up to the normal or above normal, *Bryonia* will produce a looseness of the stool and in some cases a high degree of diarrhœa.

DR. PULFORD: What brings about those changes?

DR. RICE: You know that there can be no such thing as function without organization. A function is in relation to degree of development in every instance, and in a case where there is deficient development there is deficiency in function, and you have depression from a drug like *Bryonia*. On the other hand, if you have a high degree of development, and you give him a drug, you stimulate and you get the reverse effect. There is the whole thing and so far as Hahnemann is concerned, he tells us that unless we know the constitution behind these conditions we don't know as much as we ought to know.

HOMŒOPATHY IN THE WHITE HOUSE

A. PULFORD, M. D.

Jottings (B. and T.) gives space to the announcement of Dr. Joel T. Boone's appointment as personal physician to President Hoover and notes that Dr. Boone is a graduate of the Hahnemann Medical College of Philadelphia.

Here is a chance for homœopathy to score. Will it have the opportunity or will it be caricatured as it was during the Harding administration by the late Dr. C. E. Sawyer? Will homœopathy, the spirit of Hahnemann and all true homœopaths everywhere, have the opportunity to be proud of the homœopathy of Dr. Boone and the homœopathic teachings of old Hahnemann of Philadelphia, the old Hahnemann of early history, when homœopathy was HOMŒOPATHY and not a disreputable hybrid? Or will it—to the everlasting shame and disgrace of the homœopathic profession—be another LOST OPPORTUNITY?

It is up to Dr. Joel T. Boone. Is he equal to the occasion? We truly HOPE so.

TOLEDO, OHIO.

DE PROFUNDIS IN HOMŒOPATHIC PHILOSOPHY

R. E. S. HAYES, M. D.

We have just read Dr. Pulford's article in the February *Recorder* entitled "The Science and Art of Prescribing" and take the liberty of attempting a little autopsy on it. We admit that this simile is far from perfect for the article is a very lively one and calculated to stir every homœopath who has an active interest in his art. The subject is one that will not be settled until Dr. Freeman has the electronic vitalizer installed in every home along with the auxiliary cerebro-spinal service, the patent cerebellar amplifier, the invisible handmaiden (praise the Lord!) etc.

Some months ago Dr. Pulford and the writer were engaged in a calorific correspondence on the subject of the super-*simillimum* and the results of its use. Probably his waste-basket was quite handy for some of the writer's efforts were lost and the lapse of time makes it now difficult to reweave the consistent pattern which was at first projected.

It is to be noted that the good doctor has a long reach at whatever engages his attention and this conception of homœopathic depth and range is no exception. Indeed, in the right perspective it is seen to be so potent that if it were a matter of "red-bloodedness" for instance, it might invite a crusade or inquisition.

It is not a new thought, but the idea of perfect therapeutic art and effect has lain dormant so long that it has come to be regarded as an ideal seen as far off in some beautiful future, instead of as a practical proposition requiring close planning, personal coordination and effort.

Attempting to apply it individually it must rack the conscience of every prescriber. Personally we confess that when we first read the original manuscript of "The Predisposition and the *Simillimum*" (*Recorder*, Oct. 1928), we were sobered and depressed for some time; for we realized that even if the statements were only categorically true and not unqualifiedly true, that here was a proposition in which consciences and care are

to be laid bare, here were possibilities limited only by the boundaries of individual will to self discipline and accomplishment.

Just the same we cannot resist a little criticism. Dr. Pulford's proposition as stated that "in each and every case, no matter how severe, serious or complicated the disease may be, the perfect *simillimum* (perfect remedy and potency) should carry completely through without the aid of any other agent whatever and in the majority of cases without a single repetition" is rather cryptic, for we might ask what is meant by "case" and "disease"? Does he mean all there is of the individual, past, present and future? Or does he mean the phenomena present at any one time? The conditions cited in the February article hardly answer the questions because although they were magnificent cures, redounding to the power of homœopathy as well as to the prestige of the prescriber, how do we know whether these patients may not sometime have to be cured again of something or other?

We remember asking something like this, and whether it was contended that the individual should be cured for life and be made a perfect being or whether something latent and invisible in the individual might yet come to the surface? And we asked whether disease itself were not a process of evolution and its elimination by homœopathic treatment a process of development of the individual?

Let the doctor answer in his own words:

DEAR DOCTOR HAYES:

Your valued favor of Sept. 24th. was received.

No! no potency of any remedy will make any person "a perfect being" but it will lay the foundation for a more perfect generation to follow. Yes, "it is a case of development", but not in the sense that I understand that you understand it. The gradual unlocking of miasms is equivalent to prescribing for separate existing conditions; and the consequences of the wrong potency the same as removing a part of the symptoms, then changing remedies. I admit that this is the best we can do under the present unfinished condition of homœopathy but by continuing in the state we are educating ourselves wrongly. In trying to help ourselves out of the consequences of this imperfect conception we are doing what Hahnemann so strictly warned us not to do—that is, "spin no theories". We should stick to facts and prescribe for the totality irrespective.

Let us take *Lycopodium* as an example. *Lycopodium* is an antipsoric, an antisycotic, and an anti-syphilitic. Now if *Lycopodium* is capable of routing out any or all of these miasms singly why not collectively? There is no doubt in my mind, from the results I have obtained with the *simillimum* that, when all our curative agents are fully proven, our difficulties will be solved but not before. If this were accomplished it would save a lot of argument.

Our ranks would then be more harmonious in effort. As it stands now, we are trying to accomplish perfect results with imperfect tools and laying the blame for our failures on the homœopathic method. If we will continue to develop and perfect homœopathy, we shall eventually find the individual keys to unlock the doors that will free and rid the body of all these states without repetition, or even change of remedy.

Sincerely and steadfastly yours,

A. PULFORD.

P.S.—When all is said and done regarding the miasms and their complicity should we not treat individuals rather than diseases or independent states?—A. P.

And again:

DEAR DR. HAYES:

In my paper at Pittsburgh, last June, "With a Paucity of Symptoms",* I related a case of syphilis of 30 years' standing. He received his first dose of *Hepar* on May 15th., '26 and his last dose of the 10M of the same remedy on November 23rd., '27. On October 6th. I received the following: "Am feeling fine. Have gained in weight and otherwise and with such results I cannot resist asking you for another prescription to keep on hand. It seems too good to be true". We immediately sent him a prescription of *Sac lac*.

It is the above letter that prompts me to re-answer your last letter regarding the unlocking of the complicity and cementation of the mixed miasms with a single remedy or key. Here we have not theoretical, but practical proof of our statement that: At all times, if we have the true, and especially the perfect *simillimum*, that the single remedy, and I feel confident the single dose, will unlock and free all these miasms, singly or complicated, without the aid of other remedies or repetition of the same remedy.

There is a marked distinction between the true and the perfect *simillimum*. The true *simillimum* just covers every phase of the case, while the perfect *simillimum* must in addition to this include the correct potency. Herein lies the perfect mastery of the art of prescribing and no man living or dead has ever attained that goal, though I feel sure that Hahnemann or Bonninghausen would have reached it had homœopathy been completed.

We believe the above result one of the most model results ever attained by homœopathy, a practical demonstration and a true verification. When one considers the time the case had run, the complication of miasms and the excessive drugging the victim had undergone, it shows what the perfect *simillimum* will do unaided and alone and how it will unlock the door of any miasm or complicity of miasms.

We have since learned that the gentleman is an offspring of a complication of psora and sycoosis, this being complicated with a fresh dose of syphilis, so diagnosed by the never-failing modern implements of "precision" of the modern medical man and further complicated by excessive doses of mercury, salvarsan and other modern innovations.

Again does all of the above confirm our statement and belief that when homœopathy is fully completed any and all diseases may be eradicated by the single unaided remedy in direct ratio to our ability, as masters of the art of prescribing, to find the perfect *simillimum*. This will eventually be commonly done.

Doggedly, persistently and consistently yours,

A. PULFORD.

We replied:

I enjoyed your last letter very much. The part that I enjoyed most, as a fitting finish to the whole, was "Doggedly, persistently and consistently yours". We can not, or do not, select the *simillimum* every time, but your

*March, 1929, *Recorder*.

ideal is not mere fancy or a dream, it is a proposition. It is something to work for, it needs study and planning both individually and concertedly.

To me the proposition seems so big that I almost shrink from it. It is so much easier to drift along on the security which discrete homœopathic prescribing has brought than it is to start pushing upstream again. To shave closely to the possibilities of the materia medica even as it exists now, to find out or follow out the wavering and shadowy line of perfected proving is no small matter, to say nothing of further additions and extensions. But the infection of homœopathic art is strong once it gets hold of one, the strongest influence in professional life; so let me ask a few more questions.

Is every vital force of that stable quality and quantity which will inevitably react as a cure to the perfect *simillimum*? In those cases which you have cited and which we all see occasionally, where a very chronic and complicated condition is cured by a single dose of the perfect *simillimum* was the cure solely because of the perfect quality and potency of the remedy or because these individuals had sufficiently powerful latent vitality when roused, to sweep away all obstacles to harmony in the organism? Is there not this third element and is it not also a determining factor in the completeness of the cure, *viz.*, the power of the latent vitality? Is the weakness of every individual who is not moribund or disorganized matchable by some remedy and potency?

If so the way is clear. All we have to do is to perfect our art and expand our resources. But if there is this third factor then it is still more difficult and problematical.

We know that even homœopathy cannot overcome some congenital imperfections, nor create a perfect machine out of a deformed one. There must be a dividing line, a valency of energy somewhere.

Again, in considering your proposition we must ask: What is a cure? How long may one of these ideal cures last? If the patient should return some years later with symptoms, say of psora, would you think it a relapse or a new infection?

R. E. S. HAYES.

To this Dr. Pulford replied as follows:

DEAR DOCTOR HAYES:

In testing out things before I accepted them I found and made new discoveries, consequently the more I have delved into homœopathy the more fascinating it has become and the more its possibilities have been revealed, all of which are to me a dreamless ideal, a proposition that will come true some day just as sure as daylight follows darkness.

The real grounds of a homœopath's faith lie in getting results which, it was said, "could not possibly be gotten". I am ignorant and know it and the more I learn the more I am convinced of it and the less I think of the modern's assumed knowledge that he knows. As Pepys said: "One science will but one genius fit, so vast is art, so narrow human wit". It seems disheartening at times to think how little any of us know of even that one science. So little that it does not behove the very best of us to laud it over the rest of us. That familiarity breeds contempt is well illustrated in my own case, intimate association with doctors, judges and preachers has not heightened my respect regarding their "superior learning", but rather reversed the status. To fully realize how small a concededly great man is, just rise to his own plane and see how little he really knows, yet what little he knows seems to us both phenomenal and monumental.

We hear much of "when the carefully selected remedy failed to act, etc." This should read "when the *apparently* indicated remedy etc." for there is no difference in the carefully chosen and the carelessly chosen remedy that fails, no matter who gives the remedy nor how expert he may be. Our estimate of what a thing ought to be is neither final nor necessarily correct.

You expressed it clearly and concisely when you said: "It is so much easier to drift along on the security (?—A. P.) which discrete (?—A. P.) homœopathic prescribing has brought, especially when time is an element of consideration, etc." Yes! there is the rub. A charted track into a great forest would save all this wasted time of studying symptoms if we would only use that wasted time in preparing the chart! Each time we start into this dense forest we have to grope our way to find the goal, whereas there are clear and distinct markers if we will only spend the wasted time in finding them.

I was much surprised when I read, in Kent's *Materia Medica*, the very thing that I had believed for some time, which, when fully carried out, will solve all our present troubles. It reads as follows: "In the mineral kingdom, man may find his remedy when sick, so in the vegetable and animal kingdoms. It is possible that in the product of the serpent may be everything needed for the healing of man. Extend this to the whole animal kingdom and it is probably so. There seems to be everything existing in one kingdom that exists in another. The lowest is the mineral, the next the vegetable, and last the animal kingdom. If we had a perfect knowledge of any one kingdom, we could probably cover the entire scope of curative possibilities. But we have knowledge of only a few remedies in each kingdom". How true that is! and thereby hang all our failures. When we gain a complete knowledge of any one of these kingdoms the use of the repertory will be greatly curtailed for it is not "the wavering and shadowy lines" that "clinch" the *simillimum*, but the "rare, strange and peculiar symptoms".

The repertory is absolutely neutral, you only get out of it exactly what you put into it, so if the wrong symptoms are put into it only a wrong result can possibly come out of it. It has fooled me so often that I rarely use it any more in the regular way, for I have made more "ten strikes" without it than with it. However I would recommend its use by others rather than discourage it. How much I think of the repertory you can judge when I tell you that I have already bought five copies of Kent, four of which are almost worn out. I could not practice medicine without one. I have one at my elbow all the time. We carry one with us all the time and are not afraid to use it, but personally I spend very little time comparing "wavering, shadowy lines."

"Is the vital force of that stable quality and quantity which will inevitably react as a cure to the perfect *simillimum*? Is there not a third element and is it not a determining factor in the completeness of the cure, *viz.*, the power of the latent vitality? Is the weakness of every individual not moribund or disorganized matchable by some one remedy?" Yes! The weakness of every individual where the parts are not worn out by age or mechanically changed by accident or surgery, is matchable by some one remedy and potency and it is up to us to finish the unfolding of homœopathy that it may be brought about. This truth is also demonstrable by the remarkable cures made by the newly introduced remedies, cases whose cure was never dreamed of before. All this should be convincing evidence of our statement. There are more failures in our art through the wrong potency than through the wrong remedy. I have verified this many times. The vital force, itself, is never weakened; only its action through an obstructed or partially destroyed part is weakened.

The vital force itself is as strong as ever no matter what the ailment. The vital force is something apart from its container and must have a free right of way to operate. No matter how much force there is back of a stream of water, if the pipe through which it must pass is obstructed, the stream will be weak. Thus it is with the obstructed vital force. Once the opposing obstacle is removed the vital force will be just as strong as ever and can and does come back with all its previous vigor. The cure of any disease is de-

pendent on the complete removal of the obstructing force. Only the perfect *simillimum* can unlock the door to free the disease or rather the predisposition thereto. The completeness of the cure, and cure means completeness, does not depend on the state of the vitality but upon the material to be restored so that it is futile to expect a cure where a part is missing or even partially destroyed, but if all parts are intact a perfect cure can be expected.

"The way is clear" and all we have to do is "to expand our resources and perfect our art." We shall never arrive at the potency solution until our art is perfected and the unfolding of homœopathy is completed, only after careful observation of its action on many cases relative to age, conditions, form, character, acuteness and chronicity of the various diseases. We must bear in mind as you say that, "there must be a dividing line somewhere". We are not unmindful of the inability of the proper remedy and potency to overcome "congenital imperfections nor create a perfect machine out of a deformed one", but even here the line must not be drawn too rigidly for I have seen some wonderful results with some forms of congenital conditions.

"What is cure? How long do these ideal cures last"? Hahnemann specifically defined the term cure in the first paragraph of the *Organon*, in a very few words, whether he realized or meant it in that way or not. Relief consists of three divisions, *viz.*: Cure, palliation and physical suppression. Here two things must be considered: Cure and health. Hahnemann said: "The physician's high and only mission is to restore the sick to health, to cure as it is termed". Then the question arises: What is health? Health is the complete absence of disease. A cure then must of necessity consist of the complete eradication of disease or rather the particular disease to be cured, root and branch, which includes also the predisposition to that particular disease to be cured. If the cure is made it is final, and will prevent the transmission of the predisposition to the offspring.

"If the patient should return some years later with symptoms, say of psora, would you think it a relapse or a new infection?" If the patient returns with a relapse in the original form the supposed cure was only a suppression and not a cure. If it return in a different form then it is a new infection. A relapse in the original form is always a sign of the wrong remedy or the wrong potency.

Our fatal mistake is in considering homœopaths as finished products and basing all our conclusions on that false premise. There are many obstructions in our path to our final goal and the selection of the perfect *simillimum*. First, foremost and greatest of all there is the indisputable fact that instead of homœopathy being a completed product we are only just beginning to scratch the surface of its unlimited possibilities; again there is the patient's inability to express himself; our inability to interpret his expressions and the records of our materia medica so as to be able to perfectly match the two; the average poor acquaintance with the materia medica as it even now exists; lastly, we are attempting to do just what Hahnemann warned us against doing, *i. e.*, "attempting to formulate theories" as to miasms, etc., and trying to obliterate this miasm or that miasm instead of trying to find the characteristics, the red strands and the "rare, strange and peculiar" symptoms that indicate the remedy of the individual regardless of these theoretical speculations.

Let us not forget for a single moment that homœopathy is a separate, distinct and complete system of medicine in itself, it is perfectly independent of any other so-called system whatever and until it is absolutely divorced from them can never be a perfect success. Those who claim otherwise and insist that it is a therapeutic specialty do not understand homœopathy thoroughly and base their conclusions entirely, though falsely, on the firm belief that it is a finished product. When it is completely unfolded it will be perfectly independent of everything but surgery. Allopathy is nothing but a chaotic jumble

of temporary expedients from which homœopathy need not borrow except for two reasons, *viz.*, ignorance of homœopathy or to temporarily fill in until homœopathy can be fully unfolded. So far homœopathy has shown that it does, or will, contain everything necessary to cure, to palliate (temporarily suspend), for euthanasia, and when necessary, for physical suppression, this latter being all that allopathy can possibly do.

It will take a few more Hahnemanns to finish the unfolding and a few more Benninghausens and Kents to interpret the findings after that is finished. Eventually these men will come on the scene, but unfortunately for us at the present time such men do not exist.

Yours, with a constant, burning desire for more LIGHT,

A. PULFORD.

Whether we regard the individual vital force as a static, self-contained thing or as an ever flowing fountain supplied by the common source; whether as a complete spirit-like mechanism to be modified by the physico-material existence or as a constantly evolving thing in which disease is but a knot in the vital energy to be dissolved; whether we agree that in the natural world is somewhere contained the *simillimum* for any and all perverted states of the vital force unless material pathology obstruct (and it would seem that it must be because man's body came and developed from it) at least we must agree to the way Dr. Pulford points out, *i. e.*, the development of the peculiar, rare and strange in our armamentarium of *similia*.

How often, almost daily, do patients give us strange, rare and peculiar symptoms which have a cardinal relation to the selection but which cannot be found in the materia medica; but which, if they could be found, would indicate either finely selective but now unknown remedies or shorten the work of discerning a familiar one. We suspect, too, that this work must be finer and superior, in end results to those of purely electronic selections. The latter, it would seem, must average to be less psychic in their sphere and therefore not as pervasive in action.

On the other hand, "matching on" remedies and manipulation of potency in the present status of materia medica art cannot be despised. We have seen too many patients "zigzagged" to health, too many short and feeble reactions (both in acute and chronic patients, the supposedly incurable,) lengthen out; and we have seen the patients be finally restored by careful repetition and change of potency according to the increasing degree of vital energy as they progressed.

That there may be a single remedy and a single potency

and dose for such patients would seem logical. Perhaps we encounter it oftener than we observe it for many of our best cures soon get out of sight and are only heard of years after and no doubt others not at all. We have seen so many unexpected and remarkable cures and recoveries that we rather tend to doubt what homœopathy may *not* do than what it *may* do.

Dr. Pulford's criticism of present ways and means and his vision toward future development is vital; and the problem of how and how not to attempt that development is just as vital.

WATERBURY, CONN.

ARSENICUM ALBUM

HENRY N. MARTIN, M. D.

"The *Arsenicum* man is the most miserly man in the materia medica. In a state of health he is tall, spare and austere. His features are wrinkled, dried and leathery, while his hair and eyes are dark, his hair is straight and harsh; everything about him is harsh; when he walks by you in the street, he walks fast, runs against you and wants a good deal of elbow room; he is impolite, money-making, covetous and malicious; he would rob his own brother for the sake of gain; he has no affection for the opposite sex, and if he marries he does so to obtain wealth; he is more attentive to his ledger than his wife. He is a very anxious man—he is so anxious to make money that he has no time to be a fashionable man, but studies his ledger instead of attending parties, balls, theatres, or the billiard room; he is not a daring man, and therefore does not take great risks in his business operations, but rather seeks wealth through miserly habits, and low underhanded cunning and meanness; he is totally wanting in moral courage and constantly fears death; he cherishes none of the finer feelings of human nature; unlike the *Aconite* and *Phosphorus* persons he never thinks of fine clothes, and never goes into ecstasies over a new hat or a new acquaintance; he has no love for anything except self. He is himself repulsive and his diseases are of the repulsive kind, such as ulcers, cancers, etc. He loves a hot stove and warmth generally, and his diseases are of a burning and acrid character".

PRODRIMAL SYMPTOMS*

GUY BECKLEY STEARNS, M. D.

"The prodromal symptoms contain the keynote for the homœopathic remedy."

The above quotation is from a remark made by Dr. Boger at one of our meetings and is borrowed as a text for this paper. It was made in a discussion of some aspect of acute prescribing, but has a profound application to the homœopathic method as a whole. Six years ago I was asked to prescribe for the wife of a physician; she was in a grave condition from Bright's disease. Her case had been worked up clinically by standard methods at the hands of competent physicians. She presented the following indications for homœopathic study:

A frontal headache in the morning on arising from lying.

More or less constant fulness of the head, with cold hands and cold, perspiring feet.

Hunger diminished.

A faint all-gone feeling at 11 a. m.

Craving for alcohol, salads and fruit.

More thirst than hunger.

Aggravation from eating fats.

Constipation.

General aggravation of all symptoms in the morning.

General aggravation from heat and from the sun.

Enlarged thyroid before her menses.

Her past history was: Typhoid fever eleven years before. She had never been well since this. Her treatment during typhoid was cold baths with no medication.

The following were the points that she could remember of that illness:

The first symptoms were a severe "bronchial cold" with a hard cough which caused a pain through the upper right chest to the back.

With this was a severe frontal headache which was worse from light and better from cold. She remembers having this throughout the illness.

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

Great thirst.

Constipation.

Quiet delirium, in which she saw figures with hideous faces in the corner of the room.

All of her symptoms were worse from four o'clock in the morning on.

Although *Sulphur* appeared to be the suitable remedy for the symptoms she had at the time that she came to me, the symptoms that she had with the typhoid infection called for *Bryonia*. This was given with immediate benefit and final cure and she is today apparently in perfect health. Her husband remarked that he had never seen a case worked out just that way and said it ought to be published. This was an application of the principle embodied in the opening quotation. Her prodromal symptoms were those which she had with typhoid fever, from which she had never recovered. It is not possible to apply this principle to every chronic case, because the beginnings are often buried so deep in the past that they cannot be recalled and also, in many cases, conditions develop without any obvious symptoms. It is like many other principles in homœopathy. It applies only to the cases to which it can be fitted.

Another case where this principle applied was that of a patient suffering from valvular heart disease with failing compensation. This patient gave a history of two attacks of acute rheumatism and one attack of pneumonia. The history of each of these attacks showed plain indications for *Bryonia*. Her present symptoms were not particularly indicative of *Bryonia*. She had been digitalized more or less for a long time. *Bryonia* gave her marked relief and restored her to a comfortable state of health. One of the best illustrations of this principle was related to me by the late Dr. J. H. Carter. A man had been in the hands of the elder Wesselhoeft of Boston. One of his chief complaints was an obstinate constipation. He went regularly to Wesselhoeft over a period of two years when, because of change of business, he moved to Philadelphia. At his last visit, he asked for the address of a physician in Philadelphia and Wesselhoeft told him to go to Dr. Lippe. The doctor then said to the patient, "I have never been able to help you and I have often wondered why you

continued to come to me. Your case has troubled me a great deal". The man told him that he had continued under his treatment because he had confidence in him and that, although he had not helped him as regarded his constipation, there was some improvement in other ways and he was impressed by the painstaking way in which his case had been handled. At his first interview with Dr. Lippe, the doctor went into his past history and learned that, many years before, he had had diphtheria from which he nearly died and that, from that time, he had been constipated. Lippe told him that he had never been cured of diphtheria and, on the symptoms that the patient could remember, he was given *Lac. can.* in high potency. This brought about a speedy cure.

That there is a natural sequence of conditions leading to any chronic state is not a new idea. This appears occasionally in medical writings. Dr. J. T. Simonson, several years ago, wrote a paper on "Residual Conditions", showing how many troubles of adult life have their beginnings in infancy. At one of the meetings of the American Medical Association, the thought was presented so neatly in one of the papers that it attracted the attention of the daily press. In this article it was stated that every illness is a fatal one and the writer enlarged upon this idea by showing how each illness in an individual's life leaves its effect and that the culmination of the effects of all the patient's illnesses is the last illness. Thus, the first illness is the prodromal factor of the last one. In cases where the early indications cannot be obtained, the remedy must be selected on the present symptoms. If this is well selected and the patient improves, older manifestations come back. If these are not disturbed but are allowed to develop until a new picture presents itself, a second prescription can be made which carries the patient further back. It is in working back that cases are often mixed up, for, if the second remedy be not skilfully selected, the symptoms become so modified as not to develop the symptom-picture of older conditions. These cases do not fully recover. If the record of such a mixed-up patient be studied over a period of two or three years, it will be found that, instead of the symptoms disappearing after

they have been reproduced, they keep recurring at intervals and there is only a slight headway made toward cure.

In malignant conditions, it is usually difficult to obtain prodromal symptoms. However carefully the case may be taken, nothing can be obtained from the past and frequently there is nothing in the present symptoms that is positively indicative. The reasons for this may be some unknown factors having to do with the aetiology of cancer.

The principle of the prodromal symptom in its relation to the curative remedy was followed by Hahnemann in his directions for prescribing for epidemics. This was taught also by the late Timothy Field Allen, who cited an epidemic of influenza where he and his son made a composite picture of the first few cases and worked out the remedy that best covered them. In such a workout there will be one predominant remedy and a few remedies which cover more or less well. When this group of remedies has once been established, the prodromal symptoms in the individual case show which one of the group of remedies is required. This is true even though the picture at the time is not sufficiently complete to indicate the remedy. The composite picture is the epidemic picture. During the influenza epidemic of 1918-1919, some of the most severe cases required *Arsenic*. The full indications did not appear until the patients were quite ill. These cases had a marked aversion to food. In *Arsenic* in Lippe's *Materia Medica*, appears the symptom "cannot bear the thought of food". In studying a few of the *Arsenic* cases it was found that the first symptom was a sudden and complete loss of appetite, where even the thought of food was repugnant. In fact, when the patient was asked about his appetite, his facial expression indicated his aversion to the thought of food. After observing this prodromal symptom, much time was saved and serious developments avoided, for all conditions requiring *Arsenic* are serious. Another symptom which appeared in that epidemic as a prodromal indication was "circumscribed redness of the cheeks". In one epidemic this almost always indicated *Sulphur*. At other times, it has been indicative of *Arsenic*, or *Phosphorus*, or *Antimonium tart.* or *Sanguinaria*. The rest of the symptoms indicated which of this group

was required. The hectic flush simply called attention to the remedies.

Broadly speaking, the chronic miasms, psora, syphilis and sycosis, are the prodromal indications for the remedy in many chronic cases. It is unfortunate for our school that the late J. H. Allen could not finish his writings on the indications of these chronic miasms. In acute conditions, the prodromal symptom applies to the first symptoms which occur in the present illness and one must not be diverted from the present need to too deep investigation of the past conditions. In chronic diseases, the prodromal symptom applies to all of the former illnesses.

NEW YORK, N. Y.

Dr. R. F. Rabe announces his retirement from practice in New York on June 15th, and his departure for Europe shortly thereafter for an indefinite stay. Upon his return, notices will be mailed to all patients, who in the meantime are referred to Dr. W. J. S. Powers, who has been associated with Dr. Rabe during the past two years. Dr. Powers will have access to all case records.

HIGH POTENCIES DO WONDERS SOMETIMES

R. C. BOWIE, M. D.

One of our doctors had a patient treated by x-ray to stop hæmorrhage at menopause. They gave her an over-dose, more than an hour's exposure. The woman went insane, became moribund, and some six or seven of them said she must die.

I was called to treat another member of the family and they wanted me to examine her. A perfect picture of *Sulphur*, so I just gave her one dose on the tongue.

The husband tells about the marvelous cure to every one he meets, and I just let him give me the credit.

FORT MORGAN, COLO.

THE HOMŒOPATHIC LABYRINTH*

DAYTON T. PULFORD, M. D.

In this, my first paper before this honorable body, I do not expect to snatch any laurels from the brow of Hahnemann or his galaxy of noted followers and it is more than likely that there will be little that I can offer you, being not yet dry behind my professional ears, figuratively speaking. But I would like to make a plea for the bringing of our homœopathic literature, and especially our textbooks, into a more accessible form. As a school we are judged by others from the standpoint of our literature, by those who seek our weaknesses and by those who wish to sincerely investigate homœopathy. A poorly organized and presented literature is not a favorable front to put up to either of these two classes.

Periodically, I might almost say perennially, some one rises up and demands that our materia medica be whittled down and emasculated. We all know most of the "whys and wherefores" of this demand. But there is one reason which has not been given much attention and that is the labyrinthine way these books are put together. There seems to be no head nor tail in reading them. They appear to be full of contradictions. There is no way to find out from a text which are the most important symptoms. And worst of all, no two textbooks seem to agree except in a general way. All of this makes the bulk more apparent than real. An orderly presenting of the material would go a long way in overcoming this eternal objection. None of us here will stand for sapping the materia medica of all the material which is of value. That which is known to be false is another matter. Columbus might just as well have tried to fill up the Atlantic so that he would have less ocean to cross—an asinine and impossible procedure. Our whole trouble with the materia medica is its inaccessibility, particularly to the novice, not its mass.

We should have an authoritative reference materia medica containing all that is truly known of every drug, in loose-leaf binding to permit of expansion and presented in a systematic and easily accessible form. At present each man must have a minia-

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

ture congressional library so that he can get part of his information from this book and part from that book until after many hours of searching he has obtained the whole. This would not be so bad if he had lots of room and time and what is more important if he could get the material. But, he cannot as much of value is out of print and is unobtainable at any price. A good set, quite complete, published under the authority of a body like this and whose arrangement was systematic would take up but little room and help that apparent mass to fade to a great degree. An index like the *Index Medicus* would keep us in touch with all our current literature and our demands in this could be quickly gratified.

Our larger works suffer from disorderly arrangement chiefly. Take up a volume of Hering and note the hodge-podge way the symptoms are thrown in. Sensations mixed up with pathology, modalities with concomitants. One must read through a whole section and then if he has not forgotten what he is seeking he may find it. The shorter and smaller books suffer from both disorderly arrangement and omissions. My suggestion would be to write a full materia medica containing all that we know to be true in an orderly and systematic way. This latter could be determined by answering the question: What is it we wish to know about a remedy that will enable us to apply it in disease? This is answered when we say that we must have a picture of the drug as a whole, what characterizes it both as a whole and in its parts, in other words the value of symptoms in general and of any one drug in particular. Then make out a schema which includes all this and be sure to emphasize such material to which we are all forced to agree, thereby making us all sure of its worth, and proceed to write a materia medica on this basis. The data will be orderly and easily found, the bulk will become less noticeable and our labyrinth will become a direct highway to cure.

Much has been said about the diligence of the men who comb at this labyrinth for hours to find what they want. Diligence is a great virtue and is to be admired. But does the diligence in sailing around Cape Horn when one can as diligently sail through the Panama Canal deserve much admiration?

DISCUSSION.

CHAIRMAN HAYES: We appear to have here a concrete proposal in this paper. Let us have that discussed.

DR. BOGER: Mr. Chairman, at the risk of taking a little something from my own paper, I want to speak of this very excellent paper also. In looking over, studying remedies, we are accustomed to follow the usual course with usual sequence of the organs from mind on down. Now in doing so we miss the main point, the main objective in the study, and that is we at once get the matter in such a dissociated way that we miss the congruence of the symptoms which certain physicians tried to establish in publishing the encyclopædia of drugs. Now take any drug—*Ipecac*, for instance. A certain red strand in *Ipecac* is probable, you have vomiting after breakfast, vomiting here and there and somewhere else; you have continual reiteration of that in connection with almost any symptom. Now if you can hold that connection in any symptomatology, then you have the basis, a firm basis from which to work upwards.

In my *Synoptic Key* I have tried especially in the new edition to point that out a little bit, how to reach a remedy, how the leading indications in each remedy are found, how almost any symptom of that whole remedy may be preceded by this red strand, that is no keynote symptom in every case at all.

The other class of symptoms which we have are the odds and ends, the odd symptoms. Those can be utilized in various ways, and are utilized in various ways, and those odd symptoms don't often occur along these basic symptoms, but those basic symptoms and that congruence of symptomatic arrangement has got to be understood first before you can understand the rest.

Now take a work like Allen's *Encyclopædia*, and you have got to read one remedy through carefully before you can get that, and I may as well state it here, if you undertake to read a remedy like *Thuja* which has over 3,300 symptoms you have quite a job on your hands, and a man who would like to practise is hardly likely to have time enough to get the picture of *Thuja* in his mind—that must be done while you are a student.

DR. HUTCHINSON: Mr. Chairman, I would like to know if it is in order to ask Dr. Boger to explain why possibly in the books of provings the coincidence of symptoms has been lost sight of since the original provings. Dr. Milton Powell of grateful memory, used often to say that he thought it was a very great mistake in proving a remedy to dissociate the symptoms as they appear; that as they appear, if there was a mental symptom and a gastric symptom and perhaps a muscular one, they should be connected or kept together, as making a possibility of prescribing accurately much more certain, and it seems that if, in new provings, we could preserve that method, it might be an advantage. Perhaps Dr. Boger knows more in detail about what I have suggested.

DR. BOGER: Some of the older books, especially Jahr, give under each chapter the concomitant as a separate subject chapter, or Boeninghausen who has it all summed up in one rubric, but Jahr has it summed up as concrete symptoms.

Of course there is another side to that question, and that is that these concomitants are of very variable quantity and because a concomitant is there it is just as apt to lead you off the track as on to it, unless you have this basic picture in your mind. First this basic conception has got to be in your mind, then the concomitant won't lead you off.

DR. GREEN: I would like to add something to the paper on a correlated idea which is part of the plan of the Bureau of Publication of the

American Foundation for Homœopathy, that all the homœopathic literature that is now scattered in all sorts of libraries and all of it that is now out of print be indexed adequately which means indexing in more ways than one in order that students may find access to it.

Supposing a student of homœopathy wanted to find out, or suppose an allopathic physician wanted to find out what homœopathy could do for pneumonia, if he could come to headquarters or wherever this index was kept, and look up the card index on pneumonia, he would find out, if this index were completed properly, whatever that library could afford on pneumonia homœopathically treated and also what other libraries in the country contained; and if he wanted to hunt up all that was known about a certain remedy he could find that; and if he wanted to approach the subject under the heading of what this or that physician now deceased had written, he could find that, all listed under that physician's name.

Such a thing has never been done to my knowledge and it would open up things for students as they have never been opened up before. All we need is the endowment of this Bureau of Publication to get at it.

DR. WILSON: Mr. Chairman, I don't blame Dr. Pulford for his feeling regarding the materia medica and the difficulty of getting at things. For a little period of time it was my pleasure to give a few lectures on materia medica in the New York College, Dr. Stearns and Dr. James Krichbaum having invited me to do so. Dr. Stearns asked me to talk on the derivation of drugs. The way I approached that with the students was: I began at what I thought was the foundation of things, and to my mind the foundation of everything in the world, that is on the earth, is the mineralogical end of it; then comes the plant, because the plant reduces the minerals for its own sustenance; then the animal reduces the plant for its sustenance—the metals first, of course. I then talked on a few set drugs that were given me, and I liked the little Burt's *Characteristics*, simply because that book started in in the very beginning on the nervous system, the affect of the drug on the nervous system throughout the whole body. To my mind the nervous system is the same to the body that the mineral system is to general things on the earth, and if you can find the affects on the nervous system all the way through, both central, secondary and motor, and you know your anatomy, you know where those nerves go. To my mind it was always a great help in working out the symptoms that that drug would produce, and what parts were affected, and it seems to me now that if a materia medica were worked out along that line it would simplify things very greatly because a fellow then could just learn what parts were particularly affected by that drug and following out the nervous system he could get his drug right down to things.

DR. PULFORD: Mr. Chairman, there is no denying the fact that we need a unified materia medica. You take the seven allopathic divisions, give them each a separate distinct materia medica and how do you expect them all to arrive at the same conclusions? It can't be done. Here you have Burt, here you have Farrington, here you have another one, a lot of complicated conditions, a lot of eliminations, a lot of irregularities; and you are expecting a man to pick up any one of those materia medicas. We can't expect any man to have any faith in our system if we offer him something on this point, something else on another point and have them all mixed up—and that is the unity we have today.

There is a crying need for a unified materia medica that will cover the ground and the best investment that we can make is to take a man

like Dr. Boger here and put in enough money to keep him away from his practice to unify that materia medica for us, we would all be better off, we would all make more money and do better, and we could present such a materia medica to our allopathic friend that he could say: "Well, there is a system. You have got something." The way it is now you cannot do it, you have got something way out in California, something in Washington, something locked up in some other place and you cannot get at it. There are lots and lots of things that you cannot get at, that we need, that would help us out time and time again if we had them, but where are you going to get them?

A man who practices medicine today has got to have a complete library, he has got to have a complete set of remedies and potencies. How many men in this room can stand up and say that they are equipped to practise medicine, particularly homœopathy? I am not, and I think I have got nearly everything I can get my hands on.

If we get these things unified and simplified we can go ahead and put it across to our allopathic friends, and say: "Here we have something. You can't get around it, it is right here." I think there is a great need of that very thing.

DR. STEARNS: When you start compiling this perfect materia medica you want to remember that every materia medica that has been written has been written as the nearest perfect that that particular master—and he would have to be a master to write a materia medica—conceived possible.

You cannot in your new compiling, leave out any of the artistry of any of those who have gone before. I undertook to do something a few years ago, it is in manuscript form, anyone who wants to undertake to do the work can have it with my compliments and good wishes.

I started out with Hering's *Condensed* as the basis. That was all typewritten with additions of everything that pertained to each section from Kent's *Materia Medica*, from Farrington's *Clinical Materia Medica*, from Lippe's *Materia Medica*, and what other sources I could find in addition to the *Keynotes* of H. C. Allen. You see, the concept that was back of it—it was to get the particular slant of these different men, so when you read off the section in Farrington or Hering on any particular drug, you got the composite picture in the words that are given by the different men who prescribed the drug. Now it is anyone's for the asking. I think I have three typewritten copies. It is a stack of manuscript a foot high and I have, I think, the original Hering from which these things were copied. I got one of my students to do this work, I couldn't do it. I left one set of this with Dr. Milton Powell to run over, it was too much for him, he got discouraged; besides the typewriting was badly done. It has got to be gone over and verified so that the job so far, really, is only the idea. I haven't had the time, I never will. I won't live long enough, and I wouldn't have the strength if I did.

DR. DAYTON PULFORD: Mr. Chairman, I would like to thank the society for the discussion and assure all of you that any exuberance and rashness of youth will always be tempered by good judgment, and any criticism, reverse or otherwise, will be gratefully received.

POINTERS

Some years ago we wrote a paper entitled "One Hundred Emergency Shots" and it is about the only thing we ever brought out that we are proud of. It related one hundred cases of emergency nature, many of them desperate, cured then and there with the single homœopathic remedy and most of them with the single dose. The list included intense "algias" of various kinds; sundry colics, renal, hepatic, gastric; hæmorrhages, convulsions, collapse, angina pectoris, acute indigestion, etc.

How many such cases of urgent necessity we have encountered since reporting the hundred could be hardly even guessed but they are always coming up with more or less frequency. We can testify that any and all such conditions not having physiologically immovable obstructions may be cured or removed as quickly or more quickly and finally than they may be with narcotics.

It is a curious and fortunate thing that the language of symptoms in painful and desperate conditions is usually more clear to the observer and a homœopathic cure or relief correspondingly quicker than in conditions of slower pace.

That morphine and other narcotics in painful and urgent conditions are not necessary and by many homœopathic prescribers are not used has been the testimony of many of them. We remember hearing several of the older men say that they never used them. We know that the late Dr. Case never carried a hypodermic. So many years have passed since the writer has used a narcotic except for addicts that the time cannot be recalled, but it must be upwards of a score of years. We confess (with reluctance) that we always carried one in the kit so as to feel secure; but a year or two ago we were horrified to find that the thing had been broken, how long before could not be told. We immediately ordered a new one then forgot about it until a while ago we came across it in the office; we had forgotten to place it in the bag! The climax occurred the other day when we accidentally fished the little tin case out from the substrata of the desk. This time we determined to go armed without fail. What was our discomfiture to find that the morphine was lost. So now

we are in for it, for we have not ordered a speck of narcotic since the narcotic law was invented (though we have paid the tax annually and usually had the money for it on time) and do not propose now to break the record.

It is a notable fact, if one will observe it, that most patients who are in urgent distress are glad to avoid the morphine even before relief has come, especially those who have had it several times, and if the prescriber can give them a ray of hope of being relieved without it. They feel instinctively that things are going wrong under the narcotism, a sort of consciousness of the worse suffering underneath.

No special study of remedies of disease complexia is necessary, so far as we can see, to give competence in managing such emergencies homœopathically. The indications we get simply rise out of the peculiarities of the medicines we use right along, only the setting is different and the prescriber must have his "nerve" with him. It is one of the immaterial recompenses that the doctor has for getting out of a warm bed, etc., that he can smooth out such situations with satisfaction all around and usually leave the field in order.

Imagine the allopathic brother meeting emergencies without the hypodermic! But wait! Such is the efficiency of modern manipulative and manual technique that they could probably smooth out most conditions in one way or another without the narcotic if put to it. The trouble is that narcotic injecting or prescribing is more or less a matter of temperament (laziness or fear, to put it in parentheses).

Anyhow it would be helpful if our readers would use the pointer column to tell briefly of some of their hits and homœopathic or other non-suppressive means of dissolving away emergencies without using narcotics.—R. E. S. HAYES.

Agaricus muscarius I have found to be of great value in cases of twitching of the eyelids.—A. CROSS.

For the excessive weakness which follows the "flu" this year I have had great success with *Tuberculinum aviaire* 30x.—J. S. PUGH.

Tub. aviaire 30x has served me better than any remedy in the long-lasting prostration after the "flu".—H. D. BAKER.

Be on the watch for serious aggravations after the use of Bach nosodes, even as low as the 15th potency. I have had a number of grave ones.—H. B. BAKER.

In retained placenta without symptoms *Sepia* after abortion and *Puls.* after labor are highly recommended.—W. A. YINGLING.

In pains which increase with the establishment of the menstrual flow think of *Tuberculinum* [as well as *Cimicifuga*].—W. BOERICKE.

Hypericum leads in coccygeal nerve pain due to a fall on the tip of the spine.—B. C. WOODBURY.

For persistent nerve pain in amputated stumps without deciding symptoms try *Allium cepa*.—B. C. WOODBURY.

For nausea of pregnancy aggravated by the sight and smell of food you will rarely need to look beyond *Ipecac*, *Sepia* or *Symphoricarpos*.—B. C. WOODBURY.

Thuja has a circlet of dark, beady warts around the neck.—B. C. WOODBURY.

When *Silica* gives out in caries of the ear, switch to *Lapis albus* (Silico-fluoride of calcium).—H. BELLOWS.

In rheumatism, which is worse every third day, *China* may be the remedy.—E. NASH.

In headache, frontal or behind the eyes, coming at the beginning of every motion, worse closing the eyes, *Theridion* will help.—B. ROY.

When milk tastes sour think of *Nux vomica*.—D. N. DEY.

Alumen has intestinal hæmorrhages (for instance in typhoid) with big clots and much weakness but without much pain.—J. LATHOUD.

Lept. virg. has fœtid stools, black as tar, mixed with brighter blood and mucus, with marked prostration.—J. LATHOUD.

Where dark venous hæmorrhage from the intestines is accompanied with great abdominal pain, it may be *Hamamelis*.—J. A. LATHOUD.

In intestinal hæmorrhage with extreme tympanites, with red tongue which is smooth, shiny and without papillæ, *Tereb.* is indicated.—J. LATHOUD.

CARRIWITCHETS

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

33. Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?—L. GILLIS.
34. How does succussion release the energy of drugs?—D. V. THOMPSON.
35. A girl poisoned by *Belladonna* three years ago still has typical *Bell.* symptoms. How would you treat her?—L. RAND.
36. What is the homœopathic treatment of head lice, body lice and crab lice?—E. BROWN.
37. What would be your classification of the homœopathic remedies and can you give a list of references to the homœopathic classification of remedies?—E. B. LYLE.
38. What is the correct spelling of "polychrest"? Can you give me references from classic homœopathic literature to back up your choice? Also references where varying lists of the polychrests can be found, and your definition of a polychrest?—E. WRIGHT.

FURTHER ANSWER TO QUESTION IN JANUARY ISSUE

Where can I find a proving of Coqueluchin?

—You will find quite a proving of *Coqueluchin*, the nosode of whooping-cough, in the *I. H. A. Transactions*, 1924, p. 218.—W. A. YINGLING.

FURTHER ANSWERS TO QUESTION IN MARCH ISSUE

If a patient who has been on Sulphur calls unmistakably for Lycopodium may you give it, or should Calcarea be interposed? If you do give the unindicated Calcarea will it have any effect at all? Could it harm the patient?

—If a patient has had *Sulphur* and within eight weeks thereafter calls unmistakably for *Lycopodium*, I invariably interpose a dose of *Calcarea*, and have never seen any harm result. The *Calcarea* is only allowed to act for one week, and then I follow up with *Lycopodium*. If eight weeks or more have elapsed since the *Sulphur*, it is unnecessary to give *Calcarea*.—C. GORDON.

—In chronic work *Sulphur*, *Calcarea* and *Lycopodium* are a constitutionally rotating group, so rotating because many of the symptoms are relieved by *Sulphur* and the *Calcarea* carries on. Again, the remainder of the symptoms are very apt to call for *Lycopodium*. This trio is a practical group of rotations because of the symptoms they produce and not because they should be the only ones to be considered in a given case, but according to the symptoms and indications that are left after giving any one of them.—H. A. ROBERTS.

ANSWERS TO QUESTIONS IN APRIL ISSUE

It is laid down that when one ultimate is removed or suppressed by local measures, another coexisting ultimate is made worse. How is it that when polypi are removed, asthma which sometimes coexists is relieved for a time? This is shown by the repeated operation some patients undergo for temporary relief of their asthma.

—You cannot increase pressure, even upon a weakened part, without producing a compensatory action upon the next weakest one.—DR. —

—An ultimate removed by external measures brings temporary relief without the removal of the exciting cause. Nature is forced to take a different course to express itself. Therefore the removal of a polyp in the nose brings temporary relief in asthma, but in course of time a more serious pathological condition develops and your patient's life is in danger. It is, therefore, imperatively necessary on removing any organ or tissue of the body for temporary relief, that the patient be put, after careful study, on the constitutionally indicated remedy.—G. E. DIENST.

—True, but it isn't laid down that the coexisting ultimate is immediately made worse. Go back to your philosophy for a mo-

ment and see what you have. It is laid down that when the vital force is acting normally, the patient is normal, but if some influence disturbs the normal action of the vital force, the vital force resisting that disturbing influence produces symptoms in the patient. It is also laid down that when a new disturbing influence comes in, the vital force resists the new disturbing influence, but in doing so it ceases to resist the old disturbing influence. When the resistance to the old disturbing influence closes, the old symptoms begin to subside and the symptoms brought out by the resistance of the new disturbing influence appear. The vital force resists the new disturbing influence until it has subsided. During this period the patient seems better but the old disturbing influence is still there and the vital force must again resist it and again the resistance produces symptoms, either the old symptoms intensified, or new symptoms in a more vital organ. It does not matter whether the second disturbing influence is an acute disease, an operation or a suppressing drug, the results are the same. In the case in hand, the symptoms have gone on to the ultimate, polypi and asthma. The vital force is demonstrating its resistance at those two points. Operating upon the polypi causes an interference with the line of resistance and the vital force resists the new interference which according to rule makes the asthma subside until the wound heals, then back comes the asthma and if the vital force doesn't succeed in bringing out more polypi, God help that poor asthmatic patient. The homœopathic remedy resents such treatment and often refuses to take up work again for that patient, then the hope of prolonged comfortable life and euthanasia has been destroyed.—F. E. GLADWIN.

—From our viewpoint, the relief of asthma by the removal of the polypus is due to the removal of a reflex irritation, from which, when the pressure is removed the resultant congestion and irritable nerve stimulus are also removed temporarily, but as this does not remove the real cause of both the polypus and the asthma the trouble is bound to return.—A. PULFORD.

—Some asthmatic patients obtain temporary relief when polypi are removed—others do not, and some cases are markedly aggravated thereby. Removal of ultimates (pathological tissue)

diverts or suppresses symptoms; but do not confuse this with curative action.—E. UNDERHILL, JR.

—The removal of the polypi constitutes a suppression. Experience shows that a period of miasmatic quiescence follows, which varies in different individuals.—J. WAFFENSMITH.

If you are called to an elderly patient in the street with a broken hip, in terrible pain, do you give morphine to make the pain of transportation endurable, or will a homœopathic remedy serve as well and, if so, what?

—The very best homœopathic surgeons have not resorted to the suppressive action of morphia for any condition whatsoever; this is always a confession of ignorance of our art. See Carleton's *Homœopathy in Medicine and Surgery*.—DR. —

—If I should be called to attend a severe accident in the street and the patient was suffering severe pain, I certainly would administer a sedative until the patient could be made comfortable in the hospital.—G. E. DIENST.

—Have had no experience along this line.—A. PULFORD.

—Put the patient in a natural and comfortable position and secure him in this position during transportation. Give no morphine. He is in a bad enough fix already. If nothing alarming, give nothing. If in a dangerous state of shock or in a highly nervous state prescribe on the symptoms the same as you would for colic, grippe or any other ills to which flesh is heir, prescribe for the patient—let the surgeon look after the hip.—E. UNDERHILL, JR.

—In the absence of subjective symptoms I carefully note objective ones and make my selection. In case of failure on my part would do next best, expecting the remedy to modify central shock state.—J. WAFFENSMITH.

In your experience have you seen undoubted cases of acute syphilis treated by homœopathic remedies and no other medication which were aborted so that they did not have any secondaries?

—The absolute aborting in case of syphilis is so common an experience that this question comes as a great surprise.—DR.

—I have seen undoubted cases of acute syphilis cured with the indicated remedy without the use of adjuvants.—G. E. DIENST.

—Yes.—A. PULFORD.

—No. Some secondaries have always appeared in the cases I have treated and observed. Tertiary symptoms should not appear with the possible exception of gumma—and this is an eliminative effort on the part of nature. The “classical” treatment of syphilis does not result in gummata but does result in aortic heart disease, aneurysm, paresis and tabes dorsalis—all these being the result of suppressed syphilis.—E. UNDERHILL, JR.

—Yes.—J. WAFFENSMITH.

What is your experience in the treatment of lumps in the breast with homœopathic remedies. How do you determine when they should be operated, if ever?

—Every lump in the breast can either be totally removed with the indicated remedy or the patient will live from two to three times as long as when the knife is used. I have been in practice since 1888 and have in all that time never seen one case cured with the knife.—DR. —

—My experience in treatment of lumps in the breast has been very encouraging if I can get them before the breaking down of tissue or before reaching the suppurating stage. I never had a case operated because the indicated remedy cures.—G. E. DIENST.

—My experience with patients who have had lumps in the breast has been such that I expect to always help them. Why operate when the remedy cures the condition? In these cases don't forget that the lump is only one symptom and is quite likely to be one of the weaker symptoms of the patient. The answer to question 20 gives the reason why no operation should be performed in such cases.—F. E. GLADWIN.

—Have treated quite a number of cases of lump in the breast and in every case where we were sure that we had *the* indicated remedy the lumps were dispelled. Very few lumps are true cancer except for commercial purposes, neither does a benign lump turn into a cancer any more than a young colt turns into a cow. A lump in the breast should NEVER be operated unless there is either no other known method of cure or if it is immediately and seri-

ously endangering the patient's life, as nothing is ever gained by their promiscuous removal; you do not so remove their cause and you destroy much valuable tissue.—A. PULFORD.

—All kinds of experience—good, bad and indifferent. The type (often a spindle-cell sarcoma) where spontaneous evulsion or enucleation begins and there is no axillary involvement should be removed. I am still undecided regarding the several other types of breast tumor.—E. UNDERHILL, JR.

—(A)—Experience has taught me the value of homœopathy in lumps in the breast provided there has been no history of early irreparable suppression. (B)—I do not think it humanly possible to determine when a case should be operated.—J. WAFFENSMITH.

What do you do when you have a patient who complains of buzzing in the ears in whose case the aurist finds nothing wrong and where the physical and laboratory findings are negative and where taking the homœopathic case does not give you the three legs to your stool, as Hering puts it, and your patient is not even of a marked remedy type?

—The *Organon* tells you what to do with single symptom cases.—DR. —

—Would say that I would put the flat of my hand over his lower ribs and hit my hand a rather sharp blow with my fist. I would then repeat it on the right side. On the left side it will probably jar him. If it hurts worse than that on the right side it will usually mean a sore, hence sick, liver. Cure that liver with fruit, exercise, massage, electricity both to liver and liver nerves at the spine and by the indicated homœopathic remedy and you will pretty surely cure the tinnitus. Of course I take it for granted that you have excluded high blood-pressure as a cause as well as the ear, etc., causes. You will usually find light stools in such a case, giving you one leg of your stool.—C. H. CHURCH.

—If I had a patient complaining of buzzing in the ears with paucity of local or general symptoms and no pathology, I find my best remedy, though empirical, to be *Kali iod.* 30th, giving the single dose a long time to act which has proved a godsend to me in many instances.—G. E. DIENST.

—As yet there is *no* specific remedy for buzzing in the ears

and we doubt if there ever will be, but we believe that *Chininum sulph.* HIGH, a single dose allowed to act will come closest to that goal.—A. PULFORD.

—Give *Sac. lac.* and wait. Get symptoms from some member of the family. Sooner or later the "three legs" will be found if a diligent search is made.—E. UNDERHILL, JR.

—Make an objective analysis of the constitutional background, search for the red strand symptom of the active miasm and send a remedy to cure it, which may be a nosode.—J. WAFFENSMITH.

If a patient has many particular symptoms like a remedy and no marked generals and they are, apparently, absolutely lacking in the strongest mental faults of that remedy, would you give it anyway; and would its action, if given, be superficial or deep; and would you give it on a lower potency plane than if the mentals and generals agreed?

—The number of cases in which the mental phase is unobtainable is legion, hence only the general trend of the symptoms need often be considered.—DR. —

—This is a strange question and I would withhold my prescription until some definite symptom or symptoms would develop assuring me of the virtue of my choice of remedies.—G. E. DIENST.

—If the particular symptoms were strong particulars, that is if the patient was shown in those particulars. Let me illustrate: If you went into an audience room and saw, down in front, a row of red heads, you'd think, "I wonder if friend Jack is there"—you would watch until a little turn of the head or jerk of the shoulder revealed friend Jack. The red head was a particular of each individual in the row but the turn of the head and jerk of the shoulder were Jack alone. So with the particular symptoms, if they are designating symptoms and show friend patient and friend remedy, even if those symptoms were few, prescribe on them. With such symptoms it is not necessary to know the generals or mental symptoms. If the many particulars are weak symptoms of the patient and weak in the remedy, don't expect anything of the remedy; but if some of the symptoms are designating

nating symptoms, the action of the remedy will be deep enough to act curatively. Give it on the same plane as though you had the mentals and the generals. Why? Because the remedy fits the patient. You didn't need to have Jack's mental symptoms down there in the front row to recognize friend Jack.—F. E. GLADWIN.

—There is nothing of value to be gained by giving a low potency for any trouble unless you are looking for a mere temporary expedient. Have thoroughly tested this out. If those particular symptoms are found under no other known remedy it is nearly always safe to give the remedy with confidence and if it proves to be *the* indicated remedy its action will be deep and final, otherwise superficial and temporary.—A. PULFORD.

—Give *Sac. lac.* and get more symptoms from the patient himself and from members of his family, if necessary. Perhaps he is grouchy and doesn't admit it. Perhaps he is tearful and hasn't told you. The strongest mentals and generals are often hidden from the world and even from the physician. Do not conclude too soon that a patient has no characteristic symptoms on which to base a correct prescription.—E. UNDERHILL, JR.

—(A)—Yes. (B)—The action would depend upon the attractiveness of the remedy, i. e., the power to shake apart the interlocked habit impress of acquired and inherited suppressions, and produce release of chronic shock discordancies. (C)—Would give on a high potency plane.—J. WAFFENSMITH.

ANSWERS TO QUESTIONS IN MAY ISSUE

One of the answers to question 17 states that a proving of China would be accentuated by a malarial mosquito bite if the prover were tubercular. Why? Is the predisposition to malaria of tubercular origin?

—In my estimation the predisposition to malaria is decidedly tubercular and *Tuberculinum* is one of the deepest acting remedies for the removal of this predisposition.—A. PULFORD.

—Tuberculous patients are often highly sensitive and will frequently prove a remedy given for therapeutic purposes. Many of them are over-sensitive to the bites of insects and to bee stings, and will sometimes suffer alarming reactions. I have ob-

served this in children of tuberculous parents. But what the effect of a malarial mosquito bite during the proving of *China* would be on a tuberculous prover I am not prepared to say. Nor should one intentionally prove a remedy on a known tuberculous patient.—E. UNDERHILL, JR.

—Malaria is an accentuation of certain phases of the tubercular miasmatic state.—J. W. WAFFENSMITH.

—I think that what the writer had in mind who answered this query was that, granted that the mosquito were a malarial one—an anopheles—this would lower the resistance to this organism, and, like recurrent influenza, measles, and some other epidemic miasmata, might bring to light latent tuberculous taints. Malaria is sometimes very difficult to differentiate from miliary tuberculosis; and such a condition would undoubtedly in the Hahnemannian terminology be the out-cropping of latent psora. Hence if the prover's susceptibility to tuberculosis were heightened by the anopheles, it is probably upon the basis of Hahnemann's chronic miasm that this action takes place. Hahnemann defined psora as the basis of all non-syphilitic and non-sycotic diseases. Tuberculosis is not in all probability due to either of these causes, but is based upon psora. Just where then is the relationship between chronic syphilis, i. e., g. p. and malaria, the injections of the latter organisms being advocated as a cure for this complaint? It may be upon the same basis. That is, syphilis and malaria both being fundamentally psoric in origin, hence perhaps their basic relationship.—B. C. WOODBURY.

Is heart trouble more likely to have a sycotic background rather than a syphilitic or psoric one?

—In my estimation the majority of heart affections are sycotic, as the inflammations, the rheumatisms, etc.; while the fatty degenerations, valvular deficiencies, etc., are of a more syphilitic origin.—A. PULFORD.

—Heart trouble can have a psoric, sycotic or syphilitic base. Syphilitic patients are more apt to suffer from aortic heart disease than from other types of heart lesion. Suppression of rheumatic and arthritic conditions are prone to result in mitral heart

lesions. The same is true of badly treated cases of diphtheria and scarlet fever.—E. UNDERHILL, JR.

—Yes. Sycotic most common and malignant; frequently plus syphilitic. Psoric more functional.—J. W. WAFFENSMITH.

—Certain forms of heart trouble, yes. Dr. J. H. Allen, in his work on *Sycosis*, puts down "gout of the heart", as the most common type of the tertiary lesion of sycosis, as affecting this organ. And in this connection he states that the manifestations are "changes in the form and size of the organs, changes in the valves, hypertrophies, softening of the valves, dilatations and slow, soft, or intermittent pulse. In cardiac diseases they have no pain to speak of, dangerous conditions develop, while the patient is oblivious of the fact". Of course one would never confound states of this sort with aortitis, and aneurysms or other conditions known to be frankly syphilitic, as such cases are usually made clear by the history. When sycosis complicates syphilis, it is more difficult; and finally when psora is also predominant, we have to deal with the triple miasmata. The order is generally, however, psora, sycosis, syphilis. This is by reason of the fact that psora is more often a matter of inheritance, sycosis is acquired in the early years of the sowing of "wild oats", and syphilis more often thought of in "old sinners", so-called. Unfortunately the order is not always thus, nor the history so clear. Here again, psora would probably be prior to either of the other two miasmata in the development of cardiac disease.—B. C. WOODBURY.

Is a patient who has had a great deal of crude drugging likely to be sluggish or hypersensitive for that reason, and how would this influence the potency you would give?

—As to the sluggishness or hypersensitiveness caused by crude drugging it would depend largely on the drug used as well as the temperament of the patient. The temperament of the individual would influence the potency more than the drug used.—A. PULFORD.

—The crude drugging will have been an important factor in producing the symptom complex presented by the patient, but it will depend as much upon the individual constitution as upon

the drugs used as to whether the patient will be sluggish or hypersensitive. I would start such a patient at a fairly low or medium potency—the 30th or 200th.—E. UNDERHILL, JR.

—It would depend upon the individual patient. If sluggish he would require a high potency, if hypersensitive a low or medium one.—J. W. WAFFENSMITH.

—Ordinarily thought to be so; yet not always. It would depend, it seems to me, upon the individual reactions. Hypersensitiveness to certain influences may make one sluggish to others, and *vice versa*. Hence the reactions to potencies might similarly be disposed of. Many have the idea that in organic disease, the remedy should be used in a plane more nearly approaching the crude drug substance. Others are of the opposite opinion. It depends undoubtedly upon the individual response. It is a safe rule to start with a medium potency, if one is sure of the remedy, and go higher or lower until a response is met with in the organism. Dr. E. B. Nash once stated that in a case calling for *Asajætida*, no reaction at all was evidenced until the drug was used in the crude form. Hence are we not justified in the use of a remedy in any or all potencies that will cure? This prompted the writer some years ago to write a paper upon what he chose to term the "Pan-potentist".—B. C. WOODBURY.

One of the students in my homœopathic clinic asked me just what the homœopathic remedy did to the protoplasm of the body cells to get its action? How would you have answered this?

—In reply to the question *in re.* the *modus operandi* of small doses, I fear that any answer I could give would be too long for use in your column. However, I send the following remarks as suggestions. Some of the points are dealt with in greater detail in my "Laboratory Aspects of Homœopathy" (*Journal A. I. H.*) and the last "Hahnemann Oration" (*Hahnemannian*).

1. The first point to strike the mind is that drugs do not act unless they are soluble. Many of the "peculiar" practices of homœopathic pharmacy are unconsciously designed in order to make drugs soluble, that is, trituration and dilution. I do not pretend that this is all the reason but is one factor.

2. Trituration and dilution increases the acting surface of a

drug unless the drug is more rapidly removed than the increase in surface created. In other words the amount of surface of a log is far less than the surface on the sawdust which could be made if that log was ground. Drug action depends largely upon drug surface.

3. Contrary to general opinion drugs are not scattered throughout the body but are collected at sites of elective affinity. Because of changes in surface tension, lipoid solubility, etc., there is concentration of a drug at sites of elective action, so that concentration occurs and may reach an effective concentration.

4. Contrary to general opinion a drug is not "used up" in a reaction as I have shown with strophanthin actions upon the heart muscle. Here the drug alters surface conditions in the heart muscle and will continue to do so until excreted. That is, because a small quantity is used, it by no means follows that it is destroyed after having effected a certain action.

5. As a rule there is hypersensitivity in disease. Although this is not invariable, the phenomenon is very widespread. Antipyretics will lower increased temperature but not normal temperature; morphine in small doses will stop pain but not cause anæsthesia, and countless other examples are available. In short much less is required in disease than in health.

6. It cannot be over-emphasized that only secondary drug effects are desired in a large number of cases and that these effects cannot be secured with large doses. In the other cases where the Arndt-Schulz phenomenon is effective, only small doses are stimulating.

7. A most important point is the necessity to recognize "trigger response" which I have emphasized elsewhere. In physiological processes, there is no necessary relation between the stimuli (in amount) and the response (in amount). A pin prick may alter the behavior of the entire organism by virtue of the changes once set in motion. This trigger response which I considered in detail in an article is of extreme importance, and the small dose may initiate a series of changes far beyond the site of action and out of proportion to the stimuli itself.

8. Another source of difficulty has been in a failure to rec-

ognize the importance of the body rather than the drug itself. For example we commonly use *Muriatic acid* in the treatment of the hæmorrhage of typhoid fever. It can be easily shown that the concentration used has no effect upon blood vessels nor upon coagulation. However if the experiment has been performed *in vivo*, it can be seen that the presence of an acid increases the sensitivity of the tissue many times over to adrenalin, and the effect is due to adrenalin acting in a different medium (acid) rather than a direct effect of the acid itself. Many of the drugs characterized by fear in their symptomatology do not cause it directly but do so because they stimulate the adrenals and the result is due to the action of adrenalin rather than the drug directly. In short giving a drug may merely act by stimulating the production of powerfully acting substances. The same may be said of giving *Agaricus* which is not particularly powerful but which appears to stimulate the formation of acetyl choline which is the most powerful substance known to medicine. In short we must cease to think of the drug and the effect, and consider the drug, the body and the effect.

9. The action of many drugs in a colloidal state approaches the action of catalysts which is not "used up" in the reaction but merely accelerates the reaction.

10. There is a considerable reason for believing that many drugs merely activate certain substances. For example some drugs appear to convert inactive forms of adrenalin into active forms.

I have merely jotted down ten reasons which occur to me at the moment and which are generally accepted by those who have done work in this field. I have omitted many more reasons and reasons which are more important because they lead into difficult fields. To mention only one: the action of metals is not due to the metals but to their micro-radiations, that is, one can use another metal in place of potassium and get exactly a potassium effect providing the second metal is used in an amount which has exactly the same micro-radio-activity. Different amounts of antidoting metals can be used providing they emit *alpha* in place of *beta* rays in the same amounts. Whether the method of preparation of drugs increases their micro-radio-ac-

tivity, I prefer not to state. Likewise there are at least five types of metallic lead, each being an isotope of the other. They have the same characteristics except that they vary in activity. The problem of converting lead into an isotope which is active need not be considered here, but I trust I have said sufficient to suggest that the explanation is not a single one and is very complex. I hope in my desire to condense the statement, I have not caused confusion.—L. J. BOYD.

—I would answer offhand by invoking the Arndt-Schulz law or postulate a small subphysiological dose of a remedy having similar action as the disease will stimulate or refunctionate the protoplasm.—W. H. DIEFFENBACH.

—I suspect the poor little homœopathic remedy would stand appalled, if it had to attack so crude a thing as protoplasm. All the homœopathic remedy is supposed to do is to correct the deranged action of the vital force after which the vital force acts normally and vivifies the protoplasm in the good old-fashioned way.—F. E. GLADWIN.

—When one cannot tell or rather answer a question the most intelligent thing to do is to say I DO NOT KNOW. Just what the homœopathic remedy does to the protoplasm is purely speculative and good old Hahnemann warned us against the formulation of THEORIES. If more parents would either take the time to answer their children properly and have the temerity to say I DON'T KNOW—when they positively do NOT instead of answering them evasively or trying to make them believe they do know when they positively do not know there would be infinitely less ignorance in the world than there is today.—A. PULFORD.

—This is purely a matter of conjecture. One might say that the homœopathic remedy changes the electrical polarity of the cell protoplasm. Another view could be that the correct remedy normalizes the protoplasmic vibrations of the body cells. But to this day no one can absolutely say with certainty just what does take place when like meets like, and the *simillimum* has found its mark.—E. UNDERHILL, JR.

—It would raise the reactive quality of the protoplasm to a consistent plane with the renewed activity of the vital force.—W. WAFFENSMITH.

—Upon the basis of vitalism, and more particularly the neo-vitalism of Driesch, who states that epigenesis does not begin in the nucleus, as taught by Weismann and others, but is a property of the whole cell protoplasm, we might infer that in the same way drug action is not confined to the reactions of protoplasm specifically, but in a general way, hence dynamic or vital in its extent. If the student can comprehend the true import of the term "dynamic", he can then grasp the basis of action of the dynamic, attenuated remedy. Vital reaction is something more than just the result of chemico-physiological reactions, it is the response of life itself. It is upon this plane that the indicated remedy exerts its "dynamis". In the language of Driesch it is not merely potential energy, but actual as well, i. e., entelechy. In other words not merely energetic, but synergistic, in fact comprehending the whole of life. In this sense the remedy acts upon the whole organism.—B. C. WOODBURY.

What are the homœopathic implications of isomerism?

—In regard to the question dealing with isomerism, I have done considerable work which cannot be considered here. Isomers may completely change the action, at times to inertness, difference in effect, etc. The more complex the structural chemical chain the greater the activity of the isomer at least for the aliphatic series. An isomer which introduces an asymmetric atom of carbon often completely changes the action. The answer to this question cannot be made in even a few pages so that it will be left untouched. These remarks are included merely to show the question is not new and has received attention.—L. J. BOYD.

—I would offhand answer by stating that isomeric substances even if almost identical require separate provings and study before assuming any homœopathic action upon each other.—W. H. DIEFFENBACH.

—All that homœopathy knows about substances it has learned through the physiological laboratory. It has not yet found two different things to be exactly alike. Probably there is some kind of vitamine or a something else in the natural substance that the chemical laboratory has not disclosed, therefore it would be left out of the synthetic isomeric substance but in

the physiological laboratory the difference would be discovered.

—F. E. GLADWIN.

—I do not understand what the questioner means by this question.—A. PULFORD.

—Implies the universality of the homœopathic law; that it not only applies to the treatment of disease, but finds exemplification in chemical affinity.—J. W. WAFFENSMITH.

—The answer to this question of Dr. Schmidt's is four-dimensional in its import, likewise in its implication. On the basis of isomerism two chemical compounds may be identical in their atomic proportions, but differing in their properties or structure. Writers on the "fourth-dimension", as for example, Prof. H. P. Manning, state that the "contracted properties" of isomeric compounds such as dextrose and levulose, which in their "chemical constitution are exactly the same", "are due to right and left reversal movement in the minute particles of which they are built up". The same is the case with certain snails, coiled either to the right or to the left. Their corresponding power of rotation of a polarised beam of light to right or left, "is an expression of internal difference, a right or left twist of their atoms, by a four-dimensional force". When we come to the implication of such properties, so far as homœopathy is concerned, we are at once face to face with remedial relationships, remedial sequences, and remedial complements. All this has to do first of all with the classification of remedies so far as their generic relationships are concerned, and this has best been worked out by such authors as Teste, Hempel, Dake and others. In the second place it has to do with individual remedial action, as is seen in the chapter on "Relationship of Remedies", in Bœnninghausen's *Therapeutic Pocket Book*, as elaborated or perhaps epitomized in the writings of Kent, in Gibson Miller's outline, *Relationship of Remedies*, and by later writers such as Boger, Margaret Tyler and John Weir. Remedies related generically may or may not fit similar cases; similar cases may or may not call for the same or similar remedies. There is here a sort of heterogeneity. Yet despite this, the implication lies fully as much in polymorphism as in isomorphism. Further than this, the writer's reasoning does not go.—B. C. WOODBURY.

BOOK REVIEWS.

A Synoptic Key of the Materia Medica, 3rd ed., by C. M. Boger, M. D., published by Baptist Banner Publishing Co., Parkersburg, W. Va., 1928, 332 pp. Price \$6.00.

Dr. Boger's little book is a gem. As he states in his foreword, he has assembled "the significant features of seemingly disassociated symptom groups". The first part is a REPERTORY analysis comprising eighty-one pages, beginning with TIME, CONDITIONS OF AGGRAVATION AND AMELIORATION, GENERALITIES, INTELLECT, then MIND and on through the usual order. He has wisely mentioned in the headings "ACCESSORY CAVITIES" with NOSE, and separated CHEST and LUNGS, AXILLÆ, MAMMÆ, HEART CIRCULATION AND PULSE, ETC. for clarity. The repertory follows in general the Bœnninghausen plan.

Part II, pages 85 to 271, gives the SYNOPSIS of remedies and contains such less usual ones as *Adonis*, *Aletris*, *Anthracin*, *Aranea*, *Asclepias t.*, *Bellis*, *Calc. hypophos.*, *Chimaphila*, *Chion.*, *Comocladia*, *Cornus*, *Culex*, *Dictamnus*, *Epiphegus*, *Euonymus*, *Fraxinus*, *Gymnocladus*, *Mygale*, *Ocimum canum*, *Polygonum sag.*, *Robinia*, *Sabal.*, *Scoparius*, *Solidago*, *Thyroid*, *Tilia*, *Vinca minor*, and *Zinc. chromate*.

Then follows a table of DURATION OF ACTION OF REMEDIES, two pages of COMPLEMENTARY REMEDIES and about fifty of SUPPLEMENTAL REFERENCE TABLE.

When you get the hang of it, the book should be most usable and valuable to experts as well as beginners.—E. W.

The Treatment of Canine Distemper with Potentized Virus, by Dr. Horace B. F. Jervis. Published by Ehrhart & Karl, Chicago, Ill., 1929. Price, fifty cents.

This little monograph is filled full of enthusiasm for and verification of the Law of Similars as applied to the companion of man, the dog. Dr. Jervis is a convert to homœopathy, and he reviews the inefficacy of former methods of treatment by veterinarians of this dread disease, canine distemper, showing the failure of various serums over and over again. Dr. Jervis has proven the nosode, the potentized distemper virus, on groups of dogs, using the thirtieth potency and above by mouth. By using controls he has made some very interesting deductions, and he has found this potentized virus to be an excellent prophylactic against distemper, much as the results have been on humans with *Belladonna* in scarlet fever and *Variolinum* in smallpox.

The whole book radiates a thorough appreciation of the law of cure and a comprehensive knowledge of the fundamental principles of homœopathy. It is a book well worth possessing, both by veterinarians and by the general practitioners, who have much to do with the "companion of man".—H. A. R.

Lectures on Homœopathy, by N. Nundi, M. B., published by Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India, 1928. In English. Pp. 137. Price Rs. 2 (75c).

This book is a small practice of medicine and begins with some basic philosophic principles, pharmacological rules, remarks on dosage, potency, the keeping of medicines, etc. All this in the preface. He then takes up the various diseases, including some of the tropical ones and some conditions like hic-cough, colic, enuresis, etc., which are merely symptoms and gives in each instance brief indications for each of several homœopathic remedies. It should be a very handy little book for beginners in homœopathy. The potencies suggested vary from 1x to the 200th. Unfortunately at the end a half a dozen pages on "a few American standard prescriptions in tablet form" which are called spleen tablets, dyspepsia tablets, phthisis tablets, etc., and for none of which are the constituents, let alone a formula given. It is most unfortunate that this should have been added to what is otherwise a truly homœopathic little book.—E. W.

CURRENT HOMŒOPATHIC PERIODICALS*

THE BRITISH HOMŒOPATHIC JOURNAL

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<i>On the Causes and Treatment of Malignant Disease:</i> Nebel reports his researches on the parasitism of malignant growths, starting in 1910 with samples of the micrococcus of Doyen and Schmidt's antimeristem (similar but more violent owing to <i>Mucor racemosus</i>). We quote the paragraph describing what Nebel noted in a bouillon culture of <i>Mucor racemosus</i> and <i>Micrococcus neoformans</i> : "The micrococcus, which is characterized by a great mobility, moves in the direction of the mycelium of the mucor. It enters the mycelium, where it multiplies by "scissiparite"; it enters the sporangium, and multiplies there in the same manner. This takes place when the mucor is not accustomed to symbiosis with the micrococcus. When this 'becoming accustomed' has taken place, and the mucor itself produces antitoxic substances which compel the micrococcus to form a defensive membrane, we have before us a small cyst which grows larger, and in this cyst the micrococcus multiplies. In the same degree as the defensive forces of the mucor increase, the cyst grows and forms a double membrane. The micrococcus in the cyst itself is obliged to encapsulate again, so that we have a cyst with double membrane in which we find microcysts with cocci. I will not insist here on the ulterior development, I will only mention that besides the asexuated development there is a sexuated one. The cellular inclusions which have been studied and described by a great number of authors—I name only a few—Plimmer, von Leyden, Bose and Sudakavitch, are comparable with the forms I have just described. It is not surprising that, using exclusively the staining processes common in pathological histology, no satisfactory explanation of these	

Titles marked with an asterisk () are abstracted. All journals are in English unless otherwise specified.

inclusions could be reached. Nearly all authors have found these forms, but only in the protoplasm of the cells".

Nebel classes the cancer microbe among the small myxomycetæ and calls the genus *Onkomyxa*. He can distinguish *Onkomyxa neoformans* cytoplasma biotica and *Onkomyxa cytoplasma cario-biotica*.

The study of the parasitology of cancer has met with criticism because men thought there was only one microbe in malignant tumor and neglected protozoologic methods, by cultivating pieces of tumors in the thermostat, evidence of the existence and evolution of the different microbes can be produced. Tumor samples examined in the camera of Schultze show the living forms. The best staining is obtained with fuchsin, magenta, or safranin in carbolic solution, followed by coloration with indigo blue or *vert lumiere*. Nebel continues: "For the differentiation of this onkomyxa we may cultivate the microbe in symbiosis with the *Mucor racemosus* and yeast cells. The inoculation of the culture in rabbits, white mice, white rats and goats produced different tumors, sarcoma and carcinoma". From these cultures Nebel extracts toxins of clinical diagnostic value comparable to tuberculin, and prepares vaccine and an anti-cancerous serum.

In part II Nebel claims Hahnemann's description of psora to be the finest one of tuberculosis, and adds that Hahnemann wrongly included under psora leprosy, actinomycosis and cancer. Subcutaneous and intracutaneous injection of toxin from the cultures of the various microbes of cancer shows an area of swelling and redness sometimes surrounded by a pale and œdematous zone sensitive to touch. The reaction may last for a day or longer. A decrease in the size of the tumor and especially the neighboring glands very often follows (in tertiary syphilis similar injection gives the same reaction but if it is gumma it begins to ulcerate and pain increases. If it is cancer the reverse occurs).

After much other interesting matter Nebel states that cancer is relatively mild in aforesaid tuberculous patients because of their strengthened resistance but cancer of rapid evolution is found among tuberculous and cancerous families. Chronic g. c. and vaccination predispose to papillomatous cancers. Chronic syphilis and malaria make the cure of cancer easier because of their clear therapeutic indications.

Nebel thinks seaside and damp climates are unfavorable to advanced cancer cases.

Where there are marked ulcerated, cutaneous affections as in India and Morocco, cancer is rare. Nebel considers this an example of spontaneous defense of the organism by the skin.

In part III he mentions homœopathic remedies as follows: *Sulph.* in cancer of slow evolution; *Septa* in cancer of rectum and liver; *Graph.* in scirrhus cancers, especially of the right breast; *Caut.* in cancer of prostate and left breast; *Baryta* in cancer of pancreas and parotid gland; *Aur.* in cancer of lip and liver; *Nit. ac.* in cancer of tongue; *Symph.*, *Pib.*, *Merc. bin.*, in affections of periosteum; *Ars. iod.* and *Iod.* in affections of thyroid; *Thall. sulph.* in affection of upper two-thirds of stomach; *Mallein* in affections of nasal passages and larger curve of stomach. Nebel continues with a discussion of "drainage" remedies whose principle is that cancerous toxins have no self-eliminating power and need certain remedies to open channels of outlet. He illustrates by saying that, for instance, in cancer of the lower colon *Lyc.* may be indicated but a marked aggravation will almost certainly ensue unless a special detoxicating remedy follows such as *Chel.*, *Card.*, *Tarax.*, or *Hydr.*

Nebel adds that leucocytosis can be excited with the yeast ferments of Dr. Debacker, with nucleinic acid, with preparations of radium and of

mesothorium. In hard tumors *Sil.*, high, *Hydrofluoric ac.* or *Calc. fluor.* may be given. In soft tumors the same in stronger doses. *Mag. phos.* in tumors with lancinating pains. Cancer toxins are hypotensors, i. e., weaken the heart, and *Adon.*, *Conval.*, *Mosch.*, and *Stry.* are of great service. Nebel continues advising the use of his vaccine in high and low dilutions at the same time. In advanced cases toxins and vaccines are contra-indicated and diluted serum, obtained by injecting toxins into animals, administered instead. He further uses pure serum locally to glands, the periphery of tumors, and ulceration. This serum has no influence on the healthy tissues. Cases follow.

The Pathogenesis of Dysentery and the Proving of the Nosode Dys. Co.: This a valuable article giving general discussion, proving and an appendix of pathological conditions developed in the proving and an addendum of the complementary remedies to *Dys. co.* which are as follows: *Amm. carb.*, *Arg. nit.*, *Arn.*, *Ars.*, *Cact.*, *Carbo. veg.*, *Coff.*, *Dig.*, *Gels.*, *Graph.*, *Kali carb.*, *Kalmia*, *Lach.*, *Led.*, *Lyc.*, *Mag. mur.*, *Nat. carb.*, *Phos.*, *Plat.*, *Sang.*, *Sep.*, *Spong.*, *Tub.*

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<i>Asai</i> , an Indian Remedy for Black Water Fever: <i>Asai</i> is an herb found in Assam, India. This article describes the symptoms for its use and cites various cases where it has proved effective.	

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The Common Cold: Dr. Weaver writes a very interesting article on the whole subject of colds from etiology on. Under treatment he stresses certain common-sense precautions and methods, and he is against the local measures commonly employed in the watery stage. In the muco-purulent stage, however, he suggests [contrary to strict homœopathic usage—Ed.] painting with argyrol. He further states that local applications to the mucous membrane remove a normal protective secretion and that one should not go out within twenty minutes of such local application. Instead of realizing that this should be a contraindication to such local measures he uses an oily spray after the treatment in his office. In discussing vaccine therapy he thinks 60% of the cases will be benefited for one winter if there are no pathological effects, and favors stock rather than autogenous vaccines. [This also is of questionable homœopathicity—Ed.] There follows a discussion of homœopathic remedies for the first stage of the cold: *Acon.*; *Gels.* (colds from exposure to dampness, summer colds, tender eyeballs, etc.); *Camph.*, *Bell.* (red tip of nose without nasal burning of *Ars.*); *Sang. nit.* (colds beginning with post-nasal burning and rawness); *Caps.* (post-nasal peppery burning with swollen uvula and loss of sleep and restlessness); *Eup. per.*; and *Bry.* (especially with frontal sinus involvement and vertigo).

In the second stage *All. cep.*; *Euphr.* (the three E's—"Euphr. excoriates eyes"); *Ars.* (burning eyes, nose tip like erysipelas, nausea so can't bear sight of food); *Sang. can.* (sinusitis cases with some headache, bloody, acrid discharge, tubal deafness, involvement of taste and smell); *Ferr. phos.* (onset in nose and larynx together, frequent colds); *Merc. sol.* (acrid muco-purulent with conjunctivitis, worse damp weather and night); *Nux v.* (alternate opening and closing of the nostrils, worse at night, with gastric disturbance, pressing pain at nose root); *Nat. m.* (with cold sores, slow return of normal taste and smell); *Arum l.*

Third stage: *Puls.* (with earache, when remedies fail in earlier stages); *Kali sulph.* (lemon or orange-yellow discharge with sinusitis, with intermittent drainage of much creamy-yellow pus); *Hep.* (nostrils stopped in cold air, moist skin, tingling nose on throwing off bed clothes, in acute coryza following suppression of skin eruption); *Iod.* (resolution with larynx and bronchi involved); *Ars. iod.* (burning nose in tubercular subjects with profuse thick green discharge); *Hydr.* (constant desire to blow nose though no discharge, post-nasal dropping, dyspepsia from swallowed mucus, worse 11 a. m. or 4 to 5 p. m.); *Kali bi.* (gluey, bloody discharge, sensitive spots over nose and sinuses with neuralgia); *Kali mur.* (glairy post-nasal discharge with eustachian deafness).

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- A Leading Remedy for Chronic Diseases, *Plumbum*: This is a loosely written account of *Plb.* with some amazing statements which should have been backed up by bibliographical data, but are suggestive, *viz.*, that *Plb.* with perhaps the aid of *Variolinum* will do more to eradicate syphilitic soil than any other remedy of our materia medica; that *Plb. iod.* will remove results of inherited syphilis [*when indicated* should certainly be added!—Ed.]; that *Plb.* has more symptoms (4,153) than any remedy in our materia medica to its credit; and the "greatest cycle of action of all drugs"; that *Plb. iod.* and *Aur. iod.* cover the cycle of every ill that flesh is heir to". Kendall adds several less sweeping statements such as that *Plb.* is valuable in jaundice; *Plb. met.* almost "specific" for gastric crisis; *Plb. carb.* valuable in lead poisoning, for which *Sulph. acid* "given in form of lemonade" is also recommended. Also that alcohol is a preventive of lead poisoning; and *Plb.* to be thought of in effects of suppressed eruptions.

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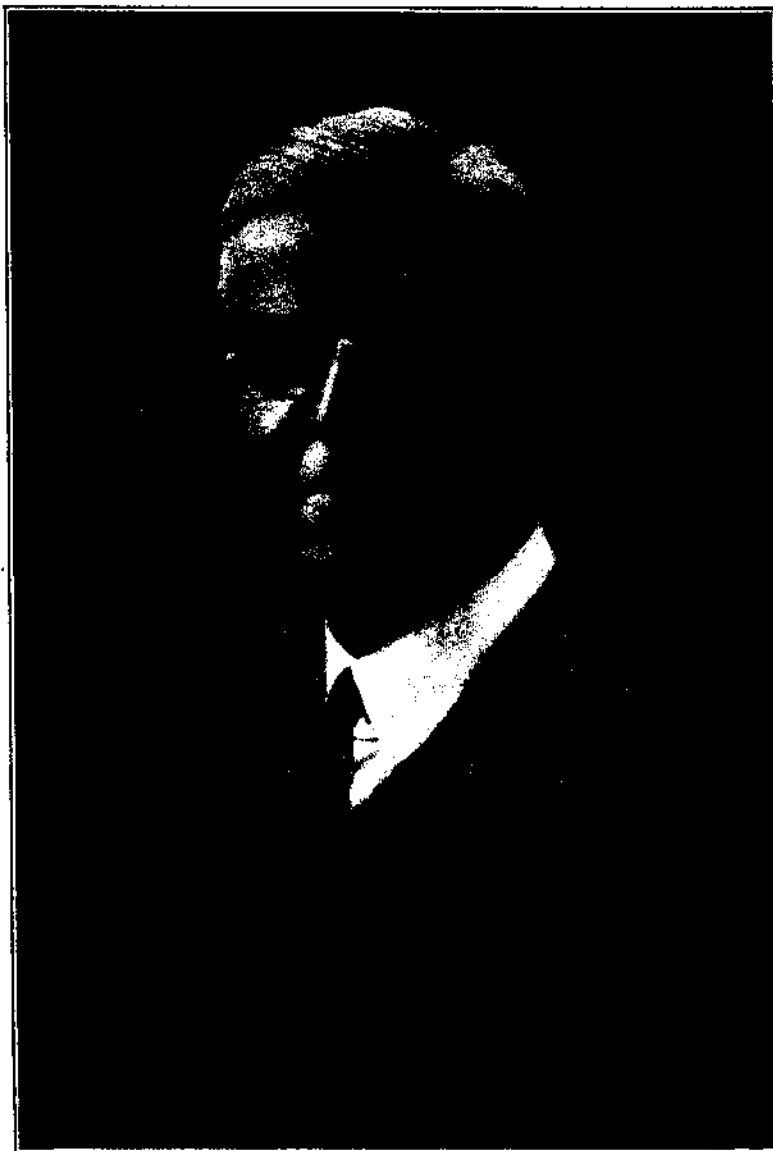
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THE LATE STUART CLOSE, M. D.

THE HOMCEOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., JULY 15, 1929. No. 7.

QUESTIONNAIRE FOR MAKING A SYSTEMATIC STUDY OF THE *ORGANON* OF SAMUEL HAHNEMANN

DR. JOAQUIN SEGURA Y PESADO
Mexico, 1929

(Translated by Hershberger)

The numbers of this questionnaire correspond to the numbers of the aphorisms of Samuel Hahnemann's *Organon* (fifth edition) of the art of healing.

1. Which is the first and principal mission of the physician? What should the true physician prefer, the fantasies of his imagination or real and positive facts?
2. What should be understood by the word healing, or in other words, what is the ideal of a true healing?
3. What does the physician have to know in order to be able to effect real cures?
4. Besides healing the sick, what other mission has the physician and what does he require for its realization?
5. What is the first thing the physician should attend to in order to heal the sick?
6. Apart from the exciting circumstances, what other thing should the physician consider in all cases of disease? Regardless of the exciting causes of a disease, what is it that represents the disease in its whole extent?
7. Without ever disregarding the exciting causes of a disease, which should always be removed, upon what should we base our conclusions for the purpose of curing it? Outside of the exciting causes and symptoms, is there something else on which the physician should base his opinion for the purpose of curing the diseases of a dynamic order? What is to be understood by *symp-*

toms, or what does this word specifically mean? Is it one symptom or the totality of all symptoms which should serve us as a basis for the healing?

8. When all the perceptible symptoms have disappeared, how can we consider the individual who consulted us? As healthy or sick?

9. What is it that maintains all the parts of the organism in admirable, vital harmony in the state of health? Besides the organism and the vital force, is there another entity that enters into the constitution of man?

10. When the organism is deprived of the vital force, can it feel, function and preserve itself? To what is its sensibility, functions and preservation due? To what are man's memory, intelligence and will due?

11. Who is it who first feels the influence of the morbid causes that do not manifestly act in a physical or chemical manner? What occurs as a consequence of the modification such as life undergoes under the influence of morbid agents? Can we perceive therein the modification which life undergoes under the influence of morbid causes? How does life express the modification as experienced by the morbid causes?

12. What produces diseases? To the observer, what is the equivalent of the change which the altered vital force undergoes in its mode of being? If all the symptoms disappear, what should we infer is taking place with the vital force as altered by the disease?

13. Eliminating the diseases of a strictly mechanical or chemical order, are the other ones separate from the organism and from the vital force and concealed in the interior of the body? What, therefore, are diseases? Are they modifications of the mode of being of life, or are they physical or chemical phenomena of the living organism?

14. How do all the curable alterations of the vital force manifest themselves to the observer?

15. The derangement of the vital force and the symptoms through which they are manifested: are they two different entities such as would permit the existence of one without the other, or do they not constitute one and the same thing?

16. In what way do the inimical agents affect the living organism? Why do they affect it dynamically and not in another way? The diseases being of a dynamic order, how should the medicaments act in order to effect their cure?

17. What does a true physician have to make disappear in order to be able to consider a disease as really cured?

18. For the purpose of choosing a remedy, why can we not base our opinion on something apart from the symptoms as presented by each case which it is desired to cure?

19. On what are based the curative virtues of the medicaments?

20. Is it possible for the intelligence alone to know what the curative virtues of the medicaments are and their power to modify the healthy organism? How then can those two powers peculiar to all medicaments be known, to wit: that which perturbs the healthy organism, and that which restores health to the diseased organism?

21. By experimenting with the medicaments on the healthy organism, what is the positive and indubitable result which we obtain? If, then, all that we obtain are symptoms, without it being humanly possible for us to obtain another result through experimenting with the medicaments, what should we therefore conclude in this connection in order properly to apply the medicaments for the cure of diseases?

In view of the fact that the medicaments are not for us, but groups of symptoms, and nothing else, to what is it natural to attribute their curative power?

22. On the basis that diseases are characterized by the totality of their symptoms, and the medicaments also by the totality of theirs, and that beyond the symptoms of the diseases and of the medicaments nothing is known, on what can we base our judgment for the application of the second ones to the first ones, and what effect do we obtain? How many relations exist between the symptoms of the diseases and the symptoms of the medicaments?

23. By administering the medicaments in accordance with the antipathic relation, what results are obtained, and what do the experiments reveal?

(The difference relation is eliminated because it leads to the selection of any medicament for any disease.)

24. With the antipathic and allopathic relations being eliminated, owing to their inadequacy to effect a cure, what other relation remains for employing medicaments in diseases?

25. What do careful trials and pure experience teach when medicaments of a rigorous homœopathicity are applied in the cure of diseases? Do all the medicaments cure the diseases that have symptoms very similar to those which they produce?

26. How can the homœopathic law of healing be formulated so that its curative efficacy may be understood: Examples of a different order as compared with those of a therapeutical order which can serve for the comprehension of the homœopathic law.

27. On what does the curative power of the medicaments depend? How can a disease alone be cured and annihilated in a sure, radical, rapid and permanent manner?

28. Why is the law of similars a positive fact? Has the scientific theory in regard to the manner in which a cure is effected according to the law of similars great importance?

29. How, according to Hahnemann, is the cure effected when a homœopathic medicament is administered?

30. Is the human body more affected by the natural agents of disease, or by the medicinal agents? Inasmuch as the natural diseases are overcome by the medicaments, what should we infer from this in regard to the strength of the natural agents of diseases and of the medicamentous agents?

31. Do the causes of the natural diseases possess in an absolute manner the power to derange the health?

32. Do the medicaments alter the health in a constant and indefectible manner?

33. Is the human organism more susceptible to the action of the medicaments than to the action of the natural morbid agents?

34. Besides the greater strength of the medicaments acting on the natural causes of disease, what other capital circumstance makes them curative agents?

35. Can Nature or art cure a natural disease by employing unhomœopathic agents?

36. If the organism suffers from a disease, and another disease of equal strength attacks it, or one of less intensity, what is one of the results to be observed in this connection?

37. What occurs when a chronic disease is treated by medicines unhomœopathic and of not too violent character?

38. What other result, apart from the repelling of the disease, occurs in connection with the dissimilar diseases when they are present, and what cases can we cite?

40. Besides the repelling and the suspension, when two dissimilar diseases are present, what other phenomenon is observed?

41. What phenomenon very frequently results from giving unhomœopathic remedies in chronic diseases?

42. In what condition do two or more diseases appear at the same time in the organism?

43. Can two similar diseases appear simultaneously?

44. Do two similar diseases become repelled, suspended or united?

45. What happens, then, when two similar diseases are present?

46. Cases of homœopathic cures as presented by Nature.

47. The fact that the dissimilar diseases are repelled, suspended or united, but not cured; and on the other hand, the fact that the similar diseases made present by the selfsame Nature are cured: what does this all teach the physician?

48. What do the examples given in the immediately preceding paragraphs demonstrate?

49. Why is there not a considerable number of examples of natural homœopathic cures?

50. Why can there not be utilized the diseases which Nature presents for curing the diseases that are encountered in practice?

51. What advantages have the medicaments, as employed by physicians, over the natural morbid agents?

52. In view of what is set forth in the immediately preceding paragraphs, is it possible to continue administering allopathic agents? In general, what are the results of allopathic practice?

53. When do mild, rapid, true and permanent cures take place? And what is the reason of such?

54. Of the three possible modes of employing the medica-

ments, which is the only one that effects rapid, mild and permanent cures?

55. What does the allopathic method consist of, and what are its practical results?

56. Besides the homœopathic and allopathic methods, what other one has been employed for the curing of diseases? What does Hahnemann say in regard to this method?

57. What is the proper procedure in order to carry into practice this manner of applying the medicaments, and what examples can we cite?

58. What objections can be had to the antipathic method of curing diseases?

59. Examples which demonstrate the pernicious results of the antipathic method in the treatment of diseases.

60. When the pernicious results of the antipathic employment of medicines are in evidence, what does the physician do to overcome the difficulty, and what inconveniences occur in this connection?

61. In view of the pernicious results of the antipathic method, what is it that naturally occurs, and which heretofore has been overlooked by the traditional physicians?

62. Can the pernicious results of the antipathic method on the one hand; and the beneficial ones obtained through the homœopathic method on the other hand, be explained?

63. To what is applied the term of primary action of the medicaments? To what is applied the term of secondary action of the medicaments?

64. How many acts are there in the action of a medicament on the organism?

65. Examples of action and of reaction of the organism as modified by divers agents.

66. To what is limited the reaction of the minute homœopathic doses?

67. Do action and reaction, incontrovertible truths, reveal the supremacy of the employment of homœopathic medicaments?

68. Do the medicaments in uncommonly small doses seem to leave an artificial derangement which is soon overpowered by the reaction of the organism?

69. What takes place in the organism when palliative medicaments are employed which shows the superiority of the homœopathic medicaments?

70. What does a physician have to make disappear in order that a sick person may be really cured? How should we consider the internal causes to which are attributed the diseases and the material principles of those on which they are made to depend? In what does the virtue of the medicaments consist? How does that power become evident to the physician? Can a disease be cured by employing medicaments of allopathic effects? What results from employing medicaments of symptoms opposed to those which it is desired to cure? What then is the only method which should be employed?

71. In view of the truth of the homœopathic law, what are the three points to be solved in the medical problem?

72. How many kinds of diseases is man liable to contract? What is meant by acute diseases? What is meant by chronic diseases?

73. What are the two categories of acute diseases? What are the causes of the individual diseases? What are the causes of the collective diseases and how can these diseases be divided?

74. To what is applied the term of medicamentous chronic diseases?

75. What is the opinion of Hahnemann in regard to the curability of the medicamentous chronic diseases?

76. What alone can remedy, when it is possible, those artificial pathological states?

77. What other kind of chronic states do we find in practice and of what does their treatment consist?

78. What are the true, natural, chronic diseases?

79. What is the chronic disease that was known prior to the time of Hahnemann? What other chronic disease does Hahnemann mention, assigning to it as a characteristic certain growths upon the skin?

80. What is the other chronic disease of more importance than syphilis and sycosis? How does syphilis first reveal its existence? How does sycosis first reveal its existence? How does psora first reveal its existence? What is the fundamental pro-

ducing cause of the innumerable diseases that figure in the works on pathology?

81. How is it possible to become familiar with the large variety of diseases produced by one sole agent such as the psoric miasm?

82. Should all the psoric cases be treated with the same medicament, or is it necessary in each case to choose a medicament having relation to the symptoms as observed?

84. How should the examination of a patient be conducted, and what are the three sources of information necessary for acquiring a knowledge of the disease? Should the physician trust to his memory, or should he write down the details in order always to bear them in mind?

85. How does Hahnemann advise writing the details?

86. After the patients and their nurses have finished with the narration of their cases, what does the physician have to do?

87. How should the patients and their nurses be interrogated for the purpose of obtaining exact data?

88-89-90. Once that the patients and their nurses have given all desired data, what does the physician have to do?

91. When an examination of a patient who takes medicaments is made, do the symptoms obtained give a faithful picture of his disease? What then is the faithful picture of the disease, and what should be done to obtain it in chronic cases?

92. In the acute cases of importance that are complicated with the effects of the medicaments, how should the physician act?

93. What course should the physician pursue for investigating the causes of a disease, especially those which the patients are concealing, on account of their shame or other motives?

94. What circumstances should be investigated especially in connection with chronic diseases in order to be fully informed in regard to the condition of the patient? In chronic diseases of females, what is specially necessary to be considered?

95. What is it that frequently interferes with the investigation of chronic diseases?

96-97. What is observed in the way some patients express themselves in regard to their maladies?

98. What qualities should the physician possess for making a thorough examination, especially if the case is chronic?

99. Is it easier to investigate an acute disease, or a chronic disease?

100. In investigating the sporadic and epidemic diseases, how should one proceed?

101. Does the examination of one single case of sporadic or epidemic disease suffice for becoming precisely familiar with the characteristics of the epidemic?

102. What occurs in connection with the picture of the epidemic disease as more patients continue to be examined?

103. What must be done in order to sketch the picture of the chronic diseases and to be able to discover the remedies which should be administered for the purpose of curing them?

104. Is it easy to sketch a characteristic picture of the diseases? Once that the characteristic picture of the diseases has been sketched, what then should be done for choosing the remedy?

105. The first point in order to be able to cure is to become familiar with the disease; and what is the second point?

106. What is it necessary to know in regard to the medicaments in order to be able to administer them successfully in the treatment of diseases?

107. If the medicaments are administered to sick persons for the purpose of ascertaining their symptoms, would a faithful picture of their symptomatology be obtained?

108. What is the surest way and the most natural one for obtaining pure effects from the medicaments?

Who are the two physicians who have proposed in a definite manner the method of experimenting with the medicaments on healthy persons, afterwards administering them to the sick?

109. What led Hahnemann to persist during approximately half a century in making experiments with the medicaments on healthy persons?

110. What is observed when comparing the results of a pure experiment with the effects of the medicaments accidentally obtained owing to negligence or criminal intent? For how many purposes have the effects of the medicaments on men been applied? Has someone prior to Hahnemann declared in an em-

phatic manner that the symptoms of the medicaments are sure indications for extinguishing the similar symptoms of the natural diseases?

Has anyone prior to Hahnemann and Haller realized that the only true and efficacious method for recognizing the virtues of the medicaments consists in becoming familiar with the symptoms that they produce in the healthy organism? Can the organoleptic and chemical properties of the medicinal substances reveal their curative powers? How can the different systems of materia medica prior to that of Hahnemann be considered?

111. What does the totality of observations carried on in connection with the medicaments, whether accidental or provoked, show us?

112. When analyzing the observations which the ancient authors have left us in regard to the accidental action of the medicaments, how many kinds of effects are noted?

113. What exception is observed in connection with the substances known as narcotics, with reference to the primary and secondary actions?

114. Excepting the narcotics, what effects do all other substances determine when they are administered experimentally in weak doses—primary or secondary effects?

115. To what is applied the term *alternating effects* of the medicaments?

116. What is observed with reference to the frequency with which the symptoms are produced when experimenting with the medicaments?

117. To what is applied the term *idiosyncrasies*?

118. What should be observed in connection with the symptomatology of each medicament, comparing it with that of the other medicaments?

119. What action does each medicinal substance exercise on the health of human beings? Are the materials which are studied in chemistry, compared with one another, alike or different? Are the plants which are studied by botanists, equal to each other or different? Are the animals which are studied in zoology, equal or different?

120. Is it important to distinguish thoroughly the medica-

ments from one another? In order to distinguish one from another in their effects on the organism, what is to be done? What results are had when experimenting with the medicaments by comparing them with one another?

121. What dosage of the very active substances suffices for producing changes in the health of a person? What dosage should be given when experimenting with substances that are of milder power: strong or weak?

And when the action of the substances is very weak, what procedure should the experimenters employ?

122. What are the capital conditions which the substances used in experiments should meet?

123. In what form should all the medicaments be taken for purposes of experimentation? How are juicy indigenous plants used? How are the exotic plants taken for experimentation?

How are the salts and gums used for experiment?

If the plant is dry, and its proverbs not very active, how is it best experimented with?

Should infusions of the plants be taken at once or a long time after their preparation?

124. For these experiments, how should all the substances that are experimented with be employed? What should be avoided, especially during the course of an experiment, in order to render it effective?

125. What diet or regimen should be observed during the experiments? What things should be avoided in connection with the diet? And with reference to drinks, what should be observed?

126. What conduct should be observed by the person who is carrying on the experiment? What conditions should be met by the person who takes the medicaments for the purpose of ascertaining their effects?

127. What is the object of testing the medicaments on both males and females?

128. In order to obtain a complete picture of the symptomatology of any medicament, does it suffice to experiment with it in ponderable doses?

129. When a quantity of medicament does not produce symptoms, what is then to be done? Are all individuals affected in

like manner by the medicamentous substances? When experimenting, what doses should first be given, large or small?

130. If symptoms are obtained by means of a single dose, what advantage is there in not repeating it? Are there persons so susceptible that with one small dose important symptoms develop? For the purpose of ascertaining the active duration of a medicament, does one experiment suffice?

131. When repeated doses are taken in an experiment, notwithstanding the appearance of symptoms after taking the first ones, what is the result? In such case, can the order of succession of the phenomena and the alternating symptoms, or those of the reaction, be precisely ascertained?

132. If it is only a question of ascertaining the symptomatology of a medicament without reference to the order of succession of the symptoms or to the active duration of the drug, how should the experiment be conducted?

133. When a symptom appears as the consequence of the action of the medicament, what should be done in order that it may have a practical value? What is to be noted down in regard to the hour of the appearance of the symptoms?

134. What do all the medicaments produce when acting on the human organism? Do the symptoms as produced by the medicaments, all appear in one sole individual? In all experiments, do the same symptoms always appear upon repeating the experiments? Do the symptoms always appear at the same hour?

135. Does one observation suffice for forming the complete picture of a remedy, or are many observations, on persons of both sexes, necessary? When do we consider a medicament as having been thoroughly proved?

136. Notwithstanding the fact that the medicaments do not produce all their symptoms in one sole person, have they a tendency to produce them in all persons? How can that tendency be demonstrated?

137. When are the primary effects in the experiments best noted? What should be required of every experimenter besides his condition of being healthy, intelligent and of good intentions? Is it proper to administer very large doses during the experiments?

138. Supposing that all the conditions are duly met in connection with a good experiment, to what should be attributed the symptoms which appear? If in a good experiment there appear symptoms which the patient has had for a long time before, should these symptoms be excluded from those which pertain to the medicament?

139. What conduct should be observed by the experimenter upon obtaining the results of the experiment?

What should the physician do with the symptoms as noted down by the experimenter?

140. What should the physician do when the experimenter does not know how to write?

What are the most valuable experiments?

141. What advantages does a physician secure by experimenting with the medicaments on himself? What disadvantages have the observations as obtained from other persons? What should be observed in connection with the health of those who experiment with medicaments in moderate doses?

142. Can medicaments be proved upon persons who suffer from a chronic disease, and true symptoms be obtained?

143. When will a true *materia medica* be developed, worthy of all confidence, and useful to be applied at the bedside of the sick?

144. What should be excluded from a pure *materia medica*? What only should comprise a pure *materia medica*?

145. What number of medicaments is needed to be known in order to be able to combat the increasing number of human maladies? To what is it due that notwithstanding the increasing number of diseases, the number of medicaments needed for combating them is not so large as that of said diseases? Is the number of maladies which we can cure with the medicaments known to us at present very large?

According to Hahnemann, what effect is produced by allopathic treatments, with their mixtures of medicines of unknown action?

146. When the disease is known, and the medicament likewise, what is left to be known in order to be able to realize the healing of the natural diseases?

147. Which, in general, is the most appropriate remedy for the healing of any malady of a dynamic order?

148. What parts of the organism are affected by a homœopathic medicament in connection with a disease for which it has been prescribed? What occurs, according to Hahnemann, when a homœopathic medicament is administered? How is it that the artificial disease disappears and the patient is cured?

149. What occurs in the case of acute diseases when treated by means of a truly homœopathic medicament? Do the natural chronic maladies generally require a longer time to be cured than the acute ones? What diseases run the longest time and are the most difficult ones to be cured?

150. When a patient complains of one or two trivial symptoms of recent occurrence, what procedure does Hahnemann recommend?

151. When the symptoms of which the patient complains are few and violent, what does the physician observe in the majority of cases?

152. When is it relatively easy to select a homœopathic remedy in connection with the acute diseases?

153. From the therapeutic viewpoint, in how many classes can the symptoms as developed in patients be divided? To which class of these two should the homœopathic medicament correspond, in order to produce the maximum curative effect?

154. When is a medicament truly homœopathic and, consequently, a specific remedy for a pathological state? What happens when a truly homœopathic medicament is applied to a disease?

155. Which of the symptoms of a perfectly homœopathic medicament are the efficacious ones in the cure of diseases? What happens with such other symptoms as are not homœopathic to the case in question? How can this fact be explained?

156. When the dose of a homœopathic medicament is not sufficiently weak, what is observed during the course of the malady? What is the cause of this phenomenon?

157. What other phenomenon is very frequently observed when a truly homœopathic medicament is given, especially when the dose is not sufficiently attenuated? How does Hahnemann explain this circumstance?

158. What does the homœopathic aggravation announce in the majority of cases? How can this fact be explained?

159. On what do the slightness and the short duration of the homœopathic aggravation depend?

160. How is it possible for us to understand that notwithstanding the exceptional smallness of the dose, an aggravation of the malady is sometimes observed? Are there any examples in the practice of the old school which clearly show the homœopathic aggravation?

161. After what period of time does the homœopathic aggravation show itself in the acute diseases? After what period of time does the homœopathic aggravation show itself in the chronic diseases?

162. What makes the selection of a perfectly homœopathic medicament very difficult in many cases?

163. When a pure homœopathic remedy is not selected, can a complete cure without accessory symptoms be expected? What takes place thereafter in those cases?

164. Although the medicament be incompletely homœopathic, in what case may sufficiently satisfactory results be obtained?

165. If the selected medicament corresponds only to general and vague symptoms and not to the characteristic and fundamental ones of the malady, can it be expected to give a satisfactory result?

166. In view of the number of medicaments known at present, to what should be attributed the failure of so many prescriptions?

167. What should be done when a prescription does not give the desired results?

168. If the cure is not effected by means of that new prescription, what is to be done?

169. If there are two indicated remedies, one for some symptoms, and another for others, after administering one of them, is it advisable to give the other one in order to hasten the cure?

170. What is the rational method which should be observed in such case for the purpose of changing one remedy for another and obtaining as far as possible a good result?

171. Are the chronic diseases generally cured by means of one remedy, -or of various remedies successively given? How should the remedy to be administered always be selected?

173. To what should be given the name of *one-sided* dis-eases, and to what kind of diseases do they generally correspond?

173. To what should be given the name of one-sided dis-eases, and to what kind of diseases do they generally correspond?

174. Cite some examples of one-sided diseases. When the symptom is an external complaint, what name is given to the one-sided diseases?

175. In many cases, on what does the scarcity of symptoms in the one-sided diseases depend?

176. Are there some diseases which, although carefully examined, present only one or two distinctly perceptible symptoms?

177. What does Hahnemann recommend in connection with the treatment of those truly one-sided diseases?

178. What sometimes happens with reference to the selection of the remedy as based on one or two of the symptoms?

In that case, when is an appropriate selection of the indicated medicament most possible?

179. What more frequently happens in connection with the choosing of the proper remedy in the cases of the one-sided diseases?

180. What are the results of that imperfect homœopathicity?

181. With reference to the new symptoms which appear, although provoked by the medicament, how should they be considered in connection with the malady that it is desired to cure?

182. Does that appearance of new symptoms facilitate the healing of the one-sided diseases?

183. When a medicament does not produce, or ceases to produce, a beneficial effect on the disease, what should be done?

184. How long should that change of medicaments be continued?

185. To what is given the name of local maladies? What should be thought of the opinion of those who consider that except for the affected part, nothing remains for the physician to take into account?

186. What maladies truly deserve the name of local diseases? When the maladies of a traumatic order are of some importance, do they always preserve the character of local ones? By what means should modifications of a mechanical order as produced by traumata be corrected? How should the perturbations which are not of a mechanical order be treated?

187. To what are due alterations of the external parts which do not arise from an external injury or are produced by an insignificant trauma? Is it rational to consider those alterations as mere local affections and treat them with topical applications?

188. How have those so-called local affections been considered, and how does Hahnemann classify that manner of considering them?

189. To what are local alterations, not caused by an external injury proportional to their importance, really due?

190. How should those *local alterations*, improperly so-called, be cured?

191. How can it be demonstrated that the alterations which are apparently local, are in fact the result of a general state of which they are an expression?

192. With reference to those affections improperly known as local ones, what should be attended to in order to make a good selection of the most appropriate remedies?

193. What results are obtained from the application of the appropriate remedies in the diseases erroneously known as local maladies? What does the disappearance of the local affections under the influence of a medicament that is not applied on the site of those affections prove?

194. In the cases of acute or chronic local affections, is it proper to apply topics? Why is it not proper in those affections to apply topics even when those topics are the same substances that are given internally? When the homœopathic medicaments do not produce a complete result in connection with a local ailment, what should we infer from this lack of efficacy?

195. In those cases, what should be done for the purpose of obtaining a radical cure?

196. Are there physicians who are in favor of applying

topically the medicaments which they employ internally, believing that this adds greater efficacy to their treatment?

197. What does Hahnemann say in regard to the conduct of those physicians? What results from those simultaneous applications of the medicaments, internal and external, in the majority of cases?

198. Should the homœopathic medicament be applied locally to an external ailment instead of being employed internally?

199. When the local ailment is destroyed by means of external applications, what difficulties arise for the later treatment of the patient?

200. What are the advantages of respecting the local ailments?

201. What is the cause of those external maladies which appear both in the acute and in the chronic diseases? How can that cause of the external maladies be demonstrated?

On what do those external maladies depend? Are they the whole disease or a part of it? What often occurs in connection with those external maladies when the general exciting disease is not cured?

202. If the physician destroys the local symptoms, believing that in this way he destroys the whole disease, what very frequently happens?

Is there a *driving back* of the local symptoms in the true sense of the phrase?

203. What is the probable result of the practice of removing by local means the primary symptoms of the chronic infectious agents? What is the constant result of the medicaments as administered in the chronic diseases by those physicians who are opposed to the law of similars?

204. Of what are all the chronic maladies the result? What are the primary symptoms of syphilis, of psora, and of sycosis? What happens when by means of local action the primary symptoms of syphilis, of psora, and of sycosis are suppressed?

205. Is it convenient to combat the primary or secondary symptoms of the chronic miasms by local remedies? Should cancer of the face be destroyed by local means? What maladies are provoked by the suppression of the local symptoms by topi-

cal remedies? How should the primary and secondary symptoms of the chronic miasms be combatted? What work is it necessary to read in order to be able to cure the chronic diseases in the best possible manner?

206. In every chronic state, what investigation should be made for the purpose of ascertaining what miasms may have infected the patient? What is the fundamental cause of the majority of the chronic diseases? What are the chronic miasms which complicate psora? Which is more frequent, simple psora, or psora complicated with syphilis or with sycosis?

207. Should the physician inform himself in regard to the treatments to which the patient has been previously subjected? In what useful way are the data which he has secured in this connection?

208. What other things are indispensably necessary for the knowledge of the physician before beginning a treatment? Is it appropriate to take into consideration the disposition and mind of the patient?

209. After all the information as to causation has been secured, as well as in regard to all the symptoms, what does the physician have to do?

210. What chronic miasm is the cause of nearly all the one-sided diseases? Do the diseases of the disposition and of the mind constitute a group sharply separated from all other diseases? Referring to those which are properly termed *mental diseases*, are they the only ones which present mental symptoms?

211. What importance have the mental symptoms as presented by the diseases in the selection of the most appropriate remedy in a given case of disease?

212. Do all the important medicaments alter the state of the disposition and mind of the individual who takes them?

213. Is it necessary in every particular case of disease to choose a medicament which produces a state of mind and disposition similar to those presented by the patient?

214. Are mental diseases cured in the same manner as other maladies? What remedies should be chosen for the healing of mental diseases?

215. What are the majority of the so-called mental diseases?

216. What is observed in certain serious diseases (suppuration of the lungs, alteration of some other essential viscus, puerperal fever, etc.) with reference to the mental symptoms which they present?

217. How should the examination of mental diseases be conducted? And what should the remedies that are given to the patients display in their list of symptoms?

218. What data should be given by the patient's friends in order to sketch an exact and complete portrait of his malady?

219. What is observed when one compares the corporeal symptoms as given in regard to the previous condition of the mentally deranged person, with those which he presents at the moment of observation?

220. In all cases, of what symptoms does the complete image of a mental malady consist? Should the selected medicament correspond both to the present symptoms and to the previous ones shown by the patient?

221. When, under the influence of divers causes, the habitually quiet mentally deranged person shows symptoms which would indicate that his trouble is acute, what conduct should be observed?

222. Can the mental diseases be considered really cured when the acute phases have been ameliorated by non-antipsoric remedies? What should be done in order to obtain a true cure?

223. When an antipsoric treatment is omitted, what is generally observed?

224. If the mental disease is more the result of a moral cause than of a psoric infection, what conduct should be observed?

225. Are there mental diseases occasioned by causes of a moral order, which should not be considered as of the same order as the other mental derangements?

226. How should those mental maladies of a purely psychic order be treated when they have not effected any changes of importance in the organism?

227. Are there really mental diseases of a purely psychic nature, or do some of the chronic miasms, particularly a psoric miasm, intervene in their production?

228. Besides the medicaments that are employed for the

healing of mental diseases, should the patients be subjected to a certain mental regimen? Should punishments and reproaches be avoided in connection with the treatment of mentally deranged people?

229. For the purpose of avoiding contradictions and rude corrections, should the physician show too much of a weak, timorous yielding?

What especially aggravates mentally deranged persons, and above all, what is to be avoided in referring to their delirious ideas? Is it proper to insist upon dissuading them from their delusions, upon amusing them in spite of their opposition, upon calming them by means of conversations and books, or in other ways?

230. What is observed when in a case of mental derangement a remedy perfectly homœopathic to the corporeal and mental state of the patient is administered?

231. How many kinds of intermittent diseases are there?

232. To what class of maladies do the alternating diseases belong? What examples of alternating diseases does Hahnemann cite?

233. Which are the typical or periodic intermittent diseases? Are all the periodic maladies of a febrile character?

234. To what class of maladies do the periodic diseases, which are neither sporadic nor epidemic, but individual, belong? Besides the antipsoric or antisyphilitic remedies, what medicament is the most fitting one to employ for the purpose of extinguishing completely the intermittent type?

235. How are the paroxysms of the sporadic or epidemic intermittent fevers constituted? To what states of the paroxysm should the remedy selected correspond? What importance have the symptoms as presented by the patients during the stage of apyrexia for the choosing of the remedy?

236. What is the most appropriate moment for administering the remedy in intermittent fevers? Why is it better to administer it soon after the termination of the paroxysm?

237. When the apyrexia is of short duration, when should the homœopathic remedy be given?

238. When, after having given the appropriate remedy and

obtained the suspension of several paroxysms, indications of a new paroxysm appear, what should be done? What generally indicates this recurrence of the fever and what should be recommended in such cases to those who inhabit marshy districts?

239. What circumstance makes it easy for a practitioner of pure *materia medica*, to select in any particular case of intermittent fever a homœopathic remedy?

240. If the proper homœopathic remedy to be used in an epidemic of intermittent fever does not give good results in a particular case, to what should this lack of action be attributed?

241. When there is an epidemic of intermittent fever, what should be done when choosing the convenient remedy? If the indicated remedy does not give the desired result, what is to be inferred?

242. What results from not being able to cure opportunely the intermittent fever epidemics? What remedies does Hahnemann recommend using in those cases?

243. With what remedy should the pernicious intermittent fevers of a district not marshy be attacked? If the remedy indicated by the symptoms does not give the desired result, what should we infer and what should we do?

244. Can a healthy person and one who observes hygienic precepts, physically as well as morally, safely reside in countries exposed to inundations, or where it is marshy? If he should be attacked by the fever, what is to be done? If that remedy should not give results, what might be suspected and what would have to be done? What is observed when those persons leave a marshy district for one that is dry and mountainous? In order for them to regain perfect health, what treatment should be given?

245. After the physician becomes fully informed as to how to select the convenient remedies in the different kinds of diseases, what should he study? What should he do in all acute or chronic cases, when, after administering a remedy, a manifest improvement is observed?

246. How long does the beneficial action of a dose of a homœopathic medicament generally last? What conditions are necessary for diminishing that long period and obtaining a more rapid cure?

247. What interval of time should intervene before repeating the doses in chronic maladies? What interval of time should intervene between the repetitions of the doses in the acute diseases?

248. When, after the repetition of several doses, the recovery ceases, or new symptoms appear, what must then be done?

249. When a medicament produces new symptoms of importance, what should we think of its homœopathicity? What should we do then?

250. If, in an urgent case, after the lapse of six, eight or twelve hours, it is seen that the patient is growing worse, what is the physician obliged to do?

251. When the medicaments that are employed are such as produce alternating symptoms, what should be done when, a reasonable time after having administered a dose, no favorable results are seen?

252. If a strictly homœopathic remedy given in the minutest possible dose, does not produce good results in a chronic disease, what should we conclude?

253. What signs announce, especially in the acute diseases, a commencement of amelioration or aggravation? If the malady begins to show an improvement, what is noted in the mental condition of the patient? When the malady gets worse, what is noted in the state of the disposition and mind of the patient?

254. If new symptoms appear, or the existing ones become aggravated, what is to be inferred? If the original symptoms become diminished, and no others appear, what prognostic significance has that circumstance?

255. In order to proceed surely in ascertaining the state of the patient a certain time after the taking of the remedy, what conduct should be observed? In the case of an improvement, what is noted as the result of that revision of the symptoms? If, notwithstanding the proper selection of the remedy, no improvement occurs, to what should we attribute that lack of action? To what should be attributed the excessive duration of a homœopathic aggravation?

256. If a patient under treatment says that he is better, and the physician perceives that some important symptoms have appeared, what prognostic opinion should he formulate?

257. Should the physician employ favorite remedies owing to the fact that he has obtained good results with them? What objections are there to such a proceeding?

258. Should the physician be reluctant to employ certain remedies which may not have given him the expected results? What truth concerning the virtue of the medicaments should always be borne in mind by the physician?

259. What is it necessary to avoid in the regimen and diet observed by the patients?

260. In what classes of diseases is it most important to observe a regimen and diet such as assist, instead of impeding, the cure?

261. What regimen and diet are most appropriate in chronic maladies?

262. Except in the case of mental derangement in acute maladies, who outlines the conduct which should be observed in regard to the regimen and diet of the patients?

263. If a patient having an acute disease strongly manifests a desire to take some food or drink, should it be absolutely refused to him?

In the acute diseases, how should the temperature of the room be controlled, and the bed-coverings arranged? Is it necessary in cases of acute diseases to avoid all kinds of exciting emotions and intensive mental exertion?

264. What qualities should be possessed by the medicines employed by the physician, and which ones should he prefer?

265. Is it a matter of conscience with the physician to be sure that the patient always takes the medicine prescribed for him?

266. In what state do the substances of the animal and vegetable kingdoms possess their most perfect qualities?

267. What is the best method for the preparation of indigenous plants? What part does alcohol take in that method of preparing the indigenous plants? How should those preparations which we call tinctures be kept?

268. In order to be sure of the identity of the plants and parts of the exotic plants, how should they be obtained? Are they to be accepted in the pulverized form for the preparation of tinctures?

269. Has the homœopathic system a special method for developing the virtues of the medicaments which renders them more efficacious in the healing of diseases?

270. How are the medicinal dilutions prepared?

271. How are the metals, oxides, sulphuretted metals, other mineral substances, petroleum, the parts and juices of plants that can only be obtained in the dry state, the animal substances and salts in general, etc., prepared? How are those substances obtained in liquid form?

272-273. Which is more proper, the employment of several medicaments at one time or in alternation, or one sole medication?

274. Why should not more than one medication at one time be employed?

275. Does the homœopathicity of a medication suffice for making it suitable in any given case of disease? Why should the homœopathic medicaments not be given in strong doses?

276. Is a homœopathic medication harmful when administered in strong doses? What strong dose does the most harm in a disease which it is desired to cure—that of a homœopathic or an unhomœopathic medication? How can this be explained?

277. When are the medicaments most efficacious in the cure of diseases?

278. Up to what degree should the dose of a homœopathic medication be minute? Do fine-spun reasoning, theoretical speculations, or experience and observation show us the way to solve this problem?

278. Is it logical to adduce the large doses of the medications of the traditional school, for the purpose of denying the action of the infinitesimal doses?

279. What does experience reveal in regard to the doses when there is no incurable disorganization of an important viscus and when the action of the remedies administered in accordance with the great law of similars is not perturbed by means of other medicinal influences?

280. What does the action of the infinitesimal doses unquestionably demonstrate; and in the face of experience, what value

have the idle declamations of the physicians of the old school in this connection?

281. Do all the curable patients note a favorable change in their deranged organs when they take a homœopathic medication in infinitesimal doses? What importance has the theoretical scepticism of those who deny the power of the small doses in the face of undeniable experimental proof of their action?

282. To what is limited the action of the small doses of the medicaments as indicated by the law of similars, and how does Hahnemann explain their curative power?

283. Besides their unquestionable therapeutic power, what other advantages have the infinitesimal doses?

284. Is the action of the medicaments directly proportional to the quantity taken, so that 8 drops of a tincture produce four times as much effect as 2 drops?

285. Besides successive dilution and trituration, in what other manner can we diminish the doses of the medicaments?

286. In what manner can the effect of a given dose of medicament be increased?

287. In order to increase uniformly the action of a dose of medicament which is diluted in a given quantity of water, what should be done?

288. In what manner is the action of the liquid medicaments propagated from the point which first receives the impression, to the other parts of the organism?

289. Do all the parts of our body which possess the sense of touch propagate the medicamentous impressions?

290. What are the parts most susceptible to the medicinal influences? What other parts of the organism can likewise receive the action of the medicaments? Can the surface of wounds and of ulcers permit the action of the medicinal substances?

291. Can a tongue or palate which have lost the faculty of tasting, or a nose which has lost the faculty of smelling, communicate the medicamentous action?

292. Can the skin of the body receive the action of the medicaments? What parts of the skin are most sensitive for communicating the medicamentous action?

293-294. Is mesmerism a therapeutic agent? When and how should it be employed?

A NEW PSYCHOLOGY FOR HOMŒOPATHY*

BENJAMIN C. WOODBURY, M. D.

In presenting this paper the author desires it to be understood that its subject-matter was written some years ago; but that data of this sort is not subject to so much change as many of the more material subjects that are wont to engross the attentions of the busy physician. This Association is a body of probably as progressive and liberal men and women as can be found in medical circles anywhere on this earth. If the statements herein presented do not entirely agree with the opinions of all, the author is glad to realise that he is still comparatively young, and that all speculative thought is subject to the dictates of reason and human belief. Only truth knows no time, no space, for it is eternal.

Psychology is defined as the science of the human mind or soul and its operations. Hahnemann, wise beyond his compeers, was very careful to avoid being entrapped in the net of speculative ideas. He writes:

It has not been given to mortal man to reason *a priori* on the nature of his own soul. The wise teacher is aware of this: he spares himself this fruitless trouble, and, in aiming at as wide an acquaintance as possible with his subject-matter, confines himself to the *a posteriori*, to that which the mind's own acts have revealed concerning itself, to empirical psychology. More on this subject in this stage of being he cannot, more he need not, know.

Herein Hahnemann puts an end to speculation and enters at once into the demonstration of what is knowable. What the soul is or how it functions concerns him not. He is concerned, however, with its manifestations. What the vital force, or the vital principle as he later calls it, is, he knows not, nor does he speculate concerning it:

No man is acquainted with the substratum of vitality, or the *a priori* hidden arrangement of the living organization—no mortal can ever dive into it, nor can human speech, either in prose or verse, even faintly shadow it forth: all attempts end in fiction and sheer nonsense.

The voice of the great expositor has spoken; let all lesser voices be silent, lest they be stilled forever!

In the February number of *The Homœopathician* (1912) Dr. G. G. Starkey emphasizes the need of a more adequate psychology for homœopathy. To quote:

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The action of remedies is in correspondence to the mind of man; their nature is reflected in the human mind. Unfortunately, we do not understand that mind. Homœopathy demands a more adequate psychology than we have at present, *for the mind is the man*, and the science of the mind is needed for the successful treatment of the man.

Hahnemann was the first great medical teacher to grasp this great truth and deal with the entire man especially the most important part of him—the spirit. Never can a materialist be a homœopath of the highest degree, for he grasps only the lower part of man's constitution—the body, and the material part of the mind—that which looks toward nature. If we confine ourselves to the material, we cannot adequately nor rightly conceive of life.

In Volumes I and II of the *Nature Cure Magazine* (edited by Dr. H. Lindlahr of Chicago) may be found a series of articles on "The New Psychology". By this writer, homœopathy is classed as a branch of what appears to him the greater system of natural healing, Nature Cure. Not to speak in any way disparagingly of the excellence of such systems of cure, may we not rather consider Nature Cure in general but as an adjunct to the greater and more far-reaching system of homœopathy—cure by the law of similarity? No one can any longer doubt that Hahnemann himself had a wonderful and wide grasp of general curative methods and their fundamental principles, and we may safely say that he was a staunch believer in hydrotherapy, diet, and other natural healing measures; and insisted ever upon the careful search and removal of the exciting causes of disease.

However much at variance these statements may seem in the matter of classification, the editor of this magazine has brought forward more corroboration of the teachings of Hahnemann than any other writer outside our own school. Furthermore, many practitioners, avowedly homœopaths, are decidedly materialistic in tendency which cannot be said of this writer.

The editor of these articles plainly states his belief in the "Law of Crises", Hahnemann's old idea, Hippocratic in its ultimate, the "Laws of Cure", according to primary and secondary actions of drugs—action and reaction—in physiological or pharmacodynamic doses, and insists upon the "duality of mind and matter".

He plainly champions the belief in the continued existence or final separation of the Higher Consciousness from the world of physical matter (the body), and its separate and individual existence after death—in a word, the survival of a spiritual body. The author states that he bases his premises upon *The Great*

Work, the third and last volume of a series dealing with this new psychology, called the Harmonic Series. This special volume is designated to meet the demands for a system of self-development of the individual soul (the ego), to the highest possible attainment, the building of the Superman or Master. Thus:

The moment we recognize the existence of a physical and an infinitely more refined spiritual body, both of them material instruments and mediums of the individual consciousness or ego, then the explanations of these and many other perplexing problems become comparatively easy. It is a demonstrated fact of natural science that the conscious ego may work simultaneously through both the physical and spiritual brain matter, and this is the usual mode of cerebration, but the ego may also voluntarily or involuntarily function through either brain.

The innate antagonism between Nature Cure and dogmatism of any sort is only another phase of the irrepressible conflict between the forces which would enslave mankind by blind faith in creed and dogma and those influences which make for ever-progressive intellect and moral unfoldment, based on mental liberty, free inquiry and the acquisition of useful knowledge. Truth itself can never become wholly and thoroughly our own when taken in blind faith. Only that which we have worked out of our own consciousness and verified by experience can become part of ourselves and unravel for us the hidden mysteries of Nature and of our own being. For these reasons is "evolutionary development of soul" synonymous with "extension of consciousness by the acquisition of useful knowledge".

Every atom of matter is a microcosm patterned after the macrocosm. Potentially it contains as many spheres of vibratory activity as the planetary universe.

By virtue of this construction, an atom of matter may vibrate in unison and partake of the vibratory qualities of any sphere in which it may be caught. Thus the same atom of matter may vibrate at one time in the vibratory activities of the mineral plane, then it may be caught up successively in the vibratory whirlpools of the vegetable, animal and psychic planes.

The shedding of the body at physical death means no more than the shedding of the outer coarser sphere of our atomic structures. . . . The progressive unfolding and expression of things is, therefore, rather convolution than evolution. We have said that our *voluntary* physical, mental and moral faculties and powers do not evolve out of our brain matter but that by continued effort and well directed attention, we have to create the "centres" for these voluntary capacities and powers in our plastic brain matter. In other words, these mental and moral soul qualities are not evolved out of physical brain matter, but the latter has to convolute to them.

Hahnemann states virtually the same thing when he says that the organism without the animating power of the vital principle is dead, and when the vital force has departed the material body is just dead matter, and is ultimately resolved back into its earthy constituents.—w.

Dr. Lindlahr continues, giving the testimony of orthodox science, as follows:

The atom is made up of an immense number of corpuscles, particles of negative electricity. These in rotary motion of varying swiftness tear along with them portions of the ether in which they move, as an eddy or whirlpool carries the water in its rotating currents. These whirls in the ether made by particles of negative electricity are the basis of atoms and of matter. Atoms differ according to the number of corpuscles. (See Thomson's *Theory of Corpuscles*).

Dr. R. K. Duncan, Professor of Chemistry in Washington and Jefferson College, says in his interesting book, *The New Knowledge*, on page 252.

"By means of theoretical speculations based upon scientific experimentation, we have shown how it may be true that all bodily existence is but the manifestation of units of negative electricity lying embosomed in an omnipresent ether of which these units are, probably, a conditioned part.

"Matter has disappeared as a fundamental existence, or at any rate it is explained as a manifestation of electricity. Mass, a supposedly indestructible thing, has disappeared with matter and comes into existence only as the negative electron, assuming motion, carries with it a bound portion of the ether in which it is bathed; and furthermore this mass which we thought so unvariable depends solely upon the velocity with which the negative unit moves.

"Our negative unit on receiving mass becomes a 'corpuscle' endowed with the primary qualities of matter superimposed upon those of electricity. Corpuscles congregating into groups of various configurations constitute essentially the atoms of the chemical elements, locking up in these configurations super-terrestrial energies and leaving but 'a slight residual effect' as chemical affinity or gravitation, with which we attempt to carry on the work of the world. These atoms, congregating in their turn as nebulae and under the slight residual force of gravitation, condense into blazing suns. The suns decay in their temperature and become ever more and more complex in their constitution as the atoms lock themselves into multiple forms. We then see these multiple atoms developing into the molecules of matter to form a world. We see the molecule growing ever more and more complex as the world grows colder until we attain to organic compounds. We see these organic compounds united to form living beings, and we see these living beings developing into countless forms and, after æons of time, evolving into a dominant race."

"We have the testimony of Sir Oliver Lodge that 'The ultimate particles (of matter) are no more and no less connected than are the planets in a solar system. *The atom of matter is in fact a solar system*, composed of widely separated electric charges. Without ether it is very doubtful if matter could exist at all. How an electron is constituted we do not yet know. We know that it is an electric charge, whatever that may be. It is certainly a seat of energy in the Ether, and many believe it to be a *modified portion of Ether*. If that be true, then, *matter is ultimately composed of Ether*, for it is certainly composed of electric charges"—*Vide, The Homœopathic World*, LXIII, NO. 746, 30.

The periodic law of atoms or the "Harmonics of Atoms" as we should call it in relation to the music of the spheres, Duncan describes as follows on page 22 of the same work:

The Periodic System of the elements, as we now have it, was discovered independently and almost simultaneously by the Russian, Mendeleeff, and the German, Lothar Meyer; though the germ of the discovery undoubtedly lay in the Octaves of Newlands.

In 1863 Mr. John Newlands pointed out in a brief letter to *The Chemical News* that if the elements be arranged in the order of their atomic weights, beginning with hydrogen-1, and ending with uranium-240, in a tabular form, they naturally fall into such groups that elements similar to one another in chemical behavior occur in the same columns; and that, moreover, the number of elements between any one and the next similar one is *seven*. In other words, members of the same groups stand to one another in the same relation as the extremities of one or more octaves in music! This leads us to think that not only may there be a relation between these little fundamentals of the universe but a veritable harmony.

After quoting Duncan, Lindlahr continues:

In the final analysis, then, matter is made up of particles of negative electricity. Electricity is a mode of motion or energy. Energy and force produce orderly and harmonious results; therefore, they must be intelligent or the expression of a Great Over-ruling Intelligence. . . .

Superficially considered, this may seem a verification of the Christian Science dogma of the non-existence of matter. On the contrary, the new chemistry does not deny the existence of matter but reveals its true nature as an expression of the Divine Intelligence, while Christian Science declares matter to be but an "error of mortal mind" and therefore non-existent.

Wonderful as are the revelations of the new chemistry, the scientist sees in the bombardment of corpuscles in the x-ray tube only the outer, coarser particles of the physical-material sphere of atoms. The inner spheres of spiritual corpuscles in the atoms are still invisible to his physical sight.

Whether we call the physical-material spheres of atom and of man the inner or the outer, depends upon the point of view. We call the physical envelope the outer and the spiritual the inner, because to physical sense the physical-material body is the only reality; the spiritual body is known only by faith, belief and hearsay. Naturally, we speak of the physical body as the outer and of the spiritual body as the inner. . . . For an illustration of our meaning, suppose that a man in the spiritual body, a spirit, is looking at you while you are in the physical body. With his spiritual senses he sees only the spiritual body, and not the physical, because his spiritual sense of sight is not attuned to coarse physical matter. To him, your spiritual body is the only real one; therefore, he considers the spiritual body as the outer, and the physical body—if aware of its existence—as the inner.

In other words, whatever sphere we function in is to us the outer. The physical man, crawling on the surface of this planet, scouts the idea that he lives in an inner or innermost sphere. To his understanding, the interior of the earth is the inner and he lives on the outermost sphere of the planet. Viewed by a spiritual or a celestial intelligence in the higher and outer spheres, he is deep in the internal spheres or infernal regions.

"Internal" and "external" are relative terms; their meaning depends on our position in the universe, upon our viewpoint.

Our cosmogony renders comprehensible the "correspondence" and "influx" of Swedenborg, the "oversoul" of Emerson, the "natural law in the spiritual world" of Drummond, the "cosmic consciousness" of Bucke, the "life elements" of Natural Science philosophy and the persistence of consciousness and memory after death.

Emerson says in his essay on Swedenborg:

"Everything at the end of one use is taken up into the next, each series punctually repeating every organ and process of the last. We are adapted to infinity . . . and love nothing which ends; and in Nature is no end; but everything, at the end of one use, is lifted into a superior, and the ascent of these things climbs into dæmonic and celestial natures. Creative force like a musical composer goes on unwearingly repeating a simple air or theme, now high, now low, in solo, in chorus, ten thousand times reverberated, till it fills earth and heaven with the chant."

Swedenborg himself says:

"It is a constant law of the organic body, that large, compound, or visible forms exist and subsist from smaller, simpler, and ultimately from invisible forms, which act similarly to the larger one, but more perfectly and more universally; and the least forms so perfectly and universally as to involve an idea representative of their universe."

In our doctrine of Representations and Correspondences, we shall treat of both these symbolical and typical resemblances, and of the astonishing things which occur, I will not say, in the living body only, but throughout Nature, and which correspond so entirely to supreme and spiritual things, that one would swear that the physical world was purely symbolical of the spiritual world; inasmuch, that if we choose to express any natural truth in physical and definite vocal terms, and to convert these terms only into the corresponding and spiritual terms, we shall by this means elicit a spiritual proof, or theological dogma, in place of the spirit of the physical truth or precept.*

*According to the testimony of Prof. Harlow Shapley of Harvard: "Instead of a paltry 5,000 stars, we now know that there are at least 10,000,000,000 stars in our universe . . . Instead of being the centre of this universe, our sun is but an insignificant speck around which flits a shadow called the earth, rotating around a focal point near where the constellations, Scorpio, Ophiuchus the serpent-carrier, and Sagittarius the archer, merge. It is some 50,000 light-years away from earth, or about 300,000,000,000,000 miles. That is, the light which we see coming from it now, left the centre of the universe a long, long time before man began to live on this planet in his present form."

"Regard, first", says a recent writer, "the mere scope of the mathematician's field. On the one hand he attempts to measure infinite space in terms of parsecs and light-years, and, on the other, to measure the electron which is so infinitely small that he has to invent the Rutherford unit—a millionth of a millimicron. His vision is one of transcendent perspectives, in which this earth and its people sink almost to the vanishing point. Some of the stars—such as Arcturus, Canopus and Betelgeuse—which he regards merely as minute and insignificant units, are many times more massive than our entire solar system. Shapley's estimate of the diameter of the Milky Way is 300,000 light years; yet we must place 10,000 Milky Ways together to get the diameter of the universe—which gives us a cubical content a thousand milliard times greater than the scope of astronomical observation. Or, to put it relatively in terms of mass: the sun's weight is 324,000 times greater than the weight of the

earth; and the weight of the universe is postulated as that of a trillion—a milliard times a milliard—suns." (The above mathematical measurements are so gigantic as to stagger the mind with their immensities. Therefore when we speak in terms of the infinitudes of Hahnemannian pharmacodynamics, we are merely making use of the opposite pole of notation—quite in keeping with modern mathematic nuances.—w.)

In the essays following the author goes on to discuss the correspondences between this, the "new psychology", Theosophy with its ideas of "man and his bodies", and the newer classification of the School of Natural Science, which is as follows:

THEOSOPHIC NOMENCLATURE.	OUR NOMENCLATURE.
Dense Body.....	Earthy, Physical Body.
Etheric Double,	
Astral Body.....	Earthy, Physical, Magnetic Body.
Causal Body,	
Mental Body.....	Spiritual Physical-Material Body
Bliss or	with its Spiritual Magnetic Double.
Buddhic Body.....	Celestial Physical-Material Body.

The whole significance of this variance in terminology is due to the fact that the School of Natural Science regards *all matter* as only varying rates of vibration, which is to say, it differs from the occult schools merely in its mode of expression.

Such terminology will more readily appeal to the student of science than that drawn from the oriental languages. "In the final analysis, then, matter is made up of particles of negative electricity. Electricity is a mode of motion or energy." Even Edison and other modern scientists have of late become the sponsors of the vibration theory. "The mental plane and mental body of Theosophy correspond to the spiritual planes and spiritual bodies of natural science. Their bliss or Buddhic body is our celestial-physical body."

Upon this standpoint the writer then goes on to construct a treatment for insanity, obsession, and other psychic diseases upon a classification of such disorders according to the planes of their origin.

We have made reference to *The Great Work*, as dealing with the development of the Master Man; is not this the "great work" of homœopathy—the building of Masters of healing—even like the Master Hahnemann? Surely there can be no greater work than this; and while undoubtedly the granting of this degree, M. H. (Master of Homœopathy), in an institution (medi-

cal school) especially qualified to perfect its students in the great art of homœopathy, is a preliminary and most necessary step, first of all there must come to the student this higher conception of homœopathy. This appreciation of the divine philosophy of homœopathy must come to the student as a process of *interior development*. He must first of all arrive at the true appreciation of the dynamico-philosophical conception that homœopathy is based upon what the author of *The Great Work* has called "Nature's great constructive principle". This is clearly in opposition to allopathy, with its suppressive measures, which are unquestionably destructive (antagonistic) in principle. It is, furthermore, in the realm of the infinitely minute, or infinitesimal, that homœopathy acts—a *higher space realm*—which has lately been designated "the fourth dimension". In an article, published in *The Homœopathician*, entitled "The Higher Space Theory of Homœopathy: Or an Explanation of the Action of Infinitesimals upon the Hypothesis of a Fourth Dimension",* we have lately pointed out a working theory for the action of homœopathy. We have therein called attention to the fact that this hitherto undefined realm corresponds to the field of higher vibrations—ascending and descending throughout the THREE KINGDOMS of Nature; this then, is the "world within a world", the region of the super-physical; and it is here that Hahnemann's dynamic theory of disease and drugs finds its legitimate corroboration and explanation. It may be on the higher planes that it acts, that is in a state of such refined vibration as to partake of the attributes of spirit, or of slow enough motion to possess the properties of matter, i. e., three-dimensional; or it may be on an intermediary plane, wherein reigns the *dynamis* or *vital force*; at all events, it is in the realm of the super-physical. If its material particles (drug substance) are cognizable to the physical senses, or discernible by artificial means, the microscope, the spectroscope, the spintharoscope, or by chemical analysis, then we may still say that the drug substance is a material entity. But Hahnemann has taught us that

*July-August, 1916. Cf. also *Homœopathic World*, May 1921. "The Higher Dimensional Hypothesis: A Possible Explanation of the Action of Infinitesimals". Cf. also *Trans. Inter. Hahnem. Association*, 1914: "The Dynamics of Homœopathy: A Possible Explanation of the Action of Infinitesimals upon the Hypothesis of the Fourth Dimension".

disease originates on the dynamic plane, hence clearly belonging to the field of the higher vibration, i. e., fourth-dimensional in origin. If we are to get the most out of our drug substances as healing factors in disease, and we have been plainly taught that we shall determine what is curable in drugs and in each drug in particular, by observation or proving upon the body in health, it is evident, then, that the highest possible uses of drugs will be obtained by raising them to a plane corresponding to that of the origin of the disease. Hence the importance of a proper appreciation of Hahnemann's wonderful discovery of the methods for liberating these subtle powers of drugs—the raising of the drug particles in the vibratory scale to a plane corresponding to the fourth dimension. Upon this higher plane, we must conceive of an infinity of motion, with its corresponding energy or force, of so rapid vibration as to be undiscernible to our physical senses. Between us and the realm of the Spirit or creative energy, there is a region which may be called the fourth dimension, which is, as Prof. C. H. Hinton has shown in his works on this subject, a region in which the particles of matter, if it may be still spoken of as such, are so minute as to have a freedom of motion in a fourth-dimensional direction. The fourth dimension he has defined as a direction or dimension which is supposed to run at right angles to any of the other space dimensions, as the third dimension is at right angles to the other two dimensions of a plane. Obviously the region of the infinitely minute, is in a direction which may be designated by the term "through", that is, motion (vibration) throughout the mass, yet in a direction not comprehended in the definition of any direction that is now known to our three-dimensional objects *en masse*.

Is it not logical, then, to believe that it is on this plane, that the infinitesimal remedy of homœopathy acts? Is not this the dynamic plane—alike the origin of disease and the plane upon which the vital force of the drug must likewise act? This must be the field of living, moving dynamic force, alike of the organism and of the attenuated drug substance. Here it is that the disease and drug contact each other; both, in the ordinary understanding of the term, immaterial forces, nonentities, which when they approach each other, in accordance with the laws of affinity

or natural correspondences (the law of similarity) form parallels. The disease force (similar disease) induced by the dynamic drug force, added to the natural reaction of the vital force, which is acting in the opposite direction to the disease, but upon a higher plane, together overcome the disease in a natural manner and a cure results.

Without this conception of homœopathy, the prescriber is continually, vainly trying to adapt a fourth-dimensional principle to three-dimensional mechanics (disease products), hence his many failures to cure. It is impossible to reconcile the action of the homœopathic remedy with pathology as we know it today, except upon this basis; for it is clearly a matter of what standpoint the prescriber takes in the matter. If he regards disease as a material substance—to be purged or cut away (allopathy), instead of as a nonentity as emphasized by Hahnemann, his tendencies will ever be materialistic. If on the other hand, he sees in disease "three-dimensional manifestations of fourth-dimensional causes" as it shows itself to our senses on the lower physical plane, his deductions and those of his materialistic-minded colleague will vary as opposites.

Homœopathy represents the great *constructive principle in therapeutics*, and in order to successfully practice it, the physician must first of all acquire this higher conception of its *modus operandi*.

By no other means can he explain the action of our higher potencies than upon the grounds of the existence of this Higher Space, in which are acting and reacting finer and finer vibrations, as we ascend the scale of attenuation. By the subtle and as yet little understood process (according to this new conception), as the outer or coarser envelopes are removed or destroyed, higher and more potent forces (vibrations) are released, thus allowing the drug force to contact the morbid dynamical derangement upon the correspondingly higher plane of its origin.

Thus we release the undiscoverable essence of the drug—its concealed *spirit*—which represents its *highest vibratory activity*. It matters not whether we accept the theory of Swedenborg based upon the Law of Correspondences between the spirit-

ual world and ours, the three-fold constitution of man (external, internal and rational), the more mystical "bodies" and planes of the occultists, or the more modern vibration theory of natural science; we arrive at the same end: namely, that the higher and more refined the forces, the more delicate their effects upon the finer constitution of men.

The writer of the Harmonic Series emphasizes the fact that there is a law "that impels every entity to seek vibratory correspondence with another like entity of opposite polarity".

Thus may be explained the added support given to the vital force, which in a given case of disease is acting in a direction the opposite of the disease tendency, by the *similar drug affinity*; the combined forces overcoming, by the sum of their energies, the *opposite disease polarity*. Such reasoning as this may seem altogether too fanciful for the sane and practical physician, yet we feel that such a hypothesis offers an ultimate explanation of homœopathy upon a higher conception—that of *Divine Law*. This then, we offer as "A New Psychology for Homœopathy".

This new psychology must be broad enough to gather into order the whole pattern of homœopathy. It must possess, what H. G. Wells demands for his "world commonweal", a method of direction, which will be "a new sort of direction with a new psychology". "The ultimate decision of the fate of life upon this planet", he contends, "lies now in the will of man".

What but "the will of man" is the guiding and controlling factor in the mission of the physician, or should be? The will to heal. This takes us back to the final verdict of Hahnemann in reference to dynamic influence. "If one raises his arm", asks Hahnemann, "does it occur through a material visible instrument? A lever? Is it not solely the conceptual dynamic energy of his will which raises it?" (*Organon*, Sixth ed., par. II, p. 101)

With this newer conception of homœopathy, are we not better able to comprehend the true mission of the physician, which, in the language of Hahnemann, is *to help and to heal*?

BOSTON, MASS.

MEDICAL GYNÆCOLOGY*

ELIZABETH WRIGHT, M. D.

An allopathic physician who is a friend of mine said: "What can your homœopathy do for women's diseases?" Then I began to turn over in my mind what cases I had had which showed with any degree of satisfactory incident some of the things that homœopathy could do for women's diseases. I want to report just a few of them.

The first is a case of a fibroid which definitely diminished in size under the influence of the homœopathic remedy. I will put it to you as fairly as I can. I hope the discussors will criticize it.

It is a woman of 46 who has had one child, living and well; she came to me with the chief complaint of futility. She said: "There is nothing wrong with me, doctor, I just think that life isn't worth living, and I want you to do something about it."

So I went into her case, took her chronic case with great care over a number of interviews and I found that from a diagnostic standpoint she complained of facial acne, of menstrual disorders which I will tell you, and of a feeling of complete exhaustion. Aside from that she was conscious of no symptoms.

Her menstrual symptoms were as follows: she had periods at least every three weeks, sometimes a little oftener with bright red flow, with actual hæmorrhages perhaps twice during the period, and the period was somewhat protracted. She would also have, every three months or so, a period of about ten days between her menses, when there would be spotting and bleeding. This irregularity had been going on for three years and she had never been to a doctor about it and never done anything about it. She also had, as you can imagine, a chronic backache and chronic headache, which didn't bother her much.

The symptoms that she would give me were very few and far between. She was one of the people who said: "Here I am, I am futile, now kill me," and you couldn't get her to tell you things, but finally this one came out, when I started to examine

her: "The odor about me is too disgusting, especially right after my period. I simply cannot live with myself, and the same is true of my perspiration, it is really dreadful."

I immediately thought of despair, futility, with terrible odor—she was an exceedingly chilly patient; yet I didn't give her at first what I ought to have given her, which was of course *Psorinum*. Because of certain other generals which she had, to wit, very much worse in thunder storm weather, craving salt and being excessively thirsty for ice water, and a marked aggravation at twilight time, and this flowing, and, on examination, a tremendous fibroid in the left side of her pelvis, a fibroid which came two fingers above the umbilicus (she admitted realizing that her abdomen had been getting bigger and heavier), instead of giving her *Psorinum* I gave her *Phosphorus* 1M, just one dose. She didn't get much better—she didn't please me at all. Then I left the *Phosphorus* and I gave her *Psorinum* 5c, 1 dose. She came back to me after her next period and said it was the first period that she had had in years which was not early, and which was not hæmorrhagic.

I let her run on that dose for five months with constant gradual improvement on her part. She noticed no aggravation at all after the dose, but she was a very unobservant person. At the end of three months I examined her again, her fibroid was down to the level of the umbilicus. Presently she began to slip. I let her slip for a couple of weeks, obdurately, although she was cross and she even had a period at which she had hæmorrhage again, and then when I saw she was really worse, I gave her *Psorinum* 15c, 1 dose, and let that ride for five months, after which time this tumor in her left pelvis was three fingers below the umbilicus, and she had had three periods which were prompt, not early, and non-hæmorrhagic and the terrible odor of which she complained was better and she herself (far from being futile and talking of drowning herself,) was doing political work with the League of Women Voters, and being quite an addition to society. Of course the end is not yet. She still has this fibroid and occasionally has a little spotting from it. I told her what she had, after consulting with her husband, and I told her ordinary medicine would advise her to have it out, but I would

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

not, I wanted to see what I could do for her with her remedy, and she said no matter who advised having it out she wouldn't have it out.

I feel in my mind perfectly certain that as she is still having periods and is not yet at the menopause, and as she showed no improvement after the *Phosphorus*, and did show marked diminution after the *Psorinum*, that the homœopathic remedy did something with the fibroid.

Another case, also of fibroid, but this time in a girl of 21, had rather an interesting childhood history. She showed the following:

As a child she would never let anyone wash her, she had always hated water, also she used to crave sweets and be spanked for craving them; also as a child she had chilblains terribly and she had a hernia. All those things of course would make one think of a possible dose of *Sulphur*, some day. None of those symptoms appeared in her recent condition.

Her recent condition, the thing for which she came to me, was too frequent menstruation, and too profuse. She would menstruate about every three weeks and spot on for ten days after her nine-day period ended. In her menstrual history I found she began to menstruate at ten and a half, and that she menstruated from that time regularly twice a month for about seven years, was unexamined and it was never stopped.

Recently she had had not quite as frequent menstruation, but she had had drenching with it, a steady flow, bright and profuse and some pain, but not violent, slight nausea before her periods and soreness of her scalp and swelling of the glands of her neck—a general aggravation before the time of her period.

This girl had certain marked symptoms of *Phosphorus*; craved salt, was worse at thunder-storm time, was worse in damp weather, complained of continual exhaustion, was losing weight. A rectal examination showed a distinct fibroid about the size of a two and a half months' pregnancy.

I thought that in an unmarried girl like that I had better have corroboration. I sent her to one of the best old-school obstetricians and got a written report from him confirming this fact. This girl was engaged, and he said to her: "By no means can you get married now. Considering your age I don't advise

x-ray therapy or operation. I don't know what to do for you except build up your health. Meanwhile your engagement is indefinite."

She came back to me with this report, and after that I put her on *Phosphorus* 1m, one dose, and I ran her up through a series of *Phosphorus*, at long intervals. Her periods became more regular and she began to put on weight, and her general condition became better. After six months I sent her back to the obstetrician and again he said to her: "There is an amazing thing—this fibroid has gone down." She said: "Has it gone down more than you would expect?" Because she had a secret delight in being able to tell him what had done it. He said: "It has. You are very lucky. If you want to make a date for your wedding you may, but you must not have children yet. What have you been doing?" She told him, and he threw up his hands. Then he added: "Come back to me again in six months." And she did, after going slowly up the scale of *Phosphorus*, and feeling better.

Six months afterward he said if she had come to him then for the first time he wouldn't have known that she had a fibroid condition, and that she could get married and could even start a family if she wanted to, and that we have in our records in writing, which is a great joy to us.

Then she developed another interesting variant, she began having terrific pain in her left pelvis after menstruation. This pain would go to the back and down the front of the thighs. Nothing helped it, nothing hurt it. At this time she also had a white, sort of albuminous leucorrhœa which she told me she used to have long, long ago.

Then she said: "I have a passion for onions; I have never liked them, and I want onions every day in the week." I thought, this is interesting, with this discharge, this fibroid, craving onions, and this left ovarian pain which *Thuja* had and I gave her a dose of *Thuja* 10m, since when she has been much better. She has now gone back to her *Phosphorus*, (she seemed to call for that again after three or four months). This is to me a very interesting and encouraging case.

There are certain other gynæcological conditions much less

interesting because there isn't the possibility of checking up what good you do.

One patient came to me who had a history of terrific menorrhagia and metrorrhagia. As a girl they had done a "d and c" on her; after that she almost bled to death, and had to be transfused. She was not then homœopathic. In January 1924, although she was then 23 years of age, they gave her x-ray treatments to stop the bleeding, and stopped all the bleeding. She began to get hot flashes, had no more periods, fell in love, got engaged, and got married. The doctor who gave her the x-ray treatment said, "It will come back," but it didn't come back, and after two years from that time those doctors said: "I guess we were mistaken, you will have to adopt a baby."

She came to me and said: "I am desperate, my husband is the last of his family, we have got to have a kid, and I have had no periods since the time of this x-ray. Can homœopathy do anything?" I thought: we will see. I did her chronic case and I seem to be harping on *Phosphorus* today, but she was *Phosphorus*, and I think if she had had *Phosphorus* it would probably have checked those hæmorrhages she had.

I put her on *Phosphorus*, 1 dose, repeated it four months afterward, and five and a half months after she began treatment with me, which was four years after she had had her x-ray treatment, she had a period, and she telegraphed me in great excitement, and thereafter she has had periods, although slightly irregular. As yet there is no baby, but if she keeps on we may have one.

I would like, in the discussion, to have those who know about the effects of x-ray on menopause, give statistics of a period coming back after four years.

Another case that I have in mind here is one with a local thick yellow stringy elastic discharge in a very beautiful and very calm young woman. I accent that because the remedy I gave her stands in the book for beautiful and calm people, *Kali bichromicum*, and she hadn't a symptom in the world that I could find except this discharge, and she had been under a regular obstetrician who was going to do a repair and various things—local treatment with carbolic and iodine. She objected to

these. She has had two doses of *Kali bichrom.* 1M at 2 month intervals, her discharge is practically among the absent; whether it would have stopped anyway is always open to question, but it was so typically a *Kali bi.* discharge that I feel we might add that to our list.

Then there were a couple of cases which really are mental, and yet they come in under the sphere of the sex organs. They were both cases of onanism, one in a girl of 27 who had done it from the time she was a child, and I had had her as a patient for aphthæ of the mouth, which she had horribly. I put her on *Kali mur.* which helped her very much. She confessed this other thing to me one day and apparently it was very serious. She was life's greatest snob, and she had no reason to be and also she was a great one for washing, washing, washing, which goes psychiatrically with that state of affairs. She certainly had a superiority complex, and had practically no symptoms, but just on the mental haughtiness and insistence on cleanliness, and onanism, I gave her *Platinum 2c.*, one dose. Before doing that I gave her *Sac lac* and told her it would cure her. She was neurotic, I wanted to see what would happen. She called up a few days afterward and said: "Your medicine doesn't do any good." I knew it wouldn't. After having tested that on her I sent her *Platinum 2c.*, one dose. In two weeks she came again and said: "I don't know what you gave me, but for the first two days after your dose I was much worse, and from that day until this I haven't a sign of it," and I think she went four months on that remedy, and then she came around and said, "It's coming back." I gave her another dose, 1M, and at that time she was relieved, then she moved away. I haven't heard from her since.

There was another case of the same thing in an older woman. The other case also went very well with *Platinum.*

The other cases are stoppage of periods by getting wet, nausea in pregnancy, all of which are not signal enough to take your time at the end of this long day.

BOSTON, MASS.

DISCUSSION.

DR. WILSON: You spoke of the use of x-ray in your one case. I wonder what x-ray in potency might have done. I had a case of an entirely different type, it was a case of cancer of the breast that had gone on to such a point she had been operated on twice, the pectoral muscles had all been removed, there was nothing left but just the ribs covered with skin, everything had been removed, then there was a recurrence in the scar. She went under x-ray treatment, in New York, for that condition, and she was horribly burned all over the shoulder and all over the chest, and the doctors in New York, in the hospital there, finally told her sister that they could do nothing more for her, and advised putting her under a local physician just for observation.

It happened to be my lot, and my first prescription for her was X-ray in potency. It was remarkable to me how the burning sensation where she was burned, and the redness all disappeared and I was just wondering what a potency of X-ray of which there is a proving, might have done in your case where the menstruation had been stopped by the x-ray treatment of the uterus.

DR. DIENST: Before you close I wanted to add a word as to the efficacy of the homœopathic remedy in pathological growths.

We men who have quite a bit of country practice run across all sorts of conditions of mankind. A farmer's wife called at my office complaining of the usual symptoms that go with hæmorrhage and fibroid tumor—there is no question about it—it is not necessary for me to go into details, but she was morphologically a typical *Calcarea* individual, so I gave her *Calc. carb.*, the 1M potency. This was in August, and in the latter part of September I repeated that, but in the 10M potency. I saw nothing more of her until the latter part of November, when she came in and told me that just a few days previous, during corn husking time when the people got up very early and while the men were at the barn doing their chores, she was getting breakfast, when suddenly her feet grew very cold, she couldn't understand it. She went to the old-fashioned cook stove, opened the oven door and put her feet into the oven; while sitting there she had a fearful downward pressure, and all at once something appeared. She caught it. It came without a hæmorrhage, and here was a tumor twice as large as one of those large pears, a typical fibroid tumor. No hæmorrhage with that nor since then, and she has been well all these twenty odd years.

DR. UNDERHILL: You referred to a case cured by *Kali bichromicum*, that reminds me of a case I had. I had the entire family with the exception of the old man, so when finally he presented himself as a patient I was very anxious to make good there too, and he complained of having had first one and then another ulcer on the covered parts of the body, on the back and arms, buttocks, and so forth. There usually would not be more than one or two at a time and he had, I think, two at the time he presented himself for treatment, but I didn't look at the ulcers. I took his symptoms, I waited for half an hour without seeing any daylight at all on the case, I couldn't get anything to hang a remedy on. Finally I said: "Let me see that ulcer."

As soon as I saw the ulcer I thought of *Kali bichromicum*. It was large and punched out. I found that he was more apt to have pain from two to five a. m., he had a lot of mucus in his nose and throat and I said, "Blow your nose," so he did and he took his handkerchief away and he had a string there, so I gave him *Kali bichromicum* and he has never had an ulcer since.

DR. BOGER: One of the sore trials of curing women of female disorders is to hold the patient when she is getting better all over except that a profuse leucorrhœa has appeared. She wants to get that out of the way when she is getting better and she is feeling fine, but the leucorrhœa is getting worse all the time. Then is when she wants something done.

DR. GREEN: When you cure a chronic case of all but an eruption, it appears on the face.

DR. WRIGHT: May I ask one question? Would someone from the floor tell me what if anything a true homœopath can do as a local application to the cervix of the uterus for instance?

DR. BOGER: Usually either cold packs or hot packs or something like that.

DR. UNDERHILL: You mean in case of ulceration?

DR. WRIGHT: Where regular medicine would paint it with iodine, is it good practice to use *Calendula tincture*?

DR. UNDERHILL: I have stopped using local applications in the pelvic tract. Usually you will find they are using antiseptic douches. All those things interfere with the action of your remedy.

ARSENICUM ALBUM

"The *Arsenicum* man is the most miserly man in the materia medica. In a state of health he is tall, spare and austere. His features are wrinkled, dried and leathery, while his hair and eyes are dark, his hair is straight and harsh; everything about him is harsh; when he walks by you in the street, he walks fast, runs against you and wants a good deal of elbow room; he is impolite, money-making, covetous and malicious; he would rob his own brother for the sake of gain; he has no affection for the opposite sex, and if he marries he does so to obtain wealth; he is more attentive to his ledger than his wife. He is a very anxious man—he is so anxious to make money that he has no time to be a fashionable man, but studies his ledger instead of attending parties, balls, theaters, or the billiard room; he is not a daring man, and therefore does not take great risks in his business operations, but rather seeks wealth through miserly habits, and low underhanded cunning and meanness; he is totally wanting in moral courage and constantly fears death; he cherishes none of the finer feelings of human nature; unlike the *Aconite* and *Phosphorus* persons he never thinks of fine clothes, and never goes into ecstasies over a new hat or a new acquaintance; he has no love for anything except self. He is himself repulsive and his diseases are of the repulsive kind, such as ulcers, cancers, etc. He loves a hot stove and warmth generally, and his diseases are of a burning and acrid character".—DR. HENRY N. MARTIN.

VARICOSE VEINS AND FLAT-FEET.

C. GORDON, M. D.

My memories of a course of clinical surgery under Mr. C. W. Cathcart at Edinburgh Royal Infirmary are hazy, but one lecture, or at least the subject matter thereof, has remained distinct, and many a time have I been thankful. Mr. Cathcart spoke on flat-foot and its cure, and scores of my patients have benefited therefrom. He taught us to distinguish between temporary and permanent flat-foot by asking the patients to stand on tiptoe. If they could not do so, the condition was permanent and nothing but an operation was of any use. I am glad to say I have never yet seen a case of permanent flat-foot. If, however, they were able to rise on tiptoe, the cure lay in their own hands, depending upon their assiduity in doing certain tiptoe exercises daily. The exercises are only to be regarded as local measures. The patients are put on constitutional treatment to tone up the whole system, but that does not come within the scope of this paper. These exercises I have recommended in every case that has presented itself to me in some eleven years' medical practice and benefit has always been in exact ratio to the patient's perseverance.

It is astonishing how common this condition is and almost invariably the patient goes to the chiropodist or the bootmaker or buys some much advertised and expensive arch-support; anything, in fact, rather than consult his doctor about it.

But there is another condition almost, if not quite as frequently seen, and one about which advice is far more often sought. I refer to varicose veins.

Now it has been gradually brought home to me in the last few years that varicose veins and flat-foot are very frequently associated. And, indeed, this is hardly surprising, for both are due to relaxed and flabby tissues, chiefly muscle. So, whenever patients consult me about varicose veins, I always examine them for flat-foot as well. Whether one or both conditions be present, I then proceed to instruct the patient what exercises are to be done *and the reason for them*.

I explain that such things as elastic bandages and arch-supports and opening medicines, etc., are all bad because they teach

the part concerned to depend on artificial support or stimulation instead of using the muscles with which it is provided. I show them how the leg muscles support the arch and tell them that the exercises will tone up these muscles so that they will be able to throw away their bandages and supports and save their money for more necessary and useful things. Of course for some patients the exercises must be modified.

Then I give them a demonstration, with instructions as follows:

Exercises to be done with a minimum of clothing and no shoes.

Stand erect, hands on hips, resting the weight equally on both feet.

1. Rise slowly on tiptoe and down again. Six times.

2. Rise on tiptoe and, keeping on toes, sink into squatting position, keeping back straight and head erect; rise again and down on heels. Not more than three times.

3. Rise on tiptoe and walk across room on toes, returning backwards to starting point. Once across room and back.

4. Rise on heels and down again, being particularly careful to keep erect while doing so. Six times.

Five minutes a day more than sufficient.

In addition, it is advisable to instruct the patient how to walk because so many walk flat-footed, and some have asked in surprise how they could have developed flat-foot because they do so much walking.

Results? Well, as I said to begin with, these depend on the patient's will to get better. Where the exercises are done faithfully according to instructions, flat-foot disappears, varicosity decreases, and the patient's vitality naturally increases because the deadly tiredness resulting from pain in the feet has gone.

One lady came back after many months, delighted because her ankles which had been thick and unsightly, were now much slimmer and in correct proportion—a matter, needless to say, of great importance in these days of short skirts.

EDINBURGH, SCOTLAND.

"SCIENCE" VS. MEDICAL SENSE

R. E. S. HAYES, M. D.

For many years we have seen though not always read entirely a dozen or so medical journals per month not counting the waste basket editions of the ever-faithful pharmaceutical houses and we hardly ever remember having read anything about the general influence of modern science on popular medical thought and art. Popular education and modern science are ostensibly the twin influences from outside medicine which affect it most extensively, though not profoundly, for neither the modern medicine man nor modern medicine is yet very profound.

There was a time when the *genus medicus* was supposed by the populace to move and have his being in an authoritative scientific nissus; when his judgments and edicts were accepted by the multitude with respect and awe even though often forgotten in the daily shuffle of interests and temptations. That there is something the matter today with this ancient prestige of the M.D. may be seen merely by observing the shingles of the cultist practitioner in any desirable professional locality in the civic centers, by the allurements in the newspapers and radios and by the loquacious efforts of regular medicine to rehabilitate itself and explain everything to the public.

The prestige of medicine and the "medical doctor" as we more and more frequently hear him spoken of by laymen—an ominous appellation—appears in the aggregate to have suffered to about the same extent that the modern medical scientific spirit has increased. We suspect that one reason for this is that many people have found that medicine is too "scientific;" or rather, that, after all, the scientific method has not been applied to humanity but that humanity has been too rigorously applied to "science."

The writer has always been possessed of an extraordinarily large bump of benevolence so he will not say much now about the volume of useless and senseless mutilations, external assaults and internal harassings which he finds examples of daily in the history and conditions of patients, but merely remark, in

passing, that of all the inflated amphigorious meddling projected in this longeared civilization the caressings of modern medical and surgical usage compare very well with any.

Even so it is astonishing to see what hordes still remain who will endure medical and surgical punishment and not be aware that that is what it is. Comparatively few people in this age of noisome advertisement and existence *a la mode* have a sensitive and unperverted instinct of self protection. We had a young lady patient recently whose abdominal and pelvic regions had been favored with eighteen separate 'ettements, 'ectomies, 'otomies, 'orrophies and what not. Some celebrated writer once said that the insane are the most truly happy, so the end result is achieved, for she is now in the asylum again after a brief attempt to stay out of it. Another patient of ours was told that all her teeth must come out; whereupon she departed from that presence in haste, determined to preserve her \$115.00 set of serrated bivalves if possible.

For this pseudo-scientific state of medicine we do not blame science because its side excursion of the last several centuries into notation and classification was apparently necessary for human progress, but it shows how an innocent, lamb-like acceptance of one or another scientific authority may become the vogue and thoughtless routine and misfit, something that would be impossible with a decent cultivation of the God-given bump of scepticality or even an elementary conception of the organic system of vital energy.

This simple and beautiful faith in what is supposed to be science is still widespread. It has become ingrained in the blood and like the obscene Puritanical conscience which we blueblooded Americans inherit from the God-fearing New England fathers is hard to get out of the system and will yet dog our footsteps for many generations, although science is itself rapidly displacing it.

In olden times religion was the ostensible adjunct of men's enterprises but science as a cue has now largely displaced religion. Science is now a god in every western household just as securely as the old puritan-like awe of the gods of Numa pervaded the respectable Roman household twenty-five hundred years ago. Whatever "science says" is supposed to be truth and

verity, something which no layman may question or doubt. It is hardly an exaggeration to say that when the scientific oracle speaks millions are dumb and no man dare say it nay—unless he happen to be a rival scientist, then he often does say it with a loud voice; or if he becomes infected with acute nationalitis as in the recent great debasement, for instance, he becomes properly intolerant of the propositions of the enemy scientist just as enemy artists and musicians are banned as unfit to be seen or heard; which shows that even the cold-blooded man of science may have blowholes in his system after all.

Nowhere is applied science more rampant than in medicine and nowhere is it misapplied more conspicuously, especially when conjoined with official tenure.

We have had our spirits regaled lately by the tales from two households which were visited by their local health officials (not of our city, our official is a gentleman) backed up by a state nurse, attempting to persuade them to change doctors and get a modern one, one who would have the children's tonsils and adenoids out. This notwithstanding that in one case the tonsils had already been reduced from apposition to nearly normal with nasal breathing restored and in the other a large hard gland which had come up awhile after an enforced vaccination was disappearing rapidly. Since this writing was begun another salaried female reformer from the Capitol visited one of our families and pronounced judgment that the little boy was perfectly all right except his tonsils. They were bad and must come out; they must be taken out at once. Little did she know, or could appreciate if she had known, the victories that had been won with critical and deep-seated acute conditions, of the delicate constitution which we had gradually brought up with homœopathy until now he appeared perfectly all right, but—his tonsils must come out at once.

Truly there is something to be desired in the common mind, including the medical mind, besides scientific knowledge. One desirable thing is to realize that there are different levels of experience from the most primitive to those requiring mental image and spiritual sense, for different levels require different grades of understanding. Another desirable possession is more catholicity of knowledge, a wider mental environment than material

science gives; also to be desired, especially for homœopaths, is the power of judgment, of assessing the invisible factors as well as the visible and resolving them into a balance and course of action. We should remember that this is where science falls short, though legitimately, for it is not the function of modern experimental science to exercise this kind of judgment. But this is the kind that should be used in applying science to human life.

The application of science to life and living without this governing and steadying quality leads inevitably to specialties and technicalities, away from generals to particulars. And the more technical, special and particular the scientific quest or practice the less the tendency to form circumspect and cosmic judgments. The more material science is applied en masse the more it tends to dogma based on selfish interest, on standardization, restriction and imposition. It tends to proscribe instead of develop freedom. It tends to adapt man to its strictures instead of developing the energy of the individual.

Perhaps this is because man has learned but imperfectly how to use science for the development of the human principle and the growth of the spirit, that is, for deepening human happiness. Scientists themselves have confined their work to the material and the logic of the material, a narrow vision and restricted logic at that. Only recently do they appear to be broadening out to the logic of qualities and energies instead of dealing with material terms only. When science really becomes qualitative as well as quantitative or when it finds where the two meet then we may see wonderful and beautiful things.

Why should not the science of the qualitative as well as the quantitative be pushed farther? For this would lead inevitably to investigation of the phenomena of organic energy and to humanistic interpretations. A few sciences besides homœopathy, if they may be called sciences, the methods of some psychologists, for instance, are proceeding in this way even though with narrow conceptions and rather nearsighted vision. They appear to have at least an inkling of the outward flowing direction of vital energy.

To come nearer home we fear that even homœopaths may be infected with a mild strain of the bacteria of "approved" sci-

ence. Even some who need modern science least, who know without it what they are doing and how to do it show mild symptoms of the scientific tradition and it seems to disturb their self-evaluation centers. They show signs of inferiority complex, feel that their æsthetic and technical position is insecure. They seem to be always desiring to placate the terrible allopath; he must be spoken of so softly; or they try so hard to be understood by him, to teach him our language by speaking his own or a mongrel language composed of the two; he must be convinced by imposing on the beautiful art of homœopathy the strictures of scientific method, as if the allopath were really scientific at all!

Apologetic homœopaths appear to forget that speaking English to an Englishman will not teach him French; that that quality of mind which can deal swiftly and surely with the imponderable and invisible, which can see truth clearly without facts and create facts from the vision is a higher quality of mind than that required for science; that a lower type of mind cannot see into a higher one, at least not without some kind of a shock, that honest, harsh criticism though aggravating at first is often the way to enable an honest mind to see itself as his critic sees it and to see into the critic's mind as well, that contingent psychic turn in reasonable minds which reveals new truth and brings expansion.

The type of mind which homœopathy needs and which is susceptible to homœopathy is not the type which waits to be told by science or some authority what to do. The right minds for homœopathy will be attracted by the vision of it, by the spirit of adventure in the realm of principles and potentials. Trying to capture the modern scientist on his own level of practicality is a slippery enterprise. By lowering the price we are transferring an inferior grade of goods both ways. Our mission should be to clarify our own vision, to show homœopathy as we see it and know it in its higher psychic and mental form, to attract those susceptible to principles rather than to represent it in the form of a scientific manikin devoid of flesh and blood and vitality.

We have no quarrel with any who feel a call to descend into the realm of science for the purpose of verifying and presenting homœopathic truth and perhaps we should be somewhat

grateful for the sacrifice; but that it exalts homœopathy or adds anything to the artistry we doubt very much. Not only so but scientific and mechanical tricks are catchy. They do not require much thought or depth of purpose. We fear that if ready-made homœopathy gets out of hand and popularized that there may be distraction from the more vital and personal art, which, we think, is more highly sensitized and individualized and probably deeper in its ultimate results. If so, the personal art would suffer for a long time. This is something for disinterested homœopaths to consider. Anyhow, increased efforts to perfect the art and expand the resources according to the original plan should be executed.

Solely as a means of demonstrating the truth of homœopathy the scientific method is superfluous. From the scientific viewpoint the procedure must be quite susceptible to both scientific and technical criticism; from an æsthetic viewpoint of homœopathy criticism is inevitable until science itself becomes æsthetic.

To our unscientific mind it would appear sufficient to take a hundred people with warts, for instance, stand them in line, take their finger-prints, then prescribe homœopathically for fifty of them and watch the warts—but that method might not have enough of the "romance of science" and we suppose thousands of warty individuals would have to be cured to satisfy the rules of scientific method.

Is not the real romance elsewhere? Even scientific activities to be effective or even intelligible must be regulated by and subject to higher powers, that is, to principles. Only in so far as these principles are recognized and understood and only in ratio to the revelation of the more ideal of these principles does science develop the beautiful or the beneficial. Being under pressure on all sides as we are from the effects of applied science, we are prone to forget this fact. The notion that homœopathy is ataxic and shaky without scientific verification or interpretation is the stigma of a common thinking, shallow feeling age.

But not all scientists are alike. If some of our scientifically inclined homœopaths look toward the horizon they may see themselves being outdistanced by some of the scientists. A distin-

guished mathematician and scientist said recently: "The underlying reason why Einstein has performed such remarkable work is because it rests on an æsthetic basis; no great work can be performed in any field except on this basis." Probably true! And homœopathy? Homœopathy, even in the law adherent to a slight degree, has its roots in the life and is inextricably involved in it. It must come from within outwardly, there must be vital susceptibility. The spiritual essence must be within the prospective homœopath or facts will bound off from him like ammunition from a peashooter and conviction mean no more or less than silence.

As a homœopath said, "Let us live homœopathy." Yes, because only life begets life. To scientize the language of homœopathy and mechanize its technique possibly may be one way to spread it but it would be spreading mostly the husks. Whatever happens let there still be cultivated the homœopathy of the spirit, gentle, warm and vital; more effective, we think, than anything else for probably 98% of the therapeutic needs of humanity.

WATERBURY, CONN.

Study, laborious, persevering, self-sacrificing study, unswerving and inflexible fidelity to our law, have made homœopathy what it is. Without these, we should still be groping in the obscurity and uncertainty of old physic.

The sole argument used by the low against the high attenuationists, that of ridicule and the mathematical demonstration of the absurdity of infinitesimal doses, is the identical one with which the old school has so frequently attempted to demolish homœopathy.

It is the self same bludgeon with which homœopathy has been so often pounded and crushed, until (like the fresh water polypi, of which, when they are divided and subdivided into a thousand fragments, each part becomes a perfect living whole) it has steadfastly established itself in the confidence of people throughout the land.—A. R. MORGAN, M. D., *American Homœopathic Review*, 1865.

POINTERS*

This suggestion is addressed mainly to the general practitioner if any be still extant, and is intended as a hint to refinement and increase of practice, and of income, if desired.

The writer does not actually know, of course, whether any do need or desire more business, because the homœopath is usually a busy doctor but we believe the method proposed will, if pushed to its practical conclusion, make the practice more special as an enterprise and as a calling. It should become invincible in competition with modern instrumental medicine and the cults; should, if desired, eliminate uncongenial branches of practice as well as less desirable methods; it should prolong the activity of the older men; it is important to the younger man in establishing a footing; and when clearly understood should be of immeasurable advantage in building and cementing the brotherhood of *similia*.

The suggested means is so simple on the face of it that it may not mean much to the uninitiated until it is either thought out carefully or unless one is quick to visualize the situation and its consequences at once. The proposition simply stated is this: LEARN TO CURE THE CHRONIC PATIENTS.

By "cure" we mean in this instance more or less radical and durable constitutional improvement of viable individuals and making comfortable or fairly stable those who are in decline. We mean to include in this proposition cures of many chronic conditions regarded as incurable by regular medicine as well as alleviation or restoration of suppressed or perverted states caused by forceful or surgical treatments; but the point to focus on is to perceive what is constitutional and individual and work homœopathically at that.

That is the thing that will hold the patient year after year for he knows that he is getting the larger benefit in the transaction and often sad experience has taught him that he can get it nowhere else; that is the thing that will make practice in large measure independent of location for patients will come anywhere

*Ten-minute address of an ex-Presidential symposium of the Connecticut Homœopathic Medical Society, May 1929.

from far and wide; that is the thing that will lessen competition among homœopaths and increase it with the "regulars" and the cults but be so widely distributed that it is not felt; it is the thing that will pay well in the relativity of respect, self-respect included, for it raises the standing to the prestige of the specialties even though it be not evident at once.

Really, homœopathics is not and should not be made a specialty, its range and power is too great; but with the unfortunate popular misconceptions of healing and the sorry plight of homœotherapeutic morale intensive homœopathics is forced into being a specialty.

The chronic hunting grounds are unlimited and the possibilities at your doorstep regardless of location. The possibility is right at hand to accomplish rare things and reap the measure of personal satisfaction and economic recompense.

The effort cannot be projected haphazard, however, without the certainty of failure. Certain conditions must be conformed to. A book might be written on the subject of "how." Here we can give but a slazy outline.

First and most essential, the prescriber must understand, and become familiar with, the principles of prescribing and the management of his prescription.

Second (and this condition is a part of the first), he must understand the ways of the dynamic forces involved in the actions and how they apply in observing the patient. This sounds quite philosophical and "heady" and indeed may be made so but really it is quite simple in application. For a quick grasp and reference Gibson Miller's pamphlet entitled "Synopsis of Homœopathic Philosophy" is the thing and one does not need an extra handkerchief to mop the perspiring brow.

Third, prepare, start and follow each case correctly according to the principles step by step to its logical conclusion or as near to it as possible. One case followed with consistent and persistent observation of the principles involved prepares the way for dozens of others both in intelligent management and in drawing more patients.

Fourth, to have and use certain classic materia medica and

repertorial works. Of these Hering's *Guiding Symptoms* and the use of a repertory seem almost indispensable.

Fifth, the Post-Graduate School of the American Foundation of Homœopathy is the greatest homœopathic teaching resource our school has. It teaches the principles which superintend all intelligent homœopathic procedure: it teaches the materia medica with as much discrimination as the short course may allow and it teaches the use of repertories. This school offers a fine opportunity for homœopathic enlightenment and dexterity.

Last, and perhaps least, but important, is to have office appointments consistent with the above purposes; giving accessibility, space, restfulness, sound-proofness and library facility besides the usual laboratory and manual conveniences. Small details, these, apparently, but important to a chronic homœopathic clientele.

In medicine homœopathy is supreme, the aristocracy of the healing crafts. Compared to it everything else is bush-whacking.
—R. E. S. H.

After antitoxin *Carbolicum acidum* may be indicated.—J. HUTCHINSON.

High potencies will not palliate incurable cases, you must use the low.—C. M. BOGER.

Patients needing *Graphites* are coarse; emaciated early, then obese; their eczema is worse by warmth; they have herpes with irregular menses.—G. DUNHAM.

Hepar is the most sensitive patient in our materia medica.—G. DUNHAM.

For nervous weakness after the flu, *Cypripedium*. For vital depression after any long illness *Scutellaria*.—J. H. CLARKE.

In headache *Plat.* follows *Bell.* well. It has alternating mental and physical symptoms. Headache worse evening, lying on left side, gradual increase and decrease as if board on the forehead, things look small, better in the air.—B. ROY.

Lachnanthes, headache as if split by a wedge, as if enlarged, worse lying and noise, better walking, scalp sore as if hair stood on end.—B. ROY.

Boletus laricis, dragging, burning pain in liver, especially right lobe, with jaundice and burning pain in spleen.—I. CHHABRA.

Hiccough during pregnancy, *Cyclamen*.—I. CHHABRA.

Ipecac often helps with the morphine habit.—I. CHHABRA.

For dreams of serpents think of *Ran. s.* as well as *Lac. c.*—

I. CHHABRA.

Psoriasis, dermatitis and other affections of skin, characterized by intense dryness, intense burning, intense itching and profuse desquamation, < nights, preventing sleep, > rubbing and especially > warm bathing, worse on exposed surfaces: *Rhus venenata*.—H. C. SCHMIDT.

I want to mention one case of a young man diagnosed catatonic—ætiology, toxemia, cleared up speedily on *Nitric acid* 10M (Kent). "Epistaxis, bright red, induced by crying" was the peculiar deciding symptom.—V. T. CARR.

Every motive prompts the conscientious physician to cure his patients in the most speedy and effectual manner possible. It seems that no one can be so obtuse as to reject that method which experience proves to be the best. The question then is, how can we most surely arrive at the truth? It can only be done by a candid, unbiased and thorough examination of all the evidence presented.

A large amount of testimony has been gathered having an important bearing on this point.

Many of our most eminent, profound and discreet physicians, close observers, in this and other countries, after long and critical deliberation have pronounced in favor of the superiority of the higher attenuations. (By the high or higher attenuations, I mean all those preparations wherein the drug is attenuated beyond the recognition of any material test, say, from the 5th or 6th cent., upward.)

The mass of clinical experience they have given us cannot be ignored without calling in question either their integrity or their ability. On the other hand, we find opposed to this carefully detailed testimony, the simple, unqualified negation of the unbelievers.—A. R. MORGAN, M. D., *American Homœopathic Review*, 1865.

EDITORIAL

The 1929 convention of the International Hahnemannian Association was a tremendous success. Under the able leadership of Dr. Wilson very many valuable papers were presented. Among these valuable papers stands out markedly the wonderful address given by Dr. Higinio Perez of Mexico City. Another address of note which gave a clear picture of the present condition of homœopathy throughout Europe was presented by Dr. Franjo Kavcic of Zagreb. This paper was given in a very entertaining manner and was the result of Dr. Kavcic's recent experiences in Europe and Great Britain; and his summation of the progress of homœopathy on the continent was the most interesting we have had in many a day.

One of the most delightful and charming features was the anniversary dinner on Sunday evening, which was a veritable love-feast. Among those present were Dr. and Madame Perez, Dr. Kavcic, Dr. Boger, Dr. Grimmer, Dr. Alfred Pulford, Dr. Dayton T. Pulford, Dr. Hayes, Dr. Becker, Dr. Stevens, Dr. Krichbaum, Dr. Underhill, Jr., Dr. Farr, Dr. Green, Dr. Farrington, Dr. Hutchinson, Dr. Sloan, Dr. Plumb Brown, Dr. Wright, Dr. Edwards, Dr. E. B. Allen and the officers of the Association.

The Association was very unanimous in electing Dr. Grace Stevens to the presidency for the coming year.

The attendance was larger than it has been for several years, and the fiftieth anniversary will go down in history as one of the greatest conventions the Association has ever held.—

H. A. R.

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STUART CLOSE

The International Hahnemannian Association, at the fiftieth annual convention in Montreal, felt keenly the absence of Dr. Close, and sent, through the Secretary, a word of greeting and love to him in his illness. This message reached Dr. Close two days before he left this earthly scene, and he expressed much pleasure in the thought that he was remembered. This was the last word that he received from outside his own family.

Dr. Close was a former editor of *The Homœopathic Recorder*, an Honorable Senior of the International Hahnemannian Association and one of its Past-Presidents, and was one of the organizers of the American Foundation for Homœopathy.

In every way he had identified himself and become a leader in that branch of the homœopathic profession which followed most closely after Hahnemann, Hering, Allen and Kent. He was a prolific writer and staunch defender of homœopathy. Probably his greatest work, and one which will last for generations, is the "Genius of Homœopathy", which breathes a spirit of homœopathic philosophy of tremendous depth, yet couched in simple words.

Dr. Close was a direct thinker, a logician of note; fundamentally a philosopher, with a keenly artistic temperament, based upon a thorough appreciation and knowledge of scientific principles; a scholar of deep learning and breadth of outlook; a natural teacher; a successful physician.—H. A. R.

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The homœopathic school as a whole, in times past, was deeply interested in the provings of remedies. Remedy proving was then undertaken by individuals and by classes in the colleges. The late T. F. Allen always had a class of eight or ten people who were proving remedies under his direction. So long as the provings were carried on on human beings, the advancement of the homœopathic materia medica was secure. Much has been said about the faulty way in which these provings were made. It is today wise that the homœopathic school should again prove many remedies of value, especially in the field of metals. The last one to be so proven was *Radium*.

It will interest the readers of *The Homœopathic Recorder* to learn that at the last convention of the International Hahnemannian Association in Montreal a committee was appointed to work out rules and regulations governing the proving of remedies according to the Hahnemannian directions, upon human beings. The appointment of this committee and its future work will add very much to our knowledge of materia medica, and will be of great interest to homœopathic physicians throughout the world.

—H. A. R.

CARRIWITCHETS

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

39. What remedy has the abbreviation "*Fil.*"? It appears for the symptom "weakened by long sickness".—J. COXETER.

40. What remedy has the abbreviation "*Ant. l.*"? It appears in Clark's article on *Antimonium oxydatum* in the *Homœopathic World* for January 1929.—E. WRIGHT.

41. What is *Polygonum sag.*?—E. B. LYLE.

42. Why should *Arsenicum* be so dangerous a drug to give? Has it more affinity than most other drugs for protoplasm?—H. HOOPER.

43. Will Dr. Baker please give the symptoms of his *Cratægus* case that we may see wherein it adds to or verifies our proving of *Cratægus*?—F. E. GLADWIN.

44. What briefly is homœopathy?—PATIENT OF A. A. POMPE.

FURTHER ANSWER TO QUESTION IN APRIL ISSUE

—How is it that when polypi are removed, asthma is relieved for a time?

—Answering question of asthma and polyps. Polypoid growths are not the systemic cause of asthma. The polyp provokes a sympathetic reflex resulting in the asthmatic syndrome.

Extirpation of the polyp relieves same. But on recurrence asthma returns. Polypoid growths are external manifestation of a diseased economy. Curing the polyp by internal medication cures the asthma.

If the polypoid were a manifestation of the disease of which asthma were the internal symptom, the results would be as you say—worse after removal. But inasmuch as it is merely a mechanical irritant removal of same is the same as curing conjunctivitis by removing a foreign body from the eye.—C. A. FREUND.

ANSWERS TO QUESTIONS IN JUNE ISSUE

Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?

—Not that I know of.—G. W. BOERICKE.

—Try *Pulex irritans*.—C. M. BOGER.

—Yes, by that remedy which will remove the predisposition thereto, and which is very apt to differ in different individuals. We doubt very much if a mosquito would bite a perfectly healthy individual. There must be some latent disease present to attract these much maligned insects, for Nature produces nothing in vain.—A. PULFORD.

—The constitutional homœopathic remedy is the only remedy to be considered. To immunize against this, that and everything is a pernicious and dangerous fad. Sensible environmental precautions are, of course, needed as a prophylactic against this and many other ills of life.—E. UNDERHILL, JR.

—In this question there is the implication that there may be an underlying tendency in the individual that makes him prone either to be bitten by mosquitoes, or to be seriously affected by their bites. This is unquestionably true in certain instances. This question also involves the exceedingly interesting one of anaphylaxis, or susceptibility to the poison of the mosquito. It is something inherent in the individual perhaps more than in the race, as not all people bitten by this or other insects are susceptible to the same degree; some in fact being not at all unpleasantly acted upon by the virus.

What is this susceptibility then? The answer is undoubtedly in the dyscrasia which Hahnemann denominated psora. This psora is multiform in its manifestations, hydra-headed, so-called, in its ramifications. When the susceptibility (i. e., of the race) to psora shall have been overcome, humanity will be a long way on the path of regeneration.

As to treatment of this susceptibility. As rhus poisoning has often been successfully combated by *Rhus tox* in the higher potencies; as the tendency to the ill effects of strawberries has been successfully antidoted by the giving of *Tragaria* (potentized wood strawberry); as the various nosodes such as *Tuberculinum*, *Diphtherinum*, *Medorrhinum*, et al., have been successfully used in the cure of inherited tendencies to their pathological similars, so potencies of the *Culex musca* (the mosquito) might be tried in potentized form. Dr. John H. Clarke makes the suggestion in his *Dictionary of Homœopathic Materia Medica* that "It might

be well to prove a tincture of specimens of *Anopheles* well charged with malarial organisms". This reminds us that while in San Francisco, "well charged", as Dr. Clarke emphasized, with the poison of the famous (or infamous) California fleas (*Pulex irritans*) we made a potency from the tincture and used it successfully internally to overcome the bite of this pestiferous inhabitant. The late Dr. William Boericke was much impressed with the idea and was given some of the remedy for possible future use. While in San Francisco, we received from Dr. Boericke the 15th potency of *Egg*, used by him for the immunization of children against the ill effects of this common article of food. And so we might go on almost *ad infinitum* mentioning the various substances that have been potentized and used by Swan, Fincke, Kent, Berridge and others in the various types of hypersensitivity.

We have personally used successfully a few drops of *Ledum tinct.* in the local treatment of sensitiveness to mosquito bites. It may not be antipsoric or dynamic enough to immunize, but its use as advised by some of the earlier writers has been highly serviceable in our hands.—B. C. WOODBURY.

How does succussion release the energy of drugs?

—Presumably by increasing the molecular activity, bringing it in contact with the menstruum.—G. W. BOERICKE.

—It increases the amplitude and modifies the rate of vibration of the electron groups. This is proven by electric potencies.—C. M. BOGER.

—Homœopathy utilizes the aura or life-force of the drug, an electrically positive force. When that force enters the human economy it augments and stimulates the life-currents within the human body, also an electrically positive force.

The individual cell is surrounded by, and literally swims in that electric current. The cell, in turn, maintains its own current of force between the positive nucleus and the negative nucleus, constituting a magnetic field. The increased power in the life-force in turn increases the magnetic properties of the individual cell, consisting of attraction or assimilation, attracting the materials necessary for its maintenance.

Homœopathic drugs, therefore, increase the magnetic power of assimilation of the cell; the protoplasm being merely the body of the cell, being controlled by its nucleus.—H. C. SCHMIDT.

A girl poisoned by Belladonna three years ago still has typical Bell. symptoms, how would you treat her?

—Clark's *Dictionary*, Vol. I, p. 259.—G. W. BOERICKE.

—Bœninghausen says Solanaceæ follow each other well. *Coff., Hep., Hyos., Camph.*, mentioned by Jahr.—C. M. BOGER.

—This is the question that was asked some time ago only *Merc.* was used as an illustration. The answers at that time named the common antidotes for *Merc.* but did not give a principle or rule that would guide to the treatment of every overdosed case. I could tell Dr. Rand that Hering advises for antidote of large doses of *Belladonna*, vegetable acids, infusion of galls, or green tea, coffee and *Hyos.* Dr. Jahr advises black coffee for the same. Dr. Hering advises for effects of small doses, *Camph.*, coffee, *Hep., Hyos., Op., Puls., Sabad., Vinum.* Dr. Jahr gives the same list but adds *Sulph.* and *Zinc.* Undoubtedly Dr. Rand has already studied all of these and found them wanting. *Belladonna* is such a short-acting remedy usually that if its symptoms have already lasted three years, it might indicate that the patient was already a *Belladonna* case before she received the *Belladonna* poison.

In that case Hering's suggestion that a high potency of the same sometimes antidotes a remedy, would apply. If that gives no help the only course left that I know of is to take all of the symptoms of the girl to the repertory and find the remedy that most closely covers the symptoms that the patient has. To be sure, *Bell.* will stand first but there will be another remedy that will come close to it. If after it has been found Dr. Rand looks in the books and finds out that it "follows well" or even that it isn't inimical to *Bell.* he will feel a little more comfortable about giving it. If those who have had experiences in this kind of cases would please tell how they handled them and with what success, it would be very helpful to those of us who are still struggling in darkness.—F. E. GLADWIN.

—Find the closest *simillimum* if possible, if not possible then try a VERY HIGH potency of *Belladonna*.—A. PULFORD.

—If the typical *Belladonna* symptoms are still present, I would first give a single dose of perhaps the 30th potency of *Belladonna* and await results. Failing in this, I would then search for the symptoms of a deep antipsoric, which possibly might be *Calc. carb.* as it is complementary to *Belladonna*. Whatever remedy appears indicated, give that remedy and await reaction.

—E. UNDERHILL, JR.

—Gibson Miller, in his valued epitome of the *Relationship of Remedies* gives as the antidotes to *Belladonna*: *Acon., Camph., Coff., Hep., Hyos., Merc., Op., Puls., Sabad., Vinum.* Without knowing more in detail more of the *Belladonna* symptoms that now obtain, it would be impossible to suggest just what remedy or remedies would be required to antidote its effects. Has the remedy been given in a high potency, and in the single dose? That is, *Belladonna*. This condition of remedy hypersensitiveness is often overcome by the use of the dynamis of the remedy itself in highly attenuated form.—B. C. WOODBURY.

What is the homœopathic treatment of head lice, body lice and crab lice?

—Locally 1-4 of the tincture of *Staphisagria*.—G. W. BOERICKE.

—*Psorinum* is the remedy internally. Lamp oil externally.—C. M. BOGER.

—For crab lice use *Staph., Cocc.*—J. H. CLARKE.

—Lice will not cling to a healthy body. They must have food on which to subsist and therefore the disease which predisposes to their presence and tenacity must be removed or they will reappear even if the first lot are all killed off. To kill the insect and not remove the cause of their presence is a mark of medical ignorance. The same holds true of worms and other parasites. Kent, 3rd ed., p. 1330, under LOUSINESS lists 12 remedies most of which we have verified; on p. 129 he lists 13 remedies for head lice.—A. PULFORD.

—This question involves the whole problem of psora and its varied external manifestations. The outward expressions of

this miasm are many, and until the whole outward expression of the world is changed, it will remain virtually unaltered. Hahnemann tells us in his introductory chapters of the *Chronic Diseases* how this development has taken place down through the ages. Neither cleanliness, filth disposal, nor sterilization and asepsis alone can achieve their ends without the use of the dynamized internal remedy administered according to the particular predispositions of the individual. There have been several suggestions as to ways and means out of the dilemma of exterminating the associated manifestations of psora, namely, the lice themselves (in the particular reference here made) also for the destruction or rather the successful ridding of the body of the *acarus scabei*, etc.

Jahr's well tried recommendation of the use of the refined oil of lavender, rubbed into the itching parts only, that is upon the sites of what he terms the "primary itch-vesicles", still holds good, and has been verified by a multitude of observers. Contrary to the suppressive effects of sulphur ointment, and other similar external applications, this particular treatment is not only safe but effectual and non-suppressive.

Pithiriasis, or "Lice disease", as it was called by the older writers would seem to be a specific entity, according to their beliefs, rather than merely a local infestation. At all events their treatment, to quote the remedies given by Lilienthal, were apparently directed more toward an internal disorder than merely its local expression. Lilienthal gives this list: *Amm. carb.*, *Ars.*, *Chin.*, *Iod.*, *Lach.*, *Magn. arc.*, *Mez.*, *Natr. m.*, *Oleand.*, *Psor.*, *Sabad.*, *Staph.*, *Sulph.* He also directs that we are to "Apply externally lotions of pure alcohol." This latter suggestion is of interest, as it has been suggested by some that the beneficial effects of the oil of lavender recommended above were due to the alcohol which it contains. It is a well known fact that the *Stavesacre* or *Staphisagria* has long been used externally for head lice (here of course in lotion form) and it is likewise a matter of our personal experience that crude petroleum oil, or simple kerosene will quickly rid the host of crab lice. The whole matter is after all one of cleanliness, and the constitutional treat-

ment of the individual is paramount in the conduct of pure homœopathic practice.—B. C. WOODBURY.

What would be your classification of the homœopathic remedies and can you give a list of references to the homœopathic classification of remedies?

—Most useful I believe to be the clinical classification—thus: for meningitis, *Cicuta*, *Cina*, *Helleborus*, *Zincum*, *Gratiola*, *Tuberculinum*, etc. The clinical index under either Royal's *Materia Medica* or that of Boericke give the best classification.—G. W. BOERICKE.

—Remedies are fitted to patients whose symptoms are *suis generis* hence cannot be classified excepting arbitrarily.—C. M. BOGER.

—Individualism is a strong point in homœopathy. As soon as we begin to classify we turn away from individualization, therefore strictly speaking our remedies are not classified; nevertheless, homœopaths in their talks have referred to the syphilitic, sycotic and psoric remedies until they have unconsciously classed them according to the miasms. In the same way the acute and chronic have been spoken of so often that they seem to have classed the remedies according to their time of action. In either of these cases the dividing line is not clear cut because some remedies belong on more than one side of the line. Again they seem to have been classed according to what they were made up of, as nosodes, etc.

Charles Hempel classified the remedies according to the parts of the body affected as dental group, orbital group, auricular and facial group, etc. He also classified them according to disease as catarrhal group, inflammatory group, fever group, nervous group, etc.

Jahr in the *Symptomen-Codex* classed them according to their frequency in use, polychrests, semi-polychrests, etc., but this list changes with the years, we almost might say with the seasons. Jahr gives the list on page 1, *Symptomen-Codex*, second volume. He gives four degrees. It is good exercise to go over the list for the purpose of seeing what remedies you would add and which you would promote and which demote.—F. E. GLADWIN.

—To us the classifying of remedies is theoretical, and most of this theory has devolved much that has been misleading through the unfinished proving of our remedies and we believe it to have done some harm and prevented cures that might otherwise have been made as THE indicated remedy has often been overlooked thereby.—A. PULFORD.

—Homœopathic remedies could be classified in many ways depending upon the purpose of classification. One classification could be:

- (a) Mineral—including the metals and inorganic salts.
- (b) Vegetable drugs.
- (c) The nosodes—including all drugs derived from human and animal sources.

It is possible that each of these divisions, if sufficient were known about each group, could furnish all the remedies necessary for the successful practice of medicine and the cure of disease.—E. UNDERHILL, JR.

—There have been a great many classifications of the homœopathic remedies. Some writers have grouped them according to the three natural kingdoms, animal, vegetable and mineral. Others have divided them according to their cruder action upon the body. Some have made no special attempt toward classification other than that of applying each remedy to the indicated conditions of the patient.

Hahnemann merely placed his remedies alphabetically, characterizing each remedy as to its natural kingdom, thereby emphasizing its therapeutic power. Hering followed the alphabetical arrangement, as for example in the *Guiding Symptoms*. He formerly arranged part of the remedies in what he called a "New Arrangement of Our Materia Medica", perhaps in the order in which their provings were recorded. Marcy and Peters in their *Elements of a New Materia Medica*, use partly the alphabetical, and partly the arbitrary classification.

The arrangement of Teste was unique. He arranged the materia medica into certain "types" around which as he stated "analogous drugs could be grouped". In this way he arranged them into twenty definite groupings, with the classic type, and its attendant satellites, e. g., *Arnica montana* as a type, with

Ledum palustre, *Croton tiglium*, *Ferrum magneticum*, *Rhus toxicodendron* and *Spigelia anthelmia* as analogues.

Burt in his *Physiological Materia Medica*, classifies drugs as to the Animal Group, and the Organic Group, using as his basis their "starting point or center of action, the nervous centers". These are given as Cerebro-Spinants for Acute and Sub-Acute Diseases, and as Ganglionics for Sub-acute and Chronic Diseases. He then makes still further classification as to Tissues.

Farrington in his *Clinical Materia Medica*, classifies remedies as to the four kingdoms from which they are derived, and gives the individual guiding symptoms of the drugs which comprise these groups. Allen, Kent, H. C. Allen and Carroll Dunham all use for the most part the alphabetical arrangement. Kent lays more stress upon the individual relationship between patient and drug than upon the sources of the materia medica. This latter seems to be the essential point, but it matters not so much how the materia medica is studied, as *how much* it is studied. Therefore it can safely be said that the *drug's the thing*.—B. C. WOODBURY.

What is the correct spelling of "polychrest"? Can you give me references from classic homœopathic literature to back up your choice? Also references where varying lists of the polychrests can be found, and your definition of a polychrest?

—I don't know. The best list of polychrests is in *Sources of the Homœopathic Materia Medica* by Richard Hughes, London, 1877.—G. W. BOERICKE.

—See preface to *Nux vomica* in *Materia Medica Pura* of Hahnemann.—C. M. BOGER.

—According to the *Century Dictionary* the word polychrest is an English word coming from two Greek words—one meaning many or much; the other meaning, use. The definition—medicine that serves for many uses or that cures many diseases.

Gould's *Medical Dictionary* gives it—polychrest, a medicine regarded as efficacious in many diseases.

Jahr's *Symptomen-Codex*, 2nd vol. Hempel's translation gives it—polychrests or medicines of the most frequent use. Inasmuch

as polychrest is a good English word I see no reason for changing the spelling, and as homœopaths use it according to its generally accepted meaning—"many uses" or "much used", I see no reason for changing the definition.—F. E. GLADWIN.

—The proper spelling of "Polychrest" should, if we are as dogmatically bound to the Greek as we seem to be to the Latin, be spelled "P-o-l-y-k-r-e-s-t", it being derived from the Greek word "polykrestia", meaning great usefulness, or of many uses, thus the homœopath uses the word for such remedies as may be indicated and called upon to serve in many and varied diseases. We believe that the best list of "polykrests" can be collected from studying Clarke's list marked "Clinical" in his *Dictionary of Medicine*.—A. PULFORD.

—So far as we have been able to ascertain there is no authority for any other spelling than "polychrest". In Webster's *New International Dictionary* the word is derived from the Greek, meaning useful for many purposes. In *Old Med. Chem.*, the *polychrest salt*, was Potassium sulphate, also sometimes Rochelle salt. Its adjectives are "polychrestic" and "polychrestical". This derivation is borne out in Stedman's *Medical Dictionary*, ed. 1924, and he delineates its application as follows: "In homœopathy, a drug of extensive range of applicability, one of frequent employment". The word is correctly used in the index and dictionary to Laurie's *Epitome of Domestic Medicine*, that is "a medicine of multifarious uses; as *Aconite, Belladonna*". The word is not given in the *Glossary to Jahr's New Manual*. The term is incorrectly given as "polycrest" in Woodbury's *Homœopathic Materia Medica for Nurses*. The term was accidentally omitted from the author's *Dictionary of Homœopathy* published in September 1921 in the *Journal of the American Institute of Homœopathy*.

It is well worth while for us to orient ourselves occasionally as to the nomenclature and orthography of homœopathy.—B. C. WOODBURY.

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Homœopathic Treatment of Syphilis: This is a very interesting article. The following remedies with their special indications are mentioned: <i>Merc. viv., Merc. cor., Merc. dulcis, Merc. p. i., Merc. i. r., Merc. sul., Asaf., Aur. met., Cond., Hepar, Iod., Kali iod., Nit. ac., Phos., Phyt., Sil., Still., Sul., Syph.</i>	
Internal Medication of Eczema and Some Other Common Dermatoses: For the best results in eczema the remedy chosen should be able to cause skin eruption when taken internally. Cases should be divided into acute and chronic and notice should be taken of contributory causes. Remedies mentioned are: <i>Peir., Cocc., Calc. fl., Kali phos.</i> and the <i>Calcareas, Amm. carb., Graph., Hep., Vinca minor, Sep., Ant. crud., Psor.</i> and <i>Sul.</i> In differentiating between these remedies in skin work the modalities must be depended on, for the basic symptoms are much the same. The constitutional aspect of the individual is also important.	

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Two Cases of Eczema Cured with Morgan: A baby of four months developed an eczema covering the whole body on the fifteenth day after birth. It was dry and itching. Not being able to find the <i>simillimum</i> Dr. Renard gave Morgan 30th (Bach nosode) in the plus method for one week with the result that at the end of the treatment the eczema had completely vanished. Another case, a servant, age 22 years, had eczema of the neck and eyelids. <i>Sulphur</i> and <i>Psorinum</i> had given no results although indicated. Morgan 30th in the plus method cured completely in one week.	

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Cramps: This article is very interesting in that it takes one symptom and gives a thorough comparative study of three great remedies for that symptom. Many other remedies are mentioned in passing in the article as for instance <i>Sep.</i> , <i>Nux v.</i> , <i>Tub.</i> , <i>Syph.</i> , <i>Psorinum</i> , <i>Sil.</i> , <i>Cupr. ars.</i> , <i>Plumb.</i> , <i>Calc. carb.</i> , <i>Bell.</i> , <i>Gels.</i> , <i>Eup.</i> , <i>Dulc.</i> , <i>Staph.</i> , <i>Con.</i> This again is well worth translating if space permitted.	

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New International Homœopathic Directory, Section I, includes Canada, Great Britain, Belgium, Holland, Germany, Austria, Hungary, Switzerland, France, Italy, Spain, Portugal, Russia, Poland, Latvia, Sweden, Denmark and Mexico.

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<i>Remedies for Hæmorrhage</i> : Included under the heading hæmorrhage are apoplexy, embolism, epistaxis, hæmaturia, hæmatemesis, hæmoptysis, menorrhagia, metrorrhagia, etc. Twelve cases are cited; the following remedies with their chief indications being: Case I— <i>Phos.</i> low as a styptic and high to correct a t.b.c. diathesis in a hæmophilic. Case II— <i>China</i> . Post-partum hæmorrhage. To contract flabby uterus. Menses always profuse, too early, too long, severe headache with ringing in ears. Case III— <i>China</i> . Anæmic headache. Menses always profuse and pro- tracted with splitting headache and roaring in ears. Case IV— <i>China</i> . Chronic anæmic headache at menopause, with noises in ear. Case V— <i>Hamamelis</i> . Bleeding ulcer on leg. Object to tone up and re- store the venous system, especially of liver, pelvis and lower extremi- ties. Case VI— <i>Lachesis</i> . Severe epistaxis. Diphtheritic disorganization of the blood, four years previously. Case VII— <i>Bryonia</i> . Epistaxis and chronic headache, caused by suppres- sion of menses by swimming. Case VIII— <i>Ipecac.</i> Hæmatemesis in a tall, lank, pale, tired woman. Flows too much. Given to tone up mucous membrane of stomach and uterus. Case IX— <i>Ferrum phos.</i> Hæmoptysis from congestion of lungs caused by influenza. Case X— <i>Terebinthina</i> . Hæmaturia in nephritis caused by scarlet fever. Case XI— <i>Nitric acid</i> . Bleeding from ulceration of cervix uteri, following induced abortion three months before. Case XII— <i>Crotalus hor.</i> Profuse menstrual flow with bleeding from nose, ears and stomach. Worse during menses, dizzy, weak, faint.	

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