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THE RELATION BETWEEN MATTER AND SPIRIT IN THE THERAPEUTIC FIELD*

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If, as Hahnemann teaches, the ætiological factors in disease are largely Geistlich, or spiritual, why administer drugs in the crude, single or in compound, to the sick, with a view to restoring them to health?

If a thought, a word, a sight or a sound may and does produce fatal illness, why select a remedy other than dynamic, in an effort to heal such sickness? If an odor, or the fragrance of certain plants, like the primrose or *Rhus tox*, can produce painful illness or cause a violent eruption on the skin, why resort, in our therapeutics to a crude or material therapy in an effort to heal such disease? In this materialistic age is it unreasonable to suppose that modern therapeutics is attended with excessive mortality? Medical literature is given to an exaggeration of pathological products and their removal, forgetting in the meantime the causes of these products. For every morbid growth or pathological product there is a mechanical, dynamic or congenital cause, and unless the therapeutic agent is such, dynamically, as to set the vibration of the vital forces into action, there can be no favorable recovery. An injury to the dorsal spine, impairing the function of the nerve fibres, which communicate vitality to the liver and spleen, resulting in hypertrophy or atrophy, these organs cannot be successfully restored by mechanical or material therapy, but must be restored by such dynamic energy as will restore the function of the impaired nerves, before the end results will assume normal size and functioning. Much of modern therapy is too crude to merit the consideration of thinking men and women.

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

The thoughtful practitioner will observe in his daily practice many morbid conditions resulting from faulty thinking, from faulty professional advice, from neighborhood gossip, and from the patient's constant dwelling upon morbid states of health, until the function of every organ in the body is seriously impaired and the patient on the high road to eternity. The thoughtful physician has also observed that in many of these cases, a complete recovery followed sensible advice and the introduction of the indicated remedy in infinitesimal dosage, and at lengthened intervals. He has also observed that mechanical measures, large quantities of material substances, coupled with high sounding disease nomenclature and prolonged physical examination, has resulted in making the patient incurable or causing speedy dissolution of soul and body. It seems to me incredible, that men of learning and gifted with a modicum of perception, should resort to some of the practices now prevalent in the medical world. The thought that acute conditions, such as diphtheria, which usually responds quickly to the dynamic remedy indicated, should be treated with spinal adjustments, or the injection of huge quantities of morbid substance which have been known in themselves to produce sudden death, is almost unthinkable. And yet in conversation with these practitioners, volumes of high sounding words were used in defense of this paganistic practice.

I fail to understand why men of our school, knowing of the infinite superiority of dynamic over material substance in treating the sick, persist in following the tinsel gods of materialism in their practice. It almost compels one to question the intelligence and honesty of such people. Why don't men learn to think, to think soberly and logically, when life and health are at stake? Men have admitted to me their utter pessimism in treating the sick with material substances, and in one instance a doctor of some standing in the parish, having an excessive mortality following the use of his remedies, said with emphasis: "The longer I practise medicine, the more I see a reason for the existence of Christian Science."

This paper can be enlarged into volumes, but I refrain. The burden of my thought is to encourage careful and accurate thinking. I realize that it is painful for some people to think, but in

matters of life and death, careful thinking is imperative. Therefore you who are following the "bell-weather" of crude therapy, serum, vaccine, toxin and other morbid agents, stop, think, count the cost, search your own conscience, measure your intelligence and integrity, and if you have never treated your sick people with the dynamic remedy and noted its salutary effect on soul and body, don't be so foolish as to condemn it, for if you do you expose your ignorance with regard to a safe and sane therapy. Not only this, if men are not willing to study and think for the best interest of humanity, it raises the question of their moral right to assume the title of doctor.

Therefore, let no one say there is no virtue in the dynamically indicated remedy in healing the sick for fear of exposing to the public a profound ignorance regarding the ætiology and cure of sick humanity.

AURORA, ILL.

There is no doubt . . . that many forms of chronic diseases originate from numerous other sources than suppressed or inherited skin diseases. But these views do not necessarily contradict each other, but it is justly claimed by many authors, among them von Grauvogl, that it serves to enlarge and complete the pathological system, whose grand logical end is to point out classes of remedies, corresponding to classes of diseases. Hahnemann is the first who ever attempted such a gigantic task with success, and pathological science is barren and to no purpose (if cure is the object of medical science), so long as diseases are classified without regard to classes of curative agents, with which they stand in correlation. Homœopathy and its maxims furnish the only means and method to the end of developing the materia medica, parallel with pathology. The latter science, before the days of homœopathy, had gone one way, while therapeutics and materia medica went another, or oftener still came to a dead halt, or, like the great rivers of Australia, ran away from the ocean to dwindle in the sands of the interior desert.—
C. WESSELHOEFT, M. D., *American Homœopathic Review*, 1865.

CRIMINAL INSANITY*

GEORGE E. DIENST, M. D.

The daily press is full of crime reports and in many instances the crimes are condoned and the criminal unpunished. Often the most heinous crimes go unpunished because of a plea of insanity either sudden or prolonged.

The legal fraternity defending such criminals use every device known to law and medicine to protect their clients from a just punishment, on the plea that, when the crime was committed the client was insane. Just how an attorney can reach such conclusions baffles me.

For it is a truth that not all insane people are criminals, neither are all criminals insane. Is it too much, therefore, to conjecture that, when an attorney seeks to shield his client from punishment, when he knows he is wilfully guilty, by a plea of insanity, that he, the attorney, is morally guilty of the crime?

Let us, for a moment consult the *National Dictionary* for a definition of insanity. Here it is: "A persistent morbid condition of the mind, usually connected with some abnormal or diseased condition of the brain, or nervous system, and characterized by a deficiency of volitional and rational control, by disordered activity of the fantasy and in general by perverted action of one or more of the mental faculties; it may or may not be developed on the basis of heredity."

The law says, "insanity is a deranged mental condition such as deprives a person of the capacity to comprehend the nature and consequences of a particular act." The question of insanity in law relates largely to crime, to contract, and to personal liberty. When mental derangement is but temporary or transient it is more properly called delirium as the delirium of fever.

Medicine has classified insanity into two groups, A and B.
GROUP A. We have six classes:

Class 1. Those from a general organic arrest of development, as idiocy, cretinism and imbecility.

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Class 2. Those emerging from constitutional neuropathic states, usually hereditary, though occasionally acquired. In this class we find instinctive insanity of childhood, primary monomania, moral insanity and periodical insanity. Of this class the only one that may be disposed to crime is *moral* insanity.

Class 3. Those with established neuroses. Here we have:

Epileptic insanity.

Hysterical insanity.

Hypochondriacal insanity.

Choreic insanity.

Class 4. Those connected with the physiological crises, viz:

Puberty-pubescent insanity.

Maternity-puerperal insanity.

Menopause-climacteric insanity.

Class 5. Those accompanying general systemic morbid states.

Here we have two orders:

1. Toxic: Alcoholism, morphinism, plumbism, hydrogyrism.

2. Diathetic: Phthisical, podagrous, rheumatic, pellagrous, limopsoitotic, malarious, anæmic, post-febrile, myxœdematous.

Class 6. This has to do with definite pathological conditions of the encephalo-spinal, vasomotor, or peripheral nervous system. Here also we have two orders, with organic lesions of cerebral tissue.

1. General paresis, syphilitic insanity, organic dementia, typhomania, traumatic insanity.

2. Vasomotor and peripheral lesions, such as sympathetic insanity.

GROUP B. (psycho-symptomatological)

Class 1. Order 1. States of depression:

Primary, as in kinesthetic depression, melancholia simplex, *melancholia agitata*, nostalgia.

Secondary, as in chronic melancholia, secondary monomania with depression.

Order 2. States of exaltation:

Primary kinesthetic exaltation, mania simplex, mania transitoria.

Secondary, chronic mania. Secondary monomania with exaltation.

Class 2. Order 1. Intellectual. States of weakness:

Such as primary mental enfeeblement.

Secondary—Terminal dementia.

Order 2. States of stupor. Acute primary dementia. Sequential stupor.

Class 3. Order 1.

Will. States marked by impaired volition. As in abulic insanity.

Order 2. States of suspended will.

As in somnambulistic insanity.

Excluding the maniacal, we see nothing of a criminal tendency in any of these varieties of insanity.

In all there are 660 forms and varieties of mental aberration, the most of which has to do with the intellectual or the ability to transact business in the manner prescribed by law.

I fail to see the logic of reasoning employed by lawyers who plead insanity as defense of murderers who deliberately kill. Such criminals, before committing the crime have plans of escape well matured, for they know what they are doing and understand the nature of the punishment meted out to murderers. The plea, therefore, of insanity as a defense in such criminals as Loeb, Leopold, Remus and Hickman, seems unthinkable. It seems to me, therefore, that the most perplexing, as well as the most delicate problems in the criminal world is the effort to determine the mental responsibility of the criminal. The legal profession is at sea on this point, and the medical profession is undecided as to what constitutes insanity, and the individual responsibility of the criminal. Alienists are confused in their diagnosis of the mental and moral responsibility of the criminal.

Intellectual weakness is neither insanity nor criminal. It may be the result of heritage or environment.

Depraved sensibilities do not constitute insanity, nor make one a criminal, though they furnish a foundation for one or the

other. Weakened volitionary powers do not, as some teach, constitute a form of insanity neither postulate a criminal instinct, for criminals, as a rule, are quick, shrewd, and calculating in their manner of action. Moral depravity is neither criminal nor does it constitute a form of insanity, *per se*, though we frankly admit that it enters into the problem of nearly every crime, and constitutes a basilar element in the insane. This is particularly true in its relation to the sex problem.

Sanity is, relatively, an harmonious co-operation of the intellect; sensibilities and the will. The power to determine the right and wrong of moral problems in general and of each individual in particular. The power to choose the right and discard the wrong; to accept the true and refuse the false.

I say "relatively harmonious" for an absolute harmony raises the question of doubt.

Disease in the psychic sphere, i. e., a lack of harmony in the functioning of mental faculties, does not constitute insanity, so long as one can determine the difference between right and wrong. The committing of crime as an element of revenge or the obtainment of another's property is not insanity though criminal, for there is a purpose often skilfully planned in either crime and is a punishable offence. The manner in which most crimes are committed predicates a knowledge of right and wrong and the deportment of the criminal after committing the crime evinces a fear of its consequences.

Insanity postulates dethronement of reason, and a dethronement of reason postulates an inability of thinking logically or from cause to effect, and evinces an absence of fear of the consequences of words spoken or deeds done.

We have neither time nor space to enter into a discussion of such forms of mental aberration, as paranoia, dementia præcox, mania, illusions, delusions, hallucinations and other forms of mental weakness which lawyers often use as a lever with which to pry their clients loose from a just punishment, but we fail to see a just reason for such procedure. Does the attorney believe that the mental state of the criminal is a just cause to mitigate his punishment? Does the attorney, employing these tactics really and sincerely believe, that a diagnosis of dementia præcox, is a just

cause for mitigating or removing such forms of punishment as prescribed by law, for the crime committed?

I cannot understand, why anyone guilty of crime, because of mental weakness, perverted thoughts, defective perception, and yet knowing the difference between right and wrong should escape punishment. Is not such a procedure putting a premium on wrong thinking, and thus encourage a criminal tendency? I have no sympathy for a profession which seeks to abort justice on the basis of insanity when such basis does not exist in fact.

The thrill some seek in murder, rape or arson cannot possibly be construed as insanity, for in either case it is due to careful thought as to how one may escape detection and the consequences of the crime.

I fear that the commercial feature, instead of truth, honor, and justice enters into the problem of criminal insanity, and the escape of a just punishment is an incentive rather than a deterrent to crime. This is but one phase of the problem. The second is, what relation has the practice of medicine to the insane, the mental defective, the deluded, those suffering from abnormal fears, faulty reasoning, morbid imaginings, morally defective, sex-perversions and kindred abnormalities? Shall we look upon all such defects as incurable, and as subjects for the asylum or castration? In short what part of the game is being played by the medical fraternity in trying to straighten that which is crooked? What part are you and I playing in the game of healing the mentally ill? Except in cases of absolute dethronement of reason, those suffering from defects—i. e., warping, twisting, perverting of the intellect, sensibilities or will are curable, and it is reproach on the medical profession to send such to an asylum for the insane.

Who, of you, in practice ten years, has not been called upon to treat a dementia præcox, or moral pervert, a nymphomaniac, a jealous mania, with marked success? Has not the pathogenetic provings and clinical verifications of our materia medica shown us that except in absolute dethronement of reason, that the mental is just as reactive to medicine as the physical? The man who prefers to say his prayers at the tail of his horse is just as curable as one suffering from an attack of the measles.

And if *Mercury* can produce thoughts of homicide and lead to the act, why will it not prevent such thoughts when properly administered, for thoughts precede deeds. And this reminds me to ask: In how far has the amalgam fillings in teeth, contributed to the thoughts and deeds of homicide?

In conclusion permit me to say that—if those who are mentally diseased were treated with a rational therapeutics our criminal courts would not be taxed to capacity as now, our taxes would be less burdensome, our asylums and prisons would be almost depopulated and our sons and daughters safer on the streets of our cities.

AURORA, ILL.

DISCUSSION.

CHAIRMAN HAYES: You have heard the doctor grapple with the problem which will hardly be settled here today, but we will proceed with the discussion and see what we can do with it.

DR. DIXON: It so happens that I work with the courts at home in Ohio. It is necessary for two physicians to sign the commitment papers on every insanity case, and I have been doing this work for several years and have had considerable experience along those lines. We don't classify them as Dr. Dienst has, in fact we don't have to make a diagnosis. We have to make a decision whether the case is a fit one to go to the asylum. The criminal insane is a much smaller percentage than Dr. Dienst's paper will lead you to think. I don't presume that 5% of the cases that come before our courts have that criminal tendency.

Now we read of these cases, they are given wide publicity. Every paranoid case, which are the killers, get such wide publicity that we really think that there is more of that perhaps than there is, when compared with insanity as a whole.

Most of our cases are the præcox cases and the melancholia type which need treatment and need institutional care. I don't know what your reactions are to them, but I am sure if you do the work that I have been doing for three years and see the work that the institutions do for those cases, you would surely agree that they need to be committed to the institutions.

I imagine that a melancholia case or a suicidal tendency, those morbid mental brain storms and things of that sort, I believe that I am safe in saying that they do not stay in the hospital on an average of over three months, they are out and functioning in their families again absolutely all right and perhaps presumably we have saved a suicide in doing that.

Our institutions out there are doing good work along those lines. They are not homœopathic, but I take my hat off to the results that they get through dietary measures and supervision. They don't give much medicine there, they get their results in that way, dietary and supervising their time and activities; they are doing a wonderful work, and as I say, the killers are a small percentage of the work that goes through our courts.

DR. BOGER: As a usual thing in the treatment of disease, the bigger the rubric of remedies which is attached to that disease, the less certain we are of the results. In a different way that applies to insanity. The larger the number of classifications of insane the less certain you are of what you are doing.

Now if you get right down to the basis of the thing, what does insanity mean? You don't need to study all those different definitions of 600 varieties to understand exactly what insanity means. The ego speaks through the body; the instrument through which it speaks, and what the ego says, through the body is modified entirely by the instrument through which it speaks. If you operate a typewriter or play a piano and the keys have been changed, or the type on your typewriter has been changed not to correspond with the keyboard you will have confusion, and nobody will be able to understand what you are trying to play or write. If the instrument through which the ego speaks is imperfect your brother doesn't understand what you are trying to say. That is fundamental in these cases.

Now the modifications which the mind meets in expressing itself, the modifications of the physical body limit the expression. If you will bear that in mind a little bit in insanity you will be able to clarify the whole subject.

Maybe that is not strictly part of the doctor's paper or his thought, but it is very fundamental in these cases.

The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is, to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the Organon. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing repertories, with a view of becoming approximately acquainted with the true remedy. But, inasmuch as those repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out in the materia medica. A physician who is not willing to take this trouble, but who contents himself with the general indications furnished by the repertories, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true homœopathician. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper, and is obliged to leave this homicidal dabbler. It is by such levity as this that true homœopathy is injured.—

SAMUEL HAHNEMANN.

A TISSUE REMEDY—*CALCAREA SULPHURICA* AND ITS RELATION TO THE NOSODE *PYROGEN**

ELIZABETH WRIGHT, M. D.

I wonder how many of you, if you were asked to give the names of the nine Muses would remember them, or the Seven Wonders of the World, or even the Seven Labors of Hercules, or the seven jobs of Dr. Roberts—but I am sure that all of you would be able immediately to give the 12 Tissue Remedies, so I won't repeat their names to you.

The very caption, "tissue remedies" is a moot point because it is not an exact statement and I will take one of our last precious minutes to comment on it. Of course a tissue remedy means a remedy which appears "as is" in the tissues of the body. Other remedies than these twelve appear in the tissues of the body, and, moreover, the term "double salts" which some people apply to them is not correct either. One of the tissue remedies, as you know, is *Silica*, which is silicon dioxide, not a double salt, but an oxide, and therefore the term "tissue salts" is incorrect. I don't know what would be the purist's term for these substances.

Of these twelve the one that I have been asked to speak about is the one which is the most questionable, it appears in only one of the tissues of the body, namely the bile, and it does not always appear there according to Bunge, the physiologist. In the second revision of his book, Dr. Schuessler leaves out *Calcarea sulph.* entirely and divides its symptoms between *Silica* and *Natrum phos.*, but notwithstanding, for general purposes, it is included as one of the twelve tissue remedies.

It would be interesting if our materia medica could have provings of all the substances which compose the body, as remedies. We do have some of the complicated ones. For instance, lecithin, and cholesterin have been partially proved, and some day when Dr. Stearns increases his Foundation for Research perhaps we shall have them all developed in provings.

I will not tell you the very interesting percentages of each of these different tissue salts which Bucher has worked out as

*Read before I. H. A., June 1928, Bureau of Materia Medica.

appearing in 1000 grams of blood cells and 1000 grams of plasma because my remedy *Calcarea sulph.* doesn't appear in either one as I told you, coming only in the bile. Also, as time is short I will leave out the summary of Schuessler's explanation for his system of bio-chemical therapy which I was going to bring up in connection with this remedy.

The remedy itself was mentioned long before Schuessler. Hahnemann stressed the importance of a number of the inorganic cell salts as he called them, proving *Calc.* and *Natrum mur.*, and *Kali mur.* Stopt in his *Archives* in 1832 spoke of the great importance of the essential components of the human body as homœopathic remedies, and Hering and von Grauvogi both spoke of these remedies. In 1873 Schuessler brought out his *Physiological Function Remedies* as he called them, which is perhaps the best title of all for them.

Calc. sulph. itself is rather imperfectly proved. It was proved by Hering and by a Dr. Witte in 1847 and best by Dr. Conant in 1873 (*Transactions of A. I. H.* for that year) and subsequently by an unknown lady, and then by an eclectic physician, very recently. *Calc. sulph.* appearing in the body in bile, if one took stock in the Doctrine of Correspondences might seem to be a liver remedy. What there is of the provings shows no particular connection there; but that is an interesting point to hold in mind and to check up when it seems to apply to cases.

The relations of this particular double remedy are very interesting. In Hering it appears as compatible after *Kali mur.*, *Natrum sulph.* and *Silica*, and compares with *Calendula* and *Hepar*. In one other place I found that it was compatible after *Belladonna*. That is all the relations that are given for it officially, although Schuessler himself states that it will antidote *Mercury* and some of its effects and also in high potency it will relieve the effects of gross poisoning by quinine.

Calcarea sulphurica, according to some, stands mid-way between *Hepar* and *Silica*; according to others it is even deeper and should be given after *Silica*. This of course is chiefly in the realm of boils and pus conditions.

Unfortunately not all our homœopathic vegetable remedies have been analyzed chemically in order to see what their inor-

ganic constituents are, but some few have been. Of those that have been, there are four in which *Calcarea sulph.* has been found, *Ailanthus*, *Apocynum*, *Asafœtida* and *Phytolacca*. That seems a strange four, but you remember how excellent *Phytolacca* is in boils. That may be due to the amount of *Calc. sulph.* in it; *Asafœtida* contains 6.2 of *Calc. sulph.* That is interesting because *Calc. sulph.* also has caries of the bones and has a more marked mental symptomatology than I had thought of its having before I began to study it, which again may go with the *Asafœtida*.

Calcarea sulphate is, as you know, the same as gypsum plaster of Paris, another form is alabaster. *Hepar* is the sulphide of lime; *Calcarea sulphurica* the sulphate.

According to Schuessler, the role of *Calcarea sulphurica* in the liver is to destroy the old red blood cells by abstracting water from them and when *Calc. sulph.* is deficient these clogging dead blood cells stay in the organism; when it is doing its work they are thrown out in catarrhal discharges.

Just as a matter of amusement I took the Kent *Repertory* and went through for all the symptoms of *Calc. sulph.* which stood in the third or highest degree, under MIND and GENERALS and I found that in those two sections in the third degree there were twenty symptoms and in the second degree there were forty symptoms in our entire mind and generals. That shows you how slightly proved the remedy is, and how little is known of those two most important departments of it.

It is very interesting in any remedy which has two distinct elements as this one has—the calcium and the sulphur—to see which is so-to-speak dominant, and which recessive, and what symptoms can be hitched up with each side of the combination. In this instance I think the honors go to the sulphur. Of the great mentals and generals more than two-thirds are like sulphur and but one-third like calcium. Some of the chief mentals are irritability, anxiousness, capriciousness, aversion to company, contradictoriness and obstinacy, fear of death and evil and insanity, and other fears, and timidity, a craving for stimulants, an irresolution which is a marked feature, (it is a mental irresolution in *Calc. sulph.*) and a taciturnity, and also a maliciousness. The number of remedies that have a real maliciousness mentally

are relatively few, and very interesting to think of. Every now and then we get a patient that we know must have that symptom.

Going into the generals, the generals of *Calc. sulph.* are quite interesting. It is both a warm and a cold remedy. In other words it stands three for heat and two for chilliness in the *Repertory*, and it may swing either way.

It has one interesting modality in that connection which is that it is much better uncovered, and there is one of your differentiating points between *Calc. sulph.* and *Hepar* because, as you know, *Hepar* is worse uncovering. *Calcarea sulph.* has however complaints after becoming cold; it has also complaints from washing, and complaints from working in water which you would expect from the *Calcarea*. It is worse from exertion and particularly averse to motion. It is a lazy, indolent, good-for-nothing remedy in one mental phase. Also it is worse from overheating, and from standing, as you might prognosticate from the *Sulphur*; worse from the warmth of the bed, and worse from wraps and from a warm room. It has a curious and perfectly definite modality of better from eating, not only at noon, but at all times. It also takes after *Sulphur* in that it is a great remedy for suppressed perspiration and the evil effects of it. It has a marked craving for acid fruits and pungent vegetables. The symptoms are rather more right-sided than left-sided, although it is not one of the strongly right-sided remedies. I will skip over most of the particulars, some of which are very amusing. One of the main spheres of its action is the respiratory, where it is relatively little known. It has coryza, often inveterate, of the right nostril, slightly acrid and fluid, sometimes alternating, the right nostril being worse in the morning, and the left in the evening, and *vice versa*, one stopped and one flowing. Also in regard to the respiratory tract, it has one great use which is hard to find in the books but which I have seen demonstrated clinically, it helps close up fistulous openings in the chest after empyema, in those sinuses that our "regular" friends paint with methylene blue. *Calc. sulph.*, if the symptoms agree, will do wonders in healing up such a sinus with granulations from the bottom.

There is an interesting thing in regard to *Calc. sulph.* in

hair-lip and cleft-palate. Duncan in his little book *Acid and Alkali Children* speaks of a number of cases in which women have borne hair-lip and cleft-palate children; one case had had four and another eight, in all of whom that had been present. Duncan got to thinking about it, wondering what he could do. He had had these women on what he thought were their constitutional remedies, still the babies kept coming with hair-lips and cleft-palates, and finally he went back to embryology and found that that abnormality occurs prior to the third month in gestation; he found it was a bone deficiency, decided that it must be a lack of some of the calciums, and the question was, which one.

In the particular case he then had in hand the mother was a *Sulphur* patient very clearly, so he thought he would try *Calcarea sulph.* empirically for the mother at her next pregnancy and see what he could do in the way of obviating hair-lip. He gave her *Calc. sulph.* over seven months of pregnancy. She bore her fifth baby, the first who had not had the condition. He repeated it in three other cases while the baby was *in utero*, and the child was born with no hair-lip. There are many possibilities of a slip betwixt that cup and lip, but it is an interesting field and the whole subject of possible prescribing for the development of a child *in utero* is opened up by it.

Another great sphere is in women's diseases, in bringing back suppressed leucorrhœa, in getting rid of menstrual difficulties and also in fibroid tumors of the uterus. But the greatest sphere of *Calcarea sulph.*, probably, is upon the skin. Where wounds don't heal, where bruises are neglected, where boils keep coming in crops, where there are abscesses, often painless, in the anal region; where there are fistulæ of any kind, *Calcarea sulph.* is one of the remedies to be particularly thought of.

That gives you an idea of the high spots of *Calcarea sulphurica* itself.

Now as to the rest of the title, *Calc. sulph.*'s relation to some of the nosodes: it is given in some of the books, notably in Kent's, as one of the great remedies for those cases where the seemingly indicated remedy does not act, for those cases which need to be followed up with a deeper influence and is classed

with *Tuberculinum* and *Psorinum*. The particular nosode I wanted to point out certain resemblances to, is *Pyrogen*. At first sight I didn't know myself how I could do it, because they are so different in so many ways, but as you go through, comparing the two, you do see certain striking similarities in usefulness. *Calcarea sulph.*, for instance, is one of the rare remedies which has hilarity in its mental make up—it is quite refreshing to see one that is not despondent—particularly toward twilight, at 6 p. m., and *Pyrogen* also, in its first stages, together with loquacity, has great gaiety. Moreover, of course, *Pyrogen* has the tendency to septic abscesses, and is a magnificent remedy for crops of boils which can be traced back to prodromes of blood poisoning in the past; also in peritonitis, if one has the temerity to prescribe before sending for the surgeon *Pyrogen* will often be called for, and *Calc. sulph.* where there has been a vent for the pus and where it keeps forming and coming in large quantities long beyond the time when healing should be present.

Also there are certain respiratory analogies between *Pyrogen* and *Calcarea sulph.* For instance they both have lung abscess and some of the many symptoms agree fairly well, and the one, *Pyrogen*, has a strange keynote "as if the heart pumped cold water," whereas *Calcarea sulph.* has "as if the bronchial tubes were pumped full of hot water." They also have in common a slight symptom of the head—the sensation of a cap on the head.

A word about *Pyrogen*. It ought to be called the Briareus of remedies, (he was the gentleman who had a hundred hands); your *Pyrogen* patient will lie terribly sick and feel as though he had hands all over the bed. It has been called the *Aconite* of typhoid, it is *Baptisia* with a very high fever, it follows *Rhus* often and carries through its work in other cases where there is great rattling of the chest, it may follow *Antimonium tart.*

It has been called the animal malaria. I won't take your time to give any further symptoms of *Pyrogen*, but when you find cases in the spheres of the respiratory or the gynecological or the dermatological diseases which have any of these symptoms, think of these two remedies.

BOSTON, MASS.

DISCUSSION.

DR. STEARNS: I am interested in the reference to the presence of *Calcarea sulph.* in *Phytolacca*. Recently I had an experience with a young man who has had sinusitis for three years and been under constant treatment of a specialist, and his right side was bothering him so much he had a constant discharge of pus, he had the sinus open, it was still discharging; he had no appetite, he lost a great deal of weight and he was a pretty sick young man. I worked out his remedy in a special test, and quite a number came through, so I questioned him as to his first symptoms. He started with a right-sided sore throat, he couldn't remember much except it hurt him very much. I asked about the modality, cold drinks or warm drinks. He said he could remember liking cold drinks. Then I read over the throat symptoms of *Phytolacca* and he at once popped on one. He said, "That is just the way I felt." I gave him that. He came back in a week. He had gained four pounds that week, his appetite had come back, but about the third day the left side of his face began to swell, the roof of his mouth swelled, he was in great pain. He went to his nose man, who punctured the antrum and got a lot of pus out, and that was the end of the trouble. He has been perfectly well from that time on, excepting a slight recurrence about four or five weeks after when he had a little earache and I made this same experiment again, and he got another potency, one dose, and that was really the end of the case.

DR. CLARK: I had a patient who came three or four months after a pneumonia and said he had had a discharge on the left side for the last three months. On injecting the solution to take an x-ray of it, it came out through his mouth, showing an opening in the bronchus and clean through the chest. It was one of the first times that I had given *Calcarea sulph.*; he wanted to be outdoors, he wanted to be in the air, he wanted everything cool, contrary to *Hepar sulph.* which I ordinarily would have thought of in that suppurative condition. I gave him *Calcarea Sulph.* 6M, three or four times, then waited. In three days and a half that sinus was healed up, the sputum that he was expectorating had stopped and his temperature which had been 99 1-2 was normal and he was practically well.

DR. OLDS: I want to commend this paper and remark in regard to that symptom of wishing to eat frequently, of relief from frequent eating, that I cured what appeared to be an ulcer of the stomach thanks to that keynote, the other symptoms agreeing.

DR. STEARNS: May I say a word that does not directly apply, but may be useful? The paper recalled to my attention that Boericke and Tafel are making up for me a complete set of the elements. You may want to get them.

DR. WRIGHT: I might point out that two of the symptoms Dr. Stearns says his *Phytolacca* case had, are also *Calcarea* symptoms, the swelling of the right side and the palate. I was very much interested in Dr. Clark's case, and I think it is quite striking that another case so similar to the one which I saw should have been healed up that way.

CHAIRMAN UNDERHILL: I think many times we don't appreciate the breadth and depth of action of nosodes and double salts. In speaking of *Ferrum phos.* Kent said: "It cannot be less than the *Ferrum* and the *Phosphoric acid* that compose it," and a similar statement can undoubtedly be made of all the other double salts. Dr. Wright called your attention to the strong resemblance between *Calcarea sulph.* and *Pyrogen* in the tendency to form abscesses and general septic states, *Pyrogen* being more violent in the manifestations.

Dr. Thacher in his paper on *Tuberculinum* which he prepared for this bureau points out that *Calcarea phos.* and *Tuberculinum* are very similar indeed.

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The action of drugs on the living organism is a positive action, never a mere negative one. If not in the curative direction, and it can never be if the similarity of its characteristic effects to the characteristic phenomena of the disease be wanting, it must be in some other, and that of necessity more or less an opposite one, and therefore hurtful. The extent of this pernicious action will be conditioned by the susceptibility of the patient, and the quantity and repetition of the doses of the drug. The first element of this condition will vary much in different diseases and in different examples of the same diseases. This difference is determined by, and is the result of, that newly created susceptibility to drug action which ever arises with the first results of the action of the morbid cause.—P. P. WELLS, M. D., 1865.

THE SYMPTOM EQUATION IN THERAPEUTICS*

PHILIP RICE, M. D., F. A. C. S.

That evidence of disease, symptoms, has constituted the working material of physicians since the beginning of medical history must be admitted; every work on the subject of disease and its cure confirms this. And this being true it is no wonder that many even now have difficulty in thinking that anything aside from symptoms can possibly interest a physician as a physician. I recall an article which appeared in a medical journal some years ago in which the author vigorously maintained that removing of signs and symptoms of disease constituted the legitimate and sole duty of the physician. This contention, I suspect, most physicians will support, especially those who consider themselves the Simon Pure among the homœopathic physicians. For them the symptom record of the materia medica is the compendium of all that is requisite for the cure of disease; and this, as we all know, is but a compilation of effects of functional disturbances.

Now the question: Is such a contention sound? In my opinion it is not only unsound, but a gross fallacy, a fallacy with far-reaching and serious implications. No one who has had any experience with the use of the homœopathic remedy questions its power to remove symptoms under certain conditions; but who can fail to see how utterly impossible for it to establish harmony in the functions while there is a lack of balance in the anatomical correlations characterized by a 25 per cent deficiency in the thoracic development and a 25 per cent excess in the abdominal. That there are those among our membership who do expect such miraculous results from a remedy selected on the basis of certain subjective symptom indications is an incredible fact. For a physician to say that such a defect in the organic equilibrium is of no importance, that it can be safely ignored when prescribing for a patient suffering from circulatory disturbances, for example, is enough to disqualify him to practice medicine. In so far as he engenders confidence in patients he becomes a blind leader of the blind. A morphologic state of this character causes (as

*Read before the Connecticut Homœopathic Medical Society.

physiology makes abundantly clear) an arterial deficiency, on the one hand, and a venous and lymphatic excess, on the other, with profound consequences in the intimate composition of the cell. Knowingly ignoring so fundamental a factor cannot possibly be justified by any physician making any claim to being scientific in his work. *Carbo veg.* is a remedy which will frequently do much to give temporary relief in such a condition, but it is manifestly absurd to think that it has power to correct the imbalance in the structure and so remove the root-cause of the difficulty. Too often has such been the faith in the efficacy of the indicated remedy, and too often has discredit been thus brought on the great principles of *Similia* and on the great achievements of Hahnemann and his immediate followers.

The idea that predisposition and susceptibility are products of an error in the morphologic state is no longer questioned by any who have taken the trouble to look beyond effects into the field of causes for an explanation of their origin. And in these researches it has been discovered that such states are the product of irregularities in the processes of growth and development during the early years of life. The result of such irregularities are excesses in some organs and parts and deficiencies in others, with corresponding excesses and deficiencies in function. In the early periods in all but the rarest instances these conditions are entirely free from evidences of disease, or if any are manifested they are of a transient character. Hence the belief that a physician need concern himself with symptoms only will lead him, as a consequence, to neglect one of his most important duties, namely, to aid in the guidance of life's processes during the formative years of the individual. No helping hand is given the growing child that he may reach a normal maturity. He is permitted to go from one stage into another unaided, or such aid as is given is likely to be futile if not actually injurious.

The value of symptoms depends less on their acuteness or character of modality than on their cause and origin. This is disputed by some. In my opinion they are in error. Very frequently very acute symptoms, with peculiar modalities, are exceedingly transient in character, disappearing without treatment of any kind. Note I am not saying they are valueless. At times

they are of tremendous importance, serving as the only guide to the selection of a remedy in an acute condition; but even then they may be of no use whatever in pointing to the real cause of the trouble. In no way can they be classed with those that arise from an irregular process of unfoldment of the organism during formative years. These latter, being the reflection of an actual structural state, are distinctly more deep-seated and important as guides to the real seat of trouble. Usually, however, they are so insidious in their development and so mild in their character as to go unrecognized for months and even years.

The real problem which a patient presents to us is, not what are his symptoms, but what is the structural condition from which they arise. We assume, at least some of us do, that an aggregation of symptoms leads to a knowledge of the causal condition. We were taught in Logic that "that which cannot be conceived by another thing must be conceived by itself." Can a symptom be conceived by itself? Obviously not, for aside from the condition of its origin it has no existence, hence is inconceivable. It is but an effect. Moreover, we were also taught in Logic that a knowledge of an effect depends on and involves a knowledge of its cause. This being true it becomes clear that taking note only of effects makes a knowledge of cause quite impossible. A pneumonic process is a cause of symptoms; but such a process will produce *Bryonia* symptoms in one patient and *Phosphorus* symptoms in another. The question is, why not *Bryonia* symptoms in both, or *Phosphorus* symptoms in both? The infection may be the same in both, and so with the pathology. It is admitted that with no other knowledge than that of the cardinal symptoms of each drug the appropriate remedy may be selected; but this is by no means all we are expected to know how to do. Unless we are able to explain the *modus operandi* of the morbid process which produced *Bryonia* symptoms in one and *Phosphorus* symptoms in another we are quite ignorant of what has taken place.

On the history and subjective symptoms *Sulphur* in various potencies had been given to a child recently referred to us. There was a long history of colds, bronchial and pulmonary inflammations, suppurative otitis media with mastoiditis ending in two

operations, tedious recovery from acute illness, etc. The remedy had been carefully worked out with the aid of the repertory and with the expenditure of great energy and time. On the basis of the symptoms alone it seemed entirely appropriate. Yet the results were entirely nil; and for the reason that they gave no indication of the real trouble, the causal condition. The morphological examination alone was able to reveal this, and such an examination had not been made. When this was made we found a morphological combination which resulted in a high degree of lymphatism, which on the remedial side of the problem called for *Ferrum phos.*, for certain acute symptoms and later for *Calcarea carb.*, and on the hygienic side for increased pulmonary activity and a radical change in diet. The administration of these gave gratifying results.

But this they would not have been had we confined ourselves in the treatment to the use of medicines only. Failure to have corrected the morphologic condition from which all the symptoms arose would have resulted in but transient effects from the remedies. This is something which frequently occurs in practice. When it does occur we are told to change the potency or give the complementary remedy; and it is admitted that sometimes this avails. But surely no one will defend the trial-and-error method as being a scientific method. The results may be satisfactory to a patient, but they can not be to the scientific physician. Unless he is able to explain the process by which the results were obtained he is conscious of the fact that he is ignorant of the most salient features in the case. Describing the repertorial method by which the remedy was selected, albeit it proved to be the *simillimum*—is entirely beside the question.

In the case of this little patient three things were decided on, and each was based entirely on what the morphological examination revealed. First, we gave a few doses of *Ferrum phos.*; next, liberal doses of oxygen by way of deep breathing exercises; and lastly, changed the diet with the aim of reducing the lymphatic out-put and correcting the intestinal stasis. It was a clear case of lymphatism plus venous plethora. Everything necessary for the successful treatment of the condition was revealed by a study of the child's morphology, even to the selection of

Ferrum phos.; and nothing could have been more gratifying than the results which were obtained. The fundamental cause which gave rise to the special predispositions and susceptibilities were the result of irregularities in the growth and development. There were certain excesses on the one hand and certain deficiencies on the other. This of necessity resulted in inequalities in the vital processes and inharmonies in the functions. That harmonious proportions between various organs and parts of the body are essential in order to have harmonious functions certainly cannot be a difficult matter to understand. Yet this feature of the case was ignored entirely; in my opinion, an utterly unpardonable blunder.

The time has come when we must realize that end-results, symptoms, both subjective and objective, cannot be separated from the conditions in which they originate and to which they are, therefore, intrinsically related. Indeed, for the good of the school we should have realized this long ago. Symptoms are not entities, self-existent and independent; and to be content with merely accumulating, segregating and classifying them, whether they be the product of disease or of a drug in an experiment, with the idea that they are all sufficient for a scientific materia medica is incredible folly. Such an idea is equal to declaring the inutility of a knowledge of the factors and laws of being.

We have a child under our care at the present time that had a 42 per cent deficiency in thoracic development when she was first brought to us. Yet extreme as was this deficiency not a single physician in whose care she had been during her eleven years of life ever gave the slightest heed to it, or gave any evidence that he realized the baneful influence this had on her mental and physical development. Besides prescribing medicines and special diets to overcome her extreme malnutrition nothing was done. How can one with a *modicum* of knowledge of physiology imagine for a moment that the metabolic rate could be normal with a 42 per cent deficiency in oxygen supply? And not only were all the thoracic organs small, but they were insufficiently energized because of a deficiently developed nervous organization. How fatuous is a method of treatment which ignores such important and basic factors!

We must come to understand that the human organism, as a mechanism, is the paramount problem, and that what occurs in it in the way of function, either normal or abnormal, is merely the effect of the urge of the thing we call life acting in and on matter, now in a way we call health, and now in a way we call disease. The character of the result, function, depends entirely on the character of the conditions in which the processes originate, since these determine the mode of their evolution. Hence if we really aspire to progress, and hope to some day place medicine on the sure basis of science we shall have to elevate and extend the mission of the physician. "It is required," as Prof. DiGiovanni has well said, "that the scientific foundation of the general medical clinic should be the natural sciences." That is to say, medicine should not be divorced from the fellowship of the natural sciences. That it has been is clearly shown in the long history of doctrinal failures, and that it is not as closely affiliated with them even at the present time as it should be is shown in the unsatisfactory state of medical therapeutics. The foundation, in a word, of our science must be those principles which pertain to the morphology of living human organisms since it is living functioning organisms that are true objects of our study.

NEW YORK.

A homœopathic prescription, as we have defined it, is a deduction from a generalization, which has been established from induction from a multitude of instances. This is the law *Similia similibus curentur*, in accordance with which the remedy is selected, under the three requirements that we have specified. So well established is this law of nature, that if we are so fortunate as to be able, in any given case of disease, to comply closely with those requirements, and particularly with the second, we may with certainty predict, and with confidence await, the favorable result of our prescriptions. Such certainty of foresight and such confidence it is our great object to attain, and nothing but a scientific method can afford them.—CARROLL DUNHAM, M. D., 1865.

CLINICAL EXPERIENCES*

BENJAMIN C. WOODBURY, M. D.

In choosing this title for a paper on clinical cases, I am doing so only too well aware that it was the oft-used subject of many of the papers of Dr. E. E. Case, late of Hartford, Conn., and the subject of what has been considered one of the finest single contributions ever made to homœopathic literature.** This is saying a great deal when we consider the possession of such classical works in homœopathy as Jahr's *Forty Years' Practice*, the writings of Bœnninghausen, T. S. Hoyne's *Clinical Therapeutics*, Nash's *The Testimony of the Clinic*, Raue's *Homœopathic Clinics, et cetera*, yet it is probably none the less a fact. In his comments upon Dr. Case's last paper given at the International Hahnemannian Association (*Trans. for 1918*, p. 224) the chairman of the discussion thus remarks:

As I have pointed out before, the value of Dr. Case's papers is beyond computation. If all that he has reported were published in book form, we would have one of the most valuable clinical records in our literature. There is no better practice for a student than to study the reports of his cases and hunt up the remedy with *materia medica* and repertory.

Dr. R. E. S. Hayes (*Homœopathic Recorder*, Vol. XLIII, 6, 322), writing editorially in the Department of Homœopathic Philosophy, has spoken of him as "A Homœopathic Titan". Titanic he was; one of those personalities "of majestic forms with something of the sweep and mystery of those figures you may remember out of Ossian and his misty mountains"—all this with respect to his grasp and comprehension of the Hahnemannian principles; with a hand which Dr. Hayes describes as "mighty, not in size but in formation . . . built for grasp and leverage, a perfect outward symbol of the mind for which it did its bidding. The acuteness and understanding of his observing faculties were well matched by the certainty of his conclusions and the way between was short and quick indeed. With that he seemed also to carry something like the prototype of the *Organon* in his system even to the fingertips, a quick and practical logic in all his

*Submitted to the I. H. A., June 1928, Bureau of Clinical Medicine.
***Clinical Experiences*, The Emerson Pub. Co., Ansonia, Conn., 1916.

clinical work." Such a Titan was Dr. Erastus E. Case. What pygmies are most of us, dwarfish, undeveloped, creeping about in our little mental morasses, and viewing as far stars the little efflorescences of our own vain imaginings! So would I vainly title my little screed with the ex-captions of the great Dr. Case's claim to fame, and, if we may so ascribe it, to homœopathic immortality, did not lie in his assumptions but in his modesty and self-effacement. Such were some of his qualifications. I would therefore, ask pardon for using this title were it not for the fact that it is one that better expresses than almost any other just what we mean when we report the verification or confirmation of the similar remedy. It is its confirmation clinically that counts, by reason of the fact that this, more than any other, must of necessity be the clinical age in homœopathy. We have had our periods of out-blossoming in respect to provings; we have had our first wave of confirmation, with its increment of clinical symptomatology: it now remains for us to build anew confirmatory evidence of the materia medica in its separate clinical unities. This era we are about entering. It is fraught with high hopes, and it will represent the real testing of the validity of Hahnemann's doctrines. It is the age of the Hahnemannian. Let us enter it with all due respect and the enthusiasm of those pioneers who bore aloft the Crusader's cross in the first century of the post-Hahnemannian era.

Case I—The Stop-Spot of Action

Here again, we take leave of the nomenclature of the illustrious Burnett, in the use of this term so expressive of the therapeutic range of the indicated remedy.

The stop-spot of the action of a remedy, writes Burnett (*Curability of Tumours*, p. 30) is that spot in the morbid process beyond which it cannot go. Thus in the treatment of nail-pneumonia by *Phosphorus*, the action of the *Phosphorus* is spent or stopped at the spot where the nail is; the nail is the stop-spot. In microbic pneumonia the stop-spot is where the microbes are operative.

We have, therefore, in the range of drug-action to consider whether it is co-extensive with the range of the disease-action,

and so reaching to the end, having been coincident from start to goal, or whether it only goes a part of the way. If it only goes a part of the way I call the place where it ceases the stop-spot, or the spot where the action is stopped or becomes spent.

As a case illustrative of this stop-spot of action, let me cite that of Mrs. H. H., aged (now) 44 years, who from Feb. 16, 1923 until March, 1928 was under my care for a complex of symptoms which was of doubtful import, as she had been, as she stated, "under doctors and doctors". The upshot of the whole matter was that, after careful examination physically, x-raying, urinalysis, etc., she was considered for the most part negative. Her symptoms, however, persisted, yet were ever under the control of the remedy which, according to the Kent method of repertorial analysis, showed plainly as *Sepia*. This remedy in varying potencies held her until late in the year 1927, when she had a return of cramping pains in the right hypochondrium, of spasmodic character, and localized over the region of the gall-bladder. She was seen at this time by Dr. Alonzo J. Shadman, who attributed most of her difficulty to adhesions from an old appendix operation. As her chronic remedy had apparently run itself out, and as *Magnesia phosphorica* which, in acute pain had been a sheet-anchor, no longer relieved, it was now clear that we had reached the stop-spot of remedial action, at least along these lines. No opinion as to the possibility of gall-stones had ever been advanced to my knowledge prior to this combined examination, and Dr. Shadman was himself sceptical as to the presence of gall-bladder concretions, although he professed his willingness to investigate when the patient was under operation for the old intestinal adhesions. When the abdominal network was unmeshed, and attention was directed to the region of the gall-bladder, a large and elongated viscus was palpated, filled with the usual variety of stones of differing denominations. The now-no-longer-useful organ being removed, and the toilette of the abdominal cavity having been completed the patient was returned to her bed, much the better for the removal of her hepatic appendage, but rather the worse for the wear upon a delicate organism. A certain amount of shock was evidenced in the case by persistent vomiting, and pallor, with extreme nausea and

vertigo on the least motion, evidently shock combined with ether intoxication.

Magnesia phos. true to its former serviceability to her relieved the abdominal pains somewhat, but was not deep enough for the systemic shock. Now begins the stop-spot of surgery and the extension of remedial action. The usual abstinence from water, prone position, cracked ice, *et cetera*, were resorted to without avail, and finally, in the evening of the operation, some ten hours later, her symptoms presented as nearly as possible to our mind definite indications for a remedy. This remedial agent was *Veratrum album* which she received in the one thousandth potency (dry) of Boericke and Tafel. She was given the usual *Placebos* administered in similar cases for the edification of the attending nurses, and by midnight she was reported as being greatly relieved. The patient made an uneventful recovery and in two weeks was able to return to her home in Maine. The end-to-end anastomosis of medicine and surgery in this case, once completed has continued without interruption to the present time. The patient eats well, works hard, plays golf, bridge and other games, keeps well and continues to send me patients. In cases of this sort surgery is an unmitigated blessing, but its action once completed, it makes a graceful exit from the scene, leaving the stage to the time-honored protagonist—medicinal therapeutics.

Case II—Syphilis (?)—Arteriosclerosis

In July, 1928, Mrs. L., aged 67 (approximately) applied to the Union Rescue Mission Medical Clinic for treatment for an obscure complaint. She had been treated by no less eminent a practitioner than the late Dr. Abner Post of Boston for her chronic conditions, which had by some other physician been denominated as syphilitic. Dr. Post questioned this diagnosis, and thereby gave the patient a good deal of reassurance with regard to the future state of her health. In due time her good doctor having died, and having tried many physicians in Boston, in New Hampshire, and elsewhere, she sought out the Mission Clinic in the hope of some relief if not cure of this chronic complaint. To abbreviate what might otherwise prove a long and

wearisome recital, the patient was given at first (erroneously as it afterwards proved) *Secale cornutum*, mostly in the 1M potencies. To the criticism of Dr. Case (*Trans. Inter. Hom. Association*, 1918, p. 222) regarding his choice of *Carbo veg.* instead of *Secale* in a case of "moist senile gangrene of the toes, with burning pains, made worse by heat", the question being asked why the former instead of the latter remedy was prescribed, the doctor replied that "It was because the patient was plethoric, full of sluggish venous blood, a *Carbo vegetabilis* constitution, while *Secale* is better suited to 'thin, scrawny people'." This question might perhaps apply to the case of Mrs. L., as the *Secale* seemed to be indicated by certain areas of anæsthesia of the feet, which was associated with intense burning, with an external coldness, but with relief from cold, particularly such as seen in the characteristic modality of putting the feet out of bed, or otherwise uncovering for relief. With this there was marked thirst, and meagreness of the appetite, together with a good many generals that threw their weight on the side of *Sulphur*, she was given the latter remedy with the most immediate and satisfactory amelioration of all these trying symptoms. The 1M potency of this polycrest produced the most lasting and deep-seated change in all this patient's chronic states. She does not know the whys and wherefors of homœopathic action; she does know its searching probity in a deep-seated and long-lasting complaint.

Case III—Enlarged Tonsillitis

B. P. N., a boy of 11 years, introspective, with long-lashed, searching eyes, had successfully weathered an attack of diphtheria (when he was under the care of the late Dr. Samuel A. Kimball, responding admirably to *Lycopodium*), later went through an attack of scarlet fever under *Belladonna*, followed by *Sulphur*. He was seen May 26, 1923, when he manifested the typical enlarged tonsil-adenoid complex, with slow progress at school, and twin tonsils so hypertrophied as to admit with ease (were one to try the experiment) nothing larger than a small quill between them. He was troubled with itching of the rectum, marked desire for sweets. The left tonsil particularly was enlarged. Pupils dilated. Cervical adenitis, especially left. Talks

with a nasal voice. Sensitive to both heat and cold. Lacks endurance. Takes cold easily. Easy suppuration from cuts. Thick or thin, yellowish or whitish discharges at different times from the nose. Dizzy at night. States that his body feels like a sponge. He was given at this time *Tuberculinum bovinum* 1M. June 26, 1923, he reported by telephone, and his voice sounded much less nasal, and his nose had apparently much less stuffiness. Oct. 25, 1929, he was greatly troubled with itching of the rectum, and at this time, he was given *Cina* 30. Oct. 29, 1924, he was examined and given an exemption certificate from vaccination, on the grounds of his physical examination, family and personal history. He still manifested marked cervical adenitis, was underweight, over-tall, rapidly growing, but the left tonsil which had been so markedly hypertrophied, was decidedly smaller. October 19, 1924, he developed a sore throat, the first for some time, which began in the middle of the throat. He was alternately chilly and hot, with drowsiness and lack of thirst. He received a dose of *Gelsemium* 1M dry. Temp. 100.6, P. 112. Nothing remarkable was noted in the history of this boy until May 20, 1926, when he reported with ivy poisoning, to which he had previously been subject. There was particularly itching of the palms, and a general aggravation at night. He received *Anacardium* 1M Sept. 13, 1926. He reported with an acute cold, with temperature and a stopped nose. Tonsils were a good deal reduced. He was given a dose of *Tuberculinum bovinum* 10M.

No further reports show on my records, but I have seen this boy once and have heard from his mother in regard to his condition. I gave him a health certificate upon admission to a private school, with another vaccination exemption certificate, and when examined at this time, the passage to his throat was within nearly normal limits, and his adenitis was remnant only of that of his former ill-conditioned state. This lad has profited greatly through adherence to as careful prescribing as I have been able to give him. I feel from this experience, and some similar ones, that I am quite in agreement with Kent when he states that:

If *Tuberculinum bovinum* be given in 10M, 50M, CM, and MM potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may

be immuned from their inheritance and their resiliency will be restored. It cures most cases of adenoids and tuberculous glands of the neck.

May not this be cure, if not *secundum artem*, cure according to law?

Case IV—Rectal Fistula

William L., age (approximately) 30 years. Prominently psoric in diathesis, through the recommendation of relatives applied to me for treatment of a very troublesome rectal fistula. He was classically *Silicea*, even to the tendency to suppurations from slight injuries to the skin, chronic foot-sweats, chronic constipation with incomplete and unsatisfactory stools; and he had other characteristics which would mark the *Silica* patient anywhere. He was given *Silica* 1M, and *Sac Lac* sufficient for one month. He was directed to report. Like many another cured and satisfied patient, he did not return, and in fact it was fully three years before I learned through his sister-in-law that he had not reported to me, as he had no need to resort to further medication—the old-standing and troublesome complaint had been straightway and promptly cured, and had so remained. The exact data on this case are not at hand, as the record has been temporarily mislaid. The fact of his prompt recovery gives one a sense of satisfaction in some of those seemingly indifferent patients, who, seen but a single time, go hence and are seen no more. As proved by this man's experience, some of them at least receive prompt and lasting cure.

Thus we go down our individual ways, here a little, there a little—adding our iota to the great clinical experiences of the school of Hahnemann.

My oft-consulted copy of Burnett's classic above referred to, *The Curability of Tumours*, contains the following terse annotation by the late Dr. Charles Cochrane of Winthrop, Maine. States Dr. Cochrane (written in his well-integrated chirography): "Burnett seems to have been very happy and fortunate in his prescriptions. I doubt if another could have as much success."

Dr. Cochrane was himself no mean prescriber, and was certainly a devout exemplar of the rationalism of Burnett which

teaches us that even in the face of incurable disease the "physician must be firm, and not allow himself to be sneered or jeered away from his duty, but always *try to cure everything*; I do not mean *pretend*, but try. Many a clinical battle have I fought and won, although the winning had been previously proved to be impossible."

Such was the *elan* of our distinguished European colleague, James Compton Burnett. Today in England, the Compton-Burnett Professorship of Homœopathic Practice, held at the London Homœopathic Hospital under the tutelage of the gifted and august Professor, Dr. John Weir, memorializes the clinical zeal and therapeutic insight of this great English Hahnemannian.

Burnett, Cooper, Clarke, and their colleagues of a former era have bequeathed to us such an abundance of therapeutic treasures as should make us of the present generation, in the language of Robert Louis Stevenson, as "happy as kings".

BOSTON, MASS.

The degree of special susceptibility in the organs, in the given case, is just that which decides the next question, how much of this remedy is required to restore the lost balance of the vital forces in that case, which constitute the whole problem of cure. How can the degree of this special susceptibility to the action of the selected drug be ascertained before its administration? Simply by an extension of the same process of inquiry that resulted in the discovery of the true remedy. The result of that inquiry answered the question, *what is like?* That is, what is the drug, the action of which on the healthy living organism is most like the phenomena of this lost balance, the disease? An extension of the inquiry, *how much is it like?* when answered, determines the quantity of the drug required, this being in the inverse ratio of the similarity. And this we unhesitatingly declare to be the law of the dose as to *quantity* or *potence*.—P. P. WELLS, M. D., 1864.

LOBAR PNEUMONIA—A FAILURE—A SUCCESS

A. PULFORD, M. D.

Our 249th case of pneumonia proved a *failure* thus making our fourth *death* from this disease, all of the four being over 70 years of age. The first two were due to our own medical ignorance, the other two to serious complications.

DEATH

About six months ago Mrs. V., aged 75, was taken with an abdominal trouble, the nature of which we could not learn. Her allopathic doctor among other things gave her freely of acidophilus milk, which soon produced a persistent looseness of the bowels which he finally could not control and she lost over 100 pounds in that space of time, her normal weight being 225 pounds. At this juncture she was turned over to us. Under *Podophyllum* she was progressing splendidly until she went out in the rain and came down with a severe chill resulting in the development of lobar pneumonia affecting the lower lobe of the left lung. Just prior to coming to us she had lost a son that was the idol of her heart and not long before that her husband died suddenly, from all of which she had become profoundly despondent and told her son-in-law that she had no desire to live. Right from the start she dropped into a coma with delirium. She refused to give any symptoms and neither volunteered nor acknowledged anything. *Rhus* given on the cause and what the nurse could gather brought prompt and temporary relief for three days and then came without any apparent cause as prompt a relapse. What the nurse could collect and what we could observe pointed strongly to *Arsenicum alb.* which seemed for three days to have proven more indicated than *Rhus*, but on the morning of the 6th day at 6 a. m. without warning and with a pulse strong and regular, she lay back in bed and peacefully expired in spite of the fact that the lung previously was clearing up beautifully.

RECOVERY

Our 250th case was that of a care-taker of Toledo's most exclusive club, a man of 55 years of age, who was taken with a

severe chill, an excruciating backache and a severe splitting headache just such as might proceed the breaking out of small-pox. He was taken home and thinking it only a bilious attack the family tried out their own remedies. He got rapidly worse and on the fourth day we were called in and found a fully developed and typical case of lobar pneumonia complicated with pleurisy. The pleura dry and rubbing like two pieces of rubber scraping over each other, the lower half of the right lung and the inner part of the upper half of the same lung congested and almost solid and feeling like a heavy load in and on the chest. The case was masked and it was two days later before we could get clear indications for the indicated remedy, but they came and they came beautifully as follows: Aggravation beginning at 2 a. m., reaching its height at 3 a. m. (sun time, the time on which all our remedies were proven) and ameliorating at 6 a. m. Irritability, irascibility, quarrelsome, impatient, fearful, oversensitive, sharp stitching, cutting pains in the area affected worse on every attempt at deep inspiration, the respiration rapid and superficial, severe suffocation on every attempt to eat or drink or on every exertion, temperature ranging around 103 or 104, great thirst for cold drinks, could rest only lying on the back, head and shoulders raised, cough in double paroxysms, once to loosen the mucus and the second one to raise it, and always followed by exhaustion and weakness, sputum at first quite bloody, later thick, yellow and stringy, pulse rapid and weak, slight puffiness under eyebrows, bowels constipated, no appetite, nose plugged up with mucus, lips covered with sores, little sleep and what little he did get was full of troublesome dreams. Here was a typical case fully developed, running a normal course, a case that our good friend Dr. Frederick M. Dearborn can ponder over with profit and if it is not sufficient proof that homœopathy CAN cut short a case of fully developed lobar pneumonia let us refer him to *The British Homœopathic Journal*, April 1929, p. 204, where Dr. W. W. Rorke gives a summary of 19 cases of pneumonia not merely CUT SHORT but ABORTED by the indicated remedy. The above case gave an unquestionable indication for *Kali carbonicum*. The 30th was all we had with us. He received a single dose on May 2nd at 6 p. m. In just 30 minutes he was decidedly

easier, on the morning of May 3rd the dry rubbing of the pleura and the pains had disappeared and the improvement continued steadily for three days when it slowed up. A single dose of the cc was then given. On May 8th everything was cleared up. On May 10th we discharged him and he said he expected to return to his work the following Monday. If this is not cutting short a typical well developed case of lobar pneumonia, just what is it?

TOLEDO, OHIO.

The trinity from which we all start is first, the ego, then the force, then the form. Through the ego—the ego perceives through form, that is, the ego in itself sees perfectly, but it seems imperfectly because of the form through which we look. The perception of the ego is perfect, but it is limited by the body through which we look. Now the first attribute, the first step which force or energy takes is form, and that is the first manifestation of force. The body is formed by force, the body is, therefore, called the form-body. The greatest manifestation which we have of force in the human body is the vital force. The vital force presides over this form which we have here, and that it is to which Hahnemann appeals in his prescriptions, to the stabilization of the vital force. When you get the stable vital force you are healthy. Unstable vital force means illness, therefore the vital force manifests itself through the form-body, and is subject to the limitations of the form. The more imperfect the form-body is, the less able the vital force is to hold a stable position. Now in sickness the physical body is disordered through the vital force being disordered first. Hahnemann teaches that very distinctly in the *Organon*—the vital force is disturbed first by sickness, and the manifestation is made through the form, through the body.—C. M. BOGER, M. D., in discussion in I. H. A., 1925.

Your *Synoptic Key* is always within reach; and I have never seen a book so full of information and so easy to use, in looking up a remedy.—Excerpt from a letter to Dr. Boger.—(Adv.).

A CASE OF ASTHMA*

H. A. CAMERON, M. D.

About a year ago, a patient of mine asked me if homœopathy could do anything for asthma. I told him that cases had been reported in which benefit had followed the prescription of the indicated remedy, and he then asked me to visit a young man in whom he was interested, a former employee of his who for months had been confined to the house and for the most part to bed with continuous attacks of that disease. He informed me that the young man was quite a philosopher and a linguist, being conversant with all the works of the greatest writers on philosophy, and also being able to read and write seven or eight languages as he had been forced to relieve the tedium of days' and nights' wakefulness by reading and study.

On June 2nd of last year, I called upon this patient, and found a man of thirty years of age, undersized, emaciated, pallid, and laboring for breath, and this is the story he told me:

Has had attacks of asthma since he was two years of age: the disease developed after measles, but there is a history of asthma on both sides of the family.

The attacks are brought on or are aggravated by inhaling the pollen of plants, by tobacco smoke, by dust; are worse after a meal (on this account he must eat very little at a time); worse after a sleep, the longer the sleep the worse the aggravation, because of the accumulation of phlegm; worse in the country, on account of the pollen; worse in the Upper Peninsula of Michigan and on the Island of Mackinac, where sufferers from hay asthma go for relief; worse if he gets chilled, or if he exposes the surface of the body, even to the rolling up of the sleeves; worse from worry or anger; worse during the night; and worse from eating pop-corn or peanuts.

The attacks are ameliorated by living in a city, where there is less vegetation than in the country; better during damp weather (because of the laying of the dust); better after stool and after urination; better from sitting bent forward, from kneeling, and from assuming the knee-chest position.

*Read before the Connecticut Homœopathic Medical Society.

A CASE OF ASTHMA

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The narration of his sufferings revealed a life-long fight for breath, so that ill-health to him was natural. I noticed in his book-case grammars and works upon nearly every European language and primers on Samoan and Japanese. Taking up a book on Polish, I remarked that I had been told that it was the most difficult of all the Old World languages, and to this he replied, "You would find it easy after an attack of asthma".

Well, prompted by the characteristic relief from the knee-chest posture which is unique to *Medorrhinum*, I gave him one dose of the 30th potency of that remedy. One week later I called upon him, and he reported that he was very much better and sleeping well. After this he was able to come to the office, a distance of about five miles, every week, and on each visit for five weeks I noted upon his record continuous improvement. On the occasion of that visit I gave him another dose of the 30th potency, as there had been a recurrence of the dyspnoea, although nothing like what he had suffered from it all the previous winter. He was now able to return to work at which he has continued till now, working sometimes twelve hours a day. He was unable to work for about two weeks suffering from an attack of epidemic influenza last December. Excepting the remedies he then had for that attack and its consequent weakness (*Gelsemium* 200, *Lycopodium* 1000, and *Arsenicum* 200) and one dose of *Mentha piperita* 30, which was given, with relief, to overcome the bad effects caused by the tobacco fumes which clouded the air of his office, he has had only *Medorrhinum* given in the single dose at long intervals, sometimes two months elapsing between the prescriptions, and the reports have been of continuous benefit during the whole year.

He told me on one occasion that he had had over a hundred doctors for this condition of his health without receiving any relief; that the only honest one he found among them all was one who told him, "I cannot help you"; and that when his friend suggested my seeing him, it was with reluctance that he agreed, for he knew it would only bore him, and he gave in to the arrangement at last with the mental reservation that it would but add one more to the list of frauds in the medical profession.

A week or so ago I gave this patient one dose of the 200th as

I judged that the 30th had done all it could in his case, and yesterday in speaking with him over the phone, I asked him how he was, and his characteristic reply was, "I don't see how I could feel any better than I do. How are you?"

Pardon me while I mention something that is outside the medical aspects of this case. I found my patient a cynic in all things pertaining to this life, and a sceptic concerning spiritual matters, and so after dealing with his physical ailments, I felt it imperative that I should bring before him the Gospel of our Lord and Saviour Jesus Christ. His reaction was revealed in the answer he gave to his boss who called upon him soon after: "Well, what do you think of Dr. Cameron, Ferris?" "To tell you the truth," replied the patient, "I think that he would sooner save my soul than save my life." Suffice it to say that now he is a very happy believer in the Gospel of God, the good news that "Christ died for the ungodly," and that he is ready to defend the proposition that while homœopathy is pre-eminent for the maladies of the body, the Gospel of Christ is the sovereign specific for the needs of the soul.

DETROIT, MICH.

Every homœopathician knows this: In countries, over which homœopathy has succeeded in diffusing its blessings, all those who have suffered from toothache know it. If, from lack of experience or because they follow the fashion, they have recourse to allopathy for the cure of other diseases, the treatment of toothache they always entrust to homœopathy, knowing well the happy result they may expect from it * * *

Sometimes the failure of a well selected remedy is due to a chronic miasm, which pervades the whole organism. This is observed equally in other diseases. In such a case we shall never attain our object, at least with certainty, unless we first administer a suitable anti-miasmatic (*sit venia verbo*), and then afterwards give the remedy which may be homœopathically indicated. This will infallibly act, often indeed in a very few hours, if the dose is small and sufficiently dynamized.—DR. C. VON BOENNINGHAUSEN, written about two months before his death.

POTENCY—ITS SELECTION

A. PULFORD, M. D.

At the request of Editor Hayes of *The Recorder* we give our method of potency selection, that most irritating and debatable of all medical subjects. To complete the *true simillimum* the proper potency is an important part, if not the most important part. Cure means complete restoration to health. Health means the complete absence of disease. No one can be in health who harbors a predisposition to disease. Lower potencies simply allay the predisposition which amounts simply to suppression of the disease and not to an eradication of the predisposition which is absolutely essential to a cure.

From close observation we find that, as we have said above, the selection of the proper potency is as necessary to the complete *simillimum* as any or all of the symptoms that go to make up the prescription for the case, if we are to get the very best results without after-conditions arising.

As we have heretofore remarked, you can get a result with any remedy in any potency by any method if you persist long enough, but are you sure to get the result you most desire? Your double dosing, plus-ing, frequent repeating with either the same or rising potencies all amount to the same thing—either a physiological suppression or a spoiling of the case. If you wish a dozen cabinets made and it takes a given amount of lumber to make them, an expert cabinet-maker will take that lumber and bring you back a dozen cabinets all perfect without waste. Now give that same amount of lumber to an amateur and see what you get. Yet if you give that amateur sufficient lumber he will eventually bring you back a dozen cabinets. After all the extra time and waste of lumber his work will not bear inspection, yet he produced a result. Like the plus-er, the double doser, the frequent repeater, the low potency advocate, the material doser, etc., his work in the end is not satisfying nor satisfactory to his patient who has a divine right to the very best to be had.

Personally, much to the surprise of those who have tried to prescribe for us, and failed, mistaking us for a *Sulphur* patient, we are a *Silica* patient. Since vaccination we have been subject

and susceptible to coryzas all our life, the sudden watery type with all the anxiety, restlessness, etc., that would mark a real *Aconite* case. Before we became acquainted with REAL HOMŒOPATHY we used to treat these coryzas with the tincture or the 3x of *Aconite* and as sure as night followed day they went down to our bronchial tubes and we would have to sit up in bed most of the night in order to breathe until we eventually cleared up the situation with *Pulsatilla*. At each time we had what was considered the *true simillimum* but not the COMPLETE SIMILLIMUM—our potency was at fault and lacking. We tried the 6x and 12x with the same result. The 30x gave us somewhat better results. One evening while playing cards with some friends one of these watery colds came on suddenly and in ten minutes we had saturated three handkerchiefs so that one could actually wring water out of them in a stream. The first dose of *Aconite* cc put a crimp in that coryza so that in 30 minutes we were playing cards as though nothing had ever happened and we have not had one of those colds since.

We fully agree with the late lamented Dr. Philip E. Krichbaum that the remedy acts *instantly* and *not* for any length of time. The length of time a remedy takes, or rather a remedy seems to act, is the length of time nature takes, after the remedy has acted—which is instantly, to show the effect of that action upon the surface. We also find that if you have the *true simillimum*, which includes the proper potency, the remedy needs to be given but once, that frequent repetitions are only necessary for such of us as are truly ignorant of our art.

Close application has taught us that remedies for *curative* purposes below the 30x are useless, but for palliation or temporary relief they are good and then better for pathogenetic and physiological purposes. The *low curative* remedies range from the 30x to the cc (200th) potencies, especially for the acute cases which do not rest on, nor are part of, a deep chronic malady. The *medium* curative remedies range from cc to the 10M potencies in subacute cases all of which rest on some deeper dyscrasia. The higher potencies range from the 10M up for the *chronic curable* cases. In all *incurable* cases the lower potencies should be used so as not to create any dangerous reactions.

In making a prescription and selecting the potency the acuteness, the subacuteness and the chronicity of the case to be prescribed for must be considered. If acute, we must decide whether it rests upon a normal system alone or if it exists as an outburst of a chronic active trouble; if the former it would require a lower potency, if the latter a higher. If the case is subacute and the chronic malady on which it supervenes is not active then the lower potencies of the medium range would be required; if active the higher potencies in that range would be required, etc. If the case is incurable and the patient cannot stand a violent reaction it would be folly to give a high potency. Again age and lack of vitality must be considered, also the patient's susceptibility to drugs in general and the remedy to be used in particular. Here, then, we must not give a very high potency to a highly sensitive being who might be liable to react violently if not injuriously or fatally to the drug to be used. We have to look out for the highly sensitive, unstrung individuals and give them the lower potencies in the range of the class selected or required, while the dull lymphatics might require the higher potencies to shake up their indolent constitutions.

In conclusion, if you have the right potency there will be a steady improvement without aggravation. If you have the right remedy and the potency is too low you are liable to get little or no curative response, if too high you are liable to get a sharp aggravation which should be avoided if at all possible, for while it is most always a sign that you have the right remedy, it is not always a sign that you have done no damage.

The selection of the potency is even more of an art than the selection of the remedy. In truth only intelligent men should practice homœopathy, all others drift naturally into allopathy where brains and the ability to think and think deeply are not so much needed.

TOLEDO, OHIO

One can never look from the toxic, to see what is in harmony with the dynamic, but may look from the dynamic to see what is in harmony with the toxic—KENT.

ANTIMONIUM TARTARICUM (Ant. t.)*

J. H. CLARKE, M. D.

Clinical—Jaundice. Kala-Azar. Lumbrici. Lungs, œdema of. Pregnancy, salivation of. Tonsils enlarged. Sunstroke.

Characteristics—[Errata: p. 129, l. 12 from bottom, for "exception" read "Eruption"; p. 130, l. 8 from bottom for "Mild" read "Wild".] *Ant. t.*, says Hering, is "An invention of the Alchemists, very popular with them, forbidden by the French Academy, finally introduced and much used and abused by the old school. Proved by Hahnemann and some of his students, it was published by Stapf in 1844". This is undoubtedly the most active of the antimonial preparations and has been the agent used in many cases of criminal poisoning. Three recent instances of the latter are recorded in *B. M. J.*, Apr. 11, 1903. The autopsies in each case revealed the same state of things: the body in a remarkable state of preservation, in one case nearly two years after death; the tissues were dry and drained of fluid; there were signs of gastro-enteritis without ulceration. The symptoms of two of the cases are contributed by Dr. J. M. Sliker, who attended. They were those of persistent vomiting and diarrhœa; but in one case, that of a young woman, aged 19, there was a symptom which shows the tetanising properties of *Ant. t.* as well as the centering of its action on the stomach. (The autopsy in this case revealed "dark rings round the sunken eyes.") "About the sixth day", says Dr. Sliker, "I noticed spasm of the muscles and rigidity. The spasms were ushered in by pain in the rectum"; [the rectal pain was apparently set up in the first place by attempts at rectal feeding, the patient being unable to retain the injections or nutrient enules] "then the muscles of the abdomen became rigid. From this the rigidity extended to the legs and then to the upper extremities. The same order was observed in each attack, the abdominal muscles being first affected and so on. They occurred independently of the vomiting. On one occasion the muscular spasms came on as I was palpating the abdomen, and I could distinctly feel the muscles contract under my hand. Morphine suppositories seemed to possess a strong

controlling influence on them". This is paralleled by a symptom in Allen from another poisoning case, the effect of 2 drachms, "constant contraction of all the muscles, especially of abdomen and upper extremities"; and also by symptoms of Hahnemann's "He had scarcely fallen asleep when he was seized with electric shocks and jerks all of which came from the abdomen; it threw now one arm, now another, away from the body; now a foot; now it threw the whole body into the air". Another point in the antimony effect brought out by Dr. Sliker's cases is the intense debility of *Ant. t.* Although the patients were severely ill the doctor was astonished in each case when he heard they were dead; there was sudden collapse in syncope. In both cases there was general abdominal tenderness, most marked in the epigastrium. Kent (*J. of Hcs.*, March, 1901) lays stress on the facial expression of *Ant. t.* as characterizing the particular quality of its debility. Face pale, sickly, eyes sunken with dark rings round them, lips pale and shrivelled, nostrils dilated and flapping rapidly, dark, sooty appearance inside; cold sweat on the pale or blue face. This condition of debility occurs in *catarrhal* states in the later stages when weakened by the force of the acute disease, or in such affections occurring in patients already enfeebled, or in very young or very old patients. Old *gouty* patients, always shivering, pale and with enlarged joints". Every spell of wet weather brings on catarrh of the chest with copious secretion. Children who have frequent attacks of bronchitis from cold wet weather, constantly recurring with rattling in the chest; chilly and pale. (*Florid* children who do not look ill when they have colds and rattling in the chest and are not prostrated require *K. sul.*) A relaxed passive condition is Kent's description of the *Ant. t.* debility. It corresponds to the catarrh of old drunkards with rattles in the chest. There is an awful anxiety in the stomach. A dropsical condition of the tissues and joints is also *Antim.* effect. Kent has seen this produced in horses by excessive dosing with *Ant. c.*

In old times *Ant. t.* was the universal remedy in cases of pneumonia and this, like all routine practice, led to disastrous results. But there was, as usual, truth at the bottom of the treatment. Goullon has had great success with *Ant. t.* 1 trit. in 5-

*Supplementary to article in *D. M. M.* Reprinted from *Homœopathic World*, April and June, 1929, p. 96.

grain doses, and commends the practice for trial to allopaths "who really want to know". Stonham (*B. H. J.*, April, 1912) quotes a case from Dudgeon illustrating what *Ant. t.* can do in a case *in extremis*. An old lady had been taken ill and had been under the care of an eminent practitioner and two baronets. She was sinking fast, and as a last resort the friends decided to try homœopathy and sent for Dr. Dudgeon, who found her perfectly insensible, pulse 140 and intermittent; tongue black; and she had a bed-sore as big as a soup plate. Dudgeon told the friends that he did not think the patient had forty-eight hours to live, but he gave *Ant. t.* and occasional doses of *Phos.*, and she recovered completely. Stonham gives a gastro-intestinal case from Dr. Dyce Brown which is quite to the point: Mrs. H— was taken ill on July 1, 1876, with shivering, followed by fever, severe vomiting and purging. Under allopathy she was getting worse and Dyce Brown was called in on July 5. He found the patient with an extremely rapid pulse, constantly sick, the vomiting having now been replaced by empty retching. Nausea constant. Even a mouthful of cold water was at once rejected, although she was tormented with great thirst. Profuse watery diarrhœa; stools too frequent to count. Marked abdominal tenderness. Tongue coated from tip to back with a thick white, smooth, creamy coat, the edges being red. *Acon.* tincture 5 drops in three-quarters of a tumbler of water, and *Ant. t.* 1x, 2 grains in another tumbler, a teaspoonful of each every alternate hour. Next day, pulse normal, skin moist and cool, retching stopped and only occasional nausea; tongue almost clear; the feeling in the abdomen was soreness rather than pain. *Ant. t.* given alone rapidly completed recovery. Stonham quotes from Dr. Nichol a case of smallpox in which *Ant. t.* revealed its action. J. T., 28, strong, never vaccinated, contracted small-pox. Violent chills were followed by high fever with restlessness, nausea and malaise. The chills seemed to originate in the region of the spine, spreading over the trunk of the body and always from within outward. Patient stupid and drowsy. Dull headache with pressure on brain and occasional delirium. Thickly coated tongue, with bitter sickening taste. Mouth and throat filled with pocks. Nausea and vomiting always followed by prostration and clammy skin

and feeble pulse. Swelling of abdomen with rumbling and gurgling but no diarrhœa. A marked bronchitis was present from the commencement, gradually extending to the lungs, as catarrhal pneumonia with very copious secretions. The eruption was so thick and continuous that the patient seemed as if he was smeared from head to foot with honeycomb. *Ant. t.*, 3x, unaided, brought about complete recovery with only a few traces of pockmarks on the nose. Dudgeon records two skin cases illustrating *Ant. t. localities*. (1) A young lady, 18, had for 7 months a disagreeable eruption on her face—small pimples filled with matter, not much larger than a pin's head, extending from the roots of the hair down centre of forehead to tip of nose. She had been under an eminent skin specialist without benefit. *Ant. t.* 1x, one grain in 3 ounces of water, a tablespoonful twice daily cured in a fortnight. (2) A young lady, 16, had for upwards of a year a disfiguring eruption on the face, consisting of small discrete pustules, which, after drying up, left for a long time an ugly bluish red mark, so that her naturally handsome features were quite spoiled by the blotches left by the old pustules as well as by the yellow-headed moist pimples. All parts of the face were affected, nose, forehead, cheeks and chin. In addition, for upwards of a month she had been tormented with a similar eruption about the genitals and tops of the thighs, which was so excessively painful that she could not sit down without suffering and was quite unable to walk even a few hundred yards. She was unable to sleep for the pain and irritation and lost her strength, spirits and appetite. *Ant. t.* 2x, gr. 1, in 9 tablespoonfuls of water, a spoonful three times a day. There was immediate general improvement. In a fortnight the eruption was quite gone from the genitals; and in three weeks only a trace was left about the chin and nose, and another week those had gone too. Dr. Stonham concludes his article with an eye case. Dr. Casanova contracted granular ophthalmia by unconsciously rubbing his eyelids after examining a patient. Acute conjunctivitis with granulation on the lids followed. The lids became thickened, sight impaired, with burning and itching in eyebrows and lids, and crusty formations on the edges of the lids during the night, < reading, cold air, stimulants. This lasted three years. He then tried a lotion

of *Ant. t. gr. ii* in *3ii* of distilled water and used as a lotion twice a day. It caused a good deal of smarting, but at the end of two weeks the granulating had diminished considerably and the sight was much improved. After two more weeks there were no more vestiges of granulation. The lotion was continued, more attenuated for two months when the eyes and sight were normal. Dr. O. M. Drake (quoted *A. H.*, Dec. 15, 1895 from *H. P.*) related a case of sunstroke which came under his care in October, 1876, the attack having occurred in the previous July, the patient having been under allopathic treatment in the meantime. *Lyc.* was selected as the remedy best indicated, and under this in the 200th he made some progress, being enabled to go out, though unfit for work. The potency of the remedy was changed up and down, but no further progress was made. One day Drake noticed the patient repeatedly pass his hand downward from the forehead over the nose as if to brush something off. Questioned about it he said that for a long time he had had a *feeling over the bridge of his nose as though a horse hair were drawn tightly across it*, and every little while he found himself trying to remove it. Occasionally he had the sensation of having spectacles on, the bows pressing unpleasantly on the back of the ears. This feeling he was unable to brush away. *Ant. t. 200* was given, and in three weeks the man was well and able to return to his work. This is noteworthy among the *Peculiar Symptoms* of *Ant. t.* Others are: sensation as of a small leaf obstructing the larynx. Lower jaw-joints as if dislocated. Œsophagus sore and sensitive. Headache extending to root of nose. As of tight band across forehead. As if the brain were put together in lumps. Pain from neck over vertex to forehead. As if pieces of the parietal bone were being torn from the head. As if something fell forward in occiput. There is aversion to milk, and milk <; the child has diarrhœa every time it moves. Craving for acid drinks and fruits especially *apples*, but all <. > Lying down and *stretching*—compelled to stretch. The navel is a centre of many pains. The groins are strongly affected and the pelvic bones.

[A group of tropical diseases, Kala-Azar, Oriental Sore and Espundia, caused by infection with the *Leishmania donovani* parasite, have recently been brought within the therapeutic

sphere of preparations of *Antimony*. Other names for Kala-Azar are "Dum-dum fever" and "Tropical splenomegaly". The disease sets in with rigor, or vomiting or both. The fever is irregular and remittent. The spleen becomes immensely large and the abdomen protuberant. Hæmorrhages, diarrhœa and dysentery are complications, and death is by exhaustion. The treatment by *Ant. t.* is eminently successful, and the symptom correspondence is not difficult to trace. The administration usually adopted is by intra-venous or intramuscular injection. The preparations recommended (see "Tropical Diseases," by the Drs. Neatby) are (1) *Sodium antimonyl tartrate* (sodium taking the place of the potassium of *Antim, tart.*), 2 per cent solution, a dose containing 1-2 grain of the salt is injected every second or every third day working up to a maximum dose of 1 3-4 grains. The treatment is continued for two months after the fever has ceased. (2) *Stibacetin* (Acetyl —p— aminophenyl stibiate of sodium) this is less poisonous, and can be given in doses of 0.1 gramme (1.54 grain) and working up to 0.8 gramme (12.3 grain). (3) *Colloidal antimony sulphide* in an 0.2 c.c. suspension in doses up to 20 c.c., amounting in all to 2 grammes of the drug. (4) For intramuscular injection *Antimony oxide*, in Martindale's formula one-fiftieth grain of *Ant. oxide* in fifteen drops of glycerine and fifteen drops of distilled water.]

Relations—It *antidotes* effects of alcohol. *Antidoted* by Morphia. Compare winter coughs in old people, *Amic.*—but with *Amic.* sputum is yellow. Aversion of, and < by milk, *Na c.* Re-current rattling colds, *K. sul.* (*K. sul.* has not the pallid prostrations of *Ant. t.* patients). Catarrh, *Ant. c.* (wants the copious flows of mucus from inflamed membrane, and the passive state of *Ant. t.*). Headache > in cold, *Ars.* Headache on waking in night, *Ant. s. a.*

Causation—Sun. Alcohol. Asphyxia. Drowning.

SYMPTOMS.

1. MIND.—Delirium, with pleasurable expression.—(Suicidal mood; he raves and does not know what he is doing.)—*Talks to himself.*—*Despairs of recovery.*—*Anxiety increases with the nausea.*—Anxiety; with restlessness; during the paroxysm; with oppression on the chest.—Frightened at every trifle.—Apprehensive; with fulness about the heart and increased warmth; with restlessness.—*Dreads to be alone*, even for a few moments, lest he should be

dreadfully nervous and not know what to do with himself. Morose, dejected and sad, 4:30 p. m.—*Weeps if looked at.*—Crying with the cough.—Pitiful whining before the attacks. (Infantile catarrh).—Child cries on attempting to take the breast.—Child clings to nurse and calls for help with cough.—*Unusual wild gaiety, towards evening,* giving place to fretfulness and peevishness.—*Stupefaction and somnolence* with numbness of head. Stupid and sleepy. Dulness of mind, imbecility.—Apathy and indifference; even death would have been welcome.—Desire to bite.—The children get angry, weep and cry (whooping-cough).—Cough aggravated when angry.—Strong emotion followed by amblyopia (during pregnancy).

2. HEAD.—Giddy and sick.—Vertigo alternating with drowsiness.—Vertigo: on closing eyes; on walking; *when raising head, must lie down,* with nausea.—Vertigo and violent chills running through the body with a sudden shock.—Fainting; with sweat on forehead; after a cold feeling in scrobiculus, followed by sleep.—*Asphyxia from drowning.*—Headache with sensitiveness in epigastrium.—Heat in the head, aggravated by motion.—*Frequent risings of heat* in the head, with thirst.—Forehead covered with cold sweat; head cold.—Heat on forehead without sweat, morning.—On coughing, heat and sweat on forehead, so that she became very dizzy.—Fine burning on frontal bone above r. temple.—Head heavy, can scarcely be held upright; must be supported behind.—*Headache as from a band compressing forehead.*—Inward boring into frontal bone between l. root of nose and eyebrow.—Heavy pain in forehead like waves, increasing and decreasing.—*Pressive tensive pain,* esp. in forehead, immediately after waking, ameliorated by cold water.—Tensive pain in forehead aggravated in the evening; after eating, and sitting bent; ameliorated by sitting up, lying high and in the cold.—*Pressive sticking in forehead extends down into l. eye,* with great desire to close the eyes.—On waking in the night always has the same bad headache as if the brain were balled into a heavy lump only in l. half of forehead.—Tensive headache as if the hairs were put together in lumps.—*Painful drawing in r. temple extends down to the zygoma and upper jaw.*—Tension and sensitive pressure on vertex.—In afternoon, on motion, a surging from the neck upwards, over vertex towards forehead: with stupefaction and confusion of the senses, on standing for one minute.—Intermittent tearings in r. side of head.—Tearing in r. side of head and esp. deep in r. ear, on raising head after stooping.—On stooping severe violent stitches in l. parietal bone extending forward.—Violent sticking tearing from posterior portion of l. parietal bone to a place in front of vertex, that it seems as though a piece were being torn from the head, deep within, on standing, 8 a. m.; recurred next day at same hour.—Occiput becomes heavy, and an anxious oppressive sensation sets in.—Sensation in occiput on stooping as if something fell forward.—Raging and throbbing on r. side occiput, like ulceration, on rest and motion.—Scalp so sensitive can hardly bear the comb.—[*Tinea—Plica polonica (Hg.)*].

3. EYES.—Squinting.—Bloodshot.—Sclerotic yellow.—*Must press lids tightly together.*—Dull pressure over nose and one eye.—*Violent tearing between roof of nose and one eyebrow,* as if someone took hold of her there by the skin; is painful and long lasting.—*Vanishing of sight,* and hearing.—*Flickering before the eyes,* aggravated by rising from sitting.

4. EARS.—Twitching tearing in r. concha, evening, lying down, disappearing in bed; morning, second day.—Ulcerative pain in r. concha, evening.—(Sensation as if spectacle bows were pressing behind ears.—Cured, J. H. C.).—Roaring in ear.—Fluttering over l. ear, as from a large bird; at same time a warmth passes to this ear, as if she stood near a hot stove.

5. NOSE.—*Stupefying tension across root of nose as if laced with a band.*—Sensation over bridge of nose as though a horse-hair drawn tightly across it (cured in a case of sunstroke.—J. H. C.).—A tearing and crawling in l.

nostril as if sudden irritation to sneeze, which, however, does not occur.—Corners of nostrils ulcerated and painful.

6. FACE.—*Cold sweat on face; livid, expression of great suffering.* *Convulsive twitches in almost every muscle of face.*—Countenance distorted with peculiar tetanic spasm of jaws as though endeavouring to bite everything within reach.—*Incessant quivering of chin and lower jaw* (cured, J. H. C.).—*Tearing pain in whole side of face, even head and neck of that side.*—Itching vesicles, upper and lower lips.—Burning r. side chin as from hot coal.—Drawing from chin along r. side lower jaw.—Dislocation of jaw; it remains open for a while after yawning.

7. TEETH.—*During dentition catarrhal hyperæmia (Hg.)*.

8. MOUTH.—*Tongue painful or difficult to move about.*—Tearing on l. side behind root of tongue, on swallowing.—Morning after rising mouth so sore can scarcely swallow, with white tongue and sour taste.—Unpleasant sensation on palate.—On posterior part of palate, sore sensation, and as if a hard body lay against it; without swallowing; ameliorated by eating bread (8 a. m.).—Speech difficult.

9. THROAT.—Increased mucus secretion.—*Sharp pain at throat.*—Choking sensation.—Roughness in throat, with sensation as if a small lump obstructed windpipe, on hawking.—*Throat raw; swallowing difficult and painful.*—Soft palate and pharynx is red, covered with vesicles; many are opened, swollen, and covered with mucus.—Itching and dryness in throat which provokes hacking (morning).—Rapid swelling of tonsils and cervical glands.—*Oesophagus sensitive, unchewed masses = much pain.*

10. APPETITE.—Though food tastes good and he has some appetite, yet he can only gradually get some food into his stomach, from which he feels better, and is relieved by pressure on abdomen.—*Eats at noon with appetite,* but after he is satisfied a kind of nausea attacks him at times.—*Extraordinary appetite for apples.*—Child eats little but drinks much.—Thirst constant and insatiable.—Drinks little and often.—*Aversion to milk.*—*Disgust for whisky.*—Thirst for beer and sour milk, with dryness in throat.—*Desire for acids.*—ABSENCE OF THIRST; THE WHOLE DAY.—*After eating:* cough with vomiting of food and mucus; sleeps; discomfort; toothache; nausea; pressure in stomach; backache; vomiting immediately; fever.—Aggravated after warm drinks, esp. milk.

11. STOMACH.—*Belching which ameliorates.*—Eruptions with gagging.—NAUSEA = GREAT ANXIETY.—Nausea and vomiting of curdled milk.—Vomiting till he becomes faint. Waterbrash.—*Nausea, then yawning with profuse lachrymation, followed by vomiting.*—Vomits food and drink, even before the cough (in whooping cough).—Vomits tenacious mucus.—Vomits great masses of phlegm.—VOMITS WITH GREAT EFFORT.—Vomited matter tinged with blood; bloody, foamy fluid; bloody mucus.—Vomiting, in any position, except lying on r. side.—*Vomiting with headache and trembling of hands.*—Vomits then sleeps; vomiting returns after sleep.—*Heaviness in stomach.*—*Craving sensation at stomach.*—Emptiness in stomach.—*At night sensation as if stomach loaded.*—Weight at stomach, ameliorated by open air, aggravated in room.—Violent pains at epigastrium which was tense.—*Cramps in stomach.*—Whirling in pit of stomach with rapid action of heart; which threatens to rupture heart.—Feeling as of cold water at pit of stomach, with it he feels faint, falls down; then heat in head.—Burning heat in stomach.—Warmth in stomach followed by violent pain in forehead and back of throat.

12. ABDOMEN.—Liver increased in size.—Liver sensitive to contact.—*Pressure in hypochondria with distention, aggravated in region of liver.*—*Jaundice with pneumonia,* esp. r.—*Meteorism.*—Warmth about navel, gradually extending over whole abdomen.—Colic around navel, early morning.—Pains in abdomen, after eating; after vomiting.—Violent pressive tension in abdomen, esp.

over bladder.—Violent pain at epigastrium and through whole abdomen, with constant spasmodic contractions of abdominal muscles.—Cuttings in abdomen; and across lower abdomen it lies like a stone, with great nausea; after six ineffectual retchings followed by ineffectual efforts at stool, vomiting with great exertion, trembling in abdomen, and bending together, then two diarrhœic stools.—Stitches.—Warmth in lower abdomen, as if had drunk something very warm; it wanders about and finally up to stomach.—Tensive drawing towards bladder.—Wakes 1 a. m. with gripes above pubis and icy coldness of whole body; cold sweat breaks out in profusion; intense heat.—Spasmodic drawing from thigh to abdomen.—Pressure in hypogastrium and aching, with cold shivers, as if menses would appear.—Stitches over pubis.—Very violent burning soreness in r. groin.—Rheumatic pain in l. pelvic bone.—Violent twisting cutting pains tearing from hypogastrium down thighs to knees like labour pains.—Pains in groins and cold creeps before menses.—Painful sensation in hypogastrium = intense mental restlessness and aversion to work.—Sensitiveness of abdomen.—Tetanic rigidity of abdominal muscles, extending to legs and then to upper extremities.

13. STOOLS AND ANUS.—Sudden, violent, alarming stitch, from lower abdomen down through rectum.—Involuntary evacuation of much mucus with dead roundworms.—Involuntary watery blood-streaked stools.—Uncommonly hard stool—difficult to pass.—Stools green as grass, slimy.—Watery, sometimes slimy and greenish diarrhœa, aggravated each time child messes.—Diarrhœa slimy, yeast-like, of cadaverous smell.

14. URINARY ORGANS.—Violent tension in perineum, upon walking, with strong desire to urinate.—Violent burning in urethra, during and after urinating.—The urging to urinate and burning in urethra increase, only a little urine passes; the last drops are bloody and accompanied by violent pains in bladder.

15. MALE SEXUAL ORGANS.—Burning tickling irritation extends from rectum through urethra to glans where it is most severe.—Pustules on genitals and thighs.

16. FEMALE SEXUAL ORGANS.—Severe bearing down in vagina.—Menses six days too early, weak, but only two days.—Before menses: pains in groins and cold creeping.—During pregnancy: gastric derangements; vomiting of mucus; salivation; nausea and faintness; amblyopia after strong emotions.—Puerperal convulsions, great jactitation of muscles.—Asphyxia neonatorum.

17. RESPIRATORY ORGANS.—Excretion of tough mucus.—Voice small and changed.—Hoarseness; aggravated on talking; morning.—Cough and yawning consecutively.—Cough after eating, vomits food and mucus.—Child grasps larynx with cough.—Catarrh provokes cough, though she had no power to cough.—Croup with inability to swallow.—Obvious paralysis in croup (Hg.).—Unequal breathing, now shorter than longer, much more frequent lying down, ameliorated when carried sitting upright.—Gasps for air at beginning of every coughing spell.—Impending paralysis of lungs.—Atelectasis.—Relieves death-rattle (Hg.).—Cough with much rattling in chest and no expectoration.—Every cough causes unbearable pains in the chest.—Coughing with crying; or dozing; or twitching of the face.—Thick bloody sputa.—Sputa foaming, mixed with blood.

18. CHEST.—Full feeling in chest.—Pain r. side, behind and at base of chest aggravated by deep breathing.—Stitches in l. upper chest and l. axilla.—Burning in l. breast, near shoulder, more externally, aggravated by pressing or rubbing.—Itching stitch on r. nipple.—Crawling as of insects above l. mamma.—Stitches in l. breast with cough.

19. HEART.—So warm about the heart she must let the arms sink down with general weakness.—Pressure or heaviness in præcordium.

20. NECK AND BACK.—Cramp in neck muscles.—Pressive sense of fatigue in neck muscles, close to occiput, esp. r. side.—Does not like anything to touch him; inclination to unbutton shirt collar.—On turning neck, painful ach-

ing over the l. scapula, comes suddenly 24 hours later over the r. scapula.—Pain like fatigue in back aggravated after eating and while sitting.—Pains in small of back, before and on rising from bed, as if one carried a weight there; ameliorated after rising.—Short, sticking, tearing pain, esp. in lower r. side of back, near r. hip.

21. LIMBS.—Insensibility and coldness of limbs. R. arm and hand and both great toes cold to touch.—Burning, tearing and drawing in joints.

22. UPPER LIMBS.—Frequent twitching of the tendons in arms and hands.—Pain as of dislocation in r. shoulder.—Violent tearing externally in r. shoulder, followed by itching.—Violent itching in l. shoulder, a number of vesicles arise, must scratch till they bleed, without relief to itching, whereupon the spot burns. Stitching and twinging below l. axilla; then a stitch with twinging in condyles of l. elbow.—Burning in r. humerus as if in the marrow.—Burning inside surface r. upper arm; with yawning.—Eruptions like itch on forearm near wrist.—Hands cold and moist.—On coughing, heat and moisture of hands and sweat of head.—On back of l. hand, on touching the hairs, fine severe stitches.—When she wants to clench her fist, or extend her fingers, they are tense as if swollen.—Fingers firmly contracted, every muscle in extraordinary state of rigidity.—Violent itching of palm.

23. LOWER LIMBS.—On each buttock there are four tensively painful pimples which pain like a boil on pressure.—Numbness and coldness in the legs.—Spasmodic twitchings in muscles of thigh.—Outward stitching in varices.—Slight swelling and stiffness on malleoli of r. foot.—Soreness between little and next toe of r. foot.

24. GENERALITIES.—Constant contractions of all the muscles esp. of abdomen and upper extremities.—Tetanus.—Excessive restlessness.—Condition like intoxication.—Faintness.—Syncope.

25. SKIN.—Shrivelled, dry.—Wilted; cool; as if dead.—Dry and burning hot on chest and hands, cool on feet.—Eruption fails to appear and convulsions set in.

26. SLEEP.—Great sleepiness, if he sits still he sleeps immediately, with vivid dreams of a continuation of his previous thoughts.—He had scarcely fallen asleep when he was seized with electric shocks and jerks, all of which came from the abdomen; it threw now one arm, now another away from his body; now a foot; now it threw the whole body into the air.—Dreams of fire.

Colchicum is one of the many examples of the great difference in both the degree and kind of action which drugs exert on the organism of different animals. In very small doses it is fatal to dogs, producing violent emetocathartic action. Hence the French call it Tue-chien. In cows it produces a scanty urine, great distension of the abdomen but no profuse diarrhœa. In rabbits it produces enuresis, but hardly any serious symptoms. A frog will take with impunity a dose that would speedily kill a large dog. This example shows the fallacy of deducing from experiments on animals rules for the use of drugs in diseases of the human organism.—CARROLL DUNHAM, M. D., 1866.

AN INTERESTING CASE REPORT.

W. H. FREEMAN, M. D.

The following report illustrates a somewhat confusing problem often confronting the prescriber, to wit:

Mrs. X., age 65, acutely ill for eight days, and seen in consultation with her old school physician. The symptoms are as follows: a pale, puffy swelling of the upper lip, cheeks, nose and eyelids; intense burning pain which originates in the upper jaw and extends to face and head; excessive weakness with desire to lie quietly and without restlessness; always a poor eater, she now has a disgust for all food; always an aversion for water and for cold drinks which cause vomiting—this being an old symptom of many years' duration; always sensitive to and aggravated by heat, warm rooms and hot weather, but now slightly chilly with desire for warm coverings; somewhat anxious about her condition though never before of a worrying disposition. There were also certain old gastro-intestinal symptoms of many years' duration, the consideration of which at this time and at this stage of treatment would only be confusing. Only when the acute symptoms are an exacerbation of the chronic state, should the old symptoms and old history be given weight in the selection of the remedy.

The temperature was 99 4-5 and the pulse 100 and weak. She had a bridge and four dead teeth in the front of the upper jaw, and the gum and under surface of the lip were inflamed, of an angry purplish-red and very sensitive. Undoubtedly there was a chronic streptococcus infection of the apices of these dead teeth and, also, an acute Vincent's angina of the gum and lip, for an attack of which she had been treated several months previously when the diagnosis was confirmed by a bacteriologist. Incidentally an intra-venous injection of salvarsan had been given then, and since then a mouth wash containing carbolic acid had been used twice daily. Therefore an undoubted arsenical poisoning and a probable carbolic poisoning were complicating factors. All of this suggests serious possibilities.

In spite of the fact that there was neither thirst nor restlessness, *Arsenicum alb.* was selected as the needed remedy. Three

doses were given in the 200th potency at half-hour intervals and followed by *Sac. lac.* Improvement began at once. She slept well throughout the night and awoke feeling refreshed and hungry for the first time in eight days. The pain and inflammation gradually subsided correspondingly. *Arsenicum* was evidently the correct remedy. While not considered as a basis for the prescription, *Arsenicum* in potency has an antidotal relationship to salvarsan and to carbolic acid.

Four days later there was a mild return of the symptoms which disappeared quickly after one dose of *Ars. alb.* 10M Skinner. After waiting another five days, all active inflammation having subsided, the infected teeth were extracted, thereby removing the source of infection.

ASHLAND, N. Y.

The difference between them consists in this, that in the *Rhus* affection there is, more prominent, an erethism of one portion of the vital phenomena and a depression of another portion, a *one-sided excitement* and a *one-sided depression*, whereas in the *Phosphoric acid* affection there is a general and *simultaneous* depression, letting down, agony of the *entire series* of vital phenomena. Whereas, in the *Rhus* affection, we see excitement and over activity in the functions of *vegetative* life, and simultaneous depression in the functions of *animal* life, we see in the *Phosphoric acid* affection simultaneous and *immediate* depression in the functions of both of these departments of the patient's organism. Generally this depression appears in the very beginning of the sickness, though not always, for sometimes partial phenomena of excitement usher in the disease; these, however, are of short duration and very moderate intensity and after their disappearance the *torpid character* of the attack is all the more distinctly perceptible—CARROLL DUNHAM, M. D., 1866.

HOW WOULD YOU TREAT THIS CASE?

A. B. BRAHMANANDAM, M. D.

Name: Bundiah. Age, 37 years. Married, one female child, about 12 years ago, who died at the age of one month. No children since.

CONSTITUTION: Moderately built, brown complexion, soft hair, no hair on the vault of the head.

EARS: Accumulation of wax and pain in the ears during the cold season.

EYES: Soon become tired after exertion. Margins of the lids are sore and painful.

NOSE: Occasionally a small sore appears on the septum of the nose inside.

MOUTH: Teeth are a little loose in their sockets. Crevices between the teeth. Gums tender, swollen and blue. Pus and blood coming from the gums for the last six years.

TONGUE: Red, fissured at the margins and papillæ prominent.

THROAT: Accumulation of tough mucus in the throat in small lumps, expelled with laborious expectoration.

THORAX: Pain in the back between the scapulæ. This is of dragging character and heavy, worse by exertion and better by rest. There is pain in both sides of the thorax, also in the region of the right kidney. All these pains are aggravated by exertion.

ABDOMEN: There is pain in the right side of the abdomen on a level with the umbilicus and below, extending from the mid-axillary line towards the middle. This pain is sometimes stitching, sometimes dragging and heavy, shooting towards the rectum, testes and along the sciatic nerve. It is slightly relieved by pressure. In the left side of the abdomen there is gurgling noise and pain before defecation, relieved after stool.

STOMACH: There is heaviness after eating which compels the patient to take rest, relieved after sleep.

STOOLS: For the last six months the patient passes daily 4 to 6 stools with mucus.

RECTUM: Patient had bleeding piles one year ago, no bleeding now. There is prolapse of the rectum while sitting on legs.

HOW WOULD YOU TREAT THIS CASE?

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EXTREMITIES: There is dragging pain in the limbs, especially on exertion. There is also pain in the knee joints on exertion.

URINE: High colored, burning micturition with some sediment. Some whitish fluid comes off in drops before and after urination.

SEXUAL: There is sexual weakness, with dragging pain and heaviness in the left inguinal region after coitus. Great exhaustion after coitus.

PREVIOUS HISTORY: This patient had an attack of gonorrhœa in 1918 and had taken several injections and different treatments.

Several allopathic doctors diagnosed this case as appendicitis.

The present distressing ailments are:

1. Pain in the right side of the abdomen.
2. Number of mucous stools.
3. Pain in the lower back and limbs.
4. Great weakness.

HYDERABAD, DECCAN, INDIA.

Sulphur 1M is the remedy.—H. A. ROBERTS, M. D.

The duty of individualization is nowhere more imperative than in the treatment of scarlatina with important affections of the throat. This extends as much, if not even more, to the general as to the local symptoms. In relation to the first, the general, there can be no better method by which to carry out this duty than that given in the Organon. To take all the phenomena of a case into consideration, and give to each the attention its importance demands. Till this is done it can never be known what are the elements that individualize the case. There is nothing in the mind of the prescriber, pertaining to the disease for which he is to find, in the known pathogenesis of drugs, a simillimum. He is ignorant of the first elements of the problem he is about to attempt to solve. The more earnest care should be given to these general symptoms, because in them are often found the individualities of the case, and these are the elements which dominate all intelligent prescribing.—P. P. WELLS, M. D., 1865.

NOTES ON GUNPOWDER*

HARRY B. BAKER, M. D.

The *Gunpowder* used in our materia medica is the old black gunpowder, which consists of a mixture of sulphur, charcoal and saltpetre, three very potent agents.

Gunpowder, like a number of our most valuable remedies, was first used by the laity in a purely empirical manner, but with excellent results.

We are indebted to Dr. John H. Clarke of London, author of the *Dictionary of Materia Medica*, probably our most useful work on that subject, for bringing this remedy to the attention of the profession. One of the chief uses of *Gunpowder* is in septic conditions, especially when accompanied by boils and abscesses and with great swelling and discoloration of the parts.

It is one of the best remedies that I know of in cases of carbuncles. In fact blood poisoning stands out strongly all through the remedy. The trappers and Indians used it extensively for this purpose, either sprinkling the crude powder on their food or mixing it in water and drinking it.

The Rev. Roland Upcher, an English clergyman, has made extensive observations of its use by the shepherds of eastern England, and published a most interesting article on the subject. The shepherds frequently contracted blood poisoning while attending to sheep who were suffering from foot rot, and they found *Gunpowder* not only a good curative remedy, but if taken regularly during the time that this disease was prevalent it acted as a prophylactic. These observations of Mr. Upcher were published in *The Homœopathic World* about twenty years ago, and was, I think, the first article I read on this remedy.

I have used *Gunpowder* with good results in cases of eczema and acne. Dr. Clarke states that he developed a decided case of eczema on himself while making a proving with the 2x.

Several years ago, Dr. Lehman called my attention to its value in sinus affections, and I owe him many thanks as it has been of great help to me in these conditions.

I have found it very useful for patients who have had

*Read at Montreal I. H. A., 1929.

NOTES ON GUNPOWDER

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abscessed teeth extracted. It enables them to throw off the poisons absorbed by the lacerated gums and aids in healing them. In the absence of a complete proving this remedy has to be prescribed on rather general conditions, but there are numerous cases in which there are no symptoms pointing definitely to a remedy, and *Gunpowder* fits many of these cases, especially if there is a septic tendency in them. I have generally used the 3x potency in tablet form, but I have used it as high as the 1000th with good results.

This is undoubtedly a most valuable remedy, and I would strongly advise anyone who has not tried it to get some potencies and do so. I would suggest beginning with the lower potencies, 3x and 6x. I think that the 3x has the widest range of action.

RICHMOND, VA.

Pure homœopathy does not camouflage symptoms. In curing the patient, it liberates him little by little. When one sees families which for several generations have had hare lip or cleft palate which increase in each generation, and which, thanks to proper, persevering homœopathic treatment, subsequent generations are freed from; when one attends neuropathic or tuberculous families (especially if one can treat the mother during gestation) and can point to healthy descendants having healthy children; when these chronic tendencies which have a propensity to appear in successive generations stopped from the moment when the law of similars is applied; when one looks through the statistics, hears the stories of patients or the case reports of homœopathic doctors who, from father to son, have handled generations of the same family, *then* indeed one penetrates the privilege of liberation, and the renovation possible to the race by the aid of a therapeutic based on a veritable natural law. And the public, like the doctors, can never feel gratitude enough for this unique method.—PIERRE SCHMIDT, M. D., *Transactions of I. H. A.*, 1925.

POINTERS*

I am afraid of the 1M potency of *Phosphorus* as it gives terrific aggravation. The mental state of a patient should be quieted after a remedy. In my hands *Phos.* 1M produces an unfavorable excitement.—C. M. BOGER.

Pulsatilla has puffiness over the eyes as well as *Kali carb.*—C. M. BOGER.

If *Phos.* doesn't hold, study *Kali phos.* or *Calc. Phos.*—C. M. BOGER.

Birth marks are due to the syphilitic miasm. I have best results with *Calc. fl.*, *Fl. ac.*, and *Thu.*—J. W. WAFFENSMITH.

Calendula contains organic iodine.—G. B. STEARNS.

Hepar sulph. is invaluable in corneal ulcers.—G. B. STEARNS.

Ear discharges usually yield to one of the following five remedies: *Puls.*, *Ferr. phos.*, *Merc.*, *Hep.*, *Sil.*—G. B. STEARNS.

Potassium is radio-active. The potassium salts are diggers. They are much deeper acting than the natrum salts.—C. M. BOGER.

Syphilitic heart disease has responded to *Malic acid.*—A. H. GRIMMER.

In evaluating the symptoms of any case before repertorizing start with something *certain.*—A. H. GRIMMER.

Study *Naphthalene* in whooping cough.—H. S. WEAVER.

Medorrhinum is my most useful remedy in the vomiting of pregnancy.—C. M. BOGER.

Most keynote are representative of a general in a case, which explains their importance.—A. H. GRIMMER.

Vipera has marked aggravation, letting the affected limb hang down.—H. A. ROBERTS.

Allium cepa has other uses than coryza, i. e., run-arounds with pain up the arm, nerve pain in amputated stumps, and places on the feet where the skin has been rubbed off by shoes.—G. B. STEARNS.

Don't forget *Tabacum* in angina pectoris.—C. M. BOGER.

When *Sulph.* cannot be repeated study *Sulph. iod.*—J. W. KRICHBAUM.

Puls. will empty the majority of pus tubes.—C. M. BOGER.

In angina pectoris with great anxiety think of *Aconitum ferox.*—C. M. BOGER.

Iodum has power over exudates that do not clear up, although it is dry as a board in the stages of consolidation.—G. B. STEARNS.

Veratrum viride is often neglected in renal colic.—C. M. BOGER.

When there is marked trembling of the lower jaw in pneumonia think of *Sulphur.*—G. B. STEARNS.

If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the remedy has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure.* This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act *as long as the improvement of the patient continues*, were it even far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care, will be the most successful homœopathic practitioner. A new remedy should only be given when the other symptoms which had disappeared for a time, begin to disappear again, and show a tendency to remain or to increase in intensity. Experience is the only arbiter in these matters, and, in my own long and extensive practice, it has already decided beyond the shadow of a doubt.

Generally speaking, antipsoric remedies act the longer in chronic diseases, the more inveterate these diseases are; and *vice versa.*—SAMUEL HAHNEMANN.

EDITORIAL

POST-GRADUATE COLLEGE—1929

Several times the writer of this report has pleaded for greater support among the profession of the Post-Graduate College of the American Foundation for Homœopathy. This plea was first, and still is, primarily of a financial nature, but he now adds to it support in the way of students. The college has not suffered for want of them but those who have taught feel that more could be taken care of. As has been said before there is no place in the United States where only pure homœopathy is being taught with the exception of this college. This year is no exception. A few remarks will suffice to let those with either a passing acquaintance or none at all know what this college is accomplishing, is endeavoring to accomplish and hopes to do if it can have the support it so justly deserves.

The session was held, as last year, in Boston. The writer was present for the first three weeks. The term ended August 10th. The location and the living conditions were the same as last year. The weather was very cool and the few hot days were hardly noticed as both the college and Stuart Club are admirably located. It was these locations that made the Foundation so anxious to acquire them for the 1929 term. The student body is in close association with the faculty, giving them plenty of opportunity to absorb outside of the classroom. So much for location and living conditions.

The class this year had a somewhat international aspect as we had a student from Sweden and one from Jugo-Slavia. One student came from as far west as Kansas. All were hard and earnest workers and all present made the fur fly. Several students were "repeaters" so one can see that something has been accomplished in the past or there would be no incentive to return. One student from across the water who had his degree from one of the homœopathic undergraduate colleges here was much impressed by the fact that there was still true homœopathy in the States and that it was being taught. The seeds sown by the faculty fell on fertile soil.

Again several of the leading members of the profession generously gave of their time to aid in teaching. Drs. C. M. Boger, Guy Beckley Stearns and A. H. Grimmer stayed the longest. Dr. Grimmer made his debut at this particular college but not at teaching for he soon showed us that he had stood at the rostrum before. To estimate these men is impossible as all are unequalled in their respective ways. The students received instruction in both Kent and Boenninghausen methods of doing things. Others who gave us the benefit of their knowledge were Drs. Hayes, Waffensmith, Underhill, Jr., and Woodbury. Dr. Roberts, chairman of the Board of Trustees of the Foundation, opened this eighth session and returned to give a very instructive and interesting lecture on *Lachesis*. With his numerous executive duties he was not present as much as we would like to have had him. Dr. Woodbury acted as Librarian, and well he may, for it is difficult to mention a homœopathic work that he is not acquainted with. Dr. Wright was teacher, executive and student in one and rounded out her task with her usual ability, an attribute that needs no explanation to readers of *The Recorder*. The writer also appeared on the scene several times, but as he cannot see himself as "ithers" see him, suffice it to say, he appeared.

The courses as announced were given. Through the efforts of Drs. Wright and Woodbury clinical material was far from lacking. Right here I want to emphasize that the college does one thing, and I do not know where else it is done, and that is it correlates all the courses it gives in the clinical side, something not true of many educational institutions anywhere else. Each case was carefully taken, then thoroughly discussed by everybody and the remedy found both by Boger's method (a modification of Boenninghausen) and Kent's. Students were shown how the same remedy was arrived at by seemingly diametrically opposed methods. Before final decision the *Materia Medica* was consulted and the few remedies found by the *Repertories* were carefully differentiated by reading to the students. The beauty of all this was that everybody learned something, the onus not falling on the students alone. Where else is there such opportunity to learn?

Another thing of marked importance done this year was a proving of *Hoang-Nan*. This was carried on under the instruction of Dr. Boger and many valuable symptoms were produced. A full report of this is to appear later. Research, then, is not overlooked by the college. Next year we hope to begin on the elements. If there is to be no organized activity in drug proving by the profession at large do you not think that the college is worthy of your support on this basis if on no other? Surely ignorance of our tools does not make us skilled workmen.

The library is most complete, being chiefly that of the late T. F. Allen with many other additions. One would like to stay awake twenty-four hours a day to profit by it. It will not be long until it is completely catalogued. Valuable old books out of print and unobtainable, add to its attraction. Dr. Wright is doing a mighty good job of making it accessible.

Mentioned last because it was one of the finest features of the term and one which a person could write about indefinitely was the visit at the opening of Dr. H. G. Perez of Mexico City. Being one of the foremost teachers of homœopathy in his country it was quite fitting that he should be present on such an occasion. The Foundation was highly honored and all are looking forward to seeing his address to the college in print as its depth and excellence did not permit any of us to grasp its significance at one hearing. Those who heard him in Montreal need no telling of this man's ability as a writer. He could be eulogized without end but his own works are his own eulogy. In spite of the fact he speaks no English one can readily see that he is most kind and generous, generous to give all he can to homœopathy. Would that we could have scaled the babelian barrier and plumbed the depths of his mind in person!

Nothing but a diary could report in full this first three weeks, but these high lights should serve as an inducement for wholehearted support and a pilgrimage to the 1930 session of the Post-Graduate College of the American Foundation for Homœopathy.—D. T. PULFORD, M. D.

320 Ontario Street, Toledo, Ohio.

CARRIWITCHETS

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

ANSWERS TO QUESTIONS IN JULY ISSUE.

What remedy has the abbreviation Fil. ?

—*Filix mas* (Male fern). E. WRIGHT.

What is Polygonum sag. ?

—*Polygonum sagittatum*. See Boger's *Synoptic Key*.—E. WRIGHT.

Why should Ars. be so dangerous a drug to give?

—It is of the nature of *Arsenic* to produce and to cure desperate conditions. Owing to the prevalence of allœopathic drug-ging with arsenic (Fowler's Solution, salvarsan, etc.) many people nowadays are oversensitive to arsenic. Arsenic is a violent substance. *Ars.* ranks with *Sulph.*, *Sil.*, *Phos.*, and *Lach.* as a remedy dangerous to repeat or to give in too high a potency where there is marked pathology except in the most expert hands. One of our masters says it should never be given in fully developed pneumonia except to produce euthanasia. Kent advises giving it *in extremis* in pneumonia if indicated, following it as soon as the patient begins to respond with *Sulph.* We know that it should be given in desperate carbuncle or pre-gangrenous infection, ptomaines, etc. Do not be afraid to give it but realize that it is even more of a two edged sword than most of our remedies.—E. WRIGHT.

What, briefly, is homœopathy?

Briefly, homœopathy is the art of applying the law "Similia similibus curantur" in the cure of the sick. Experience under this law has developed many necessary rules of procedure, some of the most important of which are as follows:

I. A full knowledge of remedial agents, determined by giving medicine to the healthy, and then observing and recording the results. This is called proving.

II. A full knowledge of the patient, i. e. a record of all abnor-

malities expressed in symptomatic language. This is known as case-taking.

III. The knowledge and ability to select from these drug provings the one medicine that is most similar symptomatically to the symptoms of the sick individual, and to administer that medicine in the smallest possible dose that experience dictates.

Read the *Organon* of Hahnemann and his treatise on *Chronic Diseases* as well; they point out the path and explain its mysteries.—C. L. OLDS.

—Homœopathy is a science and art of medicine differing mainly from regular medicine in its philosophic concept of disease as a protective explosion in acute instances, as a protective attempt at exteriorization in many chronic diseases, as an expression of symptoms asking for a remedy in all cases, especially the functional. Homœopathy is based on the law of similars, first recorded by Hippocrates and developed into a system of medicine by Hahnemann, which states that "likes cure likes." The fundamental proposition behind the homœopathic materia medica is that remedies should be proved in potency on healthy human beings, and the results, subjective and objective, of such proving form the drug pictures which are the first "likes." Homœopathy individualizes each case, realizing that any illness is not only so-called disease but the predisposition of the person attacked and such person's individual reaction to the so-called disease. Homœopathy, therefore, requires a case-taking which shall include the totality of the symptoms,—meaning the patient's temperament, mental state, general reactions to heat, cold, storm, food, etc., and striking peculiar symptoms as well as his pathology. The picture of the sick individual must be fitted with a proving remedy picture. This *simillimum* is then given without any other remedy in potentized form (the material quantity of the remedy being decreased and the radiant or energetic or vital property of the remedy increased by the potentization). Homœopathy knows that cure proceeds from within outward, from above downward and in reverse order of the symptoms and that when cases follow these rules of direction the remedy is truly curative; these rules are never followed by non-homœopathic remedies but by suppressive ones.—E. WRIGHT.

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Comparisons in <i>Lachesis</i> and <i>Lycopodium</i> :	

<i>Lachesis</i>	<i>Lycopodium</i>
1. Pain and soreness begin on left side of throat, which is	Pain and soreness begin on right side of throat, which is
2. Worse from hot drinks, better from cold drinks; more pain on swallowing liquids than solids.	Worse from cold drinks, especially milk, except water in some cases; better from hot drinks.
3. Throat excessively tender to external pressure.	Tongue distended, causing a silly appearance.
4. Spits large quantities of ropy mucus.	Ichorous nasal discharge in scarletina and diphtheria, beginning in right nostril.
5. Protrudes the trembling tongue with great difficulty.	Tongue is darted out and oscillates to and fro.

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Kali carb.—Pricking pains, can not lie on painful side, worse on motion and before dawn. *Kali mur.*—Swelling of the joints in acute rheumatism. *Kali sulph.*—Shifting joint pains worse at night, in a warm house, better in the open air. *Kali hidroicum*—Generally localized in the knees with soft swelling, worse at night. *Kalmia*—Wandering pains more in the chest, upper arms and lower legs, worse on falling asleep; cardiac disturbances. *Lacticum ac.*—Painful joints with intense thirst, increased appetite and glycosuria. *Lac can.*—Pains wandering from joint to joint, prostration generally worse on motion. *Ledum*—Acute attacks going from below upward, swollen but not red, worse at night and from the heat of the bed. Chronic cases show joints swollen, painful and nodular, worse from heat of the bed, better from cold. The patient puts his feet in ice water to alleviate. Soles of the feet sensitive. Headache, stretching pains in joints worse from wine; muscles feel out of place,

exudates with nodule formation. Useful in gout of the big toe. *Lithium carb.*—Heart complications. Pain in the heart on rising. Valvular lesions. Palpitation on mental excitement. Sensitiveness and redness of the small joints; inflammation of the neck of the vagina; turbid, copious urine. *Lyc.*—Moves slowly, aggravation 4-8 p. m. Tearing pains especially of elbows and shoulders. Urine clear with red sand. Pain in shoulder better from micturition. Better from open air and cold; one foot hot, other cold. *Mag. carb.*—Left shoulder and limbs, worse from walking, better from heat. *Mag. phos.*—Cramps in the extremities better from heat. *Mang.*—Rheumatism of the heels, cannot take a step. *Med.*—Blennorrhagia, painful, stiff joints. *Merc.*—Rheumatism with sweat, worse from heat of bed, parts affected œdematous and cold, darting pains worse at night and from heat of bed, from profuse sweat and lying on the right side. *Mez.*—Pains of large bones, especially the tibia, much better from intense heat. *Nux v.*—Backache, worse standing, better lying. Joints swollen not red, hands worse. *Petr.*—Pains in back worse on rising; stiffness of the neck worse moving head; sharp pains in the knees. Deformities in chronic cases. *Puls.*—Shifting pains worse from heat, better from open air; joints swollen, red; erratic, rapidly shifting joint pains. Restlessness, must move slowly. Meek character. *Phyl.*—Rheumatism of fibrous tissues such as nerve sheaths and fascia; sciatica with a sensation of contusion, the pain passing down the outside of the thigh; rheumatism in syphilitics; pain in the elbows and knees and in the periosteum. All symptoms aggravated by weather changes, especially by dampness. *Ran. b.*—Muscular rheumatism, especially of the trunk; intercostal pain; sensation as if the muscles were bruised. *Rhodo.*—Drawing pains worse at rest, in stormy, wet weather, and at night so that he cannot sleep. Formation or itching which begins in the periosteum, teeth, outside of the arm, teeth, tibia and also in the muscles and ligaments. *Rhus tox.*—Rheumatism from wet, especially if sweating, after muscular exertion. Dampness is the cause and also aggravates. Pains at the attachments of the joints and tendons; pains like dislocation, tearing, twisting, tensile, pulling, accompanied by a sensation of swelling and rigidity of the muscles. Better from motion, worse from rest and beginning motion but better on continued motion. First movement very painful. Better in bed but must move. Specially useful for the big back muscles. *Rhus rad.*—Rheumatism of the back of the head, intercostal and ulnar nerves. *Ruta*—Marked effect on periosteum with bruised feeling, must keep moving, is aggravated by dampness and cold. Affects the smaller joints. *Sabina*—Swelling of the wrist and feet. *Sang.*—Painful, rigid muscles, sharp pain in the nape of the neck and the right deltoid; cannot raise the arm; worse at night. *Spig.*—Intense, cardiac pain; palpitation violent; useful in chronic valvular disease with blowing murmur and attacks of violent palpitation. Cardiac pain to the shoulder; needle like pains through the chest. *Sticta*—Inflammatory rheumatism of the knee joints; given in time prevents exudation and chronic rheumatism. *Sulph.*—Stiff, creaking joints; burning, lancinating, stretching, tearing pains, worse in bed, at night, at rest, from cold and changes of temperature. Better by movement, by heat, except of the bed, which produces intolerable pain. The smaller joints, especially of the hands and feet, are swollen and red. Acute arthritic, gouty nodes. He uncovers himself because of the great heat. *Tart. emet.*—Pains in the shoulder with cough, oppression in the chest; nausea and vomiting. Muscular rheumatism from exertion. *Thuja*—Gonorrhœal rheumatism from a suppressed urethral infection; worse in wet weather. *Val.*—Tearing, stretching, sharp pains better from movement. Worse when the foot touches the ground. Sensation of

sprain in the lumbar region. *Ver. alb.*—Rheumatism of the left side; sharp pains worse from motion and at night; the parts are swollen; full frequent, bounding pulse; red line down the centre of the tongue. *Viola od.*—Rheumatism of the deltoid; pains in the coccyx, sacrum and femur, impossible to sit down; pains in the carpals and meta-carpals; aggravated by cold; trembling of the extremities; preference for the right side.

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RAFAEL ROMERO, M. D.
Merida, Yucatan

THE HOMŒOPATHIC RECORDER

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ADDRESS DELIVERED AT THE OPENING OF THE
POST-GRADUATE SCHOOL IN BOSTON,
MASS., JULY 1, 1929*

H. G. PEREZ, M. D.

Students and Colleagues: To the courteous invitation extended to me by Dr. Roberts, apostle and master of the doctrine of Hahnemann, I owe the great satisfaction which I experience in being present on this auspicious occasion, and in this suggestive and fascinating city which the lovers of knowledge very fittingly term the modern Athens, lying peacefully, as it were, here on the shores of the Atlantis that was separated ages ago from the eastern continent and from whence now radiate effulgent rays of light—a city representing a miraculous work of progress and the creation of intellectual giants of determination.

Brought hither by the desire to assist in more closely uniting the spiritual bonds such as should exist between the followers of the same ideal, I have not hesitated to take a part in the ceremony of today in order to be able to personally behold how the light is kindled in the understanding and how a tenacity to principles enables one to realize such wonderful works.

Although I am now ankylosed and somewhat benumbed at this stage of my life, my spirit yet retains some of that flexibility of adaptation to that which is new and some gleams of light which on occasions dissipate the penumbral shadows of my fatigued mind.

The ideal, which at all times and in all places has been capable of every sacrifice, nurtures the child as well as sustaining the aged person, the first one delighted with the toy that is after-

*Translated by R. G. Hershberger.

wards cast aside, and the other acting under the impulse of that plethora of life which upon fecundating, links together the generations or races of the world and adds to their characteristics new tendencies and inclinations.

It is indeed beautiful to contemplate the sweet obsession of youth who at the breaking of each newborn day again puts on anew the crown of their illusions, with no further thought of the deceptions and disappointments suffered; for in this manner do the youths display their sublime disdain towards all obstacles and failures, making sport of those in the first instance, and with the last ones spurring them on to greater achievements, thus renewing the task day after day until they are finally "graced with wreaths of victory."

The modern Vulcan of youth no longer has to heat his forges nor wield the hammer for the purpose of forging links; the modern school avails itself of the means of persuasion and of examples for the formation of character. Intuitive ethics have taken the place of those governed by fear of penalties; the laws written in the conscience impel one to act in an upright manner solely for the satisfaction that is experienced in complying with duty.

From my site of observer, I view with supreme pleasure the elevated pathway that leads to the heights of knowledge, and the courageous youths who with firm and steadfast steps are endeavoring to reach the Tabor of their ideals, where they will experience the transfiguration of their whole being and receive the crown of myrtles, the symbol of their spiritual and intellectual triumph.

Not only should every collective endeavor engender geniuses of material progress, but also the florescence of the spirit must needs emit those perfumed emanations which serve to substitute the mephitic miasms of concupiscence and of bastard actions. There is nothing more elevated nor dignified than the man purified by virtues and illumined by science.

Science as a cult of truth requires temples and these should be both material and spiritual: the first ones for the communion of ideas, and the second ones for the unification of all those most noble sentiments such as will unite humanity into one sole fami-

ly and make of man the ultra-created being for lighting the votive lamp of science.

Although I am extraneous to all this grandeur around me which I behold with admiration, notwithstanding I am imbued with a sense of human pride; and as a participant of intelligence and determination of will, such as constitute the two principal factors of progress, methinks that perhaps tomorrow, so to speak, we the sons of Mexico may be imbued with the same ambitions and become the producers of similar grandeur. Noble ambitions invariably serve as a stimulus to better and greater accomplishments.

I am now no longer in my flower of youth and not very attractive after the passing of years, but nevertheless I wish to blend my enthusiasm with that of you young men who constitute the splendor of the present moment and the hope of the morrow for the conquest of humanity by homœopathy, whose sole name kindles in my mind a brilliant light and in my heart all the seductive attractiveness of an ideal, such as has inspired me since the day that the light of Hahnemann first illumined my spirit.

And now—Students and Colleagues—if my words have not lulled you into a feeling of somnolency, I will proceed to outline the system of philosophy as understood by me in medicine, reserving for the critical part the substantiation of the fact that homœopathy is the existing system which is absolutely based on the principles of truth.

Philosophy is the soul of all science, the connecting link of all knowledge, and the code of all methods of teaching.

All the sciences like branches of the same trunk emanate from a common origin and tend towards the same end: the culmination of the intellects for perfecting all that has been created.

All philosophic systems contain something of truth; they are subjective aspects of the sensorium translated into language, and they are the outlines of elevated summits which according to the orientation of the observer change their profiles notwithstanding that they remain in the same place as before.

Medicine as a science of beings and of real and concrete entities, needs only to unify its extensive truths up to a point of

generalization and then methodize them conveniently. The mechanism of every science consists of a fulcrum and a lever: the first is the principle of universal truth, and the last mentioned is the intelligence in consort with the instinct that adapts the organization as an instrument according to its necessities.

All the truths which constitute systems of doctrine, are teachings of Nature, conquests of the understanding and the patrimony of humanity. If owing to their elevation and subtlety they are not clear and distinct, it is because the relativity of the phenomena is concealed beneath the modest veil of simplicity and converted into seductive abstractions.

The philosophy of medicine should be based on the object and on the finality of the selfsame science. The object of its study is man and the finality of its speculation is the preservation and restoration of health. The knowledge of the healthy man implies the idea of life, because health is but life in its greatest plenitude. But health cannot be conceived of without having notions in regard to what life is.

Life is movement, life is renovation, and it is immanent principle. It palpitates throughout the entire universe manifesting itself in the attractions and repulsions of the stars, catalyzing matter, initiating or subtilizing the sensibility or becoming the mirror wherein are reflected the generating lights of elevated concepts or of generous actions.

The force that in matter is attraction or repulsion, affinity or dissociation, in superior existences is the dynamism which forms, maintains and sustains the miracle of active life. This state of equilibrium and harmony demands organic integrity, functional adaptation, exquisite sensibility, normal psychology, and elements of renewal for continuing its evolution until the natural termination of its existence.

A simple furtive glance towards that which is realized by the plant in its activity, deciphers for us the creative and preserving potency of Nature according as its activities become perfected with the most complicated organization. Life is the result of an interchange effected between the live being and the medium.

It is the differential action of the assimilation and dissimulation such as regulates the evolution of live beings. The maintenance of life represents a great supply of energy as generated by the foods eaten.

Between the organic and the organized molecule, there exists a suspension bridge of unknown dimensions which leads us to confuse the limits of the one and other territory. The micellæ and the colloidal substances are the cables of that bridge which links inert matter with live matter. The protoplasm is a colloidal mass of scant stability that comes from the dissociation of matter which supplies an overflowing amount of energy.

Under the action of catalytic phenomena, the organization of vegetable forms is effected with all regularity, precision and facility. It does not require any high tension furnaces nor complicated manipulations, as the solar rays suffice for the chlorophyll to produce sugars, cellulose, hydrates of carbon, etc., etc. The polarization of the simple formula of the formic aldehyde produces such a large variety of products that it would be tedious to enumerate them all.

The creative, preserving and renovating potency of Nature is fecund and inexhaustible. By observing how these phenomena are realized, the deduction is made that: it employs the most simple means and methods for the purpose of attaining its ends, that it utilizes the least possible quantity of matter without leaving any residue, that within a very short time its yield is a maximum one, that its products are invariable in each plant and it elaborates them in the simplest manner. With this equipment perfected by the sensibility, it labors for the preservation of animals and men.

The vital processes called the morbid ones are the movements of reaction or of regression with which the organism resists all aggressions or organic modifications. All of these instinctive movements as displayed by the organism evidence the fact that synthesized Nature in an organization, is the physician par excellent for the cure of diseases.

From the concept of health which is a state of equilibrium we can arrive at that of disease which is a different state but not a contrary one. The concept of disease in general is an abstrac-

tion; it is a mode of being as developed by the selfsame organism for its defense. Disease is not an enemy against which to fight. It is not a microbe nor a parasite nor a vulture that can lacerate us with its talons.

Disease is not only a collection of symptoms related to lesions, but it is the manifestation of an effort having tendencies towards effecting an organic reintegration. A wound is not the disease, but the reactions such as the wound provokes in the organism for the purpose of realizing a *restitutio ad integrum*.

The vital process called inflammation and which could be more appropriately termed *renovation*, with its cortege of corresponding and concomitant symptoms constitutes what we call disease. Without these reactions, without these efforts, the wound would remain intact without cicatrizing.

The concept of disease as a sum total of efforts is the truly philosophic one and is in line with our therapeutics that tend in the same direction as the symptoms for the purpose of uniting the natural effort of the organism to that of the medicament which acts in the same direction. Hahnemann says in the preface to his *Organon*: "The healing of disease can only take place by means of the vital force whose reaction added to that of the appropriate medicament effects a rapid, mild and certain cure in proportion as the energy displayed by the organism is greater."

Physiology with its functional determinism has suggested the idea of the morbid species, for to every organic alteration there corresponds a functional perturbation, and to the alteration or reiterated function there corresponds a somatic modification.

Every morbid state can be reduced to two phenomena: those of *æsthesia* which arouse and regulate the reaction or regression; and those of *kinæsthesia* which produce the actuation of the organism. The reaction and the actuation run a cycle whose extension and modality depend on the organ or tissue. These efforts measured with instinctive precision, constitute the disease.

The concept of health as the center of gravity and the unit of comparison, and that of disease as a sum total of efforts, lead us to the therapeutics of the *similia*—that is, to act in the same direction as the efforts of the organism that defends itself.

Hippocrates perceived—though faintly—and even enunciated in aphoristic form this concept of the *natura morborum medicatrix*; but he was unable to give it effectiveness, due to the fact that he was unaware of the elements with which to promote that effectiveness.

To Hahnemann was reserved the glory as well as the satisfaction of having discovered these means and becoming familiar with the effects of the medicaments on the healthy individual. The experiments made on healthy persons through the agency of the medicaments constituted the key to his great discovery.

Homœopathy has thousands of medicaments that produce or are capable of producing millions of symptoms such as are similar to those manifested by an organ in its multiple variations. In some cases and only when no *similia* now exists, that is, when the patient is beyond all hope of recovery, that is the time when our acology shows its deficiency and when no pathogenesis can be molded to the symptoms of the patient.

When the action of the medicament is in direct line with the symptoms of the patient, then homœopathy is being practiced; when its action is an inverse one, then antipathy is being practiced; and when it acts in a different direction, that is, when no relation exists between the symptoms of the patient and those of the medicament, it is then allœopathy.

The law of therapeutics should consist in a relation existing between the symptoms of the sick person and those of the medicament, and this relation has to be one of analogy because we are going to actuate in the same direction as is done by the organism. The relation must not be in an inverse sense, because this would take from the organism a part of its effort; this would be like disarming it and impeding its labor of reintegration or renovation. Now, if action is effected in a different direction—that is, if there is no relation existing between the symptoms of the patient and those of the medicament, then the whole thing is illusory, provided that this action does not affect the organism in any way.

Every indication that deviates from the principles of truth has two regressive tendencies: the *empiric* or the *eclectic*. The empiricism which illustrates the idea of a blind man guided sole-

ly by his staff, stumbles and feels its way likewise in order not to fall, and then strikes out wildly, right and left, and succeeds in injuring those whom it desires to benefit. The eclecticism that chooses the doctrines it considers best from the various or diverse systems of thought, reminds us of the *risum teneatis* of Horace who in his *Poetic Art* criticizes the poetaster who joins the head of a beautiful woman to the neck of a swan, having two stars for eyes, and with lips of coral, the whole of which results in a ridiculous monstrosity. Likewise in medicine, when a physician constitutes himself as a self-appointed judge of Israel and chooses a little here and a little there of that which perforce must be the best in his opinion, this is to arrogate superiority and construct a veritable monstrosity with dissimilar elements. True science is based on that unity such as harmonizes and forms a whole.

Homœopathy as a true science has and prides itself on having a unity of principles, principles that are self-evident ones and which uniform our methods and guide our actions. This unification, an unequivocal sign of the possession of the truth, has existed in homœopathy from the date of its founding. The Master, since the time that he consecrated in his *Organon* the truth of his doctrine, not only unified principles but even the lexicon of homœopathy. The formulas of our medicaments, like chemical formulas, are expressed in Latin, the universal language, the tongue most alive though dead to the man in the street, because there is not a single science that has not made use of its lexicon for the purpose of expressing with all exactness the meaning of that which it desires to transmit to the world. We homœopaths understand each other wherever we may be. Our signs and formulas are understood alike by the Chinese and the European, the Malayan and the African. Wherever homœopathy has gone, it has carried with it new ideals, a special language, division tables and innocuous vehicles with which to administer the Eucharist of the medicament for the salvation of the sick.

Up to here we have treated of the physiology of the sick without having made mention of the most culminating part of their being. Man not only vegetates and feels, but he carries within himself besides that dynamism that organizes and that

exquisite hyperæsthesia that awakens in the sensorium the modalities of perception, a brilliant torch grasped by a firm and steady arm at the apex of his being. The first one is the understanding and the last one is the determination of the will. These two factors which conform his spirit are light and motive power that from the summit of his being, command and ordain, organize and execute. To actuate on the same vertex of that triangle which forms the human compound, is to find and to grasp the universal key that will provide us with the pabulum for every combustion, dynamism for the vitality, light for the guidance of our activities, and firmness with which to dominate through the agency of the will.

To actuate on the vital dynamism in the same manner, to actuate on the conscious states for directing the physiological movement, is and will ever be, the ideal of true medicine which has to act in the same direction and manner as the thing actuated. Our dynamism is added to another, the material and the spiritual, in order to promote health and equanimity.

Medicine as a science is a collection of truths experimentally acquired and theoretically set forth in the form of a doctrine. From this rational knowledge of realities as related to their causes, of concrete realities as experimented and substantiated, there have been deduced relations and laws which in view of their concomitance and coexistence have led to sure and constant results such as prove the truth of it all.

The truth in medicine has to consist in the relation of conformity existing between the enunciation of a principle and the result of its application.

Certitude admits of no different stages; it is an adhesion of the spirit to what is real by means of indissoluble ties of what is evident, that is, of what is seen and of what is felt.

On this evidence medicine should be established.

This certitude is possessed by homœopathy.

True medicine copies from the book of Nature its teachings and follows in the direction of its tendencies. If there existed no analogy between the perturbations of the affected organ and the action of the medicament, how is it to be conceived that the medicament could act on such organ?

I am now going to refer to that which is so truly disconcerting in connection with homœopathy: the infinitesimal doses. These which at the beginning were the objects of sneers and sarcasm, now continue being converted into realities in the world of positive science; they are no longer considered as representing the fantasies and delirium of the heated imagination, but manifestations of something effective that had escaped the investigation of savants, and it was the great Hahnemann to whom was left the honor of becoming the initiator of this mystery such as even the ultra-microscope has barely been able to reveal to us. The micellæ, the emanations, the ions, the electrons, etc., are nothing more than revelations of an infinitely small world that is much more wonderful than the gigantic one of the Infinite with its innumerable stars suspended in the immensity of space.

The exquisite sensibility of the organism to the diseased state constitutes the basis for the application of the infinitesimal doses which act not as the consequence of the matter contained therein, but owing to the dynamism they are capable of arousing and which convert matter into the colloidal state or into that of dissociation. The organism does not require any elements with which to recuperate its integrity, for it already carries within itself all the necessary ones, and the deficient elements are supplied to it through the food eaten. What the organism which defends itself or labors for the maintenance of its integrity or equilibrium needs, is a stimulus, a mild excitant or an inhibitor of its activities, in order to conduct them along the same lines in the same direction as its instinctive efforts. The ethereal substance, or say the plasma of all matter is all that which according to scholastic philosophers was capable of acquiring form. This should not be confounded with geometric limitation but with the capacity for arriving at a definition of essence. Matter in order to enter again into the organization must begin by acquiring that plasmatic adaptation which equals the element that it is going to substitute or renovate. Therefore, it should previously be diluted, dynamized, become like unto the clay which in the hands of the sculptor facilitates his forming a Venus of Milo or a Moses of Michael Angelo. The subtlety of our conceptions in regard to doses are not infecund abstractions; they are concrete

realities which are slowly becoming known to us according as the discoveries of the invisible world are exhibited before the astonished gaze of observers. Those who laugh at or ridicule our doses become dumbfounded upon witnessing the effect of the colloidal substances that shake the organism with such energy as to render them capable of fulminating it. This signifies that in the world of human economy, there exist hidden forces that escape all observation, but which by the deductive method lead us to their acquisition. If from this plane we pass on to the psychic plane, here we find that the action of thought is more suggestive and which regulates, transforms, deforms and even destroys that which the organization has formed anew with lentitude and multiplied efforts. If the organism is capable of creating, it is much easier for it to destroy. Man requires multiple elements and strength in order to construct, but one sole *force* suffices for him to be able to destroy at a given moment. What is strange about the organism that forms anew a tumor and destroys it as soon as the plastic power has disappeared? If the action of slow evaporation is capable of constructing stalactites and stalagmites, a simple ray of the sun can destroy in a very short time that which it has taken centuries to form. The calcareous salts of these concretions are the same ones which are capable of causing the disappearance of fibroid or scirrhus tumors.

The understanding and the will as progenitors of progress, also serve likewise for the preservation and cure of diseases.

Suggestion as a therapeutic means is unquestionable. The oriental fakirs owe to this potency the miracles of which they boast. The halo or nimbus surrounding the heads of the saints is the radiation of their spiritual potency that overflows and renders them capable of performing miracles; it is the actinic ray derived from the intelligence and from the will, always ready to command and impress themselves with irresistible force. The suggestive potency is such that when it is collective it is capable of producing the most wonderful manifestations. The thaumaturgi owe their power not so much to their inflexible will, but to the dominion that they have been able to exercise among the credulous multitudes. The day that we become able to exercise an influence over the organism by means of sole suggestion and

without the necessity of material medicine, that day we will have arrived at the divinization of the miracle which is nothing but the manifestation of our ignorance.

Every tendency of the philosophy of a science should be towards the unification of methods by means of principles. Homœopathy has achieved this unification. The philosophy of homœopathy is based, as has been said before, on the conception of the same object of its study and on the finality of same.

By synthesizing we can define its philosophy according to the following considerations: a knowledge of the healthy man that implies the concept of life; a knowledge of the diseased state which is the manifestation of an integrating effort, that is, in organized matter, the animality and the spirit which tend towards returning to their natural equilibrium. This effort is the true concept of disease.

Health and disease as a factor of those oscillations which constitute the life that undergoes evolution, induce us to determine the means with which to assist the organism in its curative efforts. These efforts not only are curative ones, but are preservers of that state of equilibrium whose oscillations, owing to their tenuity, are barely perceptible, for at all hours and at every moment during life, the vital processes kindle their fires, accumulate materials, construct and destroy tissues, renew, substitute and eliminate; and thus confirming the Hindu dogma of transmutation, attributed to the creator, preserver and destroyer of that which is, has been, and will be throughout all eternity and space.

Homœopathy is the most famous monument of the centuries. To induction it owes the material of its work, and to deduction the complement of its coronation as a labor of redemption and progress.

It is now high time to suggest the most simple means for operating in the organism without inflicting wounds nor overwhelming it with the mass of medicaments which, like heavy coats of mail, instead of protecting it overburden it with their weight. It is now time for the kingdom of the spirit to humanize men and rescue them from the quagmire of matter that is suffocating them. The divine Galilean by means of the simple lay-

ing on of His hands healed the sick and raised the dead. This power that was a miracle, can be exercised by science. Our ignorance is converted into wonderment, and our weakness into prayer, when the causes and the effects of the natural phenomena are unknown.

Light, much light—as the Teuton poet exclaimed upon the extinguishment of that life light which had enabled him to illumine the world with brilliant scintillations and produce states of spiritual ecstasy, the patrimony of the inspired—is what we are most in need of.

And thus it was necessary also for a Teuton to become a great man who would steal the fire from the heavens, and fan it into a flame, with which to illumine the world again and heat the homes with the sweet hope of health converted into well-being.

Brethren of an ideal, the most noble ideal of mercy which divinizes man here on earth, let us carry light and consolation to those who suffer. This apostleship is one of supreme satisfaction; it is the most estimable guerdon and the most imperishable crown for him who devotes himself to a labor of love, diffuses truth and leaves as the mark of his passage, the happiness that is born of health.

Glory to Hahnemann whose spirit floating among us sheds light above and around us, exalts our beings and engenders in our hearts the noblest sentiments.

MEXICO CITY.

Homœopathy continues to fit the different phases of disease. There is no greater evidence of the correctness of homœopathy than the fact that approaching it from different mental angles, we always get the same result. That is one of the fundamental truths of homœopathy and one which the allopaths have not been able to overcome. Their ideas in treatment change in a few hours, a few days, a few months, a few years. Homœopathy has appealed so universally that every type of mind can reason toward the focus from his own angle. That is a very conclusive argument and one which is very hard to combat.—C. M. BOGER, in I. H. A. discussion, 1929.

CADMIUM CURES OF CANCER*

A. H. GRIMMER, M. D.

The curing of cancer cases by homœopathic remedies is nothing new or strange. Our literature is replete with many reported cures of more or less authentic and definite cancer conditions. In fact homœopathy offers the only real therapeutic hope in the world today against this dreadful scourge.

Outside of homœopathy, the only real advance and the only helpful measure that has proven useful in the cancer fight, is that of diet. Dietary measures are as important as the selection of the indicated remedy, for unless the correct dietary rules are followed, your homœopathic remedy will fail to permanently cure in the majority of cases. On the other hand correct diet alone is not sufficient to eradicate the inherited soil that engenders and sustains cancer. For anything like uniform success one must combine the selection of the homœopathic remedy, with a diet of fruits, vegetables, cereals and nuts and, later on, when improvement has reached a high point, dairy products in moderation may be allowed.

While it is true that any deep acting constitutional remedy may prove curative in a given case of cancer, we have in the cadmium salts our most valuable unit against the condition now recognized as carcinosis or carcinoma (late stage).

The pathogenesis of *Cadmium sulph.* has all the weakness and all the blood changes that correspond to a late cancer condition; besides practically all the particular conditions, from skin ulcers, that resist the normal healing tendencies, to breast and uterine tumors, together with the severe stomach ulcerations that readily take on blood changes of a malignant nature. It is in the late cases where symptoms are masked by drastic drugging and by pathology, the end results of disease, that a knowledge of the cadmium salts is helpful. These patients should have been cured years ago when their symptoms would have guided to the needed remedy or remedies which would have prevented the ultimates of cancer. Homœopathy in the hands of real prescribers will so change the life forces of the body or the constitutional

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state that cancer and tuberculosis will not grow or develop because of the healthful soil conditions that result from careful and really scientific prescribing. The dismal failure of surgery, x-ray and radium as curative agents in cancer, renders any proven measure more acceptable to a waiting world, for victims from the cancer scourge are constantly increasing, and allœopathic medicine acknowledges its inability to cope with the situation.

The actual causes of cancer are obscured in a maize of uncertainty and ignorance. Allœopathy does not know, but it has proven a few interesting things that may be helpful in the future. Dr. Maude Sly of Chicago has proven the inherited soil theory of cancer in rats. She has bred cancer in and out of various rat families by selection and mating, and thereby has confirmed what the masters of homœopathy have so long announced and contended. Dr. Crile of Cleveland, and others have demonstrated that the cancer cell has lost its normal bi-polar electrical nature and taken on a positive state, with a resulting change in the nucleus of the cell. Electronic physicians have gone farther. They have proven that not only has a change taken place in the polarity, chemistry and histology of the affected cells, but that every drop of blood in the organism shows a corresponding change, at least in polarity, if not in chemistry and histology. Before any chemical changes take place in the body (not the test tube) there is a change in polarity; and chemical changes precede histologic or pathologic changes. All disease cause and departure from health is found in this fundamental change of polarity. It is the *modus operandi*, at least of the changes of state of health to disease and *vice versa*.

Our remedies, especially in potency, are catalists that change body forces and body states, enabling normal function to be restored when broken, and perpetuating in an orderly way all the necessary reactions in the human organism to maintain life and health. The seed and the embryo contain all the necessary chemical elements in their proper proportion for the growth, development and repair of the organism, only needing the necessary food replenishment to maintain life through its allotted cycle. Hence true medicines are only catalytic in nature, they do not enter into the body cells combined with other elements, but

their presence may be necessary, to bring about the normal combinations of chemicals always present in the blood stream for life's activities. All chemical change in the body is destructive, all vital change constructive. Absorption and nutrition are vital, the chemistry has been expended in digestion and elimination. These few facts are mentioned in order that we may know how and why the homœopathic remedy acts so powerfully and positively as a curative agent against the changes found in the body cells in the condition called cancer. If we know the order in which disease develops, we can know the order in which remedies act to correct abnormal changes in the organism. When we know these things our faith is sustained by absolute knowledge.

In the past four years I have treated two hundred and twenty-five cases of proven cancer, of various forms and in all stages of the disease. At this time one hundred and seventy-five are still living, many of them entirely well and free of all cancer symptoms. Only one of this group now living, shows indications of an early demise. All of these who failed to respond to the homœopathic treatment had been treated surgically or with x-ray and radium in material doses. My records show one case of late intestinal and splenic cancer in an old lady sixty-three years old, who lived five years in comparative comfort, and only recently died at sixty-eight, from weakness and exhaustion, entirely free of pain. In the last two years since my study and application of the cadmium salts my losses have been greatly reduced. I believe that any advanced case of carcinoma will need *Cadmium* in some form, dependent on the symptoms of the individual, before a cure can be effected.

Other remedies are sometimes needed after *Cadmium* to complement and complete the cure. Sometimes other remedies must precede the use of *Cadmium*. I frequently find cancer of the liver yielding to *Calc. ars.* in every way but the tendency to relapse, when frequently a single dose of *Cadmium* in high potency will render the cure permanent. In the early stages of cancer, especially of the skin, when many guiding therapeutic symptoms still are present, any one of our deep constitutional remedies may be sufficient to cure. Our literature abounds in reports of hundreds of beautiful cures.

I believe a study of the cadmium salts and their use early in every case, on strictly homœopathic lines, will enable the homœopathic physician to make many more cures of cancer than are being made at the present time.

Any case of cancer complicated by a weak heart or diseased kidneys can hardly get well, because the reaction to the curative remedy will kill such a patient in a comparatively short time.

I submit, briefly, the records of a few cases to illustrate the action of *Cadmium* on cancer conditions.

CASE 1—Mrs. J. W., age 63.

May 6, 1926. This case was diagnosed first, as one of gallstones, and operation was advised by an old school man. She was jaundiced and anæmic and had lost weight rapidly. The liver was enlarged and plainly nodular. *Calc. ars.* 45M was given with immediate and marked benefit, which continued until June 12, 1926, when *Calc. ars.* was repeated with improvement. This continued until Oct. 7, 1926, when a slight return of jaundice and liver pain was noted. *Calc. ars.* CM was given with complete subsidence of all symptoms. This lasted until April 29, 1927, when a severe bronchial cold called for *Carb. ac.*, 10M, which cleared up promptly and left the patient well until Feb. 4, 1928. Symptoms of much intestinal gas then annoyed the patient. *Carbo veg.* 10M was given with relief until March 8, 1928, when the old liver symptoms accompanied by nausea and weakness, with extreme coldness and aggravation from exertion demanded. *Cad. sulph.*, which was given in 45M potency. The patient has had no more medicine since and remains in perfect health and comfort.

CASE 2—Mrs. V., age 52.

June 8th, 1927. Five months prior to this date, this woman was in robust health, weighing 168 pounds. She was now reduced to 80 pounds, more than half her body had gone, in a very short time. She was jaundiced and cachectic; spots of ecchymosis covered her limbs; she was in a constant tremor; her heart was weak and irregular in action; she could not take the slightest bit of food or drink without soon vomiting it. She had a small vascular

goitre. Her liver was enlarged and nodular, and a distinct mass, indurated and tender, was palpable in the epigastric region.

At this time *Plb. iod.* 10M was given and the patient put on a diet of diluted apple juice, an ounce every two hours. There was a steady slight gain in strength and ability to retain fluids until July 11, 1927, when there was a return of the nausea and vomiting of tough, stringy, blood-streaked mucus. *Kali bich.* 10M was given for this with no relief and on July 13, 1927 the patient was weaker, with sinking sensation at the epigastrium; cold sweats, and vomiting even of a teaspoonful of water. At this low ebb-tide of life forces, *Cad. phos.* 30 potency was given, with a slow, but steady uninterrupted gain of strength and a gradual decrease of all alarming symptoms, so that after a few days a little strained vegetable broth was added to the apple and pear juices as nourishment. The gain was maintained with no further medication until Jan. 7, 1928, when symptoms of nausea returned. The patient now weighed 100 pounds and was living on a soft diet of fruits and vegetables with a little cereal and cream. The second dose of *Cad. phos.* 30 was given now. From this time on the patient gained rapidly in weight and strength. Whole-wheat bread and butter and cheese were added to her diet. No more medicine was given this patient until September, 1928, when a third dose of *Cad. phos.* 10M was administered. She now weighed 130 pounds, her strength and color had returned, her liver was normal in size and the abdominal mass was gone. At this date this patient remains vigorously well, attends to all her duties, administering to the needs of a large family. She has almost regained her complete body weight, now 160 pounds, and looks more like a woman of 40 than the 54 years she is.

CASE 3—Mr. B. R. C., age 42.

September 8, 1928. This man, two years prior to this date had gone through a six months' siege with duodenal ulcers, which had not entirely healed, as the patient was in more or less distress with inability to gain in weight or strength. Two days prior to the above date the patient had played harder at tennis than usual, and had eaten a rather hearty meal; that night he was awakened with severe epigastric pains which soon was followed

by vomiting of food with some blood. He was given *Cad. iod.* 10M, put on the usual diet of liquid fruit and vegetable juices, and improved for about ten days, when suddenly a severe intestinal hæmorrhage ensued. *Ham.* 10M was given with only a short lasting relief, followed by *Arnica* 10M, because of an extensive body soreness; still no relief. Recurrent hæmorrhage persisted and not even water could be taken by mouth without producing bloody vomiting and an increase of intestinal hæmorrhage. This was Sept. 25, 1928. *Calendula* 30 potency was given and all food stopped, nutrition being maintained by enemas of glucose. There was complete cessation of hæmorrhage for twenty-one days, and an abdominal mass in the hepatic region began to recede. At this time, October 16, 1928, an attempt at nourishment by mouth provoked vomiting and a slight hæmorrhage. *Calendula* 50M was given with complete relief and the ability of the patient to take a little liquid nourishment by mouth without nausea or emesis. Nov. 3, 1928, *Cadmium* 10M was given. There was steady gain with immediate and permanent improvement in every way. This man now weighs 189 pounds, eats everything, contrary to orders, and is in better health than ever before in his life.

CASE 4—Mr. B., age 58.

Sept. 21, 1928. This patient was reduced from 210 pounds to 145 pounds, was of bad color, extremely weak, with severe burning pains radiating from liver over the abdomen. His liver almost filled the abdominal cavity and was notched and nodular. He had been a heavy drinker and a recent attack of "flu" had added to his weakness and misery. At this date *Calc. ars.* 45M was given with steady gain on a diet of fruits and vegetables. *Calc. ars.* was repeated Nov. 10, 1928, followed by steady gain in strength and weight and a relief of symptoms. Dec. 15, 1928, *Calc. ars.* CM was given. There was not the response to this prescription that followed the preceding ones and on Jan. 7, 1929, because of the burning pains, weakness and nausea, with chilliness and aggravation from exertion, *Cad. sulph.* 45M was given with wonderful relief and a gain that has been maintained to this day. The liver is almost normal in size and feel; the man now

weighs 195 pounds and is deeply grateful for his release from the grave as he terms it.

CASE 5—Mrs. S., age 48.

Sept. 15, 1928. This woman has had digestive troubles for years. X-ray diagnosed probable malignancy of the duodenum. *Cad. sulph.* 50M, two doses, two months apart, cured all symptoms and x-ray now shows normal intestines. The patient has gained in weight, strength and color.

CASE 6—Mrs. B., age 54.

Jan. 16, 1928. *Cad. iod.* 10M. This is a case of intestinal cancer with toxic goitre and marked cardiac disturbance. She had a quick response and steady gain in weight and strength until Aug. 14, 1928 when she overate and upset her digestion; *Cad. iod.* 10M soon righted her until Oct. 15, 1928, when a severe cold upset her. *Cad. iod.* 10M kept her well until the last report on Feb. 7, 1929, when I dismissed her cured. She remains strong and well to this day.

CASE 7—Mr. B., age 67.

Aug. 6, 1927. Splenic cancer, with weakness and the usual blood findings. *Caladium* given with slight benefit. Oct. 7, 1928, *Radium chloride* 10M. Patient became much worse, and went to another doctor, who put him in a hospital, made all the tests to confirm a certain diagnosis of cancer, and then advised a splenic operation, which was refused. On Nov. 24, 1928, I again saw the patient and gave *Cad. met.* 10M, with no more medicine to the present date. A complete metamorphosis has been wrought; the blood findings are almost normal, the spleen is reduced, and the weight, color, strength and comfort of the patient are wonderfully good for a man 69 years of age.

CASE 8—Mrs. T., age 36.

Jan. 15, 1929. Mrs. T. always had pain and swelling of the breasts with her menses. A lump in the right breast was removed a year ago, and pronounced cancer, after a microscopic examina-

tion. She is pale, emaciated, weak and cachectic. The left breast is now indurated and sore with retracted nipples, pains worse at period. *Cad. met.* 10M has been given at intervals; single doses, Jan. 15, 1929; March 19, 1929; May 22, 1929. The breast is well and the patient much improved every way.

CASE 9.

Feb. 9, 1928, I was asked to prescribe for one of our eminent surgeons for a severe protracted intestinal hæmorrhage. The patient was bled white and was very weak and feeble. He was in the late seventies and much reduced from a once very vigorous and powerful man. Three doses of *Cadmium met.*, one the 30th potency, given Feb. 9, 1929, the others of the 10M given March 12, 1928 and Oct. 1, 1928, have restored this aged benefactor to a healthy happy state, enabling him to finish his life work, in the form of a valuable medical treasure of knowledge and philosophy of healing that will aid and comfort great numbers in the future.

As a summary of these case reports, I would like to bring to your attention the fact that homœopathy in the hands of its master prescribers is the greatest and most efficient force the world has today against the scourge of cancer. Yet in spite of this fact many of our men are running after will-o'-the-wisps, that float above the quagmires of materialistic pseudo-science as panaceas for the cure of cancer. Millions are raised and spent annually for research without avail, and the governments of the world are taxing their already over burdened citizens in this same endless march, always in circles.

Like lost wanderers in the wilderness they go, without compass or guide to lead them safely to their goal; yet above them, and around them shines the light of homœopathy, like the polar star to lead the way to the goal they are so arduously seeking.

If they would but cast the blinders of prejudice from their eyes, and, like the wise men of old, follow the star to the manger of physical salvation, then, at last, the prayers and hopes of an agonizing world would be answered.

DISCUSSION.

CHAIRMAN McLAREN: I will open the discussion on Dr. Grimmer's paper. I am sure many of our members will have questions to ask Dr. Grimmer. The subject is *Cadmium* Cures of Cancer.

DR. SLOAN: I would like to ask Dr. Grimmer how he differentiates the *Iodide* or the *Cadmium sulph.* or the *Cadmium sulph.* that he uses?

DR. ROGER: The doctor brings our attention to *Cadmium*. I think it is worth while to see things through other people's eyes. He made a remark which brought very forcibly to my mind an experience of my own. We have a very expert dentist in town, above the average. He does my dentistry. In the course of his work, he noticed that my patients were mostly free from pyorrhœa, and things of that kind, and didn't have many tooth troubles, and so on. We got to talking about it one day. I said: "Doctor, why don't you use *Calendula* in your work?" He was persuaded to try it. He tells me now that he cleans out every tooth cavity and every torn gum with it. He says it controls hæmorrhages perfectly. The gums heal up much more quickly and he says he has never seen anything like it before. He has observed another thing which is entirely new to me. He tells me that the teeth treated that way don't have tartar on the lower incisors. If I didn't know the honesty of the man, I would be inclined to question that a little bit because it isn't a disease of the teeth but a disease of the nutrition of the teeth.

DR. MACFARLAN: I think there must be something in the habit of modern living that predisposes to the rapid increase of cancer, despite the fact that our statistics are much better than formerly. As far as that goes, I don't know that statistics amount to a great deal. I know in my own practice and in the practice of a great many other people, when someone dies of cancer, they seem to think it is a stigma attached to the family, and they say to the doctor: "He did have a contracted kidney, didn't he?" You say: "Yes, he did have a contracted kidney." "Well, just put that down." A doctor may be forced, more or less, to put down things that he knows are not the exact case in order not to offend a family. You put down a secondary disease, maybe, which may be contributing to the death. I don't think I have done it except in one case, that of my own aunt. She died of cancer and she had nephritis. I put down nephritis. I don't know whether I put down the secondary cause or not. I think a lot of people die of malignant diseases and the physician puts down something else just to please the family.

DR. WOODBURY: Mr. Chairman, that is rather an interesting point that Dr. Macfarlan brings out. I had a patient who had what I supposed was malignancy of the intestine. I couldn't definitely say what part of the intestine it was, but I felt sure it was carcinoma, because there was a definite growth there. The daughter noticed that I put it down as carcinoma of the intestine. She said: "Couldn't you put that down 'Death from natural causes'?" I said: "Natural causes all right, but I have to put it down the way I found it." She said: "You know sometimes people just die of old age and they call that death 'from natural causes'."

DR. UNDERHILL: Mr. Chairman, I think that death certificates are not a very reliable source of information in many cases. They are made out with two thoughts in mind: First, what makes the physician look best in the eyes of the family, and second, what will make the family feel best as far as their own standing is concerned.

In the matter of cancer, I must say that while I have had a large experience in cancer and have seen a great many cases of all types, I am not very optimistic about it. In the cases that are recovering which appear to be cancer, and every now and then there is one such, I still question whether it is not some kind of a counterfeit of cancer, because for every real thing that there is in this world there is a corresponding counterfeit. There are imita-

tion cancers which may be syphilitic in their origin. There are various forms of gumma which can closely resemble carcinoma. Some of the breast tumors which are pronounced carcinoma, upon biopsy are found to be sarcomas of one kind and another, and there is one type which does offer some real hope of cure by means of the homœopathic remedy and subsequently by means of surgery. That is the spindle-cell sarcoma. I have seen a few such recover, first using the indicated homœopathic remedy, and, after evulsion or enucleation is largely accomplished, if there is no axillary involvement, removal of the growth will then be followed by no recurrence.

PRESIDENT WILSON: I should like to ask Dr. Grimmer if he has found his *Cadmium sulph.* as effective in sarcoma as in carcinoma and whether or not there is any difference in the different forms of cancer that the *Cadmium sulph.* would cure. Let's stick to *Cadmium* anyway, and not get off too far on death certificates.

DR. WOODBURY: The other day I made the statement that I hoped some time this Association would make a very serious investigation of cancer. My standpoint was one which could, perhaps, work it backwards, by getting the symptoms of cases that had developed cancer and whether or not they were cured. Then we could collect the data on cancer, and in time we would get the pure symptomatology of free cancer and also cancer as it develops and progresses under treatment, either favorably or unfavorably.

I am very much impressed with this paper because I have been feeling around for data on homœopathy. I found that there hasn't been very much in recent years. The early journals had a good many cases that from reading looked like true cancer, but the cases that would satisfy the board of regents, so to speak, must be proven real cancer by biopsy. People are not very ready to believe electronic diagnosis, much as that seemed to promise at one time, because of the general skepticism regarding infinitesimal factors and the imponderability.

I made the suggestion to Dr. Grimmer and also to Dr. Macfarlan that in the proving classes that may be carried out this year, it might be a good idea to take up these different *Cadmium* salts and make a general country-wide proving of those—the bromides, the iodides, the phosphates, and the metallics. Why should that not be a good starting point for this year's work in connection with the very splendid paper that Dr. Grimmer has given us? I have no doubt he would be perfectly willing to supplement this paper in a year or two with further details regarding these 225 cases, of which only one, he tells us, is in intimate danger at the present time.

DR. GRIMMER: About the differentiating points of the *Cadmium* salts, we have only one real proving, *Cadmium sulph.* This is sufficiently rich in general symptoms to give us an idea of the general action of *Cadmium*.

I have to make a confession in the use of these other salts. I have used the electronic diagnosis only to prescribe the remedy. No electronic treatment was given to any of these cases that I mentioned. They were all pure homœopathic cases given under the simple remedy at long intervals, but I have selected most of these remedies by the electronic method, first of all getting the polarity of the patient and then finding the remedies in their corresponding polarities. The patient whose blood registers positive, and almost every carcinoma case does, if it is at all developed, requires some negative remedy. While other remedies do come through with the *Cadmium* salts, such as *Calcarea fluor.*, *Hydrastis*, and a few other remedies, the *Cadmium* salts come through much stronger and much more effectively, and almost invariably *Cadmium metallicum*, *Cadmium iod.*, *Cadmium phosphate* or *Cadmium sulphate*.

Those are points I would like to bring out for proving. Of course I am saving all the cured symptoms that I can. As time goes on, I am learning more and more to differentiate. For instance, I find that the *Metallicum*

is a hæmorrhagic remedy, and that frequently, unassisted by other remedies, it will stop the hæmorrhages in intestinal cancer or in ulceration cancer. *Calendula*, however, very frequently follows. *Calendula* is a complementary remedy to the *Cadmium* salts. In one case, *Calendula* cured the case.

We only have two provings. The proving of *Cadmium bromide* is a fragment which shows a brain congestion more like apoplexy than anything else.

We have quite an experience with *Cadmium sulph.* in the literature. Dr. Kent gives a wonderful description of it.

Cadmium sulph. is very rich in intestinal symptoms and in blood changes.

I was pleased to hear Dr. Boger confirm the action of *Calendula*. It is really another one of our remedies. It has been overlooked as to its depth of action. We look on *Calendula* more for superficial rulings, and things of that kind. It really corresponds to some of the deep constitutional conditions that must be closely related to cancer.

I believe, if I remember correctly, the literature records some cases of cancer cured by *Calendula*. In answer to Dr. Underhill's criticism about the question of the diagnosis, of course that is fired at us constantly. We get it all along. Any old school friend says: "Well, they made a mistake in diagnosis; they don't know what they are talking about; they didn't cure cancer; they cured some ulceration or some other minor thing; it couldn't possibly have been cancer." We have resorted, wherever we could, in these cases to x-ray, to microscopic analysis, to all the other known tests, but, after all, any man who has been in the practice of medicine ten, twenty or thirty years, knows a cancer case when he sees it, if it is at all clinically developed. You don't need any expensive laboratory test to tell you whether you have a case of cancer. You may want to differentiate between the form of cancer, or between carcinoma and sarcoma, but most of those cases the homœopathic practitioners can readily recognize, and do recognize. So I don't think the question of diagnosis need bother us very much.

In answer to the question about sarcoma, my experience with *Cadmium* is that it has not been a useful remedy in treating sarcoma. There may be some salts of *Cadmium* such as *Cadmium calcarea silica*, or *Cadmium calcarea fluorica* which may be found to be useful in this condition. By the way, *Cadmium fluor.* is a remedy that helped one case very much, a late case of cancer of the prostate. There was no question about the diagnosis. It was diagnosed by an eminent pathologist in Chicago. That man was at the point of death. I sent my assistant out to see him and get his blood. We found that he had cancer, electronically, and every other way. The doctor told me there was a big pulsating mass. I never saw this man, so I didn't report the case. He could feel this mass through the rectum and said it was undoubtedly cancer, very far advanced. He didn't think the man would live more than a few days. Nevertheless, we gave him *Cadmium fluor.* This man lived for a year, and part of the time the function of the bladder was restored. He gave up his catheter for quite a while, and then, subsequently, only used it occasionally. He left us because he wasn't satisfied with his progress. He was an old man, and had been put in much more comfort. I lost track of him after a year, but at the end of a year he was infinitely better in every way.

Regarding electronic diagnosis, I wouldn't have mentioned it had it not been brought up. It has a use, a very important use, and you can prove it. It is merely a scientific proposition. What do you do? You prove the unknown things from the known things. That is all the proof you need. We get many complaining cases that have been diagnosed from x-ray and microscopic findings. The electronic process invariably confirms those things. The electronic method of diagnosis will tell you the pre-cancer conditions before there is a microscopic finding, before any pathology can be found; it will tell you the tendency of the patient, whether he is going cancerward or not.

Syphilis and tuberculosis are the two things that precede cancer, the two things that cancer is grounded on. How do I know? First of all, take any

case of cancer and put it in the blood box and put a magnet over that blood box which takes off all other reactions, excepting one, tuberculosis, and every one of those cases show underneath the carcinosis reaction a tubercular reaction.

Another point is this: When your cancer cases are getting well and developing under the action of these deep acting curative remedies, you bring back tubercular conditions, and tubercular symptoms for a while supervene. These will practically all pass off under the antituberculosis or antisiphilitic remedy. This is the reason I make the statement that cancer is based on these things.

Of course there are many other factors, the loss of vitamins, the mineral deficiencies, the bad effects of drugs, especially coal-tar products, which have contributed their part in demineralizing the part and in opening the way for susceptibility. Cancer is the result of inherited conditions, plus bad living conditions, plus violated law. (Applause)

An increase in the strength of the single dose of the homœopathic remedy, until it produces the desired and necessary degree of the pathogenetic stimulation of life-force toward a sufficiently curative reaction, does not fulfill the desired purpose by any means, as experience also teaches us. The life-force is in this way too suddenly and too strongly attacked, so that she has no time for an even and gradual curative reaction to accommodate itself to this change, wherefore she will try to reject the excess of the remedy assaulting her like an enemy, by vomiting, diarrhœa, fever, sweat, etc., and in this way she destroys and frustrates the aim of the inconsiderate physician for the greater part or entirely. Very little or no good for the cure of the patient is thereby accomplished; on the contrary, the patient is thereby visibly enfeebled, and we dare not think of it even for a long time thereafter, to give the patient even the smallest dose of the same remedy, lest it might prove very detrimental to him.

Likewise, a number of the smallest doses given for the same purpose in rapid succession accumulate in the organism to an over-large dose, with similar evil consequences, with few and rare exceptions; the life-force is in such cases oppressed and overwhelmed, and unable in the interval between the two, though small, doses to recuperate; incapable to react in the direction toward health, she is compelled to continue passively and involuntarily the too powerful drug-disease with which she has been overburdened, similarly, as we daily perceive, from the allopathic abuse of large, heaping doses of one and the same remedy, to the lasting injury of the patient.—SAMUEL HAHNEMANN, 1833.

SULPHUR, A BLESSING TO EAST AFRICA*

E. DAVIS, M. D.

"I have found the homœopathic remedy for the Agikuyu", I joyfully announced to one of our lady missionaries who had done considerable medical work. "What is it, *Sulphur*?" she promptly responded, showing that she too had sensed the value of this polychrest, for the Africans.

A few months ago my wife, who is a trained nurse, and I were called to a maternity case at the railway station, three miles from our mission station. During the usual period of waiting I read the article on *Sulphur* in Dr. Kent's *Lectures on Homœopathic Materia Medica* and it greatly impressed me as being one of the chief remedies for the black people among whom we are working. Our hospital is located among the Agikuyu, a large Bantu tribe, but the Akamba, the Masai, the Ja-Luo, and other tribes also come to us.

Since reading Dr. Kent's article, the value of *Sulphur* has become more and more apparent to me in my medical work in this land. When one considers its origin, is it any wonder that it is so useful in many of the human ills! As *Sulphur*, in its natural source, comes from the inside outward, from below upward, is associated with heat and fire and burning, and comes out of a mixture or association of many geological formations, so this polychrest has proved useful in many internal disorders and their external manifestations, so familiar to all of us.

It seems almost superfluous to speak of a remedy so well known to this distinguished audience of such wide experience, yet it is of our best and dearest friends that we like to speak the most, and this medicine has been a friend indeed in our work here in Africa. White, brown, black, all, have felt its beneficial effects. Considering the typical *Sulphur* case, it is not easy to comprehend its prevalent use among the members of such a clean, educated, refined people as the Europeans. Whether altitude, decreased oxygen pressure with a decreased elimination of waste matter, climatic conditions, or other influences are at work to produce this state, I cannot say.

*Read before the I. H. A., Bureau of Materia Medica, June, 1929.

SULPHUR, A BLESSING TO EAST AFRICA

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If there ever was a need for a specific, granting that there is such a thing, it is right here among these black people who are not accustomed to detailing their symptoms as we homœopaths desire. We know how we have to dig and delve at times to extract from a white patient symptoms sufficient for a good drug picture. Imagine, if you can, how trying it must be to secure sufficient leading symptoms from an African. He knows relatively little about his body, its physiology and pathology, he does not understand for what we are seeking, and much of the time he is not able to make perfectly clear to us just what sensations or feelings he experiences in his body or mind. There are very few Europeans who can fully comprehend the true and finer meanings in the native languages.

To a native with a headache, it is his head alone that concerns him. Often he would look at us contemptuously or refuse to answer our questions concerning other parts of the body, and as to "generals" for which we seek, it is his head only that bothers him and for that alone does he seek relief. If not watchful, we will have the patient answering as he thinks we want him to and not giving true answers concerning his symptoms or absence of them.

In hospital patients, if not too acutely ill, I have tried giving *Placebo* for three days, for a native when sick does not like to be without his medicine for even twenty-four hours. Then his symptoms are taken each day in order to secure some that are reliable. One day a pain is in one place, the next he has another complaint, or he remembers a symptom he has not told me before. On one visit his pain is sticking, on the next it may be described as burning or cutting. After several questionings, if the patient will tell practically the same story or his symptoms are about the same on two or three occasions, then we feel that we have a surer basis for the study of his remedy.

As would naturally be expected with such a polychrest, *Sulphur* is useful in a large variety of ailments of the African people. Practically every native, especially of the tribes that eat meat to excess, and many a European, has one or more intestinal parasites and many of the symptoms produced by them are those of *Sulphur*. Tapeworm, roundworm, hookworm, amebæ of

different varieties, and others are more or less common, varying in different parts of the country. So far, I have found more confidence in the use of *Sulphur* than in the use of the other remedies I have tried.

Practically every pneumonia case that comes under my care will have *Sulphur* at some time during the course of treatment, usually at the last stage. On account of the increasing prevalence of tuberculosis among these people, I am inclined to think that much of the pneumonia is tubercular in origin or association. We all know the usefulness of *Sulphur* in tuberculosis and I find it to be the chief remedy, for the glandular as well as the pulmonary form, in tubercular peritonitis and in the bone lesions, *Phosphorus* having disappointed me many times.

Diarrhœa and dysentery are common complaints in this land; in the high altitudes it may be due to or aggravated by the chilling of the insufficiently protected abdomen when the cold air of the evening comes on after the heat of the day. We personally are living at an altitude of 7,500 feet and the nights are always cool, if not cold, even though there may be tropical heat at midday. For these troubles *Mercurius vivus* and more lately *Sulphur* have been found to be the most useful. When *Mercurius* seems indicated and does not give relief, then my inclination is to think of *Sulphur*.

In tapeworm, scabies, and eczema, in the usual absence of guiding symptoms for another remedy, *Sulphur* is practically always given, often in the 12x at first, changing to the higher potencies later. So many of our patients are not seen again or at least for so long a time that it is not easy to write at length on wonderful recoveries produced by the aid of this remedy, but we have seen sufficient to encourage us and to give us great faith in its usefulness.

I have been impressed by the action of *Sulphur* in cases of epilepsy. A native boy was brought in badly burned, so severely that his hands and feet were deformed. This was the result of falling into a fire in his hut during one of his epileptic spells. His burns healed and he left, only to be brought back again with more burns. After these healed he worked at the hospital carrying wood for the patients, and he began to have seizures again.

I secured what few symptoms there were and after careful study gave *Sulphur* 30x. As a result of treating him with this remedy for some time, all attacks stopped and I have heard of no more trouble in the past five years during which he has been working steadily for another missionary.

Recently we had another burn case in the hospital, the result of falling into the fire during an epileptic attack. Different remedies were used for various symptoms that arose and late in his stay I was led to give *Sulphur* for the first time. On the tenth day after beginning *Sulphur* 30x, though *Placebo* was given for the last two days, he had an attack, the first known during his four and a half months in the hospital. It came on at 11:30 a. m. and the only symptoms I could secure were these: he cried out, fell backward, much saliva flowed from his mouth, and he was weak afterward. I promptly gave *Sulphur* 500, a powder at night for three nights, as an antidote.

A month later I gave *Sulphur* 200 and on the second day after he had another attack. This one came on at 2 p. m. and gave these symptoms: he felt heat all over and perspired before the attack. Again he cried out when falling. He urinated during this spell. Afterward he had trembling of the limbs and felt warm.

These experiences gave me some idea of the value of *Sulphur* in that dread disease, epilepsy.

My experiences in gynæcological work, and we have a great deal of that to do, have led me to consider *Sulphur* and *Sepia*, the former leading, the chief remedies in the common complaints in that line. It is uncommon to find many leading, distinctive symptoms in this or any other class of cases, and our experience combined with a few symptoms that we have found common among these people in the remedies generally used had to be our main help in selecting the homœopathy remedy.

Sulphur has been my main remedy in removing warts. Miss C., one of our young lady missionaries, had small, rounded warts on her left palm and right ring finger, sore to the touch. She was planning to be married, so would be pleased to be rid of these blemishes. I searched for all of her symptoms and studied up the remedy on the basis of such: tendency to take cold, aver-

sion to company, aggravation from consolation, irritability, weeping tendency, sensitive, obstinate, fond of travel, desire for open air, craving sweets, meat, and cold drinks, aversion to fats, worse before menses, urticaria from sweets.

Out of my study came *Sulphur* and later out came the warts, "rolled out", as she described it. In three weeks they stopped growing, in two months they were smaller, and later they separated entirely, much to the surprise of the interested young man who had ridiculed the use of anything but external applications.

Likewise others have seen their warts disappear when *Sulphur* was used on the totality of symptoms, and I hope to remove others, for this has proved to be the best remedy in my hands.

Sulphur has proven of such signal benefit in asthmatic conditions that I practically always think of it when such a patient comes. Similarly would I speak of urethritis, though *Mercurius vivus* vies with *Sulphur* here, also some eye troubles such as temporary dimness of vision that is rather a common complaint among the natives, and chronic liver disorders.

The potencies that seem to give the best results of those in my possession are the 30x and 200, though I have used a number of different potencies. To the black people I give the remedy in frequently repeated doses for a short period, as they, in my experience, seldom react quickly, then I gradually reduce it to thrice, twice, and once a day, having them take it with hot water, to favor quick absorption, and also to get more water into the system, for a sick native drinks no water, or at the most only hot and little of that.

Experience has taught me not to expect very quick results among these black people and to some extent in all people in this land. If there is scarcely any change even in a week's time and the symptoms still seem to indicate *Sulphur*, I will continue to give it, remembering how prevalent are infestation with intestinal parasites, tuberculosis, and other dyscrasias.

The symptoms that most commonly cause me to think of *Sulphur* are the following: abdominal pain, burning or sticking, especially in the epigastrium and about the navel, usually worse

after eating; easy satiety; poor appetite; nausea after eating; abdominal distention after eating; rumbling in the abdomen; aggravation from farinaceous food; constipation; morning diarrhoea, often with tenesmus; increased frequency of urination; perspiring more easily or at night in bed, and especially in the palms of the hands; increase of saliva; thirst for cold water; cough worse at night, in bed, on turning, after eating; hot feet; burning pains anywhere; pulsations and flushes of heat; pain in the back, usually burning and common in the interscapular region; aggravation from heat, or no reaction to either heat or cold, or only a slight aggravation from cold, the first being most common; restless at night; sleepless after midnight; aggravation after midnight, or morning and evening; aggravation from lying on the back or from standing; complaints worse on the left side quite noticeably; itching, worse at night and from heat, or the result of insect bites; tongue white, yellow at the base, possibly slight imprint of the teeth, particularly with clean, red margin all around.

On account of the difficulty in securing adequate symptoms and getting a good drug picture, my aim has been to find a remedy that can generally be used in the complaints that come to our attention and with a reasonable expectation of its helping. How thankful we are that in our great remedies, *Sulphur*, *Arsenicum*, *Mercurius*, *Natrum*, *Pulsatilla*, *Silicea*, and others we have, not true specifics, but medicines that will relieve many of the ailments of the Africans.

KIJABE, KENYA COLONY, BRITISH EAST AFRICA.

Dare I confess that for many years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful and given satisfaction to my patients, and seen things which otherwise I never would have seen?—HAHNEMANN, 1797.

YE GOOD OLD SULPHUR*

D. C. MCLAREN, M. D.

Shortly after graduation, now well nigh fifty years ago, one of my first cases was an infant apparently dying of acute congestion of the lungs caused by the suppression of an eruption. A speedy and satisfactory cure was wrought by the use of *Sulphur*, and from this case two important lessons were learned: first, the fundamental nature of the truth taught by Hahnemann regarding suppression, and, second, the wonderful power of potentized *Sulphur* to restore health under such conditions. This of course applies more particularly to psoric cases. Where there has been a gonorrhœal suppression, the remedy which in my experience most certainly brings back the original discharge is *Rhus tox.*, an occasional case requiring the help of *Sulphur*. The final clean up of such cases most frequently calls for *Medorrhinum* and *Sepia*. For syphilitic suppression *Hepar sulph.*, *Nitric acid* and *Lachesis* are prominent remedies.

Lippe used to say that many old syphilitics have been so completely drenched with mercurials and iodides that nothing short of a few months at Hot Springs, Ark., would sufficiently clear the field for our remedies to have a chance to work. Unfortunately, this is seldom possible.

While on the subject of suppression, let me call attention to one of its commonest and most frequent forms, having to do with the feet, such as the painting of bunions with iodine, the removal of corns with plasters and salves and the suppression of fœtid foot sweat. The classic remedy for all such cases is *Silica*, though at times *Sulphur* is required too.

It was stated last year at Pittsburgh that, owing to habits of increasing cleanliness on the part of most of the population, there would likely be less and less call for *Sulphur* as an everyday remedy; but forty years' experience in my own section of country makes me doubt any such probability. Not so very long ago the lumber camps were notorious breeding places of scabies, with the usual handy means of suppression, and more recently large numbers of young men were infected during the Great War

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in France. Therefore it is necessary to be constantly on the lookout for past suppressions as the leading cause of many present day complaints.

Probably no patient is so easily identified by his appearance and objective symptoms as the *Sulphur* man. He is likely to be dirty and smelly; not the decent occupational smell of the wood-worker, iron worker or leather worker, but the disgusting smell of dirty clothing too long unwashed. Significantly, the *Sulphur* patient is not only dirty as to person and clothing, but he is perfectly content to remain so. He is too lazy and too indifferent to bathe, and will wear the same dirty old clothes as long as they hold together; to make matters worse, if remonstrated with, he will justify his course by sustained and clever arguments, hence he used to be called the "ragged philosopher" by the old authors. Imagine, if you can, a neat, tidy, fashionably dressed *Arsenicum* lady married to one of these dirty, untidy *Sulphur* fellows—they will have an increasingly unhappy time for a few years until forced to separate.

The *Sulphur* patient can be further identified as follows: red-edged eyelids, bright red lips, and dark rings under the eyes. In parenthesis let me add that red lips of the *meatus urinarius* in cases of suspected gonorrhœal infection strongly indicate *Sulphur*. Round-shoulderedness is a marked indication; a slouchiness of carriage, either too weak or too lazy to hold himself erect; when seated in your office he sits leaning forward with elbows on knees. An elderly woman with a chronic stoop remaining always in that posture was cured in a few months by a single administration of *Sulphur*. *Sulphur* patients are usually hungry; also hungry between meals, with that empty feeling at 11 a. m. and 5 p. m.; must have a snack or go on getting weaker until meal-time; hence we have as a marked symptom of the remedy, aggravation when hungry, or when the stomach is empty, with corresponding increase of snap and energy after eating.

The distress from ulceration is apt to be felt mostly when the stomach is empty and *vice versa*; without doubt *Sulphur* is our very best remedy for ulceration of the stomach. *Psorinum* also has aggravation when hungry, but with this marked difference, instead of getting faint and weak, the man gets cross and

ugly, scolds because dinner isn't ready. Some people regularly get that exhausted feeling in the spring, and a dose of *Sulphur* pulls them together and prevents breakdown.

An unusual form of weakness calls for *Sulphur*: he or she cannot stand, will walk a block rather than stand a minute waiting for a car; the lady can't stand long enough for the dress-maker's fitting, and of course, can't stand in church. Such people may have average health otherwise, but a little careful questioning will reveal other symptoms calling for *Sulphur*.

Even when tired and exhausted he is refreshed and feels better in the open air—air hunger is just as important an indication as ordinary food hunger. The patient often manifests this by ineffectual efforts to breathe deeply, also by long sighing inspirations. Truly he needs oxygen badly, but he needs *Sulphur* worse, for that alone will enable the system to appropriate the oxygen from the air which he is trying so earnestly to breathe. Recurrence of symptoms and conditions at more or less regular intervals is very significant of *Sulphur*, sometimes once a week, or fortnightly or monthly, or spring and fall. This, of course, spells chronicity, but along the line of acute disorders the same thing is observable and becomes a "tendency to relapse", and gives rise to many troublesome experiences. *Sulphur* helps such cases when given, not on that modality alone, but along with other indications. As well as fresh air he needs cool conditions; he can't stand heat; a little extra heat weakens the patient, he gets exhausted and sometimes faints. He is much stronger and better in the cool autumn weather. In general, *Sulphur* is worse spring and summer and better in fall and winter. While the first warm days of spring frequently call for *Bryonia*, look out for *Sulphur* too. Especially in eruptive disorders: the rash breaks out every spring and gets worse during the summer. *Psorinum* has the opposite condition of eruptions reappearing in winter; it is often required for eruptions where *Sulphur* fails, or aggravates. Old recurrent cases of ivy poisoning require both *Sulphur* and *Psorinum* to make a permanent cure.

The *Sulphur* patient is generally hungry; eats heartily and is hungry again; often eats between meals. Subject to cravings; often too fond of meat, of sweets, tea, tobacco or whiskey. Great

desire for meat; eats it two or three times a day; also many who are light meat eaters, but who must have that small portion of meat once a day, or else they get faint and weak, lose snap and energy. The *Sulphur* patient feels the benefit of the meat he eats. Many of them eat far too much, especially pork, and bring on boils, sometimes even carbuncles, and various skin eruptions. The craving for sweets is equally marked; besides gratifying the palate, these people get a certain amount of energy and stimulation from the sugar they consume. Those unfortunates who seemingly have to get drunk once in a while manifest strongly two marked indications for *Sulphur*, the periodicity and the craving. Such cases are difficult to cure for psychological reasons, but they always require *Sulphur*. Consider what it is that causes these cravings: it is nothing else but the presence of psora in the system, repeatedly burnt in by crude sulphur generation after generation, and now intensified and made more virulent by six or seven generations of vaccination. Probably the free use of the crude substance both externally and internally for hundreds of years may have caused one of its most marked characteristics, viz, burning. Hot vertex, hot feet, hot flushes, burning anywhere and everywhere, external and internal; when external, often associated with itching; which when relieved by scratching turns to burning. Burning skin eruptions often call for very close differentiation between this remedy and its analogue, *Arsenicum*, which is equally strong on the burning.

The hot feet of *Sulphur* require notice, often affording valuable confirmation when choosing a remedy. The feet are apt to be cold all day, and get too warm in bed and he wakens with his feet out, or they simply get warm enough to make him move his feet to a cool place in the sheets. While many remedies have hot feet, one in particular vies with *Sulphur*, viz, *Medorrhinum*. This patient not only gets the feet out but puts them against the wall to cool them. There are easy differential features between the two remedies. The *Medorrhinum* case needs treatment all winter and is better in summer; *Sulphur* the reverse. The *Medorrhinum* case has strong tendency to lie flat on his face; if he does not actually sleep that way, he often lies first in that position for a rest before going to sleep. In parenthesis, it is very

useful for those abdominal pains which are relieved by lying on the face. The *Sulphur* patient lies on his back, or goes to sleep on his side and wakens on his back, often with nightmare; *Sulphur* is one of our best remedies for nightmare. For rheumatism of the feet, *Medorrhinum* has pain mostly in the ball of the foot, but *Sulphur* mostly in the heels. *Medorrhinum* has a cough on falling asleep, but *Sulphur* jerks a limb or whole body on falling asleep. The *Sulphur* patient generally sleeps well and has pleasant dreams, but at the same time it is one of our best remedies for insomnia, or disturbed sleep of any kind, often turning the trick when everything else fails. When asleep the side lain on goes to sleep or gets numb, or he may be troubled with cramps in the legs.

Guernsey, in his monumental work on Obstetrics, says the new-born babe should be given a dose of *Sulphur* as soon as possible to combat the psora and give the infant a good start in life. This may not always be possible, but soon enough the youngster will show its need of *Sulphur*; in spite of the utmost cleanliness the anus and surrounding parts are apt to become chafed, red, raw and sore; the urine and fæces are acrid and excoriating; *Sulphur* cures promptly. The babe is never so happy as when his feet are bare; he keeps kicking until he gets the socks off; quite frequently dislikes being bathed, and dislikes water to drink unless it is sweetened; gets vigorously and noisily hungry half an hour before nursing time. An undernourished infant who cries all the time from hunger, chews his little fists, kicks the clothes off and objects to being washed, certainly needs *Sulphur* badly.

Warts are frequently cured by *Sulphur* when other symptoms call for the remedy. I remember a case where both forearms and hands were thickly covered with warts; they all disappeared in a few weeks after giving *Sulphur*. Local congestions such as recurrent attacks of conjunctivitis usually yield promptly to *Sulphur*. Boils which come singly or in groups, but which keep on coming, need this remedy; it hastens suppuration and puts an end to the recurrence.

Almost the first thing the student learns about *Sulphur* is the early morning diarrhœa; this occurs any time between midnight and morning and often two or three times. Painful urging drives

him out of bed, with relief after stool; after going a few times, the anus gets sore, even raw and excoriated, with more or less exhaustion.

It needs to be differentiated from two or three other remedies. First, *Podophyllum*, which is painless and profuse; *Aloes*, which is marked by a strong involuntary tendency and aggravation after food or drink; and *Natrum sulph.*, which generally waits until he gets up in the morning and moves around before going to stool.

There is a class of cases which must never have *Sulphur*, and the more definitely indicated, the more certain it is to do harm. Consumption cases may be easily hurried to a fatal termination by *Sulphur*, though I remember one case of recent severe hæmoptysis in a hitherto strong and healthy man, to whom I ventured to give *Sulphur* with the very happiest results. It is never safe to give *Sulphur* to cancer cases. They may be going along quietly, the cancer almost inactive, but a dose of *Sulphur* will cause it to flare up violently and fatally. Patients in a weakened state after cerebral apoplexy are also better without this remedy; it sometimes precipitates another stroke, this time fatal.

It remains to notice some of the relationships. *Aconite* is definitely related, meeting many acute conditions to which *Sulphur* corresponds on the chronic side. *Nux vomica* is closely allied to *Sulphur* and is nearly always followed well by it; the exception being those cases that call for *Lycopodium*, and even these may be the better of a dose of *Sulphur*, if not to complete the cure, at least to confirm it. *Sulphur* is followed well by *Calcarea*, or it might be better to put it thus: *Calcarea* acts best when the way has been prepared for it by *Sulphur*. This relationship to *Calcarea* also brings it into close touch with *Belladonna*; they act quite favorably one after the other.

OTTAWA, CANADA.

DISCUSSION.

CHAIRMAN STEVENS: These two papers are now open for discussion, and I wish to say that we will be very glad to have any of our visiting friends take part in the discussion. Dr. Elwood Davis, of Kijabe, Kenya Colony, British East Africa, took great pleasure in writing his article on *Sulphur*, and I think it gives some ideas on the use of this remedy.

PRESIDENT WILSON: Dr. Elwood Davis was a graduate of Hahnemann Medical College of Philadelphia. I knew him as a boy. I knew his father as a

minister of the Presbyterian church in Boundbrook, which is just up the river from my home town. So it is a pleasure to read Dr. Davis' paper.

SECRETARY ROBERTS: Dr. Davis is also a graduate of our Foundation School.

DR. HUTCHINSON: This magnificent paper of Dr. McLaren's refreshes us so that we forget the discomforts of the heat. I think a study of *Sulphur* by such a homœopath as Dr. McLaren is always helpful and full of suggestions. Just one item I will speak of and that is the inadvisability of giving *Sulphur* in cancer cases. I have been treating for six years a very interesting cancer case that has not been at all inconvenienced by the cancer so far as general health goes, although operation has been repeatedly advised by local physicians. The patient lives 2,000 miles away; I have never seen her. I had photographs which were very reassuring as to a cancerous, healthy patient, a lady of 84 years. She has done wonderfully well on *Quinine*, very infrequently prescribed.

As to the *Sulphur*, at one time I thought she needed it. That was a year or two ago. I can't recall just the circumstances which led me to prescribe it. I did give it, however. I sent a medium potency of 1M, probably, and it was immediately followed by discomforts. I remember some weakness and prostration. A relative who was looking after the patient and reporting to me said that she had put her grandmother to bed several days on account of the heat, and prostration probably caused by it, but it was obviously a bad effect of the *Sulphur*, from which in a few weeks she recovered.

That point brought out by Dr. McLaren was very interesting to me because I knew very little of its relation to cancer, and at once this incident came to my mind.

DR. WOODBURY: Madam Chairman, I have felt for a long time that there was one approach to the subject of cancer that was very important and I don't know of any better place to mention it than here in connection with this suggestion about *Sulphur*. I have a feeling that if we would tabulate very carefully the symptomatology of all the cases which have developed cancer under our treatment, in time we would be able to get some idea as to the pre-cancer diathesis. That, of course, has been gone into to quite an extent by men like Burnett, Clarke, and Cooper in England, and we have heard a good deal about it in connection with the various efforts that have been made toward cancer cures, cancer tonics, anti-toxins, but the fact remains that patients who are full of psora and various complex miasms do develop cancer under our homœopathic remedies. By checking up the symptoms noted in our cancer patients, unsuccessfully treated by our homœopathic remedies, it would help us to quite an extent to get the picture in our minds. Then we would be better able to find out the pre-cancerous symptoms and we might possibly prevent the development of the growth if prescribing can do it. We would observe, too, the remedies and classes of remedies which have benefited cancer.

About four years ago I spent a year studying the problem of cancer and I made some observations then that I still maintain are true; that cancer is a constitutional disease and that no homœopathic remedy has ever cured or can cure it, but I do believe that the remedy has cured and does modify the manifestations of cancer appearing in individuals who have or do develop cancer. I do not mean by that that we can cure cancer, because it is very unwise to make any such statements, but I think that some study of the kind can be undertaken by this Association. It may be very valuable.

I have tabulated in my one year's study all the case records I could find in our homœopathic literature. There is need of going into this matter still more deeply. If we could do it, we would know better the relation of *Sulphur* and all the other suggested remedies to cancer.

DR. BOGER: Madam Chairman, I wish to add that when *Sulphur* seems to have exhausted itself, which happens once in a while, *Sulph. iod.* follows wonderfully well.

DR. UNDERHILL: I think these two papers on *Sulphur* are exceptionally fine.

I want to verify the statement Dr. McLaren made in regard to *Sulphur* in cancer cases. I have seen on two occasions rather sluggish, dormant breast cancers where *Sulphur* was clearly indicated, and I have given it to my sorrow. They flared up and became rapidly fatal. I also gave *Calcarea fluorica* to my sad regret in a scirrhus type of breast cancer, where there were definitely *Calcarea fluorica* symptoms. But in a case of spindle cell sarcoma of the breast, where *Carbo. veg.* was very strongly indicated, enucleation of the mass followed the giving of the remedy and at the time of operation the entire tumor was removed, with perhaps only a small area about an inch long holding fast. There was no axillary involvement, and the patient made a perfect recovery. (Applause)

DR. GREEN: Madam Chairman, I would like to say one word about Dr. Elwood Davis, who came to our Foundation School for one of its sessions. Dr. Davis is a very earnest homœopath, but much handicapped in two ways. First, in the matter of adequate supplies at his African station, and, secondly, in having to treat, as he has told you, so many peculiar and baffling conditions. I wonder if the I. H. A. members would like to send a letter to Dr. Davis thanking him for his paper, and giving him the good wishes of the Association, with the hope that the next time he gets a furlough he will come back and study with us some more. (Applause)

SECRETARY ROBERTS: I was very much interested in Dr. Davis' article, as well as in Dr. McLaren's. There was one thing I noted, the use of *Sulphur* so constantly among the negroes of Africa. I think it is a fact that probably 95 per cent of the cases of the negro race come under three remedies—*Bryonia*, *Sulphur*, and *Sepia*. Those are the three great remedies that are usually indicated in negro people in this country, and I am glad to get his notation that it is so over there in Africa.

I was impressed with the difference between Dr. McLaren and Dr. Davis on the indication for *Sulphur* in tubercular patients, or rather the danger of it, and I think that Dr. Davis probably will learn that *Sulphur* will not fit in tubercular cases any more than in cancerous cases.

DR. ALLEN: *Sulphur* made for me one of my worst enemies and best friends. When I first located, 30 years ago, in northwestern Ohio, there was an old school man with a statewide reputation as a surgeon. There was little opportunity to do homœopathy. His set statement was that a homœopath would drop a drop of medicine in Lake Superior and go down to Niagara Falls and fill his bottle. I made up my mind that I would go to see him. He very graciously received me and introduced me to his library. He said, "I have more homœopathic books than you have," and he had. He said, "You are foolish to carry 32 remedies around with you when you only need one, and that is *Sulphur*. It records every symptom known in the ailment of human nature." I said, "What do you use *Sulphur* for?" "Autoinfection". I have been studying it ever since. It is very interesting.

DR. UNDERHILL: If I may speak once more, I think the more unevolved a race is, probably the fewer remedies are indicated. Our civilization is so complex, that really it is very difficult to work out all the remedies that would be indicated. I have often noticed that on the average the more ignorant classes are easier to prescribe for than the more intelligent ones. In the first place, the educated man or woman will come in and give you an interpretation of his or her symptoms rather than the clear, pure symptom itself. Hahnemann says, I think in his *Chronic Diseases*, "Woe unto the young physician whose practice is almost wholly among the well-to-do. Such a man is almost fore-doomed to failure."

DR. FARRINGTON: We have had some very interesting and scholarly papers. I know we all appreciate the fact that we can never learn all there is to be learned about polychrests and even old *Sulphur* that we use almost every day.

I was very much interested in Dr. Davis' paper. It was well written. When I saw the title in the program, I rather expected that he would give us just a few indications that we already knew, but it appears that he is building up for himself a new chapter in clinical medicine. Some of the things that he relates in his paper we do not know, and probably would not have an opportunity to find out. He is in a different climate; he has a different people to deal with.

I think it is true, as Dr. Underhill says, that the simpler, uncomplicated races have simpler and less complicated diseases. I can confirm that. I spent two years as intern in Kent's dispensary in Philadelphia a number of years ago. We had a great many of the negro race in our clinics and out-patient work. The other two interns happened to be from the south and hated the negroes, so I was the one who had the most to do with them. I had unusual and remarkable experiences. In the case of a young girl of sixteen who had a terrible cough and expectorated huge quantities of yellow pus, I gave *Sulphur* 55m, and it nearly killed her. Her temperature went up to 103. It seemed that she was going to cough her lungs out. The sputum became bloody and I was exceedingly alarmed, but waiting overnight was just the thing that was needed, because the symptoms subsided and that one dose of *Sulphur* cured her. She evidently had tuberculosis.

DR. DAVIS: There may be a tendency to draw the conclusion from this paper that I am giving *Sulphur* for nearly every ailment, on the basis of when in doubt or in the absence of symptoms, "give *Sulphur*".

I graduated in 1906 and arrived in Africa on the 11th of January, 1911. I have realized the possibility of getting into such a rut. During dispensary hours I have my *Repertory* on my desk by my hand all the time and use it for reference in a large majority of cases, in addition to other medical books. Hospital cases are studied far more carefully. European cases are usually carefully repertorized, particularly the first time.

So, if I seem to give *Sulphur* too generally, it is the result of considerable experience. Of course I make mistakes. I fully realize that I have too little time to give to studying which is of first importance in homœopathic materia medica.

I will here try to answer some of the questions that may arise in the minds of some. In giving a medicine frequently, I give a bottle of the medicine, corresponding to a glass of water with 10-20 drops of the remedy. The instructions are to take a teaspoonful every hour during the day, with some hot water. Or take a tablet every hour similarly. Knowing that it is seldom taken regularly every hour, I give these instructions in order to get some medicine into the patient quickly, never giving much at a time, and then noticing the effect the next time I see the patient.

Do I ever get aggravations from the frequent use of *Sulphur*? Possibly I do, itching of the skin with some papular eruption, but this is so prevalent among the natives, and they have so many fleas and lice and bedbugs in their houses and on their clothing that one is in doubt of the aggravation.

As yet I have not seen the long lasting effects of a high potency in this country. One capable observer, a missionary, said she noticed the beneficial effects of *Sulphur* for nine or ten days, then it ceased.

I feel the need of emphasizing the difficulty of securing reliable symptoms on which to base a prescription. The changing of the description of the symptoms and character of the pain may be due to changeableness in the disease, but much experience causes me to doubt it. The difficulty of the Africans in describing their symptoms minutely and their inability to understand the reasons for such details are big obstacles.

I now feel that the best thing I can do is to know *Sulphur* well and also all of its complementary remedies, as they will often be needed. I have found *Arsenicum album* needed much in our work, frequently followed by *Sulphur*.

BRONCHO-PNEUMONIA OF CHILDREN*

HERBERT A. ROBERTS, M. D.

A mother calls the doctor on the phone, asking that he make an early call on her small child. On arriving, the doctor finds the child has had a bronchitis, with cough and a slight fever for a day or two. During the night there was a sudden increase in the fever, restlessness and anxiety. Upon examination it is found that the baby has a temperature of from 103 to 105; a dry rasping cough; respiration very much increased; the chest shows fine, crepitant rales mingled with coarse ones; and dullness over a small area in the posterior part of the chest. We realize from these objective symptoms that we are out for a case of broncho-pneumonia. What shall be our attitude and course of procedure?

The recognized hygienic methods, it goes without saying, should be carried out and maintained: fresh warm air; sunshine if possible; plenty of water, of course. But this is only a part of what we, as homœopathic physicians, have to offer. Now comes the actual selection of the remedy, for we know that upon this depends very largely the value of our treatment. All of the symptoms that we find in these small children must be purely objective, and here becomes manifest the necessity for the highest degree of precision and observation. First we must note the generals, then go to the particulars in the selection of the remedy. The most noticeable objective symptom is fever.

Here we have a great variety of remedies from which to choose; among them are *Aconite*, *Belladonna*, *Ferrum phosphoricum*, *Gelsemium*, *Sanguinaria canadensis*, *Ipecacuanha*, *Bryonia*, *Carbo vegetabilis*, *Lycopodium* and *Antimonium tartaricum*.

Then we should consider thirst: the type of thirst if it is present, or if it is absent; whether perspiration is present or absent, and if present, whether it is all over the body or appears only in certain parts; whether restlessness or lethargy is manifest; if delirium accompanies the fever, and if so, the type; the expression of the countenance; the appearance of the alæ nasi; the condition of the tongue; the condition accompanying the excretory functions of the body; the type of the cough; and the

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general period of aggravation and amelioration of all the symptoms. Upon the careful observation of all these objective symptoms depends the choice of the remedy.

In the beginning of the pneumonias of child-life we think of the remedies having symptoms ushered in with intense violence, and foremost among these remedies is *Aconite*. Here we have a remedy of short duration with exceedingly violent onslaught; always in healthy, rugged children, never in the weaklings. The child has been out with the nurse girl in a cold wind, or has been exposed to the wind; or the child may have been allowed to run around the house half-clothed in the cool morning; and before night there is a violent fever with engorgement of the lungs, showing a bronchitis with a deep hoarse cough. In listening to the chest we detect fine crepitant rales, showing the extension of the inflammation to the finer bronchi. There is unquenchable thirst for large quantities of water, which he retains. The eyes fairly stare and glisten with excitability; the child is wild in expression and manifests in his countenance great fear—fearful of those about him, even those in whom he usually has great confidence; impossible to console, so intense is the fear implanted in him. He is exceedingly hot, with dry skin; one cheek is red, while the other shows pallor. There is perspiration on the side of the head which rests on the pillow, and if the child is turned over, the side uppermost becomes dry and hot, and the side resting on the pillow begins to break out into a moist perspiration.

The child calling for *Belladonna* in broncho-pneumonia presents characteristics that are very noticeable. Again we have a rugged, vigorous child suddenly overcome, presenting an intense fever. There is nothing half-way about *Belladonna*; it is active, vigorous and pronounced. The fever is intensely hot; the skin is hot and almost burns your hand as you touch it, utterly out of proportion to the actual temperature. The face is intensely red. In fact, redness of the skin is one of the marked peculiarities of *Belladonna*. This redness increases and finally becomes a mottling of the face, some parts showing dusky and others retaining the bright red. The pupils are widely dilated. There is great excitability in these *Belladonna* patients, jumping and twitching, particularly from sudden noises or jars. The child lies perfectly

quiet, usually on the right side, and will give a sudden jump because of the slightest touch to his bed or a heavy step rousing him suddenly, showing the sensitiveness to jars rather than motion. The child wants water and drinks ravenously. The mouth appears dry and the tongue is bright red. There is intense throbbing all through the body and you can feel the heart-beats by placing your hand on the child's head. The cough is dry and hard, and evidently painful, because he will begin to cry before he coughs, knowing that the cough is coming.

Just a word in regard to *Ferrum phosphoricum*. It is often said that this remedy stands just half-way between *Aconite* and *Belladonna*. The excitement and agitation of *Aconite* are absent, and much of the delirium of *Belladonna* is likewise wanting. It is more apt to be indicated in the anæmic, pale child whose face becomes suddenly flushed because of the febrile condition, and the little patient usually manifests considerable thirst. In recognizing this station mid-way between the two remedies, *Aconite* and *Belladonna*, we have found it exceedingly useful, especially in the care of children.

A remedy that is often overlooked in broncho-pneumonia conditions is *Gelsemium*. It is called for in the active stage, but unlike *Aconite* and *Belladonna*, it takes several days to develop the full indications: the drowsiness and desire to lie perfectly quiet, the dislike of being disturbed; with an intense fever, but absence of thirst; the red face, and engorged condition of the chest. This remedy is called for more particularly because of its general constitutional symptomatology than for the local manifestations in the chest.

Another remedy having this early manifestation in the course of the disease, and always in active, sturdy children, is *Sanguinaria canadensis*. The inflammation has extended from an acrid nasal discharge to a scraping through the nose and throat to the larynx and the finer bronchi, with all of the discharges excoriating. This course is always an extension from above downward into the chest. There is an exceedingly croupy cough at first, causing the child to cry out because of the pain experienced in the throat; a little later the cough becomes persistent, dry and hacking, aggravated markedly by lying down. There is marked

dyspnoea and an asthmatic wheeze to the respiration. The cheeks are hectic with an intensely red spot over each malar bone, while the rest of the face is pale. This is one of the leading remedies that we can use with such beneficial results in broncho-pneumonia following whooping-cough, where the patient has suffered from exposure.

One remedy standing out prominently, with objective characteristics ever before us is *Ipecacuanha*, with its persistent nausea. This shows itself by waves of pallor over the face, increasing until there is actual gagging and vomiting. The fever of *Ipecac* is not excessively high, but the patient is always thirsty, and quenching the thirst always causes nausea, and with the waves of nausea there is profuse perspiration. With the paleness of the face and the pinched look, the orifices of the body are red. The tongue is very clear, in marked contrast to *Ant. tart.* Also in distinction from *Ant. tart.* are the coarse rales all through the chest, which give a wheezing, whistling sound, and the respiration can be heard usually all over the room. The *Ipecac* condition is early in developing and is of a spasmodic type, unlike the profound prostration that is present with *Antimonium*, which manifests itself practically at the "end of the rope." The *Ipecac* condition has come on very rapidly, and the child appears dangerously ill, as is manifest by an extension of the irritation in the respiratory tract, from above downward, especially in such conditions as complicate whooping-cough and measles. It is a particularly valuable remedy in childhood, straightening up many broncho-pneumonias promptly and completely.

The next patient is one who has been ill for several days with a nasal discharge, gradually increasing irritation through the nose and throat to the larynx, causing a dry, harsh, rasping cough. The child will begin to cry before the cough, because he knows he must cough and that it will cause pain. It is a decidedly painful, rasping cough, causing pain all over, as is manifest by the attempts, even on the part of very young children, to suppress it. This is very different from the onslaught of *Belladonna* or *Aconite*, for while this child has been exposed to the cold as were the *Aconite* and *Belladonna* patients, almost invariably the patient is two or three days getting sick, gradually becoming

worse, the trouble going from the nose and throat and larynx to the chest. The child is apparently languid and tired, and lies perfectly still, preferably on the right side. The child does not want to be moved in any way and motion is resented, and any motion or attempt to move the patient causes a decided irritability. The child picks at his lips until they become sore. There is intense redness of the face, which becomes a dark, dusky color. There is thirst for large quantities of water. The child is made much worse by a warm room or too many bed-clothes, and will become very irritable and restless in a close room; but if the window is opened, the patient almost immediately will go into a quiet sleep. Of course we find in this state all the physical signs of a broncho-pneumonia, crepitant rales over sections of the lungs, especially the right lung. The local conditions are always present, but it is on the general conditions that we prescribe *Bryonia*.

A remedy that is often overlooked, and yet is of inestimable value when indicated, is represented by a child who has been ill some days, is emaciated, and the appearance of the countenance is peculiar in that the veins of the face and forehead stand out blue and the lips are always blue. This is preeminently a venous stasis condition. Being such, the whole makeup of the child is pale and blue. There is coldness of the hands and feet and legs. The little nose is cold, and there is even a coldness to the breath as it strikes the hand. There is a cold clammy perspiration, especially about the head. With all these indications, there is air hunger in spite of the contraindication of being so cold; yet the little patient is more comfortable with plenty of air. The cough is spasmodic, that goes on to a gagging, and the little one throws up. The chest is full of rattling mucus that wells up and chokes him to the point of gagging. This state calls loudly for *Carbo vegetabilis*. Unless its curative action in dynamic form is soon administered the little life will soon go out, but with the administration of *Carbo veg.* in a potency, reconstruction is soon established, which goes on to a cure. This is one of the best remedies that we have in such straightened conditions in the latter part of broncho-pneumonia following whooping-cough.

Another remedy which may be called for during the latter

part of broncho-pneumonia states in these desperately sick children has another marked facial expression. We note pallor, yet the cheeks are flushed; and a peculiar wrinkling of the forehead, which in an adult we would translate as an expression of concentration. The *alæ nasi* are very markedly dilated with every respiration. While the nostrils are widely dilated, there is no sooty appearance. The tongue is coated brown with red tip and margins. Respiration is very rapid and the temperature high. There is much mucus present in the chest, but more extensively in the right chest. These children exhibit great thirst. There is considerable abdominal distension. All of the symptoms are decidedly aggravated between four and eight p. m. These conditions are found in cases that do not resolve readily, and they are very apt to drag on for some time. In these conditions where *Lycopodium* is thus indicated it usually makes a complete cure without the need of another remedy to follow.

In the latter stages of these broncho-pneumonias we often find a condition where the expression of the face again tells the story. There are dark circles about the eyes, which are sunken. There is extreme pallor all over the countenance. The little nose is pinched; the nostrils are so wide open that they give the appearance of sooty or dirty masses in the nostrils, and the *alæ nasi* dilate with every respiration. The tongue is coated white. Here we find the coarse rattling of mucus in the chest, almost overshadowing the finer crepitant rales. The child lies absolutely languid and exhausted, with a cold perspiration, especially about the head and neck. There is great oppression manifest in a closed room and from too many clothes. The temperature is of a low type, rising one or possibly two degrees. There is great prostration in these *Antimonium tart.* states, and exceeding irritability when disturbed. There is quite apt to be a constant moaning, which goes into a real cry if the child is moved or disturbed.

I have mentioned only a few of the leading remedies which may be called for in broncho-pneumonia, and in the indications for these I have confined myself to the objective symptoms; for it is on these only that we can base our prescriptions for these

little patients accurately, yet with surety and confidence, because they are not easily misinterpreted.

When one devotes some time to a careful analytical review of the medical literature on broncho-pneumonia, one realizes that any remedy which has been proven may be called for; yet the great majority of cases call for but a few remedies. It is important that in studying these remedies, we must be able to interpret the seemingly objective symptoms of infants in the light of their subjective counterparts. The range of remedies useful in acute manifestations is comparatively small, yet if these are mastered thoroughly, that terrific mortality that is the common toll among these little patients, will be very greatly reduced, and it will be a very rare exception that one is lost.

DERBY, CONN.

DISCUSSION.

DR. GEORGE ROYAL: I want to say that I enjoyed the paper immensely, and I got two or three points from it. I have one or two criticisms, if you will permit me, Dr. Roberts, and that is the nomenclature. I have never known a case of broncho-pneumonia that ever called for *Tartar emetic* or *Ammonium carb.* I will tell you how I get at that from my viewpoint in the nomenclature. The first thing I do when I get hold of a patient is to determine what tissue is involved. If it is the bronchial tubes, what may we have happen in those bronchial tubes? First, an infiltration, and if it is permitted, it goes on into an inflammation, then there comes an exudate. I have never known a case of broncho-pneumonia, strictly diagnosed, that had consolidation. There is where I get my different condition. In the solidification is where the *Lycopodium* would come in to help clear up *Phosphorus*. When your resolution comes rapidly, then your tubes fill up, and you have two remedies then. You want to absorb that, then comes your *Tartar emetic*. You can hear the rales all through the lungs as though you were blowing soap bubbles through, and that is really what you are doing. With *Ipecac* your mucus is adherent to the bronchial tubes and you are getting a whistling, like a corn-cob whistle.

He gave me a good illustration of *Gelsemium* that I never had before. I want to thank him for that. I have never yet found *Tartar emetic* beneficial unless there was perspiration. I have never found a case where *Ammonium carb.* would help it if it wasn't warm, but you have the same pathological condition. There is your differential between the two, I would say.

DR. ROBERTS: Just a word. I think Dr. Royal possibly misunderstands my meaning of broncho-pneumonia. He says there is no consolidation; it is an extension of bronchitis into the tubes. Broncho-pneumonia is an extension of bronchitis into the alveolar process of the lung, not in the bronchi as I understand my pathology. Therefore, you can get *Antimonium tart.* indications because consolidation has taken place in the finer bronchi and from the finer bronchi has gone into the alveolar process.

I have never used *Ammonium carb.* in children in broncho-pneumonia. As for *Phosphorus*, I don't think you ever see a *Phosphorus* case in a child. I am talking about babies only, not adults.

DR. IRVING: The last remark of Dr. Roberts made it impossible for me to sit still. One of the worst cases I ever had was a case that no other remedy touched. I was comparatively young in the profession then and I called in an older man. He suggested the remedy. Of course, being a younger man, I had to submit, and I let it go for forty-eight hours. The child had a temperature above 106 and it hadn't budged from that. I stood at the foot of the bed, saw the dark circles increasing under the eyes, and decided that *Phosphorus* was the remedy, and the only remedy.

When I went in there the next morning, as I did with a good deal of fear, that temperature having stood at 106, and above, for three days, the mother met me at the door. I said, "How is the baby?"

She said, "I think she is better, but oh, that cough. She has coughed every minute since you left yesterday."

The whole condition had loosened up and it was coming up so fast that it kept the child coughing to bring it up. I took the temperature and found it normal, and it never budged from normal again under *Phosphorus*.

DR. ROBERTS: I would like to say just one word. I had my first case of *Phosphorus* in a baby this last winter, with pneumonia. It was not the broncho-pneumonia; it was the croupous pneumonia straight which you evidently had. In croupous pneumonia you will find *Phosphorus* very frequently indicated, and I presume very frequently in babies, but I have never run across one before this winter, a very similar case to the one you referred to. That is the only time I have ever had to use *Phosphorus* in a baby, but it was lobar pneumonia, and not broncho-pneumonia.

DR. WOODBURY: May I add a word? Some years ago I reported the case of a child. I know it was definitely a broncho-pneumonia. It responded in just the same way to *Phosphorus*. It was when I was practicing in Honolulu. It is somewhere in the Transactions. I know it was not croupous pneumonia, but broncho-pneumonia.

Practice teaches us that a single one of these smallest doses will, perhaps, in some very light cases of disease, especially in small children and delicate and very susceptible adults, be sufficient to do all that medicine so far can do; that, however, in other cases, indeed in most cases of continued as well as too far progressed, often by previous drugging complicated, as also in grave acute diseases, plainly such a minimum dose of a remedy, even in our highly dynamized potency, is insufficient to produce all the curative effects which we can possibly expect to be produced by this same remedy; for here it is undoubtedly necessary to give several of such small doses, so that the life-force may be pathogenetically changed to that degree, and the curative reaction so increased that it may be enabled to eradicate all of the original disease, which the well-selected homœopathic remedy has the power to eradicate and completely obliterate the same through its counteraction. The best-selected remedy in so small a dose, given once only, would give in some cases some relief, but not by far enough.—SAMUEL HAHNEMANN, 1833.

CLASSIFICATION OF REMEDIES*

GUY BECKLEY STEARNS, M. D.

In allopathy, drugs have been classified in accordance with some major physiological effect or some empirical clinical use. One classification has twenty-eight heads, including such designations as Alteratives, Hypnotics, Emetics, Vasomotor-depressants, Vasomotor-stimulants, Cathartics, etc.

In homœopathy, they have been classified according to certain constitutional relationships. Schussler reduced the number of useful drugs to the twelve principal mineral salts found in the body. von Grauvogl classified them under three heads: Hydrogenoid, Oxygenoid, and Carbonitrogenoid.

Hahnemann classified drugs according to their symptomatic relationship to Psora, Sycosis and Syphilis. Hering and Gibson Miller classified them as to their complementary, antidotal and inimical relationship to one another. All of these classifications are useful to the intuitive prescriber, for they are based on experience and understanding.

Doctors W. E. Boyd of Glasgow and W. R. McCrae of London have made a scientific classification based on experiments with the Boyd Emanometer. With this instrument, Boyd has discovered that each individual emits a characteristic wave and that there are twelve types of people. He has found that each drug has a fundamental wave which corresponds to one of these twelve human waves. This grouping is useful to the intuitive prescriber. If, for instance, *Sulphur* is known to be a patient's constitutional remedy, but occasion arises demanding another remedy, it can usually be found in the group in which *Sulphur* belongs. The group of remedies thus far classified is presented to the members of the I. H. A. and to the subscribers to the *Homœopathic Recorder* with the compliments of the FOUNDATION FOR HOMŒOPATHIC RESEARCH, and the approval of Doctors Boyd and McCrae.

Boyd explains: "The drugs which are in bold face have strong support from clinical administration after Emanometer-selection as being grouped correctly. Where correct grouping of drugs has

*Read before the I. H. A., Bureau of Materia Medica, June, 1929.

been obtained, the drug indicated on the Emanometer by matching the patient's group and the drug-group tends, in chronic cases, to remain constant and to stand repetition in the chosen potency, provided the original prescription is successful. The action is wide and covers practically the whole symptomatology.

"The drugs in italics have had such a widely ameliorative action in given cases that the grouping is well supported. The remaining drugs have acted well in certain cases but not in sufficient number of cases to advance clinical support of the grouping."

The Decimal Figures Correspond to the Appropriate Coil Reading on the Emanometer.

<i>Group I</i> at 1.05	<i>Group III</i> at 1.15	<i>Group IV (cont.)</i> at 1.2
Aconitum	Alfalfa	Equis.
Bromium	Mur. ac.	Ignatia
Chlorinum	T. N. T.	Moschus
Cobaltum		Onos.
Cyclamen		Sars.
Ferr. met.	<i>Group IV</i> at 1.2	Thyroid.
Guaiacum		
Sepia	Ammon. carb.	<i>Group V</i> at 1.25
Verat. alb.	Ammon. mur.	
Verat. vir.	Baryta carb.	All. sat.
	Baryta mur.	Aloes
<i>Group II</i> at 1.1	Bryonia	Alumina
	Caladium	Ambra gris.
Aurum met.	Calc. carb.	Apis
Crot. hor.	Calc. fluor.	Arg. nit.
Hyos.	Calc. lac.	Bell.
Lachesis	Card. mar.	Benz. ac.
Murex	Conium	Bovista
Naja	Digitalis	Calc. chlor.
	Dulcamara	

<i>Group V (cont.)</i> at 1.25	<i>Group VI (cont.)</i> at 1.3	<i>Group VIII (cont.)</i> at 1.4
Carb. ac.	Bismuthum	Bach Gaertner co.
Carcin.	Cactus grand.	Bach Morgan co.
Cimic.	Cadm. sulph.	Bach Mutabilis co.
Coccus cacti	Calc. ars.	Bach Polyvalent co.
Cuprum	Calc. phos.	Bach Proteus co.
Ferrum phos.	Causticum	Berberis
Kalmia	Cedron	Carbo an.
Lac. can.	Cocculus	Carbo veg.
Ledum	Gelsemium	Carbo sulph.
Lycopodium	Glonoinum	Caul.
Mag. phos.	Graphites	Chamomilla
Manganum	Gratiola	Chelidonium
Nat. carb.	Lapis alb.	Chenopodium
Nat. mur.	Lithium carb.	Clematis
Nat. phos.	Malaria	Coffea
Nat. sal.	Mephitis	Colchicum
Nat. sil.	Millefolium	Coloc.
Nux mosch.	Nar. ars.	Diosc.
Ornith.	Sambucus	Dirca
Oxal. ac.	Sang.	Drosera
Phosphorus	Spongia	Echi.
Phos. ac.	Squilla	Ferr. iod.
Phytolacca	Taran.	Gnaph.
Sabad.		Gunpowder
Secale	<i>Group VII</i> at 1.35	Hamamelis
Silica		Hydrastis
Spigelia	Kali. carb.	Iodum
Staph.	Lachn.	Ipec.
	Lac defl.	Kali ars.
<i>Group VI</i> at 1.3	Syph.	Kali bich.
Allium cepa		Kali brom.
Anac.	<i>Group VIII</i> at 1.4	Kali iod.
Ant. tart.		Kali phos.
Arsenic	Agaricus	Kali sulph.
Baptisia	Aralia	Kreosotum
	Bach Dysentery co.	Lac. vac.

Group VIII (cont.) at 1.4 Group VIII (cont.) at 1.4 Group X (cont.) at 1.5

Lyssin	<i>Senega</i>	Cistus
Mag. sulph.	<i>Stannum</i>	Helleborus
Malandrinum	<i>Stramonium</i>	Hepar sulph.
Melilotus	Sulphur	<i>Laurocerasus</i>
<i>Merc. dulc.</i>	Sumbul	Nitricum acidum
<i>Merc. iod. flav.</i>	Taraxacum	<i>Rheum</i>
Merc. iod. rub.	Tellurium	Tuberculinum
<i>Merc. sol.</i>	Tereb.	Uran. nit.
Merc. sulph.	Variolinum	
Merc. viv.	Zincum	
<i>Mezereum</i>		Group XI
Nux vom.		at 1.55
Enan.	Group IX	
Opium	at 1.45	Asafœtida
Petroleum	Borax	Asarum
Petros.	China	<i>Medorrhinum</i>
Psorinum	<i>Chin. sulph.</i>	Thallium
Pulsatilla	Gambogia	Thuja
Rad. brom.	Sabina	Stillingia
Rhod.		
Rhus tox.	Group X	Group XII
<i>Rumex</i>	at 1.5	at 1.6
Ruta	Arnica	Valeriana
Scleros.	Calc. sulph.	
<i>Selenium</i>	China ars.	

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NEW YORK, N. Y.

DISCUSSION.

DR. WOODBURY: Dr. Stearns has from time to time published various things that have been of real service to the profession, and he has given these things exclusively to the I. H. A., and for the most part to the *Recorder*. He asks that we keep this under the blotter for ready reference. I am sure it is valuable because I recall the original correspondence was published in the *British Homœopathic Journal* regarding this same classification.

DR. FARRINGTON: This is very interesting and useful, but the doctor has left out one classification by Dr. Grimmer, of positive, negative, bipolar, and neutral, which is also going to be of great use. I also want to say that you will find in Farrington's *Clinical Materia Medica* the classification of a long list of drugs as positive and negative, and a chart that my father wrote on the blackboard in Hahnemann College about 45 years ago.

THE POTENCY QUESTION

A. PULFORD, M. D.

The potency question will never be solved, at least not by the present generation. Not that it should not be solved, but we are too obstinate to let it be solved. We are too self-satisfied and secure in our own beliefs and knowledge.

Those who believe that the low potencies only may cure, have our sympathy, for the time was when we held tenaciously to the same belief. We ridiculed the high potency "moonshiners and bottle-washed potency men" as the last word in lunacy. These crude drug and low-potency men have had many apparently miraculous and immediate results. Our own father was one of them. But they are satisfied to be "put" and to stay "put". Compared to allœopathy they are indeed wonderful for what they know, but they do not go ahead and explore and develop. They are like the members of the various churches, satisfied to belong to any church that was good enough for their mother. But unfortunately this "good enough" stand for the medical man curtails and obstructs his mental progress and initiative, as if there were nothing more to learn concerning that particular subject. This would be all right if it concerned only themselves, but it concerns their patrons even more.

Our highly esteemed friend (we mean it), Dr. George Royal, disagrees with us radically on the potency question, which is his right even though he be wrong. He has had at least three more years' experience than we as a prescriber and infinitely more experience as a teacher of materia medica, for we have had none. For all this we acclaim and honor him and "doff our cap" for that much, but we think that we have it "all over" Dr. Royal for although we have had only 30 years' exclusive experience with his method we have had besides 15 years of testing out the higher potencies and using *them* exclusively, effecting pre-eminently more rapid, more satisfactory and more permanent results in every way, our cases being in no way different from those with which he comes in contact. No one can be a perfect judge and render a just and intelligent decision on any subject or case who has

not listened to, and weighed carefully the evidence of both sides and become thoroughly conversant with them. It is quite evident that those who denounce the higher potencies in favor of the lower have never thoroughly tested out the case intelligently.

Another most highly esteemed friend of ours, Dr. Daniel E. S. Coleman, is credited with the statement, in a discussion on a paper by Dr. Garth Boericke, (J. A. I. H., July 29th, p. 635): "Potency plays no part in the selection of the remedy, etc." If not, why not? If so, why potentize drugs? If after all the data is collected to indicate the remedy why not give the crude drug if the selection of the potency is of no moment? And again, if potency "cuts no figure" why do either Dr. Royal or Dr. Coleman prescribe high, medium and low potencies? Surely the potency is not a matter of personal whim. If so it is an expensive one. Keeping these different potencies and claiming that they are not calculated in the selection seems to me like making a positive statement and refuting it in the same breath.

We do not wish any one to agree with our statement without testing its truth for that would be inconsistent. We were once convinced against our will, but we are not of the same opinion still. Like the late Dr. James B. Bell, conviction against our will made all the deeper impression. There is nothing so convincing as to try to prove the other fellow a fool only to land up against a stone wall, neatly butt our brains out, thereby proving to ourselves that we were the fools instead.

Bell failed to prove the high potency men fools. Hering failed to prove homœopathy a falsity and a delusion; not as much of a delusion as the medical intelligence of the late Dr. Oliver Wendell Holmes or that of our valued and valuable enemy, Dr. Morris Fishbein. How foolish both Hering and Bell must have felt after their false though honest accusations, to find that the advocates of high potencies and homœopathy rang true.

If the ultimate result is to be perfect the selection of the potency is indeed as important as any other element in the formulation of the prescription. It is true that we can get results with any remedy in any potency and in many cases with crude drug and low potencies sometimes much quicker than with the high potencies. This must be done many times because of the lack

the true remedy and the incomplete unfolding of homœopathy, but are such results curative? Could the wrong remedy cure even in low potency? Are not such results merely palliation (temporary suspension) or physiological (suppressive)? Can a cured condition return? Can a returnable condition be anything more than a temporary suspension? And, lastly, is it not a sign of unintelligence not to prove this contention to our own minds either one way or the other?

To contend, as some of our allœopathic brethren and some "highly modern so-called homœopaths" do, that failure with a case upon which years of effort have been misspent, but which then responds readily to the high potency under the care of a real homœopath, means that that case was about to get well anyhow, or that it was a case of mistaken diagnosis, is the perfection of asininity on the one hand and an admission of ignorance on the other. If the mere change to homœopathy, of what our allœopathic brethren contend to be a very serious case while under their care, converts it into a simple benignity, then what better recommendation could homœopathy have for its universal acceptance, and what more reasonable excuse could the patrons of allœopathy have for turning to homœopathy, and lastly, why should homœopathy not be the dominating system of therapeutics?

Homœopathy is the *only* known system of medical healing today. Just what excuse is there for its being otherwise? And by the way, just who are responsible for the life of homœopathy as it exists today if not the single remedy, high potency men and women of our school? Was it a single remedy high potency man who made a complete failure and lost a golden opportunity for homœopathy in Washington during the Harding administration? We wot not. Will it be any better during the Hoover administration? How much have those who believe that the potency cuts no figure in the selection of the remedy contributed to the sum total of accurate homœopathic knowledge?

Let us ask, of those who contend that low potencies and crude drugs are the all essential and that potency is of no moment in the selection of the remedy, whether all drugs act alike and with the same rapidity and ultimate result in the sluggish,

the temperate and the highly sensitive temperaments? Is it true that the selection of the degree of potency to accord with different temperaments is not essential? Is it true that the same crude drug or low potency will act alike, even if the same symptoms indicate it, in the sluggish, the temperate and the hypersensitive, the acute, the subacute and the chronic?

When homœopathy is fully completed we shall find that the potency is of the utmost importance in the selection; the indicated remedy will always be findable and the results prompt, continuous and final. Men will come upon the scene with keen observing powers who will accurately test out this matter systematically and furnish the practitioners of homœopathy with a reliable guide. When that time comes our present makeshift of prescribing will seem quite crude though it may be condoned at the present simply because we are compelled to do as we do for lack of known proven remedies, being compelled to do our work mostly without tools or with makeshift methods.

We have tested this out in two cases recently, one of which we will here report, and would like any one who claims potency has nothing to do with the selection of the indicated drug to explain intelligently why in both cases the wrong potency failed to act either way while the exact potency acted immediately and terminated the case effectually. Here is one of the cases:

A Mrs. B. was referred to us, having been a semi-invalid for some time and growing gradually worse under allœopathic treatment. Her symptoms were so clear that there could be no doubt whatever of the correct remedy. Here is what we found: A lady, robust and fleshy, 49 years old. *Mild, yielding, melancholy, tearful, changeable disposition.* Sighing. Pain around heart beginning under l. breast extending upward, sometimes to elbow. Vision growing dim. *Palpitation when lying on l. side.* Aggravation evening. Better in *cold, cold air*; after sleep sometimes. Itching of skin at night in bed. Tires from slight exertion. Stiffness and lameness after sitting, better rising and *walking slowly about.* Worse in *warm, close room or room full of people.* Aversion to and aggravation from *fatty food.* Little or no thirst. Constipation. Feet burn at night, must put them out of bed or find a cool place for them. Hands and inner organs tremble and especially after

fright. Here was a second good chance to prove whether or no the potency must be taken into consideration in the selection of the positively indicated drug. Here was a subacute condition bordering on the chronic. Here was a sensitive temperament. Before taking the lady's symptoms, merely from the very looks and action which indicated the remedy, we jotted it down together with the potency we would have given to see how near we came to it. However, as the truly indicated remedy was a foregone conclusion and that *a priori*, we decided to see whether or not the potency was a consideration in the selection of the drug. We therefore, gave the lady *Pulsatilla* 30x, four times daily for one week. At the expiration of that time she returned very much disappointed, there had been no change whatever. We waited five weeks so as to give the remedy time to either act or to wear off. At the end of five weeks we gave the lady a single dose of the 1m with prompt and continuous response, ending up by a rapid clearing up of the entire train of symptoms. She said: "I have not felt so well in years as I do right now". She can work harder, and walk fast; sight is better and stiffness gone.

TOLEDO, OHIO.

PROFUSE NOCTURNAL ENURESIS*

T. F. ALLEN, M. D.

A boy of five years was passing frequently large quantities of pale urine; every night, besides being taken up two or three times to urinate, he soaked two mattresses.

His stools are of normal consistence and regular, but gray, or mixed gray, in color. He is irritable and seems puffy under the eyes. He eats heartily and sleeps soundly. *Plantago* 200, (Jenichen).

Three doses seemed to restore a normal condition, his urine became natural in quantity, and he no longer wet his bed at night, his stools became natural in color, and he was no longer irritable.

*1893.

NOTES ON THE EUROPEAN TRIP OF THE AMERICAN HOMŒOPATHS

GEORGE ROYAL, M. D.

The medical or scientific part of the program is divided into two classes, the round table on the two boats going over and returning, and the joint meetings with the societies of the different nations visited. From a practical, helpful point of view the round table talks held from 10-11 and 11-12 each morning were excellent. On the Duchess of York the surgeons, led by C. A. Burrett, H. H. Wiggers, I. D. Metzger, A. W. Belting and Robert Hovey, stressed surgical technic and the importance of operating for all conditions from a simple acute appendicitis to cancer. They had but little to say about homœopathic remedies for preparatory treatments, shock or after treatment. During the discussion, however, many who were homœopathic physicians and surgeons—not specialists in surgery—repeated the effects of homœopathic drug therapy such as were given prominence by Dr. James W. Ward at Atlantic City in 1906.

Of the non-surgical members W. B. House's paper on *Neurology* and H. I. Klopp's on *Psychiatry* were good. Both emphasized the indicated homœopathic remedy. Dr. Klopp's statement that he very rarely used anything except the indicated remedy in the Allentown, Pennsylvania, Asylum brought a cheer of approval from his hearers. Prof. G. Morris Golden dealt more with the *new* in the various diseases, especially diabetes and heart condition. His diagnostic points were exceptionally good, giving the tissues involved and the manner of their involvement, thus helping in the selection of the indicated remedy. A large per cent of those present, however, took exception to the statement of the benefit of digitalization of patients suffering from heart disease, and to the frequency of the need of insulin for the treatment of diabetes. Several members stated that they had never found it necessary to use insulin, and several cited cases in which insulin had produced great and permanent injury. Dr. A. H. Gordon stated that he objected to digitalization and that he had never used insulin. Dr. George Royal made the same statement. Dr.

Golden's indication for the homœopathic remedies was clear cut and his auxiliary treatment very practical. Dr. E. Wallace Mac-Adam gave us a definite and extensive outline of his method of teaching homœopathic materia medica. He uses clinical methods for the most part. He gives a few remedies to the students—even freshmen—and has them treat patients. His method is much the same as Prof. Martin Deschere used in the chair of pediatrics in the middle eighties.

Dr. W. E. Allyn called attention to the new things in pediatrics, especially to the vitamins, oil and diet in general, giving the names of the drug houses who had the latest. He advocated the greatest care of the babes and infants. In the discussion many cases were cited by different physicians of the benefit derived from our constitutional remedies. Several also voiced the opinion that the child of today was receiving too much care, too much protection; that he was too dependent upon his parents and teachers, which rendered him unfit for the battles of life. This opinion was heartily approved. It is significant that the public press has taken the same view for nearly a year.

For six days the doctors and many of their friends enjoyed the round table on the Lapland. For some unknown reason the surgeon did not appear. Materia medica and internal medicine received much more attention here than upon the Duchess. The leaders on these two subjects, which are really one, were Mac-Adam on *The Common Cold*, also on the use of the repertory; George Royal on *Materia Medica*, holding an adjourned session Tuesday p. m.; A. H. Gordon on internal medicine, pleading for the homœopathic remedy and stating that forsaking it for the combinations put out by the pharmacies of all schools was the cause which brought homœopathy into disrepute; Claude A. Burrett on endocrinology brought out the fact that the use of the endocrines had been beneficial. Suggestion was brought out that they be proven. Hospitals by President-elect Griffith; diet by Dr. Diebel; obstetrics by Dr. Mercer; periodic examinations by Dr. Hennikoff; *The Doctor in the Court Room* by Attorney Denham, who was very ably assisted by Attorney Kirby and Judge David C. Meck of Ohio. The latter in his instruction to "the jury"—his audience—was very clear and emphatic as to what a

physician should and should not say on the witness stand; Dr. Patterson on physiotherapy and Dr. Caldwell on roentgenology brought out a discussion on the many agents which help the indicated remedy act more quickly, safely and permanently. In regard to the word "safely", many cases were cited which proved that many of the agents named were anything but safe in the hands of an *unskilled* operator. President Metzger on European homœopathy summed up the great benefits the contact with the homœopaths in England and on the continent had been to homœopathy in general and to the United States in particular. Everyone agreed with Dr. Metzger that the trip had been more profitable than any post-graduate course.

The two outstanding papers at London were those of Dr. Linn Boyd of New York, U. S. A., and of Dr. John Weir of London. The two papers were not comparable, and yet in the discussion on them in the afternoon of July 5th, several tried to compare them. Dr. Boyd's paper was a condensation of his paper read at Pittsburgh last year, and at Montreal this year at the meetings of the A. I. H. Dr. Weir's paper was from the standpoint of the high potency man, from the standpoint of the I. H. A. man. The discussion was participated in by Drs. Weir, Wheeler, Goldsbrough and others of London, and Drs. Burrett, Gordon, MacAdam, Royal and others from America. Much that was said was by way of more elaborate explanation of what had been said by the writers of the two papers. The result was well stated by Dr. Boyd in closing, that seen in the light of the explanations "there was but little difference after all".

The other men whose views and works made a deep impression upon the hearers were Dr. A. Nebel of Lausanne, who has done much research work on cancer; Dr. A. Bier, the famous surgeon who has studied homœopathy in the best possible way, i. e., by proving drugs upon himself; Dr. Richael Haehl, of Stuttgart, who has the largest collection of things belonging to and representing Hahnemann of anyone in the world—gave a magnificent moving picture of these objects and then opened his home to all for inspection of the same; and finally Dr. Pierre Schmidt of Geneva and Leon Vannier of Paris. These both spoke of their

individual work. Dr. Vannier not only spoke of his work, but threw upon the screen a wonderful panorama of what he had done and still hoped to do.

The one thing especially noticeable about all the speakers in England and Europe was their enthusiasm and their loyalty to the teachings and principles of Hahnemann.

DES MOINES, IOWA.

That the idea of fitting likes to likes in the treatment of disease had occurred to men's minds prior to Hahnemann may be freely acknowledged. It may be found here and there in medical literature from Hippocrates downwards. But when examination is made into the nature of these similarities, they will be found, in most instances, something very different from those which homœopathy uses as its fulcra. That vomiting should be checked by an emetic, in an emetic dose (*vomitus vomitu*), was treatment by similars in the eyes of the father of medicine; and his successors wandered still farther from the mark. Their notions on the subject have been fully set before us by Drs. Dudgeon and Burnett. Signatures—the resemblance in form or colour of parts of plants to parts of the body; analogies yet more imaginary between the constituents of the macrocosm of the world and the microcosm of the organism; the use of preparations of the organs of animals for disorders of the same organs in man; the application of certain theoretical qualities of bodies—dryness, coldness, and so forth—to corresponding rather than opposite characters of disease—these were the similars of the mediæval physicians. A few later writers—Stahl, the Dane, Stoerck, de Haen—noticed the occasional or possible curative operation of measures which caused disorder similar to that of the patient; but there they left the matter. Hahnemann's distinction is that he grasped this kind of similarity as the only real and fruitful one; and seeing reason for suspecting it to be a general and not an exceptional basis of cure, tested and worked out his thought until he formulated it as a standing rule for the best medical practice.—HUGHES, 1881.

POINTERS*

The "free running salt" now widely advertised contains *Mag. carb.* and is therefore constipating.—E. UNDERHILL, JR.

Psorinum has periodic headaches, preceded by or associated with very putrid stool.—E. UNDERHILL, JR.

Cases of ill effects of the Schick test where no other remedy is clearly indicated often run to *Lac can.* Its relation to this condition is similar to that of *Thuja* through the results of vaccination.—H. A. ROBERTS.

Phyto. has been called the vegetable *Mercury* and should be remembered in connection with *Mercurius* in tonsillitis. Its key-notes are better by cold drinks, pain up to the ear on swallowing, tendency to bite the gums.—E. UNDERHILL, JR.

Medorrhinum is as frequently indicated as any remedy in pediatrics.—E. UNDERHILL, JR.

Insulin cases often respond to *Arsenicum*.—E. UNDERHILL, JR.

When the case changes every time you go and the symptoms imitate a different remedy at each visit think of *Tub.*—E. UNDERHILL, JR.

In regulating your patients' diets advise a small variety at any one meal but a large one in the course of a week.—E. UNDERHILL, JR.

In my experience *Psorinum* is often indicated after *Pyrogen*.—E. UNDERHILL, JR.

Hypericum applied locally will ease bunions where the nerves are pressed on.—G. STEVENS.

Never apply *Arnica* to broken skin, it may set up an inflammation resembling erysipelas.—G. STEVENS.

For sciatica with atrophy *Ol. jec.*, *Plb.*, *Kali phos.*, (for instance in infantile paralysis).—A. H. GRIMMER.

Calc. sulph. 10M is a splendid antidote for diphtheria anti-toxin, especially in laryngeal cases.—A. H. GRIMMER.

Pain in coccyx after a fall may be *Hyper.* or it may be *Staph.*—G. B. STEARNS.

Chloroform has the symptom as if the gall-bladder would burst.—M. POWELL.

Cholestorenium has great power according to H. C. Allen over the pain of liver cancer.—W. YINGLING.

In kidney pain neglected remedies are *Lith. tart.* and *Ocim. can.* (right).—A. H. GRIMMER.

Polygonum persicaria and *Thlaspi bursa pastoris* have power in kidney stones.—A. H. GRIMMER.

When a remedy cannot be determined or those chosen fail in gall-stone colic *Hydras. tinc.* 5 drops q. 15 mi. will relieve—DR. KNOTT.

Asaf. relieves the excruciating pain of old ulcers if the symptoms agree.—G. B. STEARNS.

Mag. iod. has cardiac pain in arteriosclerosis.—G. B. STEARNS.

In intestinal obstruction with peristaltic colic think of *Stannum* rather than *Coloc.*—G. B. STEARNS.

Ecchi. will help restore secondary anæmias and given high helps the chronic effect of peritonitis even many years after.—A. H. GRIMMER.

Phos. is one of our best antidotes to radium. It is also useful after x-ray although *Fluoric acid* is better.—G. B. STEARNS.

Streptococcic infections such as septic endocarditis yield to such remedies as *Ars.*, *Phos.* and *Rhus* and the snake poisons whereas the staphylococcic infections yield more to *Hep.* or *Sulph.*—G. B. STEARNS.

In bloody expectoration especially after abuse of *Phos.*, *Tereb.* comes in.—G. B. STEARNS.

Aconitum Napellus—(In your next *Acon.* cold try a single dose of the cc or 1M instead of the tr., 1x, 2x or 3x). Restlessness and agonized tossing about are said to be essential to an *Acon.* case; all the headaches are accompanied by this distress clinically. Useless in pneumonia after exudation has taken place. Acute symptoms occurring during a chronic disease often call for *Acon.* The patients requiring *Acon.* in cardiac troubles must lie on the back. The *Acon.* fever is sthenic and rarely remits. Is valuable in the chilly as well as in the febrile stage preceding the development of many eruptions and lesions, but when the preliminary storm has passed and the lesion has become established, the picture changes from *Acon.* to some other remedy. Elephants are said to eat *Acon.* with impunity. When the *simillimum* it will cure cases of great chronicity, e. g., cases of indurated glands. Tension, both mental and physical, characterize *Acon.* It has been

said that as perspiration takes place *Acon.* should be discontinued. The *Acon.* patient comes down quickly and recovers quickly. Complaints from the extreme cold of winter or the extreme heat of summer; or the lung and brain complaints of winter and the bowel inflammations and the stomach disorders of summer. The pains are knife-like, cutting, stabbing, stinging with screaming. When the fear remains after fright, compare with *Opium*. The symptoms of *Acon.* show distinctly on the face, and on the face mostly, like *Antimonium tart.* One cheek red, the other pale, with anxiety and chilliness always indicates *Acon.* One of the most comforting remedies for toothache; put a drop on cotton and put it in the hollow tooth. Nothing tastes bitter enough. One of our best remedies for retention of urine in the new-born; from shock; or in children from cold with crying and restlessness; in retention, of the mother, after labor, also *Causticum*. The convulsions arrested by *Acon.* do not rest on a chronic constitutional base, but from shock or fright and are of recent origin, as in the puerperal state. The neuralgias cured result from cold, are of recent origin and are accompanied by numbness and tingling. Acute glossitis with dry mouth; (with salivation, *Mercurius*). The febrile pulse of *Acon.* is hard, full and rapid. Acts promptly in neuralgia, especially of the upper limbs, with numbness as if the blood did not circulate in them freely, from suddenly checked perspiration. Again, the *Acon.* fever is sthenic in type and while the evening aggravation is decided it is for the most part not remittent and is of no use in malarial or septic poisoning.—A. PULFORD.

Not very rarely, however, the life-force rebels rather than to allow several doses of *Sulphur*, given at intervals . . . , quietly to act upon itself, though the same might be ever so useful for the chronis evil, and shows this antagonism by producing, during the treatment of the invalid, a few though mild *Sulphur* symptoms. Then it is sometimes advisable to give a dose of *Nux vom. X degrees*, and allow this to act for eight to twelve days, so that nature may be induced to allow the *Sulphur* in continued doses to act again quietly and with the greatest possible benefit. In suitable cases, *Puls. X degrees* may be preferred.—SAMUEL HAHNEMANN, 1833.

COMMUNICATIONS*

To the Editor of *The Homœopathic Recorder*:

The article appearing in your latest edition (June, 1929) entitled *The Homœopathic Labyrinth* by Dr. Pulford, is an extremely timely one. The need of condensing and compiling the maze of homœopathic data, now so heterogeneous and scattered is never so apparent to anyone as it is to one like myself, recently graduated. That need began to dawn on me when last year I sat down to work out a case for the Kent prize, which was so kindly awarded me. Since then I have worked out innumerable cases, for the most part with excellent results but in all cases with a maximum of effort.

My present library includes Hale's *Diseases of the Heart*, Jahr's *Forty Years* (excellent), Raue's *Children's Diseases* (fair), Royal, Nash, Neatby and Stoneham, *Twelve Tissue Remedies*, Farrington, Cowperthwaithe, Douglass on the skin, Smith on operations, Bartlett, Bach and Wheeler, Allen on consumption, Doughty, Holden and Rademacher, as well as Boericke's *Hand Book of Materia Medica*. With all these I am often nonplussed as they contradict both frankly and tacitly, till I am often forced to use my own immature judgment. I feel the need of a trustworthy and condensed library, systematic in composition, definite and deliberate. If there is anything I can do to assist in bringing about the existence of such a book I shall do that thing.

Dr. Boericke visited me just before he left to see you, and he suggested that I write to you articles for publication, dealing with my present cases which he considered of sufficient merit. He also suggested that I try to give the leaders in homœopathy, as represented by your contributors, the reactions I experienced as a new therapist, a fledgling, on tackling the job of utilizing the single remedy on the basis of the Hahnemann law.

Though your contributors are often given to belittling Philadelphia Hahnemann, as well as its teaching staff, and do not agree with many of the opinions of G. Boericke, I might say that he is at present engaged in the condensing of the present Kent repertory, a standard book which has much to do with cooling the ardor of many earnest novitiates in that college. This does not mean that Kent is not an excellent book for the advanced artist. Therefore it certainly should be mentioned in your publication that there is begun a new text book for use in Hahnemann, dealing with the introduction of the new student to homœopathy; an exceedingly ticklish business, as I have found that to place the young freshman under the tutelage of such advanced men as Stearns of New York is folly and suicide to our school. Also mention should be made of the soon to be undertaken task of Dr. Boericke to produce an elementary working repertory of a popular size and price. Thus while those busy physicians, who fill your pages and yet say they have no time to commit to book form their wealth of valuable information, the men of Hahnemann, that despised institution, its teachers and graduates, are at least engaged in that task which the esoterics only too well realize is needed. Dr. Boericke needs cooperation from your clientele. If denied that, he must need rely on others, such as I, who can give only a mediocre assistance.—W. W. YOUNG, M. D., COVDS, QUEENS CO., N. B.

To the Editor of *The Homœopathic Recorder*:

The questionnaire of Dr. Pesado in the July *Recorder* is thought provoking and should stimulate discussion. The questions, put as they are, focus the mind sharply on the purport of the various sections in the *Organon*.

While it is impossible to discuss the questionnaire in its entirety it may not be amiss to briefly consider the thought contained in the first clause in ques-

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

tion 2, in the second part of question 7, and question 8. Though separated in the several questions it is nevertheless the same thought, and of such importance, it seems to me, that it ought to be considered somewhat.

The first clause in question 2 reads: "What should be understood by the word healing?" The second part of question 7 reads: "Outside of exciting causes and symptoms, is there something else on which the physician should base his opinion for the purpose of curing the diseases of a dynamic order?" Question 8 reads: "When all perceptible symptoms have disappeared, how can we consider the individual who has consulted us? As healthy or sick?" The purport is clearly the same in the three questions, and equally clearly, aims to support the thesis that the symptom equation is the only one with which the physician need concern himself.

That this thesis is very generally upheld by the profession is shown in the reports of cures in which therapeutic literature abounds. The gist of every report is a recital of the symptoms complained of by the patient and discovered by the physician, the remedy or remedies prescribed, the disappearance of the symptoms and the inescapable conclusion (on the premise that the symptoms constituted the disease) that a cure was wrought. That this is what the word healing stands for in the minds of those reporting cases, is made clear in the reports.

Question 7 must be taken as aiming to support the same idea. The word "should" can be interpreted as meaning one thing only, namely, as obliging the physician if "something else" is found besides "exciting causes and the symptoms" to reject these and "base his opinion for the purpose of curing diseases of a dynamic order" on this "something else". The implication clearly is that since exciting causes and the symptoms cannot reasonably be rejected that this "something else" must be. The word "should" denies him the privilege of making use of both. This is a fallacy which what is implied in question 8 is aimed to support.

The great mass of humanity cannot be said to be either "healthy or sick". Did we recognize unequal morphological states in the organism, with their attendant predispositions and susceptibilities, to constitute the first stage of every morbid process, then we should understand how it is that a person may be in a state which cannot be said to be either "healthy or sick". For example, a person with a long, narrow and flat thorax may be entirely free from signs of tuberculosis, but we know that he is strongly predisposed to this disease. We know that no great provocation is necessary to set the morbid process going, and because of this we are not justified in pronouncing him an absolutely healthy person. The same is true of the person who has a similar conformation of the abdomen. He may be entirely free from signs of gastroptosis, but since his strong predisposition to this condition may put him in dire straits before the end of a year we cannot pronounce him as a really healthy person either.

The argument may be advanced that by removing exciting causes they may be kept in health. This sounds plausible until we call to mind the fact that what are exciting causes of disease in one instance are stimulators of health in another. This is a fact which no combination of morbid symptoms can explain away.

How a person feels is a doubtful criterion of health, as observation has proved many times. Health is not a matter of sensation. Health is dependent on and determined by the morphological state, that is, the state of the constitution. There must be balance in the anatomical and functional correlations. When this exists then there is naturally a sense of well being. The morphological fact is the criterion since it is the fundamental fact. It is on this that we base our diagnosis of health or sickness, and the predispositions and susceptibilities.

We cannot longer limit ourselves to this one-sided study of morbid processes and reasonably hope to succeed in developing a real science of medicine. This is what we have done, and in this very likely lies the explanation for the almost infinite number of conflicting theories and irrational conjectures with which medical literature is so richly supplied, likewise the explanation for the endless string of therapeutic wrecks which line the therapeutic highway. No science can be built up of partial facts.

In section 3 of the *Organon* Hahnemann makes very clear that the true physician must take note of other things besides symptoms. Every obstacle must be removed in order that the cure may be permanent. That structural inharmonies constitute some of the greatest obstacles to sound health cannot be difficult to understand by any observing and thinking person. Only when there is balance in the structure can harmony in the functions be established and established on a sound basis. This is the basis of health, and on this basis alone can we affirm that a person is either healthy or sick.—PHILIP RICE, M. D., NEW YORK CITY.

Hahnemann was sitting at Leipzig, with his midnight lamp before him, translating Cullen's *Materia Medica*, which was then a standard work. He came to *Cinchona officinalis*, and found Cullen say that this bark possessed specific febrifugal action, because it was both the most aromatic and bitter substance known. Hahnemann laid down his quill and exclaimed, "Preposterous!" There are more substances, more barks, possessing more both bitter and aromatic properties, and *Cinchona* is not a specific for ague. He argued while it does cure some cases it does not cure other cases. There must be a way to find out under what conditions the bark cured and did not cure. It was at this moment that this good and benevolent man had an "inspiration." He concluded to take the drug himself, and see whether light could not be brought into the prevailing darkness. Bright and early in the morning, Hahnemann went to the "Apotheke zum Goldenen Loewen" on the market-place at Leipzig, and then and there selected some fresh *Cinchona* bark, and obtained some vials and alcohol. He prepared a tincture, took it, and behold, the symptoms he observed on himself showed a marked similarity to cases of ague cured by him by the same drug, and it was then that a new light broke upon him; that light was this: a drug will cure such ailment as its sick-making power will produce a similarity to.—

LIPPE.

EDITORIAL

PATHOLOGICAL PRESCRIBING

Few things are more stimulating than to have our own pet prejudices successfully attacked. One of the fundamental principles which is drilled into every good Kentian homœopathic student, is that one must not prescribe pathologically. For the alœopathic convert to adopt this point of view is one of the most difficult obstacles to the acquiring of homœopathy. By dint of much drilling it finally becomes ingrained. We realize that it is the patient and his individual reaction to the so-called disease who must be prescribed for. We realize that pathology is an ultimate, an exteriorization, a protective out throwing, or ex-crescence, or discharge, on the part of the organism. Our tendency is, then, to throw pathology overboard and to disregard both symptoms and organic facts which we class under that head. If we do not take great care we find that we are not succeeding as we should, that we are giving remedies on functional symptoms only, which remedies do not have it in their power to produce, and so to cure the given pathology. We may stop a hæmorrhage from a fibroid uterus with a remedy which has not the ability to produce fibroids in its nature. This will be suppression. We may relieve pain and fever in a case of pleuritic exudate with a light weight remedy, but we will not cause resorption of this exudate by any such superficial treatment. So, little by little, our own experience, as well as that of many master prescribers, will bring it home to us that *pathology is to be considered in prescribing*, not as a sole basis, but as an important factor in the totality of the symptoms. We come to see that the pathology also reveals the patient. A tendency to polypi is a valuable symptom. We must know our pathology in all cases, even those which have abundant non-pathological symptoms; for diagnostic purposes, to satisfy the patient, to govern our prognosis, and especially to determine our choice of potency and remedy. Where there is marked organic change a safe rule is to give the lower potencies, although often in a vital person a high potency, if the true *simillimum*, will cause great amelioration of the patient and drive the

disease out faster into or through the pathology. This may alarm or inconvenience the patient but the true homœopath will understand and will explain it to the patient and his family. It will influence the choice of our remedy in that it will make us give a drug big enough to cope with the situation; it will teach us when the case is incurable; and warn us away from giving too high a potency thereby causing a severe aggravation from which the economy cannot rally; it will show us in incurable and precarious cases of chronic disease, or even in such acute ones as early tuberculosis, when we must eschew the true *simillimum* and give a palliative remedy or a less deep acting remedy as a preparative for the true *simillimum*. In cases, and there are not so many, when the alert homœopath cannot find subjective symptoms or modalities he must resort to prescribing on pathology.

Often pathology also is a general, for Kent himself tells us that a condition appearing in three or more particulars ranks as a general. Such symptoms as excessive discharges which Dr. Boger classes in his *General Analysis* under moistness, may also lead us to the true inner nature of the patient.

There is another type of pathology which Dr. G. B. Stearns classes as objective symptoms—in other words pathology visible to the eye. This may not mean organic tissue change which is unalterable, and includes such rewarding details as redness of the orifices, fissures, herpes, eruptions, skin discolorations, warts, moles, peculiarities of hair, nails, etc. In children especially these objective symptoms are often our best guide.

It behooves us, therefore, even the strictest Hahnemannians among us, to give the pathological symptom his due!—E. W.

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THE LAST THREE WEEKS OF THE SUMMER SCHOOL

The eighth annual session of the Post-Graduate School of the American Foundation for Homœopathy completed its most successful year on August 12, 1929. A report of the work for the first three weeks was given in the August *Recorder* by Dr. Dayton T. Pulford. The last three weeks were even more successful

than the first three, if such a thing is possible. The instructors during the last three weeks were Drs. A. H. Grimmer, Eugene Underhill, Jr., and H. A. Roberts, who each gave one full week; Dr. James Krichbaum, who was present for two weeks; Dr. F. E. Gladwin and Dr. Elizabeth Wright for the whole period. Dr. Grace Stevens was with us for three days.

Philosophy was strongly emphasized by lecture, question hours, and practise in prescribing for cases seen in the clinics or brought in by different students from their own private records. Dangerous pitfalls were stressed, which should save many serious errors and make for the greater success of homœopathy as the students go forth to apply these principles in regular practice. Lucky students! if they but listen to the advice so willingly given. Many homœopaths have learned from sad experience that the homœopathic remedy can be just as dangerous as it can be beneficial, if the principles for using its tremendous power are misused. If one is to use a powerful tool one must know how to use it intelligently. Many prayers of thanksgiving should be offered for instruction in these pitfalls, for it should prevent the student from becoming a participant not in a "Comedy of Errors" but a "Tragedy of Errors".

Over thirty of the more commonly used remedies were presented during the hours devoted to materia medica study. The essential points of each, as actually verified from experience in treating sick patients, adds much to the personality of the drug picture when it is studied from the various text books.

Heart disease, pneumonia, erysipelas, rheumatic fever, rheumatism, cancer, headache, pain, and the remedies most commonly used in treating these conditions, together with their chief indications, were thoroughly discussed under clinical medicine. Drs. Underhill, Jr., Stevens and Roberts gave a good working resume of remedies frequently needed in hæmorrhage, injuries and emergencies, together with the relation of homœopathy to surgery, not only in avoiding unnecessary surgical procedures, but also as an adjunct to surgery.

Quite a number of visitors appeared at different times during the last three weeks. Dr. H. B. F. Jarvis, veterinarian from

California, and Dr. R. H. Schneider, veterinarian from Boston, Mass., told of the wonders of homœopathy when used in the treatment of our dumb animals. (Note the value of objective symptoms.) Mr. G. H. Tafel of Philadelphia gave a most interesting and instructive lecture on the preparation and care of the different homœopathic potencies. Several other doctors from different parts of the country came in to see just what was being done at the summer school. Why not drop in yourself, at the next summer's session! The unbounded enthusiasm of both faculty and students will give an added zest to your belief in homœopathy, and it might be just possible that you might learn something new! All of the doctors, who were present as teachers, seemed to think that in the teaching and unfolding of ideas they had gained as well as dispensed knowledge.

In the presidential address delivered at the Montreal meeting of the I. H. A., Dr. Wilson spoke of how little the true meaning and wonderful results of homœopathy was known to the world at large, and the great need for this knowledge to be advertised throughout the world. The work of this Post-Graduate Summer School should also be better known. Send a student! Don't you know an old school man who would like to see the light! Are you, yourself, having too many failures with your homœopathy? Come to the summer school and find out why!

As one looks back on this six weeks of intensive homœopathic instruction, one is amazed at the wealth of material crowded into so short a time. The students are going out with a very complete understanding of the true homœopathic philosophy, a familiarity with over thirty of the more commonly used remedies and an excellent groundwork knowledge of the more common medical and surgical conditions met in general practice. Last, but far from least, is the assurance of the deep friendly interest of those who gave so freely of their time and experience to make this concentrated period of study the great success it has been!—

R. LYLE.

CARRIWITCHETS

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

45. Concerning the article on page 327 of the *Recorder* for May, 1929, I would be glad to know which are the guiding symptoms, in whose rubrics the *simillimum* must appear, if it is to be the remedy for the case. In my copy of Kent's *Repertory Agar.* does not appear at all under aggravation in daytime, nor in forenoon. I am sure it would be a great help to beginners if the experts would kindly tell us what they took as the most important guiding symptoms in their clinical cases.—A. H. MARSHALL.

46. How can you tell that a patient is sensitive to the action of remedies?—E. LYLE.

47. When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?—E. WRIGHT.

48. In line with Dr. Marshall's question above, will some of the experienced homœopathic prescribers please send in cases to be published in this column so that we, the beginners, can work them out? With the case will they send their analysis and the remedy selected to be printed the following month? This will be of infinite value, a continuation of the Post-Graduate School during the whole year.—E. LYLE.

49. If symptoms disappear in the wrong direction what do you do then?—F. KAVCIC.

50. What is the difference between a remedy aggravation and a disease aggravation?—J. D'ALESSIO.

Question 33 of Carriwitchets is "Is there any homœopathic remedy for the tendency to be bitten by mosquitoes?" Will this suggest anything? In September, 1926, a patient, woman, aged 72 years, made this statement: "I cannot go into the garden without being found and bitten by spiders." She showed me a series of bites on the side of her neck which she had received the day before. Further symptoms were cramping in urethra, diffi-

cult urination, dribbling of urine, painful urination, pain in right groin extending up to liver, following a bite. I prescribed for her *Latrodectus mactans* 30x. After that she took up her residence in another town. When I saw your question I wrote and this is the answer, written by her daughter: "In regard to the medicine for spiders. She took one dose and has never had any more trouble that way. We do not know whether the spiders have bitten her or not—at least there have been no signs—and she was troubled so much before, always." This report received August 14, 1929, three years after.—SARAH PETTIT ROBERTS, M. D.

Anent *Cratægus oxycantha* mentioned in July *Homœopathic Recorder*, page 505, you will find reports of the remedy in *Homœopathic Recorder*, XI, 556; XII, 199; XIII, 228, 434; XIV, 88, 409; XV, 461, 417; XVI, 516; XVII, 66, 84, 221; XVIII, 223; XX, 158; XXII, 402; XXIII, 220, 573; XXIV, 123, 131; XXVI, 60. Also in *New, Old and Forgotten Remedies* and *Clarke's Dictionary*.

I introduced *Pulex irritans* about 1893. The flea bite was a rank poison to my wife, the effect being as bad as a bee sting. I prepared the tincture and had Dr. Swan potentize it. It entirely relieved my wife so that the fleas gave her no more trouble, and have not since. The mosquito has not troubled her since then. You will find report of *Pulex irr.* in the *Homœopathic Physician*, XII, 207; also *Transactions* of the I. H. A. for 1919, page 93. This last is an article from Drs. Milton Powel and John Hutchinson, being reports of cure from the flea bites and mosquito bites.

You will find word of *Culex musc.* in the *Homœopathic Physician*, IX, 61; *Medical Advance*, XXVI, 6, 8; XXXV, 304. Dr. Kent mentions *Culex*. Blowing the nose causes vertigo, *Culex*.

Ledum promptly relieves the bee sting. I have verified this a number of times. A bee man kept a vial of *Ledum* 1x or 2x which I prepared for him. He said it always relieved. It will also act on other insect stings. *Ledum* is a near specific for effect of a nail (or other) puncture in the bottom of the foot and has prevented tetanus a number of times in my hands. I use it in potency internally.—W. A. YINGLING, M. D.

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Treatment of Asthma: Dr. Blunt has cured more cases of asthma with *Nat. mur.* than with all other remedies put together. He considered it a specific for more than half of his cases. He thinks that "this wonderful remedy is not as well understood as it ought to be. Even Kent does not do full justice to it". In Kent's *Repertory* under the rubric Respiration Asthmatic there are 142 remedies mentioned including *Nat. mur.* in the second degree, but in the succeeding three columns of sub-rubrics it is not mentioned once. It is not found under aggravation at night nor during the small hours of the morning, nor in wet weather; under Respiration Difficult it is not found under lying impossible, sitting upright ameliorates, walking against the wind difficult. Strange to say the author has found most of these symptoms pretty constant in every asthma case cured by *Nat. mur.* He has used *Kali carb.*, *Nat. sulph.*, *Ars.*, *Lyc.*, *Puls.*, *Thuja* and *Sulph.* in some cases. Since he has found *Nat. mur.* so frequently called for he begins by inquiring in every asthma case about:

1. Warm or stuffy room aggravates.
2. Open air ameliorates in general.
3. Aversion to consolation (not sympathy).
4. Lachrymation walking against the wind.
5. Respiration difficult walking against wind.
6. Asthma worse, or comes on during small hours of the morning.

Symptoms 5 and 6 are his own observations. If 1, 2, 3 are present, and either 4 or 5, or both, 6 settles the choice for *Nat. mur.* Further symptoms will confirm. Even 1, 2, 3 and 6 are sufficient for remedy selection.

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Drug Pathology, Principle of Drug Action, and Drug Therapeutics, Pharmacology: This is an extensive piece of research made in the "attempt to put the materia medica upon a sound, rational and demonstrable basis; to give a laboratory course to the student whereby he could demonstrate for himself at first hand the facts that homœopathic remedies are active and elect for their action certain tissues of the body; to determine the pharmacological and pathological actions of those remedies (homœopathic) which are not studied by the ordinary pharmacologists; to demonstrate by scientific methods the truth or falsity of the homœopathic doctrine of the treatment of disease". It includes careful chemical, pharmacological, bacteriological studies on many animals. There is a series of micro-photographs of pathological slides showing changes in the different animal tissues produced by the remedies used. This is an extremely interesting bit of research.

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THE HOMŒOPATHIC RECORDER

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THAT SPIRIT-LIKE FORCE*

GUY BECKLEY STEARNS, M. D., FOR THE FOUNDATION FOR HOMŒOPATHIC RESEARCH

When Hahnemann discovered that curative action remains in drugs diluted to the 30th potency and higher, he realized that he had come upon an unrecognized quality in matter. Physical science gave him no hint as to this quality, so he wisely designated it "a spirit-like force" and left the matter of a proper name to posterity. Science has expanded in many directions since Hahnemann's time but it has not yet comprehended the quality of matter which remains in high potencies.

It is desirable to bring the problem of potency into the field of science. Whether this can be done or not depends on what is meant by "science". Among high authorities, science is defined as including only things which may be measured, thus embracing only a small part of human experience. This definition throws out of the field of science anything depending on vital reaction for its demonstration. Some make the definition broader and include all verified knowledge as belonging in the field of science. It is undeniable that potency exists in high dilutions and it is not necessary to fit the fact into any particular concept of science; nor, indeed, is it necessary to fit it into any accepted concept of matter. The quality known as "potency" must be studied in relation to the laws governing itself and in connection with whatever facts can be observed.

The only method by which the nature of potentized substance can be learned is direct experimenting. Thus far, living things are the only mechanisms that experimental evidence has shown to register the effects of high potencies.

The sub-division, solution and agitation which enter into the

*Prepared for the I. H. A., Bureau of Homœopathic Philosophy, June 1929.

making of a potency of a drug bring the study of potency into the field of physics and chemistry. Since the effects of potency have been observed only on living things, its study belongs equally in the field of biology. Effects from high potencies on human beings have been the common observation of homœopathic physicians for more than a century. Since no two people are exactly alike, the effects of a drug are different on each individual. A potentized drug causes marked effects only on individuals with special susceptibility to it. This has made it difficult to apply statistical methods of observation, which puts the common knowledge of their action outside the accepted field of science.

SUMMARY OF SOME FORMER EXPERIMENTS

In order to meet this difficulty, the Foundation for Homœopathic Research has conducted experiments with guinea-pigs, using a group sufficiently large to make a statistical method practicable. For the same purpose, experiments were made with fruit flies. Both of these experiments have been reported previously and both gave evidence of the presence of some active agent in high potencies, but gave no hint as to its nature. They revealed only that which previous experience had indicated, namely, that profound physiological changes are caused by potentised substances.

Investigation of the claims of Abrams has led to the discovery of the presence of something tangible in connection with potencies.

This tangible something appears to have been recognized by several observers in the past. Reichenbach, in 1857, described certain emanations radiating from objects such as magnets, crystals, etc., as well as from human bodies, which caused, in sensitive persons, reactions which could be observed and recorded. He called this "odic force". French observers have reported effects of certain metals on hysterical individuals and Dr. J. Luys was able to produce convulsions, hallucinations, alterations of the pulse, etc., by bringing tubes containing medicines near to, but without contact with, hypnotised individuals.

Dr. Baylies of Brooklyn observed that he could detect ef-

fects of some remedies when the vial containing them was held in his hand. Fincke entered into experiments with him and was able to cause symptoms of certain remedies in sensitive persons when the individual held a vial of the remedy.

The work of William Boyd of Glasgow, and of the Foundation for Homœopathic Research, has verified the presence in potencies of an energy which is manifested at a distance. Coils and condensers similar to those used in radio appear to be brought in resonance with this energy, or at least with some phase of it. The same kind of reactions that are caused in the human body by this energy, can be caused by changes in position of the body in relation to the points of the compass. This work has been referred to in previous reports and papers.

This energy can be brought sufficiently under control to lead to the selection of suitable constitutional remedies. It is this fact that has encouraged the Foundation for Homœopathic Research to enter into this new field of research.

RECENT DISCOVERIES

Through a fortuitous suggestion, it was discovered that certain substances, and probably all, are affected in a manner that can be demonstrated by their position in relation to the points of the compass.

This can be demonstrated by means of a piece of board of suitable dimensions, or a book, or any longitudinal object. A pine board a foot square is one of the most suitable objects for demonstrating it. A string should be looped loosely around the edges of the board, so that it can be suspended with the sides perpendicular and the grain horizontal. The board should be suspended by the string and held by the experimenter in front of him, with one end pointing away from him; with a rubber hammer, he should rapidly tap the centre of the board, and, at the same time, slowly turn around, always keeping the board in the same relative position to his body and tapping with the same intensity on the same spot on the board. When the board is in the north-south direction, there will be a slight increase in pitch of the note caused by tapping. The effect is so delicate that close attention must be paid to observe it. After one has acquired the necessary

delicacy of hearing and touch to observe it, he can usually find the north-south direction in any locality.

In so far as we are aware, this phenomenon is new to science.

If, while the experimenter is tapping, a second person will start from twelve or more feet to the north and walk very slowly toward the board, there will be, when he is nine or ten feet away, a distinct change in the percussion note. This effect appears to be due to some kind of wave and the point at which the change occurs appears to measure the length of the wave, because the change occurs only when the person is exactly at that point, for even leaning forward or backward is enough to nullify the effect. Let us call this the nodal point. This change occurs when the individual is at the distance of the nodal point, even though he be in another room with a wall between. Furthermore, if the individual recedes from the board, the same phenomenon occurs when he reaches a second point at about twice the distance away.

Now, if the second person will stand at the nodal point and if the tapping on the board be continued, and if another individual bring a vial of any drug or a living plant toward him, when the approaching person gets within a certain number of feet of the one at the nodal point, there is a change in the percussion note. The distance at which this occurs varies with each drug or plant.

Musicians have analysed these changes of sound, and say that when the board is north south, there is apparently a higher pitch due to an overtone and that, when the second individual stands at the nodal point, a second overtone is added to the first. Both overtones are apparently abolished when a drug is brought within the distance at which the individual standing on the nodal point is affected by that drug.

John Hillhouse has devised a mechanism whereby a board can be made to vibrate and its vibrations be transformed into electrical energy which can be demonstrated on a milliamperemeter. When the mechanism is turned in the north south direction, the milliamperemeter needle oscillates and turns to a new position, thus demonstrating the orientation effect. When a person comes on the nodal point, the needle oscillates and comes

to a new position and there is an oscillation of the needle when different drugs are brought within certain distances of him.

SIGNIFICANCE OF THE PHENOMENA WITH THE BOARD

In previous reports, it has been assumed that the orientation effect observed in human beings is peculiar to living things. The phenomena associated with the board (and other substances) which have just been described, indicate that the effect is probably common to all matter. This raises the question: what causes a difference in the state of matter which lies in the north south direction? One of the suppositions has been that it is a result of some influence of the magnetic earth currents. However, evidence seems to indicate that the effect arises not when the board is in the *magnetic* north south line, but corresponds more nearly to the *geographical* north south. This accords with the observation of T. Proctor Hall that certain reflexes of the body have a maximum intensity when an individual stands sideways to the *geographical* rather than to the *magnetic* north south.

It is significant that the effects are best observed through the medium of sound. Sound is one of the branches of science whose study does not necessarily have to do with electrical or magnetic concepts and, since the phenomena have escaped the attention of workers in orthodox science, it is indicated that research concerning the phenomena should be carried into the byways, as well as along conventional lines. For since all that we see about us is supposed to be a manifestation of electricity—and as electricity is the fundamental science in physics—the phenomena with which we are dealing may require some altogether new concepts.

There are various directional factors in connection with the earth which should be considered. Because of the rotation of the earth on its axis, the surface of the earth at the equator is moving at the rate of nineteen miles a second. This creates an enormous centrifugal force which would throw everything on the surface of the earth into space were there not a greater force, due to the attraction of the earth's mass, that holds everything on the earth. There is another directional force due to the movement of the earth in its orbit around the sun. The effect of this momentum is

imparted to everything on the earth. There is still another directional force due to the movement of the entire solar system, which is falling through space at a tremendous speed toward some remote point of attraction. The whole sidereal system is also supposed to be revolving in an orbit of its own.

The earth, with all that is on it, is subject to those four directional forces. As a result, the actual path of movement of an object at any point on the earth is a complex spiral in space.

If any part of the orientation phenomena is due to this movement, it may be because of what is known as the Fitzgerald effect, namely, that a body shortens in the direction of its movement relative to its speed. If the speed is increased to that of light, a body's length becomes zero and its material is then represented only by energy.

It may be that some explanation of the orientation phenomena fits in with accepted physical laws. It may, on the other hand, be due to some primary form of energy which has escaped observation simply because it does not conform to the laws governing electro-magnetic phenomena. It can, however, be stated that there exists some form of energy of a directional nature which produces in matter an effect that can be demonstrated when matter is thrown into vibration, and this appears to be true whether the matter is in the living or in the inanimate state. In some way, there is relative to the above the effect of an individual on a pine board when at "the nodal point". It has been suggested that this latter effect may be due to capacity. If it were due to capacity effect, the change of note would be one of gradual intensity as the individual approaches the board, instead of a sudden one. The changes caused by bringing potencies of different drugs toward an individual could hardly be due to capacity, for the differences between the effects of different drugs are too great to be caused by the insignificant differences in the size of the vials and of their contents. It seems rather that there radiates from living persons, living plants and drugs, even though the last be diluted to an infinite degree, a form of energy which affects both living beings and inanimate matter in a manner that can be detected by putting them in a state of vibration, in exactly the same manner as they are affected by orientation.

From the standpoint of accepted physical concepts, it is conceivable that living beings, plants and drugs radiate some form of energy characteristic of themselves, but accepted concepts do not account for energy characteristic of the original substance in a dilution, say of the 200th potency. This brings the investigation of high potencies into the field of energy that involves the above described phenomena. Since the fact of potency is not explainable by accepted concepts, the problem must be approached *de novo*.

Let us examine some of the factors relating to matter in its different states. In the liquid and solid state of matter, some form of attraction binds its molecules in groups, e. g., when water is in the form of ice, its molecules are made up of three molecules of H₂O. When in the liquid state, of two molecules of H₂O. When in the state of gas, of single molecules of H₂O. Although grossly the three states have widely different characteristics, certain qualities are common to more than one of the states.

A common characteristic of liquids and gases is that the molecules of both are diffused uniformly through a containing vessel, although diffusion of gas is very much more rapid than is diffusion of liquid. Diffusion takes place to a slight degree in solids, for even two metals, when placed together for a period of years, will be found slightly intermingled at the surface of contact.

A common characteristic of liquids and solids is that there is but a slight difference in the volume of a substance in the two states. A characteristic of liquid is that it can bring substances into solution. A substance that is dissolved is diffused through the solvent in the same way that gas particles are diffused in their containing vessels. Temperature and pressure determine both the amount of gas that will occupy a given space and the amount of substance that can be held in solution in a given volume of solvent. Osmotic pressure in its relation to density of solution corresponds mathematically to the pressure of gases in relation to their density. Thus, in density, diffusibility, and pressure, a substance in solution has characteristics similar to those of a gas. Just as gas can be rarefied and its properties can be modified by means of a vacuum, so a substance in solution can be di-

luted and its properties can be modified by increasing the proportion of solvent.

A perfect vacuum, i. e., a space in which not even an atom of matter exists, never has been and probably never can be produced on this earth. Even in interstellar space, there is supposed to be an atom of gas in every cubic inch. A solution can be carried to any degree of attenuation, even to a point comparable to a perfect vacuum.

There is, however, an element that renders attenuation by dilution different from attenuation of a gas by means of a vacuum. The diffusion of gases is apparently due to a repulsive action inherent in their molecules, which causes them to fly as far as possible away from one another. The molecules of a soluble substance in the form of a dry crystal cling together so that the substance retains its form but, when it is placed in a solvent, the attraction of the molecules of the solvent neutralizes the state of cohesion among the molecules of the crystal, thus adding a pulling apart effect to the dispersive characteristic inherent in a substance when it becomes liquid.

It may well be that the secret of the nature of high potencies lies in the attraction of the solvent for the molecules of the substance in solution. As a solution is made more dilute, complete dissociation occurs. As the dilution proceeds further, a time comes when no chemical or physical test (that is to say, tests based on electro-magnetic concepts) reveals any of the original substance in the solution and yet by means of biological tests, qualities can be detected that characterize the substance.

When a potency is made on the centesimal scale, each subsequent dilution increases one hundred times the proportionate attraction of the molecules of the solvent for the remaining molecules of the dissolved substance, and it is logical to expect the expansive pull to extend to the electron proton combination of the atom itself. An atom is mostly empty space, but the empty space is just as much a part of the atom as are the electrons and protons, for it is the field of attractive force which holds the protons and electrons in their relation to one another. Any force that acts on the atom must act on the electrons, the protons and the field of attractive force as a unit. Now the component parts

of an atom are considered to be positive and negative electric charges with an electric field between, and the mechanism of dilution is an electro-magnetic phenomenon. The process of making a potency simply creates an enormous leverage for one electric force on another.

When atoms combine, a great deal of energy is released. This is utilized in running all the machinery of the world and in heating and lighting our houses and represents only a fraction of the energy locked up in inter-atomic attraction. We obtain a faint idea of the extent of this kind of energy from the amount of damage that can be done by the explosion of a few grains of T. N. T., but this is as the impact of a falling dust speck on a mountain range when compared with the energy within the atom. It has been computed that there is enough intra-atomic energy in a gramme of material, if it could be translated into horse-power, to run a forty million horse-power electric plant forty million years, night and day, without stopping.

When making a potency, as the succession of dilutions proceeds, some of the storehouse of energy within the substance being diluted expands into the solution, not in the form of horse-power energy, but in a form that modifies vital processes much as they are modified by enzymes.

Let us leave our dilution for a moment and see what happens to gases when highly rarefied. The interior of stars like our sun is supposed to be composed of gas. The temperature within the sun reaches the incomprehensible height of forty million degrees. Compare this with the few hundred degrees required to boil water. The heat of the flame, when transmitted to the lower layer of water, causes the molecules to fly apart and to assume the gaseous state. They rush up through the body of water, imparting to it some of their heat, until the whole mass is bubbling and being transformed from the water into the gas estate. The forty million degrees of heat within the sun not only keep the atoms of the sun material in the gaseous state but also create waves of radiant energy similar to the x-ray that tears off the electrons from the gas atoms; so that

the interior of the sun is filled with free electrons, radiant energy and mutilated atoms.

When an atom loses electrons it is called an ion and when in this state it frantically draws to itself any free electron that comes its way. Within the sun, this losing and grabbing of electrons takes place thousands of times a second for each atom. It is only for the minutest duration of time that an atom is clothed with its complete complement of electrons and it is never in any but the gaseous state. Gradually in the course of eons, radiation from the centre reaches the surface of the sun and flows out into space. Two of the elements—calcium and sodium—have atomic weight such that when they have lost a certain number of electrons, their weight is slightly less than that of a ray of light, so a certain number of emasculated sodium and calcium atoms are swept into space. Inter-stellar space therefore is supposed to contain at approximately every cubic inch an ionised atom of soda or calcium, as well as energy in the form of radiation. Thus inter-stellar space, which is the highest vacuum known, contains gas in the highest form of rarefaction. However, the end product is different to the end product of a high dilution, for the tremendous heat within a star disrupts the atom and leaves its constituent parts, the oppositely charged electrical particles, frantically striving to join in stable combinations. As the temperature lowers to a certain point, simple elements form and as the temperature continues to fall, step by step, more complicated atoms appear until the temperature is reduced to the point where the full number of possible elements is formed. At the same time the atoms having more electrons than are necessary for an exact positive negative balance join atoms having a corresponding deficiency of electrons, thus forming more or less stable chemical compounds. In a potency made by successive dilutions at ordinary temperature, there is probably no violent stripping of electrons from the atom. There is, instead, a gradually increasing outside pull being applied, which causes the molecule to expand as a whole into the volume of the solution. Associated with both inter-stellar activity and the process of potentization, there is release of energy. In

intra-stellar activity, this energy is a short wave radiation similar to the x-ray.

In high dilutions, there is a radiation that appears to be in some way related to vital phenomena. The experiment with the pine board indicates that there is a non-electro-magnetic directional energy. It is reasonable to deduce that potency in high dilutions, and perhaps these other non-magnetic forms of energy, represent a fourth state of matter—or perhaps it is better to say the primordial or first state. The gaseous state, which is the most common form of material in the universe, is a condensation of matter in the first state and represents the second. The liquid state represents the next degree of condensation and the solid state, which is the rarest state of all, is the fourth. Let us keep in mind that matter, as we know it, is the rarest, or shall we say the *scarcest*, thing in the universe and that, if matter were so expanded as to be diffused evenly throughout space, it would not make any appreciable difference in the density of space.

Probably there is an unity of concept which explains all manifestations of energy and of matter. The study of Hahnemann's "spirit-like force" leads toward that unity. The result of the experimental data described in this paper makes it a little more tangible, regardless of whether or not the theoretical discussion is germane. Some day the mathematical genius of an Einstein will reduce the "spirit-like force" to a mathematical concept.

NEW YORK, N. Y.

Since it is an established fact that a true homœopathic specific may either produce an exacerbation of the symptoms, or a curative sleep, and we are unable to determine the normal dose which will under all circumstances occasion those results, we therefore advise the beginning practitioner not to pledge himself to any dose in particular but to use the whole scale of potencies to the best of his judgment.—HARTMANN'S *Acute Diseases*, 1846.

PRESIDENTIAL ADDRESS*

W. W. WILSON, M. D.

Fifty years ago a band of homœopathic physicians, harassed by the kind of homœopathy sponsored by the American Institute of Homœopathy, drew themselves together into an association for the promulgation of the pure art and called themselves the International Hahnemannian Association.

Since that time the little band has been augmented, taking into its fold, so far as possible, those who are willing to work for a sound ideal and prove its tenets as truths.

Years have passed and little or no improvement has been seen in the work of the old society, but with some new blood that has come in recently, there is hope that true standards may prevail.

Our own Association has plodded along, keeping its ideals high and acting as the buttress to an art whose truths cannot be put down.

You have honored me more than I deserve by making me your president for this, the fiftieth session of the International Hahnemannian Association. There are others who have been members longer than I who have given of their time and talents to make for the success of the Association whom you might better have honored, for they are the more deserving.

We have had presidents' addresses read to us and lengthy papers too, telling of the failure of homœopathy and of how, as a body, we were going to the dogs. The trouble is not with the truths but with those who make failures in their promulgation. Failure to properly grasp the truth, the getting of an insecure or erroneous foundation is what is at the bottom of the conditions we find today.

We read of a renaissance of homœopathy in Europe and other foreign lands. That must be because of the more intelligent grasp that their peoples have gotten on the fundamentals. Few of us received our foundation in our alma mater. Had it not been for the grounding given me by my preceptor, I'm sure I might be floundering in the depths of mongrelism as are many of our present day men.

*Read before the I. H. A., June, 1929.

If we could feel sure of the full co-operation of the faculties of our schools, we would have taken a long step toward the true teaching of our ideals. I well remember the ridicule and contempt with which the teaching of our materia medica men was treated by the teachers in other chairs. This was passed on to the young student and, of course, if he had no one to whom he might anchor, he acquired nothing of the ideals of homœopathy and when he graduated and was thrown upon himself in practice, he soon fell into the easier and more lucrative ways of the "regular" school.

Do we get enough advertising? Our papers are full of this new germ of disease that has been isolated and that new serum that has been discovered; and with the discovery of the new germ, the step to the specific serum is so sure and easy. We know that the specific serum is unattainable but the public does not. Who has ever read in the papers that the mortality rate in the "flu" epidemic of 1918, under pure homœopathy, was only five-tenths of one per cent or that Dr. Roberts, in his service during the war, never lost a case of anything that came to him for treatment? Why are we loath to have things known? Why are we so shy and modest?

We all regret, I'm sure, that our colleague, Dr. Royal S. Copeland, does not use some of his great privilege to extend homœopathy. Is he afraid of his skin?

The Homœopathic Society of Montclair and vicinity (mostly women who are treated homœopathically) acquired a piece of property a few years ago and proceeded to convert the place into a hospital. They went before the public of the town and collected funds to help the cause along but we were told that the whole matter must be done on the quiet. Why? Is homœopathy something to be ashamed of?

Why cannot the public be told of the low mortality rate of pneumonia and typhoid fever, under homœopathic treatment? Why cannot they be told that few, if any, cases of "grippe" or "flu," treated homœopathically, ever develop sinus or mastoid troubles? Why can we not radio broadcast the benefits of homœopathic treatment?

I was told by the ex-president of the American Institute of

Homœopathy, Dr. Belting, that when the Prince of Wales reached the side of his father, King George, in his recent illness, he had his personal physician, a homœopath, prescribe for him. The king's physicians had found his blood full of streptococci. The first examination of the king's blood, after the homœopathic prescription, showed an entire absence of streptococci. Dr. Belting said that Dr. Linn Boyd, of New York City, had been told what remedy had been prescribed.

Who else knows of these facts? The papers have never told. What power keeps these facts from the public and why does not our national organization put a check to such high-handed work? Let us advertise and advertise broadly.

Times have changed and the new generation is freer. Now our women and girls smoke and we are told that they drink freely. Time was when our modest females did no such things, at least publicly. Modesty is not measured by such acts and from the old standpoint, we would say there is no modesty. However, some of us think that the present action is but a swing of the pendulum in a way new to us. We should remember that morals are dependent on peoples and times. What is strictly moral with us is immoral with other people and *vice versa*.

I once heard Robert J. Burdett, of the *Detroit Free Press*, lecture on the *Rise and Fall of a Moustache*, in which he made a remark that has always stuck. He said it was but natural that the child should know more than his father. "Take Columbus for example—what if he had not known more than his parent—where would we be—sitting on a fence beside the Dismal Swamp, quite likely, awaiting the coming of someone to discover us."

Recently things have happened in the city of New York that have given us much food for thought. Our good friend Mary Ware Dennett has been charged and convicted of sending obscene matter through the mails. To know Mary Ware Dennett is to know how absurd is such a charge, but ignorance has prevailed and she stands before us convicted. Mrs. Dennett presented me with a copy of her little monograph when we were on the Lapland cruise and a better, purer, more scientific and understandable presentation of the subject "*Sex Side of Life*" never has been written. Many doctors and scientific people, both men

and women, have attempted such writing, but all have failed and it fell to the lot of a lay woman to present the subject in the most modest, womanly and understandable way, without side-stepping a single point.

I should like to recommend that the International Hahnemannian Association go on record as upholding Mrs. Dennett's brochure and that it contribute, either from its treasury or as individual members, to the Mary Ware Dennett Defense Fund, and that our secretary be instructed to communicate with Mrs. Dennett and make her cognizant of our action.

The Mary Ware Dennett verdict shows the dense ignorance of society in matters regarding sex and the effect of prudery. As a counteraction to these conditions I would recommend that the International Hahnemannian Association go on record as favoring the teaching of sex matters to students in colleges and to students in teachers' colleges, and also the teaching of the adolescent child by those prepared for such work. We see that children are taught to grow the best corn, raise the best hog or calf, but there is no one to teach the adolescent how to become the best parent and rear a healthy child.

Again, though in the same vein—a birth-control clinic of New York City was raided during the past winter. The women patients present were subjected to indignities and the case records were confiscated. Some of them have never been returned. Our friend, Mary Ware Dennett, being a mother and an advanced woman, has worked for years with that strong pioneer, Margaret Sanger, for the teaching of birth control.

As physicians we see the deplorable conditions arising from the large family. How the older children are forced to help care for younger ones and how they are forced to earn their own living to the detriment of proper education. We likewise see the mother aging before her time and deprived of the privilege of independent development.

I would recommend that the International Hahnemannian Association go on record as being in favor of birth control and its teaching, as a means of bettering mankind through the birth of the especially wanted and strong child.

Summing up these, my recommendations, let us advertise, and advertise strongly; let us back up our good friend and patron, Mary Ware Dennett, in her work of sex education; let us advocate the teaching of sex matters in their truest form by teachers especially prepared for such teaching, and let us go on record as standing in favor of birth control with all of its advantages to the human race.

And now I wish to extend my sincere thanks to Drs. Grace Stevens, K. A. McLaren, Dayton T. Pulford, Margaret Burgess-Webster, and H. A. Neiswander for their acceptance of the chairmanships of the various bureaus, and for the excellent program they have prepared for us; to the members who have contributed the fine papers; to our secretary for his great forbearance; and to the membership at large for the honor conferred on me in making me the president of the fiftieth annual session of the International Hahnemannian Association.

MONTCLAIR, N. J.

Hahnemann taught the efficacy of small doses. He showed that when drugs are prescribed according to the homœopathic law, it is indispensably necessary that the doses be small, and that *infinitesimal* doses are more efficacious than large ones.

Nothing has brought more opprobrium upon Hahnemann from the allœopathists, nor more ridicule upon his followers than this question of the dose. And many homœopathists yielding to this clamor and shrinking from this ridicule, make a merit of disclaiming any fellowship with Hahnemann on this point and loudly proclaim their willingness, in the matter of large doses to "go as far as he that goes the farthest".

We have thus the spectacle of a large body of professed homœopathists denying their master in the three fundamental points of his system—the indication, the remedy and the dose! And all this, as much through lack of moral courage to brave the obloquy which attaches to the strict Hahnemannian, as from honest difference of opinion.—CARROLL DUNHAM, 1864.

DIGITALIS IN REFERENCE TO ITS ACTION ON THE HEART IN THE HIGHER POTENCIES*

H. R. EDWARDS, M. D.

The chief use of this remedy by many seems to be in all and any kind of heart disturbances. Many drop doses are given, increasing the dose to the secondary toxic symptoms. It is my endeavor to show today that *Digitalis* can substantiate this claim to first choice in the realm of heart therapy, especially in cases of broken compensation; and that in high potencies it is a real tonic to the heart.

Hahnemann says in a note to *Digitalis*: "It is the most ordinary and certain characteristic property of *Digitalis* to depress the pulse in its primary action. This depression is then permanently followed by a much smaller and more frequent pulse, which shows how great a mistake is committed by physicians of the allœopathic school who imagine that they can permanently retard the pulse by digitalis."

Digitalis, while universally recognized by many as the most dependable heart tonic, is at the same time often abused. Its therapeutic uses are based upon its effects in strengthening the action of the heart, prolonging the diastole and increasing blood pressure.

Valvular diseases of the heart are not always an indication for its use. When a valvular lesion is accompanied by broken compensation and dilatation then *Digitalis*, if the symptoms agree, is the remedy most surely indicated from a physiological and dynamic point of view.

The homœopathic indications for *Digitalis* are a slow pulse which may alternate with a very quick pulse. At times an irregular and intermittent pulse can be detected. With these are observed the general characteristics of blueness, vertigo, sensation as if heart would stop beating if they moved about much. Irregularity of respiration which is difficult and performed to the accompaniment of frequent sighing. Weakness and sudden sinking of strength. On going to sleep the breath seems to disappear and they waken with a gasp to catch it. There is also palpitation, fluttering, pain beneath sternum, desire for air and

*Read at I. H. A., Bureau of Clinical Medicine, June 1929.

a feeling at night that he must arise and walk about. These are a few of the marked symptoms of *Digitalis*.

Following are a few cases which were under *Digitalis* in increasing doses, when I first saw them, that have been permanently benefited by the use of this remedy in potency:

CASE 1. Howard M., 31 years., clerk. Had to give up work; heart enlarged; strong irregular beat, again slow and soft; pronounced murmur; dyspnoea so marked at times that he has to hold on to something for support. Is taking digitalin, 5 drops, to control the beat, and 1/60 of a grain of strychnine to tone up. May 2nd. Discontinued the digitalin and the strychnine and gave *Cratægus* for a few days, May 11th, then *Digitalis* 30th, three powders three hours apart. Heart very irregular. May 23rd. Heart not nearly so irregular. Murmur not so marked. *Sac. lac.* June 8th. Feeling heart a little more. Rhythm much better. Not so labored or irregular. *Digitalis* 30th, three powders, three hours apart. *Sac. lac.* July 13th. Heart rapid, irregular. Dyspnoea and pain. Has been back to work. *Strophanthus* 3x four. November 2nd. Has been better. Now aggravated. *Strophanthus* repeated. January 28th. Has been feeling better, but heart is now rapid. Again slow and irregular by turns and intermits. Some cyanosis and dyspnoea. *Digitalis* 200th. April 3rd. Has been much better. Now symptoms aggravated. Murmur still quite marked, but says he is feeling fine and no trouble doing his work. *Digitalis* 10M with instructions to report if he felt badly again.

CASE 2. E. M., 39 years, steamfitter. Has not worked for two months. Too weak and short of breath. Pain in heart region with numbness and cramping in upper and lower limbs. Pulse 120, small and thready. Very weak. Afraid to go out on street. Waving sensation. Vertigo. Better walking slowly. Has been taking large doses of *Digitalis*. Frequently takes deep breaths. Sleeps poorly on account of dyspnoea. August 30th. Prescribed alkaline breakfast. *Nux vom.* 30th. September 4th. Has taken nothing but water. Feels weak but "cleaner", pulse 88. Nausea in morning. *Sac. lac.* and continue with same diet. September 11th. Complains of cold, damp feet even in bed. Numbness in left arm from elbow down to tips of fingers. Cannot walk now. Better sitting. Fears will lose breath. Sensation of fear felt in solar plexus. Ag-

gravated when out on street, better indoors. *Sac. lac.* September 18th. Feeling better and stronger. *Sac. lac.* September 26th. Not so well. Feeling weak. Heart irregular. *Nux vom.* 30th and vegetable diet. October 11th. Feeling better. Dry cough. Tires easily. Dyspnoea at times. *Sac. lac.* October 16th. Heart paining again. Slow, irregular, intermittent about every seventh beat. Tired and discouraged. *Digitalis* 200th. Three powders, one every three hours. *Sac. lac.* October 26th. Much better generally. Pains around heart better. More cheerful. *Sac. lac.* November 2nd. Pain around heart. General aggravation about an hour after waking. Sleeping better. Breathing aggravated. *Sac. lac.* November 6th. Heart pounding away. Irregular. Intermittent. Pulse full, bounding. Rate 130. Cannot focus well on objects. Eyes feel out of focus. *Sac. lac.* November 9th. Feeling much better. Thinking of work again. Slight numbness of fingers especially the middle. *Sac. lac.* November 13th. Slight pain in heart region. Soreness and sinking sensation in abdomen. Numbness of fingers annoying. Tried to work today a little. *Ammonium mur.* 6x. November 16th. Numbness better, chiefly now in tips of fingers. Heart much better. More regular. Pulse 100. In mornings takes deep breaths involuntarily. Does not notice having to do this in afternoons. Tired in morning on awakening which is relieved after being up and moving around. *Sac. lac.* November 22nd. Numbness very slight or not at all. Heart better. *Sac. lac.* December 10th. Has been better. Not feeling so well. *Digitalis* 10M. December 14th. Has the flu. *Baptisia* 1x. December 20th. Feeling much better generally. Heart hardly noticeable. Working again full time and quite hard. January 26th. Feeling fine. Examination shows rhythm good. Pulse full, and bounding. Rate 76. Little or seldom any pain. Sighs only occasionally. Numbness entirely gone. March 12th. Has been very well. Working every day. Has gained in weight until last week when pains came off and on. Some dyspnoea especially in morning. Numbness slightly noticeable again. *Digitalis* 10M, one dose. April 15th. Feeling fine. Heart and rhythm good. Pulse full. Rate 80. No numbness. Sleeping and eating normally. Works a full day without fatigue.

CASE 3. T. S., 43 years, electrician. Has been in bed six weeks with heart trouble. Very weak. Respiration labored. Talks in a whisper. Pulse rate 36-40. Has taken much digitalis and

strychnine. May 19th, 1923. *Cactus grand.* 1x, 5 drops every four hours. May 24th. Feeling better. Pulse 48. Continued *Cactus*. June 2nd. Heart seems better. Irregular with marked regurgitation. *Crataegus* 1x. Two drops every four hours. June 20th. Has been taking *Crataegus* and is at standstill. *Digitalis* 30th. June 30th. Feeling better and sitting up. *Sac. lac.* July 25th. Beginning to walk around and feeling stronger. *Digitalis* 200th. August 20th. Improvement continuing. *Digitalis* 200th. October 18th. Not quite so well. Heart bothering him again. *Digitalis* 200th. December 6th. Feeling fine. Heart action smooth and regular. Murmur very slight. March 22nd, 1924. Has felt well all winter. Cannot hear a murmur. Back to work. June 4th. Fell over piece of iron piping, bruised ribs, none broken, badly shaken up. *Arnica* solution and *Digitalis* 200th. November 15th. Heart action good. Slight murmur. *Digitalis* 200th. July 8th, 1927. Has been feeling fine. Has not missed a day's work. Has not needed medical attention since. Only slight murmur. Rhythm good. Pulse 72. Pain in left knee. Aggravated when he goes to bed. Pain shoots up and down leg. Fourteen years ago had a bad attack of rheumatism, since that time has occasionally experienced a twinge. Pain now is similar to the attack of fourteen years ago only not so severe. Is afraid that it will return. *Digitalis* 10m. October 27th. Heart is fine. Beat is even and full. Pulse rate 72, and not a murmur nor a miss can I hear. Knee much better, in fact all clear. Examination of urine negative. April 27, 1929. Heart sounds fine. No murmur. Rhythm good. Pulse 72 to the minute. Has nothing to complain of and came in for examination only.

It will be noted that the preceding cases had been taking massive doses of digitalis and that after discontinuance of this same many secondary symptoms disappeared, giving place to the return of the original condition and symptoms which still called for *Digitalis*, but in potentized form. Gradual and sure relief then followed, resulting, eventually, in what I feel may be justifiably classed as cure.

MONTREAL.

DISCUSSION.

DR. CRIMMER: Mr. Chairman, I think this is the most wonderful paper we have had so far, for several reasons. First of all, it gives us courage. Reme-

dies that are not crude are capable of curing the worst cases. There has been a misconception afoot to the effect that our potencies are very good in these little functional diseases, but where you have organic trouble, you must go to the crude drug. The doctor has shown the fallacy of that point of view. There is one little point that he didn't mention that I would like to bring in here about *Digitalis* in potency. It is the very best antidote to the pernicious coal tars that are flooding humanity today, even more pernicious than the crude doses of *Digitalis* are the painful effects of the coal tars, aspirin, luminal, and a number of others. They are about the same. *Digitalis* will antidote them better than any other one known remedy.

It is also an answer to one of the points that Dr. Brown brought up in some of his pneumonia cases. In the prolonged cases that have gone on and that are apparently doing well but with the least bit of heart weakening, a single dose of *Digitalis* will save a lot of those cases.

DR. HEINBACH: I want to report two cases of the type that he has mentioned being digitalized so profusely that they can hardly live any more. Just within the last month a new patient came to me, first with his daughter, and incidentally he remarked that he had heart trouble and had been obliged to take *Digitalis* for over a year and he wasn't able to work, so on and so forth. I listened to his heart a little bit. I said, "Suppose you stop that *Digitalis* for a week and then come back and I will see what I can do for you". "Oh, the doctor says I must take *Digitalis* or I will die". I said, "You will die sure if you don't quit it". He left the office. Whether he was going to stop the *Digitalis* or not, I didn't know, but in a week he came back and he didn't puff a bit. He came walking into my office feeling pretty happy. I said, "What can I do for you"? He said, "I stopped the *Digitalis* as you told me and now I am here to consult you". I said, "Don't you feel better"? "Sure I do, much better" I looked him over and gave him a little *Cactus* and he came back in four days. He said, "Why doctor, you have no idea how I feel now".

I had another case, a man 76 years of age, with almost the same story. The doctor gave him that same advice, "You must take *Digitalis* or you will die". He could hardly walk up the stairs, where I had my office then. He came puffing up as if he had been mowing hay for twenty-four hours. After listening to his heart, I said, "You have got to stop that *Digitalis*". "Oh, I can't stop that, I can't stop that". The doctor had quite a reputation and he thought he must keep up that *Digitalis*. "I can't do anything for you if you don't stop", I said. I looked him over carefully and gave him *Anacardium*. He came back in a week and didn't puff a bit when he came up the stairs.

DR. KRICHBAUM: Mr. Chairman, I would like to inquire of the essayist, and also any others who have had experience with *Digitalis*, whether they have gotten many cases that indicated or required *Digitalis*, or have gotten any results from *Digitalis* in anyone who formerly had not been digitalized. My personal experience has only been that it is useful after they have had considerable digitalis in crude form.

DR. FARRINGTON: I have had several cases of *Digitalis* in which the symptoms were very clear and it is undoubtedly true that *Digitalis* is homœopathic in certain cases. Perhaps not as often as one might think, but we have to remember that the case that leads to a remedy is especially sensitive to it, and for that reason will be all the more deeply affected by crude doses. When the crude doses are stopped, you cannot always relieve the patient by a high potency of the same remedy. You may at the time have to give an antidote before you get back to the potency; nevertheless, I don't see why *Digitalis* could not be homœopathic to any kind of a case where the symptoms are present, just as well as *Arsenicum*, *Strophanthin*, or *Strophanthus*, or any of

the remedies that are considered as heart remedies. Dr. Edwards has given us an excellent paper. There is one thing that I admire and that is his forbearance, his ability to give his remedy and wait and allow its action to run out before he repeats it again.

I think in that series of cases he reported, the prime one is the one where the rheumatism was brought back after fourteen years. We know when a thing like that occurs that we are going to cure the case, and whether there is a murmur or not, we are likely to improve the heart to such an extent that even a keen diagnostician cannot find that there has been organic trouble there.

DR. WRIGHT: Mr. Chairman, I was very much impressed to see each time after he gave a single dose of high potency it seemed to have a marked amelioration which lasted longer than the other time, and I don't quite understand why he threw in those doses of *Strophanthus*. I would like to hear on what basis he switched to the *Strophanthus*.

DR. WOODBURY: That is a particular point because we are told that *Digitalis* is the remedy for the rheumatic heart. It goes to show that in these cases they only palliate rheumatic hearts when they digitalize them in cases of fibrillation. What they should do is to get under the case after our method and bring back the old rheumatic symptoms, if it is possible. Oftentimes it can't be done, owing to suppressive measures.

DR. KAUCIC: I had one case of *Digitalis* in my life and it was not a heart case. It does not need to be a heart case for *Digitalis*. I have given *Digitalis* and it acted promptly.

Another thing, I cannot understand why there is so much repeating. If you give a high potency, you should not repeat, because you spoil everything with the second dose you give. If you have given today a dose of *Digitalis*, then tomorrow you have a wonderful condition in your patient. The third or fourth day you think you must repeat your dose. If you do, you spoil everything. You have the primary condition again and you cannot go on. I think this was also the fault with Dr. Plumb Brown in his pneumonia cases. I noticed that some potencies were repeated, and that is always dangerous. If the remedy is a good remedy, you must not repeat. You can repeat perhaps two or three months later, but not before that.

DR. ALLEN: Mr. Chairman, I have a motto on the wall of my office that I look at many times a day, which says, "A man who never made a mistake never did anything. Let your mistakes be not your stumbling blocks but your stepping stones".

CHAIRMAN MCLAREN: Will you close the discussion, Dr. Edwards?

DR. EDWARDS: In reading over my cases again, I often wondered why I did give *Strophanthus*, but I will tell you why I gave it. Somebody had been talking to me about the wonderful action of *Strophanthus*, and I thought I would try it, so I gave it gently. I only gave it in 3x, but it helped.

In speaking of antidotes, I thought probably you might question why I gave *Nux* to that fellow. He just was a *Nux* type, a steamfitter.

Dr. Farrington, I can't tell you how good I felt when that pain in the knee came back fourteen years afterward. It just put pep right into me again.

I would like to close the discussion by asking a question. I was called in not long ago to see a young girl who had had hæmorrhages. She had had five hæmorrhages. I was there when she had one. I would say it would have filled one of those tumblers. She was taking a remedy—I don't know whether it was *Digitalis* or not—for heart trouble. I could find very little murmur. I can't find any cavity in the lung. I don't know what the trouble is, but she has had five hæmorrhages. I know this, that *Picricum acidum* has cured the hæmorrhages and she is up and around now and I don't know what the trouble is. If anybody can help me out of that case, I would be very glad.

THE PROBLEM OF SUPPRESSION*

ELIZABETH WRIGHT, M. D.

A patient said to me recently, "Where can I find literature showing the dangers of suppression? My daughter wants to put ointment on her baby's scalp eczema and won't believe me when I tell her it is perilous to do so". This made me search the literature which I found very meagre. Therefore this attempt to state the problem, the discussion of which in this body should be of real importance.

First, let us define the term; by suppression is meant that a disease manifestation is caused to disappear before the disease itself is cured.

The subject of suppression seems one of the most important from the homœopathic point of view, but one of the least familiar to the ordinary medical mind. In regular medicine we are continually meeting with examples of suppression, indeed, from our point of view, all of usual medicine which is not unconscious homœopathy is suppressive. There are various types of suppression.

1. Suppressions accidental or natural and not due to medication of any kind such as, suppression of strong emotion due to the unnatural exigencies of our collective living. These are more or less conscious suppressions, although the seriousness of their results is not usually known and the individual takes great pride and credit in thrusting down these emotions.

There is a second kind of accidental suppression which comes from great mental shocks such as mortification or grief.

A third type of natural suppression is in the physical realm such as where the menses are checked by injudicious bathing, or the lochia stopped after labor by catching cold, or milk suppressed, or perspiration suddenly inhibited by chilling.

Then there is also a type of suppression of one disease by another, which is so frequently spoken of in the *Organon*. This may take the form of an acute disease being held in abeyance by another acute one until the "cure" of the second; or it may be an acute disease suspending a chronic until the acute course is run. The reverse of this, where a chronic disease holding

*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1929.

sway, gives a partial or full measure of immunity against acute disease, could really be classed as suppression although it is more usually thought of as immunity.

2. A second type of suppression most frequent in regular medicine nowadays is suppressions by local applications. This enters into many fields. For instance coryzas and sinus troubles are suppressed by local applications of argyrol, iodine and other substances, leucorrhœal and gonorrhœal discharges by injection of mercurochrome, protargol and permanganate; eruptions, from such acute ones as scabies and impetigo, through to the chronic ones, such as eczema and psoriasis, by zinc or sulphur preparations, ammoniated mercury and many others. The rashes due to the exanthems, which may also be classed under natural suppressions in some instances, may be driven in by the unwise use of cold packs. Other secretions, such as foot-sweat are often suppressed by foot powder; conjunctival pus by silver salts; ulcers by various local dressings, and warts by trichloroacetic acid or electrical means. We have further the local suppression of many conditions by the different lamps, violet ray therapy, etc.

Hæmorrhages are suppressed by local astringents, such as tannic acid, or by local coagulants such as thromboplastin, or by x-ray. (They may also be suppressed by general medication such as calcium lactate and gelatin). This brings up the question as to whether a homœopathic drug, such as *Ceanothus americanus*, should be classed as suppressive or curative.

3. Now we come to conditions suppressed by current internal medication; for instance, malaria, which, if not of the quinine type, is simply suppressed by the massive routine quinine dosage often resulting in recurrent neuralgia; acute rheumatic fever where the patient is overpowered with salicylates leading to suppression of joint symptoms and the inroads of the disease on the heart; epilepsy and choreas are often driven to cover by saturation with sedatives; and heart disease masked by digitalis.

4. Disease is all too frequently suppressed by surgery: The removal of growths, benign or malign, polypi, tonsils, appendices, varicosities, hæmorrhoids, fistulæ and bone hypertrophies such as turbinates. The trouble here is that modern medicine seeks to remove pathology rather than cure the underlying

causes, not realizing that the ultimates of disease are benign attempts at exteriorization, at protective localizations.

5. Most insidious of all are the suppressions by vaccine injections which are now so prevalent that a child may take seven or eight different kinds in a year. I know a family of seven children of a well-known allœopathic physician who were given in one year cold vaccines, diphtheria, scarlet fever, whooping-cough, typhoid, paratyphoid and smallpox, and two of the seven were also given hay fever pollen, inoculations.

6. There is the whole question of the suppressions of syphilis by arsenical and mercurial treatment which many doctors, even of the regular school, feel tends to develop later grave nervous tertiaries as well as saddling the patients with drug results.

7. There is another aspect of suppression, that of the suppression of individual symptoms, and this may be done quite as effectively by the use of homœopathic remedies as by old school drugs. Never forget that to palliate a curable case is suppression. It will involve you in continual change of remedies, a sort of "puss in the corner" with the symptoms. It will mask the true fundamental picture of the disease and complicate it to the point where it will be incurable. The degree to which this is done by the general run of homœopathic practitioners is not realized and is appalling.

I need not go into the bad results of these different kinds of suppression, you have all seen them. They include asthma, convulsions, paralyses, insanity, tuberculosis and deep diseases of the vital organs. Last year Dr. Stearns gave a paper on *Prodromal Symptoms and Their Importance in Prescribing*. This paper of mine should be entitled *Prodromal or Prior Suppressions, Their Importance in Prescribing*. In every case we must "*cherchez*" not "*la femme*" but "*la suppression*". Shall we prescribe for the symptoms before the suppression took place? Shall we use the form of suppression as a symptom in our totality? Shall we prescribe mainly for the present post-suppressive syndrome? We must remember that suppression in any of its forms drives diseases in, masks symptoms, makes protean changes in the form of the disease and blocks the natural exit of the disease. Always leave the golden bridge of your pathological ultimates, as by that

route, only, can the disease return to cure. Disease is the Minotaur in the Labyrinth. Theseus, the symptom, must find his way back and out of the Labyrinth. Do not cut his cord!

BOSTON, MASS.

DISCUSSION.

DR. BOERICKE: I am always under two fires when I hear one of Dr. Wright's papers. I am so enthralled listening to the musical cadence of her glowing phrases that I sometimes lose the entire scientific aspect of the paper, but Dr. Wright's papers are so well expressed and so scholarly and such a pleasure to listen to that I have to read them to really enjoy them.

With that as a preliminary, I want to say that there are two types of suppression that we do come in contact with quite often. I don't know whether you are familiar with probably the greatest old school authority on lues. Dr. Stokes made the statement not long ago that the cardiovascular type of lues has increased a hundred per cent since the introduction of arsenic, and I have seen many types of eczema, suppressed by local ointment, cropping out in the form of asthma, and *vice versa*, the asthma suppressed and the eczema appearing. Suggestive medication along those lines has brought the case back. I am well acquainted with that. This is something that the regular medical man taught in our school does not altogether believe. You simply have to make it as a statement and trust you will be able to demonstrate it as we have been able to do on many occasions.

This is an excellent paper. The preliminary statements well define the various types of suppression. I think it is the finest paper I have heard in a long time. (Applause)

DR. FARR: I was very much interested in Dr. Wright's paper, from this standpoint: If you have been following the recent literature for the past five or six years, you find that we are getting a new force into our therapy which is of our newer psychology. I was very glad to hear Dr. Wright speak of the suppression called mental and physical, because the psycho-analysts are finding that so-called incurable diseases which have been treated by medicines and by various forms of therapy are nothing more nor less than suppressions. I think that helps to establish homœopathy on the basic principle that, as we have held that chronic diseases are many times due to suppression, so our psycho-analytical friends are finding that mental suppressions are having their way also.

DR. McLAREN: Just a word about suppression. For a hundred or more years the old school has come to the conclusion that in children, asthma and eczema are the same disease, and that the asthma is another manifestation of the eczema. In other words, they are caused by the same condition, and they are just two manifestations.

We, as homœopaths, have looked upon it as the eczema being the manifestation of the disease and the asthma being the suppression. If you don't give any remedy at all to some of these cases, and if you don't let the family use any remedy or any application, you will sometimes find the eczema and the asthma both together in the same child at the same time. At other times you will find the child with the asthma and at still other times you will find it with the eczema. I don't mean that you can't put on an ointment and suppress the eczema and then develop asthma, but I don't think that it is fair to say that every case of asthma, where there has been eczema history, is due to suppression. It is just another manifestation, although I admit that you can suppress it.

I don't think that we should look upon all of these cases of suppression

as being something that naturally follows an evil method of treatment. A woman came to me about two weeks ago who had an asthma lasting for about three years. I gave her a remedy. She called me up two nights ago and said, "I can't take that remedy, doctor, the expectoration has dried up". I told her to stop taking it, that I would have to study the case again. I wasn't intending to suppress it. Evidently I didn't hit the nail on the head, and it was suppressed. I wouldn't call that an aggravation; I would call it merely a suppression, a homœopathic suppression.

Ordinarily speaking, eczema and asthma in my own experience are the same disease very frequently and not suppressions at all.

DR. UNDERHILL, JR.: I might go further and say that both may be the result of either suppressed sycosis or inherited sycosis; also that there are many cases of eczema that break out in children of undoubtedly tuberculous parents. Apparently there is a relationship between tuberculosis and eczema.

DR. GREEN: We talk about the new psychology and we talk about a homœopathic prescription being both spiritual, mental, and physical in its action, and then come to the subject of suppression of individual symptoms with the homœopathic remedy. I like to think of it on the plane of the homœopathic potency altering the vibration wave of the patient's vitality. If we think of it on that basis, we can see what a blocking thing it is to alter that wave length from one disorder to another disorder rather than from disorder to order or cure. (Applause)

DR. KRICHBAUM: I agree with Dr. Boericke, that every time Dr. Wright speaks, the Lord gets out His dictionary. I also agree with her that there is a lot of suppression. If this body could dictate to all of its clientele their mode of living, what they should eat and what exercises they should take, you would cure a hundred per cent of them. I occasionally cure people, but we are up against the proposition of haste, haste in travel, haste in getting well. I had a man in a few days ago and he said, "Doctor, I was drunk last night; I ate too much dinner; I am sick; I want relief, and I don't want preaching, because I would like to get well, and I will get drunk again some other day".

We have to fix conditions. If Dr. Wright can tell us how to get away from this suppression, how to stop people from doing it, God will close up His dictionary and we will cure all of them.

DR. UNDERHILL, JR.: Supplementing the remarks the doctor just made, it is true that there is no use in our prescribing for a patient and expecting to cure him if the causes which produced the condition still persist. We must endeavor to have our patients mend their ways. Disease, of course, is all the result of causes previously set in motion, and those causes must be stopped if we hope to cure our patients. The remedy comes in as an intelligent intervention. Why allow the cause to persist?

DR. ROYAL: I want to go beyond the food to the utensil used in cooking the food. In my library I have a book on aluminum. I wonder how many have read it? I wish we could get our wives and housekeepers and cooks to profit by it. The utensils look pretty and are light, and it is impossible to get the housekeepers to put them up on the shelf. So we want to study, then, our individual and everything that is back of him. We can correct in a great measure the evil effects of aluminum by our different potencies of the drug.

DR. ALFRED PULFORD: There is no more rapid acting remedy than the indicated remedy. There is no slower acting remedy than the remedy that is not indicated, and I want to say to you that wherever a physiological remedy will act, the homœopathic potency, if it is indicated, will act also.

DR. WOODBURY: Just one word. I feel that Dr. Wright is a master of philosophy. I feel that Dr. McLaren, when he says that eczema and asthma are more or less analogous conditions, is correct. It seems to me, if the patient is a child who has eczema and when treated homœopathically develops asthma,

it is a sign that it hasn't been cured in the primary stage or in the first manifestation, but if it is treated with suppressive measures and goes into the second stage, it is suppression, whereas the first is simply not cure.

DR. MCLAREN: I had those cases that had no medicine at all come to my office, and found both existing when they came in. When I first saw the cases, they had both eczema and asthma at the same time and had never had any medicine.

DR. SENSEMAN: For a number of reasons I agree with Dr. Underhill in his statement that asthma is very likely of sycotic origin. Eczema is of tuberculous origin, and, of course, under such circumstances we can have both of those manifestations present at the same time.

DR. BOERICKE: Mr. Chairman, a very excellent series of authoritative papers on asthma, if you want to look it up, is in *The British Medical Journal*, running through the spring issues. In those articles, asthma is taken up and analyzed thoroughly in a modern way. Their conclusions are that no one type is absolute; some are sensitive, some neurotic, and some are due to infections.

DR. WRIGHT: I would like to say in answer to Dr. Farr that we can often help these mental suppressions of emotions with our homeopathic remedies.

I want to repeat the three questions which were in my paper, because I want information from this assembly on them: "Shall we prescribe for the symptoms before the suppression took place? Shall we use the form of suppression as a symptom in our totality? Shall we prescribe mainly for the present post-suppressive symptoms?" May I ask some of you who are older and wiser than I to give me your opinion on those points?

DR. WOODBURY: Dr. Farrington would prescribe for what you call the youngest symptom. That would naturally pick the case up where it is.

DR. BOERICKE: If you have a history of diathesis, by all means utilize that. For instance, there are cases of asthma developing in children of gonorrhœal character. My father had cases where he treated gonorrhœal conditions in parents and I have found that the children will develop asthma. If you are lucky enough to have a break like that, you ought to use it. So my answer to that is yes.

DR. ROYAL: If your asthma is purely neurotic, get the remedies that have the best affinity for the tissue which it is affecting.

SECRETARY ROBERTS: Mr. Chairman, I believe, in the suppression of serous cavities, for instance, it is possible usually to go back to the original symptomatology that was present before the suppression took place. In some of the deeper ones, like the asthmatic conditions, it is hard to get this, although it is possible sometimes to get the symptomatology that preceded and led up to it. If you have it over two or three generations you can get most of the symptomatology that will bring out the remedy, and when the remedy is brought out properly in that way, the suppression is relieved entirely.

DR. KRICHBAUM: I have been in the habit, Mr. Chairman, of getting the case the best I could. Personally, I don't believe it is possible to lay down a rule and follow it up in a suppressed disease. You may have had a condition suppressed ten years ago; in the meantime, the mode of living, the pathology, and everything else, has changed, and to go back ten years and prescribe only for what existed ten years ago would be erroneous, in my opinion.

DR. UNDERHILL: I should say prescribe on the present remedy picture if there is one that can be brought out clearly and distinctly enough. Failing in that, then search for the constitutional state that existed prior to the suppression and prescribe for that.

DR. HAYES: Sometimes we have to prescribe on those symptoms which have been present more or less during the whole lifetime, which go away back.

REDEVELOPING SUPPRESSED DISCHARGES AND ERUPTIONS BY HOMŒOPATHY*

ELIZABETH WRIGHT, M. D.

The one sure way to know that the remedy which you have chosen for a case was, indeed, the *simillimum* is to observe old symptoms recurring in the reverse order of their appearance. To have your remedy work from within outward, with amelioration of the mental state and the patient's general sense of well being, is gratifying but it is not enough. Many more or less similar remedies may induce amelioration in this direction. To have improvement following your dose go from above downward in addition to from within outward is more reassuring, but for full satisfaction you must see the distressing symptoms disappearing, the most recent first, and the recurrence of old ailments in the reverse order of their coming. Even though all three of these laws of cure of Hering's be demonstrated you can still not claim to have given the perfect *simillimum* unless one single dose suffices to produce a gradual and steady improvement approaching nearer and nearer to complete cure, as a line approaches infinity. Some of our best prescribers claim that one dose of the perfect *simillimum* should, as they put it, unlock the door and permit the vital force to progress to complete recovery without further aid. This is the ideal and, in some instances, feasible. In many cases, however, inherited ill health and infringement of spiritual and physical laws throughout the past life of the patient may make this impossible and necessitate repetition of the dose after a long interval on a higher potency plane, or even one or more changes of remedy as the case is unraveled.

Granted that the physician has the skill to find the perfect *simillimum* and that such a remedy as really fits the case in hand has been proved and is therefore accessible to the practitioner, what are the factors which may prevent the complete cure? Can the vital force be weakened so that it cannot fully respond even to the perfect opportunity? Or is, as some claim, the dynamis always equally vital and ready to leap to the task of cure as soon as the way is cleared by the remedy? Or is it possible so to sap the vitality by the wrong thinking and hy-

*Read at the I. H. A., Bureau of Clinical Medicine, June 1929.

giene of years, if not of generations, that the channel is clogged? A second important factor in the equation of recovery is surely the pathological one, the degree to which the tissues are maimed, whether by disease, drugging or surgery. Other factors interfering with true cure are the failure of the patient to regulate his thought and life and the unwise interference of the physician after the first correct prescription.

For any or all of the above reasons cases which follow can not be claimed to be true cures, but they are given to illustrate the return of old suppressed symptoms or the throwing out by the body of disease products in the course of the action of the homœopathic remedy.

CASE 1. Mrs. F., age 63, chief complaint, frequent colds. Main symptoms: proud, self-contained, melancholic temperament, warm-blooded, abnormally fond of sweets, gouty family, sporadically painful joints without modalities, very irritable recently, especially in the late afternoon, went gray as a girl of twenty, recurrent right-sided quinsy, good appetite but can only eat a little at a time, bilious attacks every few weeks with irritability, only relief is from hot drinks. Physical examination and laboratory work practically negative. Prescription: *Lycopodium* 2c one dose and 4 *S. l.*, one every night and morning.

A fortnight later patient returned feeling much more vigorous and showed me a dry scaly eruption on both forearms and on the right palm which came out on the third day after the dose. She admitted to having had such a right-sided palmar eruption years before which had been "cured" with zinc ointment. I warned her against local applications, explained my joy at the eruption returning and gave *Placebo*. The rash cleared in another ten days. Two months later (this was mid-winter) the patient reported no colds for the first time in years at that season, no bilious attacks, joint pains more frequent now in the lower extremities rather than hands. General condition less vigorous for the past week or two. Prescription: *Lycopodium* 1M. To my great interest a rash similar to that following the first dose though less severe, reappeared five days after the repetition of the remedy. This cleared in two or three weeks. This was over two years ago, during which time the patient has had *Lycopodium* 10M,

one dose, followed three months later by *Lycopodium* 50M and five months later by *Sulphur* 10M, because of the appearance of burning soles and palms at night and faintness at 11 a. m., with entire disappearance of the late afternoon aggravation. Following the *Sulphur* she has needed no medication for over a year until an acute coryza a month ago. She has had no further eruptions, joint trouble or appreciable symptoms of any kind.

CASE 2. Miss B., age 54, chief complaint, eruption on neck, face and scalp of right side, burning not itching, shooting pains, screams if touched. This eruption, vesicular at first, was a week old with slightly enlarged right cervical glands. Diagnosis: cervical herpes zoster. Prescription: *Ran. bulb.* 1M and *Placebo*, one every two hours. One week later patient reported relief within about three hours. I then took her chronic case. She was a pallid, repressed, sentimental little woman with dark hair and eyes, mildly chilly, brooding temperament, very averse to consolation, history of severe headaches over the right eye extending to the occiput and nape all her life which would come on in the late forenoon, worse before menses which had been early and scanty, liked to be alone, right-sided complaints always, always headachy before thunder storms, timid about robbers, dislikes salt strongly, history of spots of eczema on the right hand years ago with cracks in the skin of the knuckles, consciousness of beating of the heart worse lying down, with sensation as though the heart turned over, frequent panicky sensations in the pit of stomach, light headed in the morning. Physical examination showed poor nutrition above the waist, good below, occasional extra systoles, blood pressure 168 over 90, otherwise negative. Prescription: *Natrum mur.* 1M and *Placebo*. Returned one month later feeling much better; only one slight throbbing headache since dose, heart no longer skipping. Marked eczema of right palm which she said had returned a week after the dose and eczematous patch below the right clavicle. *Placebo*. Eczema remained out four months and cleared spontaneously; blood pressure on several occasions between 130 and 138 over 80. Severe headache ten months after first dose of *Natrum mur.*, throbbing, right-sided at 11 a. m. occasioned *Natrum mur.* 1M and *Placebo*. This was five months ago, no symptoms since.

CASE 3. Mrs. Y., age 48, chief complaint: utter indifference to, and disgust with husband and children increasing during past two years, knows it is groundless but cannot help it, has been suicidal, depression worse before menses, accompanied with swearing which she cannot keep from doing, says she has lost her sense of humor. Two children living, four miscarriages at third month; terrible headaches as often as twice a week, right frontal, better from motion and pressure, especially from walking in the air; psoriasis of the scalp and face for eight years (has been partially removed with local ointments); red tip of nose, ten years' duration; menses early, scanty, dark, used to be membranous, pain as if everything inside her were being pushed out, relief when flow comes, terrible depression ten days before period, unbearable odor at end of period; attacks of shivering, psychic, uncontrollable; lowest ebb from four to five p. m.; warm-blooded; early waking; does not crave sweets; history of kidney pain several years ago, severe backache, worse before thunder storms; foot-sweat in childhood, which stiffened her stockings, odor bad, "relieved" by foot powders. Patient was narrow flat build. Physical examination, showed old cervical lacerations, hæmorrhoids, slight facial psoriasis, bad teeth. Prescription, *Sepia* 200 and *Placebo*. (*Lycopodium*, *Lachesis* and *Sulphur* also repertorized high). One week later patient returned jubilant saying that her family sent me a vote of thanks. Her husband later told me that in that one week family peace was restored, as it had not been in several years. Psoriasis quite red and angry looking, patient declared she was feeling much better mentally and more vigorous physically but now had a foul green lumpy leucorrhœa. Questioning brought out that she had had such a discharge at eighteen which had been stopped by douches, and again two or three years ago after her last miscarriage when it had been checked by local painting and douching, since which time her mental symptoms had come on. I explained the danger of suppressing it and gave *Placebo*. Six weeks later patient said she had had but one headache of any severity since beginning treatment, and her period had been much more normal without the desire to swear, although the odor was worse. As the general mental state was again somewhat depressed I gave *Sepia* 1M and *Placebo*. This was in December,

1928. By January the leucorrhœa had changed to a slight yellow, odorless discharge, periods still early but otherwise normal. Since that time I have seen the patient regularly once a fortnight and she has been steadily better. She has had one attack of kidney pain, like one years ago and a mild attack of the flu, but there has been no further medication of any kind except *Placebo*. Her psoriasis has practically cleared on the face, come out and cleared again on the forearms and there are now a few patches on the abdomen. The childhood foot-sweat has not returned but I am waiting for it.

These cases are samples of what the single remedy, even in the hands of a beginner, will do towards ridding the patient of disease, by reproducing suppressed eruptions and discharges.

BOSTON, MASS.

DISCUSSION.

DR. GRIMMER: The Book says, "A little child shall lead them". I think the "little child" has shown us veterans the way. We know these things are true; we have experienced them all, and yet we all slip; it is just such things as these that keep us from slipping. Fine, Dr. Wright!

DR. HEINBACH: We don't have the backbone to stand by it.

DR. GRIMMER: Not the backbone. It is just we think we can find a shorter cut. We are rushed and don't take the time to do it.

DR. ALLEN: I want to warn the husbands here not to go home and give their wives *Sepia*. I learned a few years ago that *Sepia* was a wonderful remedy for a flat wart. Mrs. Allen has a large flat wart on her cheek. She had been wanting me to fulgurate it. I avoided that. About a month ago I gave her *Sepia*, 1M. The wart was some smaller, but she had a violent psoriasis on her feet. I am in trouble.

DR. FARRINGTON: Mr. Chairman, it seems to me that we ought to have at least one paper like this at every one of our meetings. It is the kind of a paper that does not appeal to the majority of homœopaths because they feel that this matter of suppression and the matter of bringing out an eruption on the skin is the bunk; nevertheless, we know that it is an absolute fact and that in some cases a cure cannot be established as permanent until the old symptoms return. This is especially true of asthmatic conditions. Long ago I stopped asking patients who appeared in the office complaining of asthma, "Did you ever have the itch?" I say, "When did you have the itch?"

Many years ago I treated a little girl of six years who had caught cold and was wheezing and rattling. She sat up in bed like some old woman with asthma. I went through my usual formula: "When did this child have an eruption?" Her mother said, "Well, when she was two years old, and strange to say, she has had these attacks since then". I said, "She will never be well until that eruption comes back. I will give her a remedy now that will help this, and then you can bring her in later". I gave her *Ipecac.* which immediately relieved the acute attack, but I did not see the little girl until two or three months afterwards when she had another attack. I repeated the *Ipecac.*

In four or five days' time a slight eruption appeared over the face and chest. The child never had another attack.

DR. BOGER: When there is an eruption all over the body which the patient can't endure, then you will find out whether you are a prescriber or whether you are not. If you are homœopathic enough to resist doing anything until it runs itself out, then you are an artist. That holds not only in regard to eruption on the body, but also in regard to bad leucorrhœas that we establish in women. For that woman to wait until the leucorrhœa drains out those tubes and reduces the hypertrophy it requires a good deal of patience, sometimes on your part, as well as the patient's, and I will counsel that when you come to that point, possibly a pretty low potency may help you out. I have seen *Ignatia* 7 to 8, for instance, do some wonderful work where it had been given high previously.

It is more a question of mental and physical endurance, endurance all the way around, attachment to your physician and confidence in him. You all have to meet these situations and buck up to them and stay with them. You have got to keep them out of the hands of a man who will spread a salve, or something else on and finish the job in a few months or the patient will be finished.

DR. ROYAL: I am very glad I came in in time to hear this paper. I had been out in the hall there a little while talking with my good friend Boger and Dr. Chase. He has taken occasion to rap me for a good many years because I use pathological symptoms to help me out. Dr. Wright never said anything about the pathological symptoms by that name, but she told about a peculiar kind of a rash and a peculiar appearance and changes in tissue which to me means pathology. So while she didn't say anything about pathology, it was full of it to me. Thank you, Dr. Wright.

I want to illustrate again the disappearance of discharge and the evil effects. Ten or fifteen years ago, on a warm day like this, a girl came into my private office and handed me a paper with a name on it. Following her was a woman with a heavy veil over her face, and behind her a man, her husband. I asked what I could do for her. The husband took up the thread there. He said, "We came up here because we heard that you are a homœopathic physician and that you didn't believe in local applications. Our physician has always been an old school physician. I am a pharmacist myself, so that I know what has been given. In my drug store at Newton, thirty miles away, I keep some homœopathic remedies. I don't want you to tell me what you give."

He had a little idea of suggestion. He had no faith in them, and he didn't want to put his unbelief into his wife's mind. So I said, as I usually do, "What may I do for you?" to the woman. She drew up her veil. Her face was so covered with an elevation that I never saw its like. I could hardly call it an eruption. Her physician, an old school physician, had called it lupus, an aggravation of what she had had for some twenty years. She was a sight to see. Then I began to say, "Tell me all about it". In the first place, I took her family history and I found that this lupus had developed soon after she was born. They called it a birthmark, but her physician said it was lupus. About nine months before, as I remember, she had been up the lake for her vacation. She enjoyed bathing. She thought she was through menstruating, but she was not. At any rate, she was going to risk it, and she went in bathing. The water was cold. She never had menstruated since. About six weeks after these blotches began to come. She went to her physician and he put on some ointment that would put them away for a while, and then they would return. Finally, his local applications didn't do any good and they spread. The next symptom is what attracted my attention the most and probably led to my remedy. She kept coughing, coughing, coughing. I got my mirror and had her open her mouth and on the vocal cords I think there were half a

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dozen little papillæ that if they had been on the hand you would have called warts, but they were in her throat and they kept her coughing and coughing. You know what the remedy was, of course. I didn't tell the man. It isn't necessary to tell you. I gave her one dose of *Thuja* 1m.

Now for the results. I can't get these results in a week or two or three, and sometimes not in a month. I haven't the ability, somehow. But about six weeks afterwards, she began to menstruate, the first she had menstruated in some seven or eight months. Next, these things in the throat disappeared, and then afterwards the face began to clear up. They wrote about it, and came up several times. After that, all disappeared. There was no repetition.

She came up one day and said, "Now, doctor, these are all gone. Here is my old scar that is left, but Frank (her husband) says it isn't as large as it was". I said, "All right, here is some medicine". I gave her *Placebo*. I said, "I think that will pass away". In about four or five months she came up again. She said, "I have no trouble with my cough and my menses are regular, but I wish I could get rid of that scar". I gave her the second dose of *Thuja* and I guess it took six months, but it nearly all disappeared.

Hahnemann declared the pathology of his day to be an unsafe basis of medical treatment, and proved that therapeutics could *never* be based on pathology; for the reason that pathology is a science of hypothesis respecting the nature and processes of morbid action and must always be speculative and uncertain. Homœopaths were at once charged with ignoring or neglecting pathology, and many of their numbers have been so intimidated by this hue and cry as to resort to pathological science as a source of indications for treatment, which would be absolutely incompatible with true homœopathic practice. For, a therapeutics based on pathological indications must, of necessity, be a system of broad generalizations, while to the true homœopathic practice the strictest individualization is an indispensable condition.—CARROLL DUNHAM, 1864.

The character of the disease which we are called upon to treat is likewise an important consideration in the selection of the dose. Erethism and torpor cannot possibly be treated with the same dose. In a state of erethism the vital functions are carried on with great rapidity, and require for their regulation the higher potencies; in torpor, on the contrary, the vitality is very much depressed, and requires to be roused into reaction by larger and stronger doses. Inflammatory and spasmodic affections soon show a favorable reaction after the use of high potencies.—HARTMANN'S ACUTE DISEASES, 1846.

PLUMBUM

C. M. BOGER, M. D.

REGION		WORSE
Cord and Nerves	Muscles.	Exertion. Motion. Company.
	Abdomen: Left.	Grasping smooth objects.
	Alimentary Tract.	Night. Night air.
Kidneys.		BETTER
Bloodvessels. Blood.		Hard pressure. Rubbing.
Right side.		

GENERALITIES: Slow, insidious processes, advancing irregularly; in single parts; with many variable, but violent side symptoms (*Cimic.*).—RETRACTION; of abdomen, *at navel*, anus, testes, etc.—*Stiff, rigid or violently* CONTRACTED PARTS; abdomen is drawn into lumps; one foot is arched upward, like a cat's back, etc.—Distortions.—CONSTRICTIVE PAINS and *spasms of internal organs*: hernial ring, vagina, etc.—PARALYSIS, mental or physical; *local*; preceded by pains, cramps, spasms, mental phenomena, etc.—*Pains in trunk and limbs*.—*Shooting, lightning pains*, that extort cries.—Violent, nightly, drawing tearing in limbs or wandering bone pains.—Boring.—*Burnings*.—Spasmodic, shaking, jerking of limbs.—Epilepsy, with marked aura.—Apoplexy.—General or local *emaciation*; < upper or affected parts (*Calc. c.*); then swelling.—Dropsical swellings.—Anasarca.—Chlorosis—Sclerosis.—Gout.—WEAK AND DEBILITATED; *with heavy, inert or trembling limbs*.—FAINTNESS; in crowds; lies down exhausted from slight efforts; with general pulsation.—*Dry*, hair, stool, hands, skin, etc.—Rubbing shifts the pain to other parts, for a while (*Cocain.*).—Sensitive to open air.

MIND: *Slow, weak senses and memory*.—Befuddled.—Word hunting.—Taciturn.—Stupidity, then falls down unconscious.—Dull and gloomy.—Dejected, with *silent melancholy*.—Dispirited.—Ennui; averse to work.—Satiety of life: Physical labor exhausts the mind.—Delirium; wild; with disordered perceptions; nocturnal; alternating with colic or pains in limbs.—Irrational talking.—Mania.—Insanity.—*Timid, anxious and restless, with sighing*.—Fears assassins.

VERTIGO: Drunken, < stooping or looking up.

HEAD: *Sense of a ball rising from throat into brain*.—Heat as

cends into, with throbbing and congestion.—Sticking.—Tearing in forehead and temples.—*Heavy*, < *occiput* and forehead.—HAIR: Falling, even of eyebrows, mustache, etc.; very dry.

EYES: Pain; on pressure; *balls feel too large*.—Red; congested; inflamed, also iris.—Distorted—*Lids*; contracted; spasmodically closed; tearing in, with sleepiness; *paralyzed*.—*Heavy*, on motion. Contracted pupils.—Yellow sclerotic and inside of mouth.—VISION; foggy, must wipe eyes; *lost*.—Myopia.—Eye, with kidney symptoms.

EARS: Boring.—Sticking.—Tearing.—Sensitive to noise.—Hearing suddenly diminishes.—Deafness.

NOSE: Cold.—Pustules in the reddened angles.—Erysipelas.—Stopped.—Runs water, while eating.—Fluent coryza, of watery mucus.—Fetor before.—Anosmia.—Hawks tough mucus down from.

FACE: Imploring look.—*Sallow; pale; yellow; deathly*.—Turgid.—Unilateral swelling.—Confused expression.—Oiliness.—Tearing in maxillæ.—Boring in lower jaw.—Peeling lips.—Lockjaw.—Swelled submaxillary glands.

TEETH: Tearing, jerking ache, < cold.—Grinding of.—Soften and turn black.—Foul; hollow; crumbling; loose; falling out.—*Lower*;—Pale, swelled gums.—Hard, painful nodes in gums.

MOUTH: *Dry*.—FOUL BREATH.—*Saliva*, copious; sweetish; with dry throat; sticky, on waking; frothy.—Bloodspitting.—Aphthæ, and dirty ulcers in.—Bluish, black spots in.

TONGUE: Swelled; inflamed; heavy.—Tremulous.—Difficult speech.—Paralysis of.—*Dry*, brown, fissured.—Green or *yellow coat* on.

TASTE: *Sweetish* or bitter; sulfurous; sour, deep in throat.

TONSILS: Inflamed; covered with small, painful abscesses.—Indurated.—Left to right.

THROAT: Sore, *as if swelled or a foreign body in*.—As of a ball *rising in*.—Burning, long after eating.—CONSTRICTION; spasmodic; with urging to swallow.—Drawing, as if torn loose, on swallowing.—Dysphagia.—Creeping in.—Paralysis.

THIRST: Violent, for cold water.

APPETITE: *Hunger*; after meals; for bread and baked foods.—*Anorexia*; with great thirst.

ERUCTATIONS: Tasting of ingesta; *sweetish*.—*Gulps up sweetish or sour water*.—*Empty*; often *violent* and painful.—Hiccough.

NAUSEA: *Recurrent*; with loathing; with empty *retching*.

VOMITING: *Continuous, violent*, of yellow, *greenish black material* or *ingesta*; with violent colic.—At night.—Periodically.—Of bile, blood or a *fecal odor*.

STOMACH: *Violent pains*; and in back or from epigastrium to back.—*Heavy pressure*.—*Constrictive cramp*.—A ball ascends from epigastrium to throat.—*Sticking, cutting and burning*.—*Amel.*: Eructations. Gastritis.

HYPOCHONDRIÆ: Pressure sticking in liver.—*Kidney* and splenic diseases.—Pain from liver to l. side and back (*Lept.*); it feels pulled back by a string.

ABDOMEN: Pinching, cutting, sticking or violently constrictive *colicky pains*; < ABOUT NAVEL, which is or feels strongly *RETRACTED* (*Pul., Stan., Ver-a., Zin.*); with hard *contraction of the hypogastrium*, often into irregular elevations and depressions; occasionally at night, with despondency, cold sweat or deathly faintness; < *least touch*; > *hard pressure* and rubbing.—COLIC; *excessive*; accompanies many symptoms.—*Pains radiate from navel* or to all over body (*Dio.*); *bore* or as if forced through a narrow place.—Hernia at navel.—Torn loose or falling down feeling in upper or sides of.—Pulsation, burning or coldness of lower.—Bruised pain in walls of, < motion.—Tense, hard, *nodular* or knotted.—Inflamed viscera.—Distended transverse colon.—*Flatulence*; continuous generation and retention of, with audible rumbling and rattling; abortive urging of, in rectum or copious discharge of hot, burning or *very foul flatus*.

STOOL: Continuous ineffectual urging to.—Granular (*Pho.*), tough, *nodular*; of *hard, black balls, like sheep dung*; *scanty*; difficult, passed with an urging cramp.—STUBBORN CONSTIPATION or *colics*.—*Yellow, very foul, bloody, painful or persistent diarrhœa*.

ANUS: *Feels drawn up* (*Kali-bi., Nat-p.*).—*Painfully constricted*.—Pains into thighs (*Alum., Rhus-t.*). Prolapsus recti.—Fissure.

URINE: *Retained*.—*Scanty and dark*, evacuated by drops.—*Difficult*, dribbling urination.—Passed with agonizing pains along ureters (*Ver-v.*).—Tenesmus.—Frequent, profuse.—Watery, reddish, fiery, turbid or thick.—Albuminous.—Bloody.

MALE ORGANS: Inflamed and swelled.—*Choking constriction in testes*; with jerking in spermatic cords.—Sore scrotum.—*Sexual excitement with many erections and pollutions*.—Insufficient seminal discharge during coition.—Urethral hæmorrhage.

FEMALE ORGANS: Menses cease as colic comes on; wants to stretch, then and during pregnancy.—Vaginismus.—Menses of dark clots, alternating with fluid blood or serum.

LARYNX: *Rough, with hoarse voice*.—Aphonia.—Constricted.

RESPIRATION: *Difficult*; anxious; oppressed; panting; short; heavy.—Worse, motion or ascending.

COUGH: Dry, convulsive; < lying on back.—*Expectorates blood*; copiously of pus or clear, tough or yellow-green lumps of mucus; after hæmoptysis.

CHEST: SPASMODIC TIGHTNESS OF.—Periodically recurring oppression of.—Suffocative catarrh.—Pressure on, < deep breathing or laughing—*Stitches in, and sides of*, with obstructed breathing.—Ebullition in, with *anxiety about heart* and perceptible palpitation.

HEART: Rushes of blood to, < rapid walking; with anguish and cold sweat; stitches in.

BACK: Tearing sticking in interscapular and lumbar spine.—Curvature.—Tension from neck into ear on motion.—Bearing down in small of.—*Amel.*: Bending back or forward.

EXTREMITIES: Paralytically weak, < right side.—*Jerking, trembling or numb*.—Cold hands and feet.—*Agg.*: Night.

UPPER: Convulsive motions of arms and hands, with pains in joints thereof.—Drawing—*tearing in upper arms* and fingers.—Weakness and painful lameness of arms and hands.—Ganglion on dorsæ of hands.—Fingers move with difficulty.—Swelled red spots on fingers.

LOWER: Drawing in hip joints on lying.—*Painfully lame feeling*; hip, knee and joints of feet; < ascending steps.—Sticking tearing in thighs and knees.—*Neuralgic pains in muscular parts of thighs*.—Asleep feeling in legs and feet, with difficulty in placing them on floor.—*Paralysis of lower legs and feet*.—Cramp in calves; in soles.—Swelled feet.—Foul foot-sweat.—Distorted toes.

SKIN: *Sensitive*; and *dry* (*Nat-m.*); *to air*.—Leaden blue or *yellowish*.—Dark brown spots on body.—Denuded spots.—Slight wounds inflame and suppurate.—Ulcers; burning, gray; dry.—*Ganglion*.—Gangrene.

SLEEP: *Sleepiness*; *great by day*; drops to sleep while talking; stupid.—Falls asleep late.—*Nightly wakefulness*; with cramps in hypogastrium.—Starts on dropping to s.—Talking on falling to s.—Dreams; many and erotic; with erections.—Takes odd positions during.

PULSE: Wiry.

FEVER: Predominantly *chilly and cold*; especially, limbs; with thirst; with red face; < exertion.—Heat; with sleepiness.—Sweat; comes and goes on going to bed; cold < during stool; absence of.

Complementary: *Rhus-t.* Related: *Op.*

PARKERSBURG, W. VA.

In treating a case, the homœopathic physician employs remedies which not only correspond to the troublesome symptom, but to the whole group. In palliating acute pain or incurable affections, the homœopathic physician ought constantly to act in accordance with that rule. He will accomplish that palliation by frequently repeating the suitable remedies, for instance: *Belladonna*, *Chamom.*, *Ignat.*, *Ipec.*, etc., violent spasmodic diseases; *Carbo anim.*, *Staphys.*, *Thuja*, *Secale corn.*, *Puls.*, *Bell.*, etc., in cancer of the womb. There are many more examples, all of which show that the principle "*similia similibus*", if employed as the rule in the palliative treatment, accomplishes the object of that treatment much better than the empirical practice of the old school. We invite our opponents to try our law of cure as a palliative means in organic malformations, and to compare the results thus obtained with the results obtained by their ordinary means.—HARTMANN'S *Acute Diseases*, 1846.

PREVENTIVE MEDICINE IN ITS RELATION TO CHILDREN*

EUGENE UNDERHILL, JR., M. D.

Where does the Hahnemannian homœopathist stand in the matter of protecting children against the ravages of epidemic and other diseases? Shall he attack disease in general or certain selected maladies in particular? Can children be rendered immune to disease in general or only to a few in particular?

In his lecture on *Baryta carb.* Kent says: "The homœopathic physician does well when he trots the little Johnnies and the little Susies on his knee and takes a good fair observation of their ability and of what they lack, and understands how to build up what is lacking. * * * * Let us not deprive our little ones of any thing they need".

Probably no perfect child is born into the world. Everyone starts life with handicaps of one kind or another. Perfect children presuppose perfect parents, a wholly virtuous ancestry, and an ideal environment—a well nigh impossible combination. The human race has yet far to go to reach so glorious a state. Everyone then has defects—spiritual, mental and physical. A defect in one plane of life must of necessity be reflected in the other planes. For every physical defect or lack there is the corresponding mental and spiritual warping or deficiency. To deny this we must deny the fundamental unity of life, the all pervading dynamis or vital force of Hahnemann, and throw the mental symptoms of both patients and remedies into the discard.

Now if there are handicaps or warpings of mind and body, there must sooner or later be some expression or manifestation of them, and such is the case for we have only to recall the "inferiority complex", the tuberculous diathesis, the neurotic constitution, the sycotic taint—these and many other abnormalities and disease manifestations like the poor are always with us.

Disease susceptibility is of all kinds and of all degrees. Everyone is susceptible to something. No one is susceptible to everything. Immunity is of every possible shade and gradation both as to disease in general and to any given disease in par-

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ticular. Now the earlier we can start to correct defects and remedy deficiencies the less disease of all kinds will there be.

Encourage wholesome living and environmental conditions. Let us turn our patients more and more away from the artificial to the natural. Let them get back to simplicity and closer to the heart of nature.

The sooner both present and prospective parents are placed under careful homœopathic treatment and are made to realize the need for clean sane living, the more healthy and the more immune to disease will their children be. No use to expect health when the simple laws of health are so flagrantly violated. No need to center all attention on the end results on the physical plane when the causes in the more fundamental planes of life are totally disregarded.

"Whatsoever a man soweth that shall he also reap". This is one of the laws of nature like the law of similars. It is the law of action and reaction—cause and effect, impersonal, inescapable in its operation. Disease of all kinds is the result of causes previously set in motion. Causes which without intelligent intervention will inevitably work out to their full and complete effects.

In so far as possible let each child have the benefit of anti-psoric or constitutional homœopathic treatment. When the mother tells us some thing about her child that is characteristic of a certain remedy and a little questioning brings out the remedy in bold relief, what are we going to do—especially when father is the patient and the child isn't really sick at all. To withhold the remedy would be a crime. Give it and keep a record of it. Father and mother need not know anything about it. Let them think it is *Sac. lac.* if you wish—that is unimportant. If you have found the *simillimum* by all means give it for it is beyond all money and all-price.

Now having given that child the correct homœopathic remedy and having followed it up as may be necessary, just what have we really done? Order has replaced disorder in the child's constitution. Better health, more normal growth, more wholesome thought and action are the result and as a by-product thrown in for good measure, as it were, there will come increased resistance against disease. Not against any one disease or infec-

tion only but in a very real sense an increased immunity against all disease—smallpox and other epidemic diseases not excepted.

Pneumonia rarely occurs in a patient be he old or young who has been for some time under good homœopathic treatment. Pneumonia has diphtheria backed off the map as a cause of death. But how likely will our little patient be to contract diphtheria—extremely unlikely—the chance is exceedingly remote.

So much for immunizing children by the constitutional homœopathic remedy, and I consider this the very highest and best position to take on the question of immunity; although I do not condemn the judicious and cautious use of *Belladonna* as a prophylactic against scarlet fever after known or suspected exposure, nor the use of other homœopathic remedies known to prevent or modify the acute infectious diseases. But what do we hear? The sirens are singing and many are being led away from homœopathy and from their own common sense by the old siren songs now set to jazz, and the dear public is dancing—nothing to do but dance.

Conspicuous among the preventive measures adopted by modern medical science are the following:

Vaccination against smallpox.

The Schick test and toxin antitoxin.

The tuberculin testing of cows.

Tetanus antitoxin.

Finally a host of serums, vaccines, tests and retests of every kind and description, advertised and sold to the public for its protection and paid for—much of it dearly bought.

First the physicians of the country are both instructed and advised in regard to the pow wow serum—then the public is told of its magic powers and of the great advance made by "modern scientific medicine". The phrase "modern scientific medicine" is the magic wand. The public, always gullible, swallows the bait—hook, line and sinker, like the proverbial poor fish, and lo and behold one by one the witchcraft, the black magic, and the pow wow serums become compulsory in the name of science and for the protection of humanity.

Every fake healer, every greaser, every charlatan has raved

about protecting the public. The old game goes on, they have merely brewed a new and more dangerous witches' broth which now they jab with needles into the victims, who willy nilly are made to dance to the music of the sorcerers.

But what of the children, the rising generation, the hope of the nation? They must be protected. Indeed they must, but how and against what? Merely by injecting a poison into their bodies to protect them against an intangible something they probably wouldn't get anyway. See how perfectly simple it all is. You poison them to protect them against the jinx. Now if you want the jinx to get action and to throw fear into people you must keep him in the background most of the time—in the shadows of some dense dark forest. He feeds mostly on reputation. If he were seen as frequently as the dog, the cat or the measles he would be a jinx no longer.

Now let me call attention to three kinds of jinx: First, the small-pox jinx. Small-pox has had a great and terrible past and like some people it lives on the reputation of past performance, especially when that past is properly advertised.

Disease comes in cycles or waves, great cycles and smaller cycles within the great. Cyclic activity and cyclic law operate throughout nature. Cycles of day and night, of seasons. Cycles of business prosperity, of business depression. Disease cycles are no exception to this law of nature.

Small-pox of course thrives under unhygienic and unsanitary surroundings. Improved sanitation and isolation of patients have their place therefore in preventing the spread of this and other diseases.

The present incidence of small-pox is low and many cases so pronounced are really not small-pox but sometimes syphilis, and a variety of skin lesions that only too frequently are wrongly diagnosed, especially among negroes. Small-pox, therefore, makes a fitting jinx with which to scare the public.

Now by wearing a suitable scar on the arm or leg, we have in effect an amulet where-with-all to charm away small-pox. The advantage of this form of amulet over a rabbit's foot is merely that you can't forget to take it with you wherever you go, and are therefore *always* protected.

Allow me to venture the prophecy that in a hundred years, more or less, this scar, this mark of the beast, will become a curiosity, and vaccination will take its proper place in the discard of obsolete practices.

Second, the diphtheria jinx. Many cases of tonsillitis are diagnosed as diphtheria—some intentionally, some unintentionally so diagnosed. The apparent incidence of diphtheria is greater by far than the actual incidence of the disease. How many cases of real diphtheria has each physician here present actually seen in his own practice? I venture to say few indeed over a period of years. Diphtheria is therefore uncommon enough to make a jinx of and they have done it. It is not like measles. It is hard to scare people with the word measles. Any how it is always best to try to prevent something people don't get very often—less danger of the farce being uncovered, and its worthlessness patently demonstrated.

It is now becoming a sort of rite or festival once each year to test, retest and immunize the children against diphtheria—to deliberately introduce into their delicate organism a mixture of noxious dope, the ultimate effects of which can only be a matter of speculation. At best the results of any routine medical procedure are of three grades, namely, good, bad and indifferent. The good thus being outclassed two to one. Why introduce a known poison into every child? Action and reaction, cause and effect, operate unerringly whether we like it or not.

Many are maimed or murdered by this barbaric experiment on the youth of the land. A few die of anaphalatic shock. A few succumb to meningitis. Some develop infantile paralysis. Others drift into tuberculosis or into profound nutritional disorders. Some become nervous wrecks. Some escape altogether. Some have had diphtheria even after they were immunized and couldn't possibly get it.

When one of the little children gets profoundly sick a month or so after the immunization epidemic and the mother says, "Doctor, do you think the diphtheria test could have caused this?" the doctor laughs—this being the regular and recognized prescription when this question is asked. Any fool can laugh, and

the placebo works on the mother, but unfortunately not on the child.

Third, the jinx of bovine tuberculosis. "One-fourth of all children dying under 16 years of age die of bovine tuberculosis". This statement is quoted *verbatim* and is used by boards of health to scare through ordinances compelling the exclusion from the town or city of all milk except that from tuberculin tested cows, or from cows whose owners have signed up for the test. It is a peculiar "scientific" fact, as facts go, that signing up for the test protects the milk supply until such time as the tester can do the testing. Failure to sign up renders the milk unfit for human consumption. This, of course, is entirely within the realm of scientific psychology.

Now who ever signed a death certificate in his life carrying the diagnosis of bovine tuberculosis? Search has been made all over the United States for the death certificate of those 25% under 16 years of age who died of bovine tuberculosis—not one such has been found. There are none to be found. Bovine tuberculosis is not a recognized cause of death. It has not been admitted as such to the international list of the causes of death and if you die of something that is not on the accredited list you are going to be out of luck when it comes to your death certificate.

What does it all mean? Simply this—boards of health, health officers, and state bureaus of animal industry have all been lying—lying to put over a gigantic fraud and farce.

The tuberculin test is ruining the dairy industry and infecting the milk supply—the most important food for the growing child.

The other serums and vaccines are also having their day but their day too will have an end.

PHILADELPHIA, PA.

DISCUSSION.

DR. MCLAREN: I believe Dr. Royal said that if a person has the courage of his convictions, he ought to get up and tell about it. Dr. Underhill has courage; he is not afraid to tell about it. I haven't so much, but I am going to tell about it.

Up to three or four years ago in Toronto we would have at least from seven to eight cases of diphtheria a year to treat. Starting three years ago, they commenced to use the diphtheria toxin antitoxin for immunizing the child

against diphtheria. The first year they used it, I had two cases of diphtheria that had been immunized, but they occurred within four weeks of the last immunization, and, therefore, as the toxin was not supposed to give them immunization until six weeks, it was hardly fair to say that the immunization had been ineffective, although it made me skeptical. The next year I had two cases of diphtheria to treat. Neither one had been immunized. This year I have had only one case of diphtheria in a boy of 19 who had never been immunized. To drop in three years from an average of eight cases every year to six cases of diphtheria altogether in three years is somewhat of a proof that the immunization has been of some service to the community.

In addition to that, I will say that I have not observed any bad effects in any of the children that have been immunized. I haven't heard any mothers report any bad effects, and practically 90 per cent of the school children in Toronto were immunized during those three years.

I am not greatly in favor of any of those measures, but I think if there is any virtue in them, that we should give them a reasonable amount of consideration anyway without condemning them right off the bat the way Dr. Underhill has done in his paper.

DR. ROBERTS: Madam Chairman, on the question of immunization against diphtheria, I want to report just one case that happened last year. I was called in counsel in New Haven to see a child. This is the history: A perfectly healthy, rugged child at six months was vaccinated against small-pox and was made very violently ill at the time and at one year was inoculated with diphtheria toxin antitoxin. It was so bad, the next morning the mother noticed the child was feverish. Its temperature was 105. There was a bleb on one of the labia, very red and angry. She called a physician who called me in counsel and inside of twenty-four hours there was one of the most beautiful cases of erysipelas extending from the waist down. The doctor asked me what was the remedy. I said, "There is just one remedy, but it won't do any good. You have produced a condition of the blood that makes it impossible for that remedy or any other remedy to take effect in this case, I believe, because anaphylaxis has been produced and any remedy action is impossible". The child died in two days of erysipelas.

Another thing on bovine tuberculosis. I am in a very peculiar position because the city in which I live has passed an ordinance without my consent, or without my suggestion or opinion, commanding all cattle to be immunized against tuberculosis. One of the farmers is testing the legality of that law. I doubt very much if he wins out, but at the same time I hope he does, because it is absolutely and tetotally ruining the dairy industry in our section. Many and many a farmer has been ruined absolutely financially by the bovine tuberculosis. It would have been much better had they passed a law that the milk be pasteurized.

DR. SENSEMAN: I had a case similar to that of Dr. Roberts in a child six months old, to whom had been administered the antitoxin itself. I didn't get the case until two or three weeks after this administration. When the child came to my hands, there was no fever, but there was great swelling of the legs from the knees down with peculiar appearing red blotches. The mother told me that there had been far more extensive blotching over the extremities. It has been so long since I thought of the case that I haven't got it quite clear, but I remember the main points in regard to it. It came on within twenty-four or at least forty-eight hours after the use of the antitoxin. The child did not have diphtheria; the antitoxin had just been administered. I gave some remedy; I can't recall what, but there was very prompt and complete recovery.

DR. IRVING: Diphtheria has come pretty close to me several times. I was born and raised on a farm 20 miles north of Pittsburgh and diphtheria invaded that section of the country. That was many years before I began to

study medicine. Every family that it went into lost half of their children. My own mother lay at the point of death for a month. She didn't set her foot outside the house for six months at least. One of my father's brothers happened to be an old school physician and he was just as busy as all the others, and none of them could do anything for those cases of diphtheria. That, however, doesn't prove anything. One of my own children died with it. The child died while I was in medical college. Professor Berger of Cleveland, Ohio, took care of it, saw it every day and sometimes twice a day, and yet he was helpless. So it is a subject that comes pretty close to me, but we should be broad enough, as homœopathic physicians to realize that there are other things that are doing away with these malignant epidemics of diphtheria, typhoid, yellow fever, and so on. Why did the French fail to build the canal across connecting the two oceans? It was because of the sanitary conditions.

When I was a boy, we had an epidemic of small-pox in Pittsburgh. They stopped the people from crossing the city from one side to the other. No such epidemic as that has been known in recent years, and yet vaccination had been in force for a century or more. I think sanitation has done more to do away with all these epidemics than all the serums that have been invented and perpetrated on humanity.

DR. UNDERHILL, JR.: In the first place, I might say that I had diphtheria when I was seven years old and didn't have diphtheria antitoxin, and I am still alive. What happened here this afternoon in regard to the discussion is just what I thought would happen. After I started on the second part of the paper, everybody forgot about the first part. I wrote the last half before I wrote the first part, because that was spontaneous. Then I wrote the first part and tried to hook them together. So possibly there was the missing link.

There are two or three things I want to take up. The doctor over here spoke of the drop in the number of cases of diphtheria. He, I think, only referred to his own practice, which I am perfectly willing to accept.

DR. MCLAREN: That goes for all of Toronto.

DR. UNDERHILL: That is entirely possible. I believe diphtheria, tuberculosis, typhoid, malaria, and many diseases have been on the decreasing cycle for many, many years, and some of those decreasing cycles, for instance in tuberculosis, antedated all modern work in preventive medicine in respect to those diseases.

The insidious effects of the diphtheria toxin antitoxin and the antitoxin itself I want to take up. Many times you don't notice any marked reaction following the injection perhaps for a month. I had three cases in which the mother of the patient suspected of her own accord the diphtheria test as being possibly responsible. One was a boy about ten years of age, who began to develop paralytic symptoms about one month after the Schick test and the toxin antitoxin routine had been fully carried out. The mother was opposed to the test being given, but the boy said, "I am not going to be a piker, mother; the other boys are having it done and I am going to".

He had it done. He began to lose his appetite and some weight. Within a month paralytic symptoms began to develop, and the mother asked the doctor if that could possibly be due to the diphtheria test. The doctor laughed and then I was called in on the case. The patient went from bad to worse. I called a consultant. We were unable to do anything. I called Dr. Thatcher of Philadelphia, and he was of the opinion that the diphtheria immunization caused the death of the child.

DR. MCLAREN: What was the diagnosis?

DR. UNDERHILL: It was a condition resembling infantile paralysis. Progressive paralytic symptoms started in, and in a few weeks' time the patient was absolutely helpless.

DR. MCLAREN: I wanted to ask if that child had any symptoms of temperature, or did it follow the course of an acute disease?

DR. UNDERHILL: It followed the course of an acute condition.

DR. MCLAREN: Why couldn't it be a case of strictly infantile paralysis?

DR. UNDERHILL: It may possibly not have been due to the toxin antitoxin, but it looks suspicious. I had another case where meningitis developed in a month's time following the immunization of the child.

DR. MCLAREN: For instance, when you were talking about the incidence of diphtheria, you said many of these cases of diphtheria were not probably due to diphtheria at all, but you immediately went on to quote two cases of diphtheria occurring after inoculation.

DR. UNDERHILL: I am on one side of the fence and you are on the other. We will admit that.

DR. MCLAREN: No, I am not on the other. I am a good homœopath, but if the other fellow brings over anything that is any good, I want to know about it.

DR. UNDERHILL: Surely, but did you think this was a homœopathic proposition?

DR. MCLAREN: I didn't say homœopathic. I said if the other fellow brought over anything that was any good, I wanted to know about it and give him credit for it.

DR. UNDERHILL: So do I. Father and I have followed up all this immunization business for years. We are subscribing to clipping bureaus not only of the lay press but of the medical press. We are collecting an enormous amount of data. We can pin the clippings right down to the date and name of the journal, and feed these things right down the public's neck. Some day we are coming out with facts that are astounding and they cannot be sidestepped. (Applause).

Let us then say it—emphatically, loud and frankly—that the determining symptoms appear in many respects to be insignificant and unimportant, and let us proclaim it to be a requisite condition, that in proving drugs and in examining patients, the insignificant symptoms are not to be neglected, but even to be noted and regarded with *especial* care.

It is true, that which we here say. This truth has its analogy in every department of science. And this truth has its necessary fundamental basis. . . .

And has not also the diagnosis of diseases its difficulties and its subtleties? Is the diagnosis of iritis always so dazzlingly obvious; the diagnosis of pneumonia always so rudely palpable; the distinction between diphtheritis and catarrh always so striking, as it seems to be in well developed cases?

There are, also in these cases, phenomena which appear insignificant and unimportant, but yet are so important that they *decide* the whole matter.—HOPPE, BASLE, 1864.

A CASE OF INFLUENZA*

JULIA M. GREEN, M. D.

Late Sunday afternoon, January 6th, I was called to the telephone to hear that New Orleans wanted me. I recognized the voice of the husband of one of my patients who has been devoted to pure homœopathy for twenty odd years. It was a distressed voice, asking me to come down there on the next train, as his wife was very ill with the influenza. I answered as any one of us would, perhaps, on first thought, that Washington was full of the flu, and that I was extremely busy and could not leave. Again the distressed voice, "But, doctor, my wife"! I promised to wire my answer in an hour or so. Not one of my flu patients was in a dangerous state; one other was dying of general tuberculosis, but his family had called me in only two days before, after having trusted Christian Science for nearly a year.

I called up these people; they told me to go. Then I called every one I had seen in three days; they all said go. So I started, with only two hours to make arrangements.

My patient is a small, delicate, high-strung woman of 68 years. The two had gone to New Orleans for the holidays, to visit a daughter who had great faith in her own physician there. Probably a flu germ struck my lady on the way down, for she was extremely tired when she started and showed the symptoms of a severe attack two days after her arrival, Dec. 22nd. She remembers a terrific headache, aching all over, chilliness and fever; she remembers seeing the doctor two or three times and protesting to him against his medicines. She told him she could not take strong drugs and felt that his prescriptions were making her worse. She was semi-conscious for two days, during which she kept calling for me, then totally unconscious.

The doctor called in his assistant and later a chest specialist. They moved her to a hospital after five days, and this is where I found her. She presented a pitiful sight, so restless that a nurse must stand by constantly to keep her in bed (she had fallen to the floor from the high bed during the preceding night with, luckily, only bruises as a consequence), her face swollen and purplish, so unnatural I hardly recognized her; pupils much contracted and

irresponsive; nostrils sooty and *alæ nasi* dilating with each breath; respiration very irregular, sometimes ceasing for a short interval, sometimes deep sighing; lips extremely dry with skin exfoliating, skin leathery, dry all over; breath very offensive; urine frequent and involuntary; stools loose, involuntary and terribly offensive; temp. 100.5, pulse fairly good and regular. The eyelids would close as if too tired to stay open, then they would part again revealing the expressionless gaze. There was no response even to loud calling. The arms waved slowly back and forth; frequently the bedclothes would be pushed down and an attempt made to get out of bed. All nourishment had been refused, so a tube was inserted through the left nostril and down into the stomach. She had pulled this out twice so it was held in place by bands of adhesive plaster across her upper lip.

In the middle lobe of the right lung moist mucous rales could be heard anteriorly and a hard loose cough came occasionally.

I consulted the nurse's chart and found an erratic temperature between 100 and 101.8, a pulse rather steady and slow, respirations never more than 30 and generally 22 to 24. There had been a slight kidney involvement which had cleared up.

Then I looked for the treatment and, to my horror, found the following:

At first every 4 hours and later every 3 hours, a capsule containing codeine, aspirin and caffeine.

Every 4 hours, potassium bromide, grs. 30, digitalis and potassium citrate.

Whenever restless at night a hypodermic of atropine 1/50 and morphine 1/8.

Aspirin and codeine *p. r. n.* the last 4 or 5 days.

Two doses of Epsom salts and sal hepatica.

A drink of coca-cola occasionally.

I met the chest specialist and the assistant; they are fine types of men, rather young and progressive, not old-fashioned at all in their methods. I ventured to say to one of them, "These pupils are much contracted; this may be due to some drug she has taken"? "Undoubtedly," was the answer, "undoubtedly", and evidently he was satisfied.

The husband was anxious to take his wife back home imme-

*Read at the I. H. A., Bureau of Clinical Medicine, June 1929.

diately. The doctors in charge had told him that would be a crime, with her so ill. Yet they gave a fairly good prognosis, saying the heart action was good, the pneumonia had not spread and the kidney complication had cleared up. How they could ignore the fact that she was sinking hourly under the drugging was beyond me.

The last doses of the strong drugs had been given at 6 a. m. At 10 a. m. on Jan. 8th I took charge and gave *Ant. tart.* 1m in one-quarter glass water, one teaspoon every 10 minutes for four doses.

At noon I consented to share the risk with the husband and start home with her that night. By 7 p. m. temperature 99.2 and pulse good, rales almost gone; respiration regular; could swallow naturally. In the ambulance on the way to the train and whenever lifted, she cried out in a high, weak voice at every jolt; also when the train jerked. She seemed to be sore all over.

The train trip was 36 hours but no changes; we had two trained nurses. The patient grew steadily quieter and maintained her strength. Temperature fell to 97.2 and took three days to swing back to normal. All pneumonia symptoms were gone on the 9th, when I gave one dose of *Opium* 10m hoping to reach the worst of the drugging, but probably she was too much under the influence of several drugs for this potency to act. The nurse who had had the care of her for more than a week, was astonished at the change on the morning of the 9th on the train. She said, "Well, I don't know what you have given this patient, but I'll tell the world she's lots better". I hadn't done much but free her from the drugging.

The next prescription was *Nux-v.* 2c because she was physically so irritable, sensitive to jar, noise, etc.; also I hoped for its action as an antidote.

She was carried to her bed at home as deeply unconscious as ever and watched carefully for three days for symptoms on which to prescribe.

On the 12th she seemed more exhausted, apathetic, eyelids would draw together as from great weariness, she pushed away all food, wanted to be let alone; pulse was weaker and somewhat

irregular; she could indicate desire to urinate or for stool by sudden restlessness, that was all.

I gave a dose of *Phos. ac.* 10m. Next day she seemed somewhat more alive and on the 14th in the morning she recognized her husband for a fleeting moment only. Also she said in a high-pitched mechanical voice, "Where am I"? and then, "How did I get here"?

The next two days brought more response to words and stimuli but no real consciousness, also more weakness of muscles and heart action. A repetition of the *Phos. ac.* did nothing.

By the 17th she was manifestly losing the fight, for color was poor, pulse was thready and faltering; she pushed away all nourishment and was sinking down in bed. Then I resolved to try what had been in the back of my mind all along—to give *Opium* low in repeated doses. I gave it in 1m, in group doses, a teaspoon every 20 minutes for 4 times, then wait 4 hours and repeat. This was started early in the evening and kept up through the night.

Next morning her minister called about 9 o'clock. As he stood by her bed, her eyes opened and suddenly were full of recognition. "Why Dr. Dudley", she said, "how glad I am to see you". Then she spoke to her husband and pressed his hand. Pulse had grown steady and stronger during the night.

It took some days more to have a natural expression on her wooden-like face, to orient herself properly, to realize that she must take food to get well. Then we had her full co-operation and the fight was won.

She was out of bed in three weeks more but it took a long time to recover nervous strength and poise. Numbness and neuralgia of hands and right arm, and swelling of left ankle were late developments. Urinalysis showed nothing abnormal. Now she is out and about almost as usual.

She had *Opium* 10m Jan. 23, *Nux vom.* 2c the 26th and 28th, the 10m Feb. 2nd; then her old chronic remedy, *Psor.* 10m on Feb. 11th.

I wrote the daughter in New Orleans an account of the patient which she might show to the doctors there if she wished; have yet to learn if she did so.

It is hard to understand how they could be totally blinded to the killing effect of the drugs they gave to make her well. If she had died, it would have been another fatal case attributed to pneumonia following influenza, complicated by encephalitis.

WASHINGTON, D. C.

DISCUSSION.

CHAIRMAN MCLAREN: We thank Dr. Green for her most interesting paper. We would like discussion.

DR. OLDS: I would like to ask Dr. Green when the diarrhoea stopped in that case. I should also like to know something about the diet.

DR. ALLEN: The doctor's case reminds me of my practice. A lady was suffering from vomiting of pregnancy. She called in three of the old school men of the town, and they all failed. She had been given up. As a last resort, they thought they would try the young homœopath. He took stock of the remedies that were left. I think there were six different pills of various colors, and you can visualize it when I thought it was fifteen or sixteen different remedies.

She had been vomiting for some five or six weeks, and she was very much emaciated. I could only think of *Nux vomica*. I gave her, I think, the 6x in half a glass of water and gave her a teaspoonful myself. In two minutes she turned over on her right side and relaxed. I remained there a few moments and told them I would be back in the afternoon. In about half an hour the husband came down to the office, took his coat off, and everything else that he could, and his eyes were very much dilated. He said, "You killed my wife and I have come back to kill you". I said, "I would rather you would not commit murder in my office. I will go down to your home". In going down, I asked him why he thought I had killed his wife. He said, "She cannot take morphine and her mother told me when I married her never to allow anybody to give her morphine. I didn't tell her. You have given her morphine and you have killed her". I got him pacified. We walked into the room and she was lying just as I had left her. I touched her on the shoulder and she turned over and said, "What are you doing here?" I said, "I have come back to resurrect you and prove to your husband that you are not dead". She had no trouble afterwards.

CHAIRMAN MCLAREN: If there are no further remarks, we will ask Dr. Green to close the discussion.

DR. GREEN: As I remember, the diarrhoea stopped about three days after we had her home, and after that there was obstinate constipation for I should say two weeks. Then the bowels gradually came around normally. We were obliged to use enemas for some time.

As to diet, I gave her orange juice and the food trophanine on the train, because it seemed to be the easiest way to feed her while traveling. She took it all right. This was kept up for two or three days after we reached home, and then gradually other liquid food was given to her. I don't remember just what it was. After we had her co-operation, it wasn't long before she began asking for food herself. Then she was given just about what she wanted.

The more homœopathic the remedy is to the disease, the smaller ought to be the dose.—HARTMANN, 1846.

HOW NOT TO DO IT*

MARGARET TYLER, M. D.

EDITORIAL NOTE—*In this presentation of the common errors of those who are untrained in the fundamental doctrines when they attempt to practice homœopathy, Dr. Tyler draws most vivid pictures of regrettable occurrences; but does not fail to point out how the clouds of regret may be prevented by successful work.*

Dr. Kent, Dr. Gibson Miller, and others, can tell you, from long years of successful work and experience, how to do it. I feel that I am equally well qualified, from some years of poor prescribing and much failure, to tell you how not to do it.

I used to get brilliant flashes of light and joy—when I hit the drug—and that was just often enough to keep up the enthusiasm of an optimist like myself; but, take it all around, it was failure; and, because it may help some of you, I will try to tell you why.

Homœopathy, as you and I know, would work, and did work. But I had not properly mastered it; my ideas were too crude, my methods too lawless and untrained, for it would work only fitfully for me. The power was there, right enough, for the illuminating flash testified to its presence; but I could not draw on it with confidence at all times, or make it work quietly and surely—as power will work for those who understand the forces they harness, and can recognize their laws and limitations, and the peculiarities of their manifestations.

In short, I had not learned my philosophy . . . to tell you the truth, I did not know that there was any philosophy to learn. And, without its philosophy, one may use homœopathic medicines, even homœopathically, but one is no homœopath, and one will never get uniform nor satisfactory results. One will never even recognize the significance of the results one does get, nor know how to deal with them.

TO MASTER, THE FIRST THING IS TO OBEY

Remember that the one thing that power exacts is obedience. Electricity is a great power; no man has doubted its exist-

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tence; for the roar that has followed the flash since the dawn of time has proved too much for the stoutest skeptic. But, to utilize this power, man must court it in its own way, obediently, guiding it through its own channels, conforming to its idiosyncrasies one by one, as he makes its better acquaintance and discovers them. It is only by faithful obedience to the master-power that it may be bent to work for man, obediently, as his slave. So with homœopathy. There are no rough-and-ready methods. A child can stroke a cat's back and get sparks; but for a steady, useful current, to drive engines, or light a city, or girdle the earth, it requires rigid conformance to all the known laws.

No great power works without definite laws and limitations; and with these we have to reckon, or fail.

And in homœopathy, as in electricity, you have either something—or nothing! Both are giddily intangible—only to be recognized by results. And in both there are no half measures. All has to be in order with your method if the steady current of healing is to flow. A spark here and there—even devastating—is not business. It is convincing in its way, and may even hold a promise of better things if you can better your methods of dealing with it.

PRESCRIBING FOR THE DISEASE

For a homœopath, I suppose the often fatal first step is to label diseases, and then to label drugs to match.

To ticket *Rhus* and *Bryonia* "rheumatic remedies", and practically make your choice between them, and to fling it in the teeth of homœopathy when they fail to cure a case that required *Sulphur* or *Tuberculinum*, or—the dentist;

To regard *Sulphur* and *Graphites* as "skin medicines", and utterly fail in the cases (and they are not few) that demand *Pulsatilla*;

To set *Sepia* aside as "a remedy for women's complaints", and scorn the person who dares to give it to babies. Whereas, if you are to work your homœopathy for all it is worth, you will have to cure individual cases

Of tubercular dactylitis with *Sepia*, of all medicines!

Of goitre, even with a mass in the right lobe—not even the

left—with *Sepia* (I showed such cases recently to the British Homœopathic Society);

Constipation with *Rhus*, or *Variolinum* (as did Dr. Burnett);

Or (as did one of our men recently) a nocturnal gastralgia accompanied by wasting with a single dose of *Syphillinum*.

If you are to do it, and to do it often, you just have to let the disease alone and go for the patient. You have to say, not "this is a case of rheumatism, and I might try *Rhus*, because *Rhus* is a very good medicine for rheumatism", but "this is a *Sepia* patient, and, whatever ails her, it is *Sepia* she needs, and no other medicine". My goodness! if I had known that from the beginning.

And, for your own sake, don't be too ready to say, "I tried homœopathy for such a case, and it failed". Remember, it was you who failed; and the very fact that you failed proves that, whatever it was, it was not homœopathy. The power was there all the time, only you failed to apply it. Say this to some one who knows, and he regards you pensively. You have merely betrayed your own limitations.

TOO FREQUENT REPETITION

Now, the second fatal stumbling-block is the cabalistic sign *t. d. s.—ter die sumendum* (which the knowing ones reserve for *Placebo*). I suppose that that has blighted more brilliant homœopaths in the bud than one can imagine. And next to that, in its self-stultifying mischief, comes the atrocious formula, of those who fondly imagine that they are doing high class homœopathy indeed, "once weekly". When I started on my career of failure and bad prescribing, I saw every one giving drugs *t. d. s.*—for chronic cases anyway; think of it! And, never having learned to prescribe, I fell headlong into the pit. In vain my mother protested—she had learned good homœopathy in the early days of better work.

"It is quite wrong", she said, "to give medicines like that, and for weeks at a time. It is not homœopathy at all. Directly there is improvement, you must stop; and only repeat later, if the symptoms return unchanged".

But *t. d. s.* was everywhere the rule, on which I proceeded to improve. For, knowing that potencies worked, I gave 30s and 200s thrice daily—or once or three times a week, as the spirit moved me; not divining that, if one must play the *t. d. s.* game, it is well to employ the drug in its highest state of *im*-potency—perhaps about the 3x, where you have not enough quantity for crude effects, or enough penetrating power for deep and lasting mischief. Men do get excellent results in some superficial cases, in this way.

Worse than all, I led others into the same error, inducing them to try the high potencies. I was always thrown back on myself to wonder why, when I had made a good prescription, the patient, after a few days' splendid betterment—"Why, I thought I was cured for the first three days"—relapsed and came back worse than ever, or with new tales of woe, for which a new prescription went down—with like result. Always better—and then worse, perhaps in a new way; but never, never, never cured!

Gentlemen, you can go on in this way for years, curing your patients till they die. They will forgive you the relapse each time for the good hope of the first three days. In fact, that will go down to your credit, and the rest to the credit of the disease. You can ring the changes with a regular sequence of amelioration; drug effect; new prescription—symptoms wiped out; new drug symptom; new drug to meet them—fresh amelioration; fresh mischief; and again another remedy of like symptoms which, like all its predecessors, ameliorates promptly, and then proceeds (if persisted in in this idiotic way) to set up its own train of symptoms, for which you again drearily prescribe—while homœopathy sinks lower and lower in your estimation, and the younger men wonder that you have lost all enthusiasm for its cause. Even in those days of little knowledge, I could often have done brilliant work had I used my mother's words, and adjured the patient: "*Directly you are better you have to leave off your medicine, and never touch it again, unless you are really worse*".

I am afraid I spoiled several men's work by inducing them to try the higher and highest potencies. I know that I am giving myself away badly, but perhaps that is necessary. For, gentlemen, every evil that I have done in my ignorant flounderings

after better things lives on in some corner of L. H. H., and I am always meeting my sins at odd moments and around unexpected corners—*hinc illæ lachrymæ!*

I have seen *Calc. carb.* CM prescribed thrice daily for a month by a man who was, as he expressed it, "giving the high dilutions a trial". And my evil suggestions as to giving *Tuberculinum* weekly, while one gave, say, *Silica* 30 *t. d. s.* (*Silica*, that deep-acting drug of 40-60 days' action!), are still haunting the place like evil spirits, to lay which it will take more of the holy waters of repentance and confession than I can manage this afternoon.

USE OF REPERTORY

But it was not all imagination and daring experiment. I did try to work out my cases, believing that when I failed it was because I had the wrong drug—which by no means follows. I did try to work out cases, with hours and hours of labor—generally in vain! For I had never been trained.

Till our first scholars came back from America, no one had ever taught me how to recognize the few symptoms of inestimable value in the equation. No one had ever shown me how to eliminate drugs and minimize labor *by starting with certain general symptoms well marked in the patient*. I had no faintest idea how to work economically as regards labor.

I would start by writing down that terrific list of drugs producing constipation—if the patient complained of that trouble; and so on through all his symptoms, important or unimportant, even mechanical, and probably altogether misleading, giving to each drug its value according to type, and never once considering (what is most important) *whether the type coincided in patient and drug*; then rounding up with an arithmetical calculation. Sometimes the drug came out; but the labor was hideous, monotonous, and not even remunerative in results.

I was not easily beaten; if there was anything in repertorizing, I was determined to master it, and more, to make it practical with a minimum of labor; for I went so far as to devise a card-trick system, every card a symptom, and all drugs that produced that symptom punched out. I deafened myself punching one thousand such cards. I have them still, a great cabinet full. But even this could not help, because the system was wrong.

When one knows how to repertorize, a choice from some 80 cards of "general" symptoms in a small portfolio is all that is needed to start a case—often to work it out in five minutes with a glance at the materia medica—had I known! But I have learned one thing from all this, and that I am competent to teach any one, viz., how not to do it.

Another way to insure failure, in some cases, is to start your repertorizing (by way of weeding out useless drugs and lightening labor) not with generals, but with some list of drugs that has the patient's ailment. Say it was my case of goitre, where *Sepia* cured—one dose of *Sepia*.

In my days of fruitless repertorizing, I should have begun work on a case like that by writing down all the drugs that have been found useful in goitre; then, as there was a mass in the right lobe, I should have eliminated all the drugs, by the help of another list, that did not affect the right side of the body, or neck. And I should have failed—absolutely and inevitably have failed; because *Sepia* is in no list of drugs known to affect the thyroid gland. And again, though *Sepia* is among the drugs that pick out one side of the body, it happens to choose the left side for its operations, in the general way; so, again, I should have inevitably missed it. She received *Sepia* because she looked, and was, a typical *Sepia* patient, with *Sepia* symptoms, and because I simply could not give her anything else—then; my absurd intention being to cure her first and then to tackle her goitre.

But if (and it is a large if) you cure your patient, the odds are that there will not be anything left to cure. Your business is to cure her; the rest is her affair. Make her normal, and she will have no further use for acquired abnormalities. Healthy nature makes short work with superfluous details; for she can waste, as well as develop. Given the irritant, and she will sprout "ultimates", and in vain you prune them away. Put her right, and she starts clearing them off and setting her house in order.

Be well assured that *nothing continues to exist without cause!* And learn a lesson from the tadpole's tail; it has taught me much. I used to think it dropped off! We have a great deal to learn about absorption!

HASTY PRESCRIBING

Another way not to do it is to be too ready with your prescription. If you take a lot of trouble with a case (when you know how), it will give you very little trouble afterwards. Conversely, if you take a very little trouble to begin with, it will give you endless trouble, many times repeated. You have fouled the clear waters with a wrong prescription, and how are you going to peer into the depths? You no longer have a true disease-picture to match. One bad prescription leads to several, perhaps to a hopeless mixing-up of the case. "Curses and chickens (and bad prescriptions) come home to roost". If you are not sure give a *Placebo* and wait. Hahnemann says, "A week's *Placebo* to start with, anyway"!

PRESCRIBING DURING AMELIORATION

And when you have worked it out, and actually found your drug, there are still several ways of how not to do it. One of the most catastrophous and heart-breaking is to repeat while amelioration holds. Two cases have bitten into my memory, though hardly understood at first; and yet I go on doing the same thing again and again, for it is the hardest lesson in the world to learn, to hold your hand and do nothing. One catches at the excuse of any little recurrence of symptoms to repeat, and often spoils the case—*pro tem.*, anyway.

A glaring instance, which in those early days I did not even understand, was a chronic typical *Aloes*-diarrhœa. (I have hunted in vain for the notes so speak from vivid memory only). He got *Aloes* cm (either one dose or two at a week's interval). He came back so much better, practically cured, that I hugged myself, and hugged homœopathy as a very wonderful thing. I had found his remedy right enough, and I would keep him on it for a bit, lest he should relapse! Of course, he came back less well. Then I gave it more often (it was the right remedy, for the first dose had been magic). I piled it on—homœopathy was a less wonderful thing (my homœopathy, that is, which ought to have been written in inverted commas); and presently he came no more.

That case has rankled ever since. I came to the conclusion,

at that time, that the first prescription was a comparatively easy matter; but what to do with patients when they came back better was beyond me! The very obvious "do nothing" was also beyond me for ages.

That is where the philosophy comes in. That is where, in homœopathy, we perish for lack of knowledge. That is where the young men, who have been trained score. They will never know so much about "how not to do it"; but they have been taught when not to do it! For there is one rule, and one only, that meets the case:

So long as amelioration holds, let it be; and only repeat, or reconsider the case, when you are sure that it is quite at an end.

Why, Wright has proved that recently, under the microscope, for *Tuberculinum*; though Hahnemann laid down the law more than a hundred years ago. And we who call ourselves his followers sneer at "the eternal Hahnemann", and do not even take the trouble to master his teachings.

Never repeat while amelioration holds. It will be from minutes to hours (Hahnemann says so) in acute cases, and from days to weeks or months, according to drug and case, in chronic diseases. But, unless you want to see your work always going back on you, unless you want to be one of those who have "tried homœopathy and failed", let your ameliorations severely alone, and keep your enthusiasm for scientific medicine.

The other sharp lesson was a case of heart failure in a woman of 29, mitral incompetence, etc., that I got permission to treat after admission to the L. H. H. Here I have the house physician's notes and measurements. She worked out *Arsenicum*, and I gave a dose of *Ars. cm* two days running (as she had been given a dose of *Spig.* low in the intervening night, and it might have interrupted). The effect was magical. Three days later (only four days after admission):

The heart had contracted, and was now only one inch, instead of two, to right of the sternal margin.

The liver had also contracted, and now, in the nipple line, measured 6 1-4 inches instead of 8 3-4 inches.

One hundred heart beats out of one hundred and forty-four now reached the wrist, instead of sixty-two out of one hundred and sixty.

She was sleeping quietly at night, instead of the suffocating spells when she dozed, and the frequent vomitings all night that had been a feature of the case.

She felt very much better. Every one was amazed at the improvement, and, in my joy and desire to hasten matters yet more, I gave her, a week later, another dose of *Ars. cm*. And that ended the case—in all senses! She grew worse. *Lyc.* was given, and failed to relieve. All her fearful restlessness returned; she could stay nowhere. She demanded to go home, where she died very soon after.

You who know realize that it was risky even to give a *cm* to such a case, but that it was madness to repeat it while the patient was doing so well. You see that it is not enough to spot your drug; it is not enough to make a successful prescription, even. You need all the philosophy if you are to carry your work through every time, if you are to get nearly all there is to be got out of homœopathy. I was like an electrician who, having proper wires and a lamp of just sufficient resistance to glow its brightest, wantonly doubles the current, fuses the filament, and earns darkness. The greater the power, the more carefully must it be handled, to avoid disaster.

HIGH POTENCIES IN ADVANCED CASES

Another way not to do it, a case that emphasized the fearful risk of giving a high potency of the indicated remedy to advanced disease, was a case of malignant tumor of the breast. The woman had been doing well on unit doses of *Scrof. nod.*, had lost pain and swelling of the arm, and inconveniences of the disease, though it was steadily progressing. She was a healthy looking, robust old woman of masculine appearance.

I worked her out and gave *Lach.* 200, and then a dose of *Lach. cm*. This was promptly followed by alarming collapse, hæmorrhage, rapid greenish fungations, and intolerable odor (all relieved, by the way, by a dose of *Ornithogalum* a few weeks before she died). This *Lach. cm* aggravation pleased me, rather than otherwise—showed that I had hit the drug. A second dose, later, was followed in half an hour by collapse; and, again, a horrible aggravation of all symptoms. But I still fondly hoped that the reaction might carry her a long way toward clearing up the case. It never came. And I have learned my lesson now.

In advanced disease, malignant or tuberculous, with much

tissue change or lowered vitality, philosophy teaches that the most terrible that you can give your patient is the indicated remedy in high potency. Give her anything but that!

Some of you are fidgeting with impatience, not believing this, or vowing that if you did believe it you would quit homœopathy. But others in the discussion, by and by, will more than confirm it from their own experience. You will find that it is the men who know their work, and can handle their power, and get results, who are not only the most keen and enthusiastic, but who develop at times a positive terror of their drugs—in the potencies; for they know how potent they may be for evil as well as for good; that when the disease mass is large, or the reaction poor, the most harmful drug you can give to a patient is the *simillimum* unless very cautiously and low.

INTERFERENCE

Another brilliant way not to do it (you see that I have tried them all) is to have your cases in common, and to work with some one who knows little, and cares less, for the philosophy of prescribing. It is late; there are a heap of patients to be got away in a short time. He sees a case on which you have expended much labor and thought; hears a tale of woe—a medicinal aggravation perhaps (your poor prescriber does not believe in aggravations, for in the nature of things he gets few, and never spots one when he does get it!); or old symptoms returned; or a diarrhœa or rash or excessive sweating that may be critical, mean a sharp leap towards the cure of some serious condition, if left alone; or even *symptoms worse and patient better* (if he inquired), which should call a halt. But, at the first word, down goes a new drug; and the case is off at a tangent—perhaps beyond recovery.

This is how not to do it, with a vengeance! For this is to throw your very life, your energy, and your success, to the moles and the bats—and without compensation. You and your patient have both suffered for the victory that has been snatched from you, and suffered in vain! We all have plenty of chances, unless we walk warily, of spoiling another's work.

But enough of how not to do it! There has been plenty of

that in the past; but the past is beyond our reach. Old things are passing away, rapidly! Our concern is with the present; and the future, living or dying, is ours! Let us only diligently train the younger men, and the great cause is safe in their hands. Those who can wield power can be trusted never to betray it.

And to you who have learned your homœopathy under a master; who know its philosophy by heart; who have been trained to work out your cases, to respect and fear your potentized drugs and to use them only safely; who have learned to recognize and understand and deal with results—to you I would say:

Be patient, be gentle and courteous, be tolerant and forbearing. You have no idea how those who have not had your advantages have struggled and do struggle, in a heart sickening way, and without your results to buoy them up and reward their labors. They can look back, many of them, to the time when their enthusiasm was as great as yours; when they knew their drugs, from diligent study, as well as you do, and with far more labor than you have bestowed, who have had them presented to you in an attractive way—who have been taught.

And, above all, be good stewards of the gift that was given to you, and be ready to impart. Each one of us, working by himself and for himself, has only a limited life work, a limited fund of hours and energy, and then comes the "whisper out of the darkness" that says "the end is forbidden"; that says, "thy use is fulfilled"—and then, silence. But think how enormously we can multiply our life work, our influence, the sphere of our energy and usefulness, by helping and inspiring others. What an enormous mass of work may at last be laid to our account. Think of the work that Dr. Kent is doing in the world today, through his scholars, through the men he has kindled and inspired, and taught, and the men that they, in their turn, have taught and are teaching. Believe it, there is no greatness in the world but through service.

He that would be great among you, let him serve. Teach! Help! Strengthen! Hearten! Inspire! Freely ye have received, freely give—and of the best that is in you.

LONDON, ENGLAND.

POINTERS*

If your patient is oversensitive to remedies from overprescribing study *Teucreum marum verum*.—A. H. GRIMMER.

In earache complicating measles, with thick tongue, loose bowels and sweating, think of *Merc. dulc.*—J. W. KRICHBAUM.

In *Syph.* heart pain goes from base to apex; in *Med.* from apex to base.—J. W. KRICHBAUM.

For headache which is the acute effect of heat stroke *Glon.* For the chronic effect *Natr. carb.*—A. H. GRIMMER.

In headache from suppressed diarrhoea study *Podo.*—A. H. GRIMMER.

In right eye headache with disturbance of vision and sore vomiting study *Iris.*—A. H. GRIMMER.

In violent hatreds in men consider *Fluoric acid*. It is often to men what *Sepia* is to women. A keynote is "scolds without being angry".—J. W. KRICHBAUM.

Zinc. sulph. is a grand remedy in an old person's home; it has cured pterygium.—G. B. STEARNS.

When attacks of chronic rheumatism alternate with diarrhoea think of *Cimic.*, *Dulc.* and *Kali bi.*—G. B. STEARNS.

String warts on the eyelids often need *Staph.*—F. E. GLADWIN.

Zinc. iod. has spasmodic bursting sensation in the heart with dyspnoea.—G. B. STEARNS.

Rhus has volvulus of the intestines.—A. H. GRIMMER.

Bapt. feels better than it looks and *Lach.* looks better than it feels.—G. B. STEARNS.

Anac. has wounds of the tendons.—G. B. STEARNS.

There is more to *Arn.* than most think: Iritis, bee stings, profusely suppurating compound fractures, abortion, mastitis and orchitis yield when the symptoms agree.—G. B. STEARNS.

Cineraria in ruptured eyeball and *Asar.* in eye injury are not to be forgotten.—G. B. STEARNS.

Kali iod. has burning feet and sinking in the stomach at 11 a. m., relieved by food, and resembles *Sulph.* in the 30th potency.—A. H. GRIMMER.

Alumina sil. should not be forgotten in chronic neuritis.—J. T. KENT.

My big "5" in obstetrical hæmorrhage are, *Mill.*, *Phos.*, *Nit. ac.*, *Sec.*, *Sabina.*—J. W. KRICHBAUM.

Only one remedy has the typical symptoms of normal labor: *Cupr.*, it often helps to give a dose of the 200 in normal labor. If they are restless *Cupr. ars.* is better.—J. W. KRICHBAUM.

Call. is a sheet anchor in complicated labors: rigid os, delayed labor, spasms of pain without progress, head pushes down and recedes.—J. W. KRICHBAUM.

Cimic. leads in false labor pains with rigors and chills in the first stage.—J. W. KRICHBAUM.

In rheumatism without swelling think of *Iodum.*—A. H. GRIMMER.

Don't forget *Ars. sulph. flav.* in rheumatism.—A. H. GRIMMER.

Merc. sol. contains traces of *Nit. ac.* and sodium and is better in acute work, whereas *Merc. viv.* suits the chronic.—A. H. GRIMMER.

Hahnemann says acute t. b. c. almost always needs *Kali carb.* at some stage.—A. H. GRIMMER.

Sarracenia (pitcher plant) is a valuable prophylactic against smallpox.—J. H. CLARKE.

As antidotes of the coal tars which have been used to suppress headaches *Carbo veg.* is effective, or *Mag. phos.* if the suppression has brought on neuralgia.—J. T. KENT.

If too many different homœopathic remedies have mixed your case, *Sepia* may straighten it.—J. T. KENT.

Teucr. scorod. is useful in glands and adenoids and a wonder in t. b. c.—A. H. GRIMMER.

Fraxinus americanus (ash) and *Aur. kali mur.* are great remedies in fibroids.—A. H. GRIMMER.

Abies canadensis: For women with uterine troubles, with chilly sensations and great craving for meat, pickles, radishes, turnips, artichokes and other coarse food.—A. PULFORD.

Abies nigra: Sense of an undigested hard boiled egg, or of something knotted up in the stomach; dyspepsia from tea or tobacco.—A. PULFORD.

Abrotanum: Emaciation most marked in lower limbs. In metastasis; also when *Hepar sulph.* fails in furunculosis; or when *Aconite* or *Bry.* fail in pleurisy. Oozing of blood and moisture

from the navel of the new born. Is especially suited to affections of little boys. When one disease changes into another. When mumps shift to the testes and *Carbo veg.* and *Puls.* are strongly indicated, fail. When suddenly checked diarrhoeas followed by piles or rheumatism. Better when bowels are loose. *Zincum met.* and *Nat. sulph.*, reverse of *Calc. carb.*—A. PULFORD.

Absinthium: Prolonged spasms in children. Its most important symptoms are giddiness and epileptic symptoms.—A. PULFORD.

Acalypha: Has cured many obstinate hæmoptysis cases where other remedies failed; severe fits of cough followed by spitting blood; expectoration of pure blood morning, and dark blood evenings.—A. PULFORD.

Acetic acid.: Diabetes with or without sugar in urine, thirst, weakness, pallor and emaciation. Pale, sickly children should be given in anæmia or nursing women. Is similar to *Arsenicum alb.* but has a greater preponderance of nervous symptoms than either. An antidote to anæsthetic vapors; dipped in vinegar and rubbed within the lips antidote to fumes of charcoal. Equal parts of vinegar and hot water in a refreshing sponge bath for many conditions of fever, without perspiration. General emaciation with waxy skin, sarca, and sweat. Membranous croup with bright red skin and perspiration.—A. PULFORD.

As regards the highest potencies, I protest both against the exclusive use and against the injudicious neglect with which some practitioners treat them. I have used them in many violent cases with the most perfect and sometimes with instantaneous results, and do use them now every day to my entire satisfaction. I have reported a number of cases where the curative action of the highest potencies is so evident that no sane man can doubt their efficacy. In many cases I have obtained results by means of the highest potencies where the lower potencies have entirely failed, when administered by skilful hands.—HEMPEL, 1846.

EDITORIAL

THE SPIRIT-LIKE FORCE

The expression, "the spirit-like force", has been used since Hahnemann's time, and it has been ridiculed as reflecting the qualities of Hahnemann and his followers. This expression is perfectly descriptive of a quality of our potencies at all times and many times since has seemed unsubstantiated. Hahnemann, with his far-reaching vision and mature judgment, realized that it was a quality that transcends time and space. Hahnemann arrived at these deductions through his experiences, first with the crude tincture of *Stannum*, then step by step learning to divide and potentize matter, until he finally reached a high appreciation of the worth of the potential power of matter when properly divided and divided. So keen was his appreciation of the power of divided substances that during the latter part of his life he used not lower than the 30th potency, and in the last years only by olfaction.

At Hahnemann's time the homœopathic profession has not devised ways and means to still further divide and potentize matter, knowing the added power and possibilities that come from division and succussion, but never finding the key to decipher the secret. Now it has been pointed out with clarity just what the key is. In this issue of *The Recorder* appears an article by Dr. Stearns of the Foundation for Homœopathic Research, which points the way into the potentiality of material things. This is the beginning of an era in which the power of the infinitesimal is being recognized in the physical, the chemical and the biological sciences. This is illustrated in the endocrines, and still more in our recognition of the presence of the vitamins, without their seeming physical presence.

The deductions of Dr. Stearns become established and confirmed by science as they promise to be, a new era is being opened in our whole concept of matter, which will revolutionize the sciences of chemistry, biology and physics, and will give us a new and more correct relationship with the universe. Then we shall more fully the fertility, the sagacity and the prophetic vision of that great mind which took each step by deduction from

former observations and premises; then Hahnemann will become in the eyes of the world, as he is in the eyes of the homœopathic profession, the medical seer of the ages.—H. A. R.

* * * * *

The July and August issues of *The Recorder* carried reports of the summer session of the American Foundation for Homœopathy Post-Graduate School. This eighth session was exceedingly successful from the standpoint of the post-graduate teaching of homœopathy. About fifty per cent of the students were "old-school" graduates, and the enthusiasm of all the students was keen and their work showed their interest.

Post-graduate instruction in homœopathy has the very great advantage of concentrating the entire time on nothing whatever excepting homœopathic philosophy, materia medica and therapeutics, the use of the repertory and clinical prescribing, of which there was an abundance. There are only two undergraduate colleges in this country in which there is any attempt made to teach homœopathy. In these only eight per cent of the time can be devoted to homœopathic materia medica and therapeutics, and practically no time is devoted to homœopathic philosophy. From a practical point of view it would seem that post-graduate instruction in homœopathy was much more worth while, at least in this country, for in the post-graduate school a great deal of emphasis is placed on homœopathic philosophy; for homœopathy cannot be practiced with the knowledge of materia medica alone, but the philosophy of Hahnemann must be mastered before true homœopathy can be successfully practiced.

This eighth session was from all standpoints the most successful that the American Foundation has ever held: in the quality and thoroughness of the instruction, the use of clinical material and in the geographical distribution of the students. Now that the Foundation has a small trust fund to help defray the expenses of the school, its future development seems assured, and it can go side by side with all the other agencies for higher medical education. It is the only post-graduate school in this country where only homœopathic methods are taught, and we look forward to an era of great usefulness in supplying highly qualified and thoroughly prepared homœopathic practitioners.—

H. A. R.

CARRIWITCHETS

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

51. Is there any reasonably simple test, microscopical or chemical, whereby one could distinguish between genuine wholemeal bread and that which is falsely alleged to be wholemeal but is not actually so? The test of color does not suffice as white bread can, I believe, be colored to simulate wholemeal.—A. H. MARSHALL.

52. What does Hahnemann mean by the autocracy of the indwelling vital force? Is its power supreme, and if so, can it be influenced by the action of remedies?—B. C. WOODBURY.

53. If the homœopathic remedy is all supreme, why do our patients who have been under our care for many years, some of them, develop cancer, arteriosclerosis, chronic Bright's, etc.?—B. C. WOODBURY.

ANSWERS TO QUESTIONS IN SEPTEMBER ISSUE

Concerning the article on page 327 of the Recorder for May, 1929, I would be glad to know which are the guiding symptoms, in whose rubrics the simillimum must appear, if it is to be the remedy for the case. In my copy of Kent's Repertory Agar. does not appear at all under aggravation in daytime, nor in forenoon. I am sure it would be a great help to beginners if the experts would kindly tell us what they took as the most important guiding symptoms in their clinical cases.

—The *Organon* says the latest symptom points toward the next remedy. Her progressive paraplegia is that, and its rubric is on page 1179 Kent, the general of aggravation from cold and motion is best summarized on pages 3 and 9 in Boger's *Synoptic Key* while muscles occurs on page 22; tremulous limbs on page

29; disturbances of respiration page 66; alternation of diarrhoea and constipation is found on page 607 Kent. This makes the remaining remedies stand about thus: *Agar.*, *ARS.*, *Kali carb.*, *Nux v.*, *Rhus tox* and *Sulph.* It is not advisable to reduce the number for final reference below this list. Consulting the *Synoptic Key* at once make it look like *Agar.* at once, which is fully confirmed by symptom 532 in *The Chronic Diseases* of Hahnemann, hence it *must* be the only remedy that can cure.—C. M. BOGER.

—Easier to answer *postmodum*. The attracting symptom and of prime significance is the muscular manifestations of spinal nerve irritability and weakness by day, ceasing at night—so strong that we are warranted in translating it “ceasing during sleep” for there was a relation there somewhere. All the other symptoms are strong for *Agaricus*. Forget the repertory when so “warm” to the remedy as that and read the *Materia Medica* which should dispel indecision at once.—R. E. S. HAYES.

—Concerning the article or case on p. 327 of the *May Recorder*, it is one by Dr. Pierre Schmidt and one for him to answer. We think that Dr. Schmidt took as his guiding symptoms—the spasmodic muscular symptoms and the aggravation from cold, which are the leading symptoms of *Agaricus musc.* The time modality of this remedy is little marked and consequently of lesser importance.—A. PULFORD.

How can you tell that a patient is sensitive to the action of remedies?

—We can only infer that patients will prove particularly susceptible to our remedies. The individual type has more bearing on reaction.—C. M. BOGER.

—What kind of sensitiveness is meant? Sensitiveness to some certain remedy? Flashy reactions? Tendency to prove? To aggravations or what? All these are difficult to determine positively but all are somewhat related and may be suspected by degree of irritability of the sympathetic nervous system (in-

stability of local or organ symptoms) to environmental influences, and are more apt to be manifested in patients having late pathological conditions of the vital organs.—R. E. S. HAYES.

—It is often hard to tell beforehand whether or not a patient is sensitive to remedies, but if you have previously treated that patient you will soon find out. Here is an illustration: A fire broke out in some woods on a farm, the farmer's wife became quite excitable and could not be quieted. She was given a single dose of *Coffea cruda* with a marked and sharp increase of the excitement inside of two minutes, which soon passed away and the lady became quiet and herself again. There was much doubt among those who witnessed this sudden change as to whether it was due to the remedy or not. To prove the point two glasses one-half full of water were taken and into one a few drops of *Coffea cruda* was placed. No one but the doctor knew which of the glasses contained the water alone. The patient was asked to pick out the glass containing the remedy, this she could do every time and we could not fool her, for after each time she partook of the *Coffea cruda* she got a sharp aggravation of her excitement.—A. PULFORD.

When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?

—In urgent cases or if a great paucity only can be obtained, but this procedure is to be carefully avoided wherever possible.

—C. M. BOGER.

- a. When emergency demands the venture.
- b. When the vital energy is past redemption.
- c. When the symptom is a strong general as well as characteristic if no other considerations forbid.
- d. When you expect to never see the patient again.—R. E. S. HAYES.

—It is justifiable, only, to prescribe for a single symptom when it is the *only* one present and it is found under no other known remedy; in groups of symptoms only when they are characteristic of that remedy. Here is an example: One cheek red and hot, the other pale and cold, occurs under *Aconite* alone, and in

the absence of other symptoms *Aconite* could be logically given, but it is not essentially *the* characteristic of *Aconite*. The real characteristic of *Aconite* is agonized tossing about (or anxious restlessness) and is essential to all cases where *Aconite* is the true *simillimum*. The true skeleton of *Aconite* on which one can prescribe with confidence is: Agonized tossing about; expression of fear and anxiety; full, bounding, rapid pulse; dry, hot skin and burning thirst, drinking copiously, everything but water tasting bitter. Those alone are the true representations of *Aconite* and must always appear in a strictly *Aconite* case.—A. PULFORD.

In line with Dr. Marshall's question above, will some of the experienced homœopathic prescribers please send in cases to be published in this column, so that we, the beginners can work them out? With the case will they send their analysis and the remedy selected to be printed the following month? This will be of infinite value, a continuation of the Post-Graduate Course during the whole year.

—Case I: Impulse to move and laugh when in pain. Pains in throbbing waves, sacrum and lumbar regions of the back have been treated very thoroughly by manipulating methods without success. A very bad case of sciatica in an athletic male was cured by a single dose of the thirtieth potency of ? ? ?—C. M. BOGER.

—Case II: W. J. H., aet. 64, a carpenter, was sent to us. Here is his case as he related it to us in his own words: "Had what they, the doctors, claimed to be *rheumatism*. Lately hands and feet cramp. Stinging pains run down the arms and legs like needles. Had injection in r. arm. *Cannot raise the arm from a sensation of weight*. Feels as though the nerves had grown together. Always well until two years ago, wife died then and since then began to decline. Fall from scaffold about 23 years ago and injured l. shoulder. *Worse after he has worked a while. Better in clear weather. Worse in cloudy, damp weather. Worse before a storm, or any change of weather. Cannot sleep in cold*. More cold-blooded of late. *Generally better motion and heat, worse at rest and on beginning to move*. Hands tend to cramp when resting.

Mental symptoms better moving about. *Falls asleep late from anxious restlessness and aching in muscles and joints*. Wakens early. *Anorexia. Very thirsty*.—A. PULFORD.

—Sometime, perhaps. You beginners, plunge into clinical experience, all possible, with as little repertory machination as necessary but good strong drafts of *materia medica* mostly one remedy at a time in relation to the case in hand.—R. E. S. HAYES.

If symptoms disappear in the wrong direction what do you do then?

—Take a new and more comprehensive view of the case.—C. M. BOGER.

—If recovery is perfectly hopeless, and patient fairly comfortable, meddle not. Otherwise try to find a similar that will antidote at the same time; but be sure the condition is not a mere aggravation.—R. E. S. HAYES.

—Two conditions may cause symptoms to disappear in the wrong direction, first, a suppression by either the right or wrong remedy; second, a physiological action of the right remedy but the wrong potency. The proper thing to do in such a case is to go over it again carefully and if you are sure that your remedy is correct then change the potency; if your remedy is not correct find the right one or if you cannot find it remember it is *always* better to do nothing than to do the *wrong* thing.—A. PULFORD.

What is the difference between a remedy aggravation and a disease aggravation?

—Remedy aggravations generally occur quickly or around the fourth day. Every disease aggravation has its own peculiar way of expressing itself and once grasped there need be no confusion.—C. M. BOGER.

—Sometimes there is no apparent difference. Aggravations are so peculiar to the individual that we cannot make a perfectly specific reply. A sense of internal well being—improvement in

countenance—is more often observed with remedy aggravations. Remedy aggravations often have a preponderance of symptoms of the remedy causing it. Disease aggravations are more apt to be progressive while remedy aggravations proceed from within outward and are apt to erupt old symptoms. Meddle with both kinds as little as possible.—R. E. S. HAYES.

—A disease aggravation is uncontrollable by the doctor; a remedy aggravation is controllable and can be brought about at will. A disease aggravation is nearly always serious, a remedy aggravation only serious pro-ratio to the virulency of the drug, and usually of short duration leaving scarcely any impress.—A. PULFORD.

The "peculiar", the "characteristic" symptoms—these are to be regarded as the determining ones; but we must, at the same time, never forget, and we must always say emphatically, that these symptoms may be *very insignificant ones* and that we have to seek them, for the most part, in the series of *little and unimpressive phenomena*. Accordingly, free from all feelings of timidity, we receive these *seemingly insignificant* phenomena within our field of investigation. What microscopic research is, in the case of small objects, the same, in semeiotics, is the scientific investigation of the trifling, unimportant, subjective and objective phenomena of disease, and he who cannot labor in this field of the small and the few, can never be a master in either department of science. The riper spirit adventures into the depths, whose limits are immeasurable and whose products may indeed, to the uninitiated, seem insignificant, unimportant, trifling and profitless.—CARROLL DUNHAM, 1864.

The program just received of the Eastern Homœopathic Medical Association at Wilmington, Del., October 23 to 26. There is a fine program on Homœopathic Philosophy for October 26 which the homœopathic profession would do well to attend.

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THE LATE H. G. PEREZ, M. D.

THE HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., NOVEMBER 15, 1929. No. 11.

ADDRESS FOR THE OPENING OF THE HOMŒOPATHIC
CONGRESS AT MEXICO CITY, AUGUST 10, 1929*

H. G. PEREZ, M. D.

Distinguished Colleagues:

Feeling somewhat embarrassed by the irresistible suggestive influence of such a select audience, whose attention is fixed on one who fain would be the cynosure of every eye on this memorable occasion, and, at the same time, animated by that atmosphere such as is always breathed among highly cultured persons, I come today before this supreme tribunal, not with the polished phraseology which savors of classicality but with clear and concise language, as diaphanous as "a gem of purest ray serene".

Fluctuating between those two attractions which establish the equilibrium, I am going to express with the emotion that is natural at such a propitious time a part of that which reposes in my sensorium, awaiting the opportune moment to invade the world of the spirit from whence to establish that communion of ideas such as will unite us more closely together.

Science as simple speculation is cold and sterile when it is lacking in efficacy; but according as it becomes truly efficacious, it kindles the lamps of enthusiasm, broadens the horizons of light and engenders the most generous acts. The mobility of the regions of thought needs to anchor in the stability of human sentiments, because it can only thus be conceived that the emotion as produced by the *Sermon on the Mount* is more profound and extensive than the words of the divine Plato.

In the mysticism imputed to the proselytes of Hahnemann lies the excellency of their apostleship, because compassion and

*Translated by R. G. Hershberger.

altruism like unto the favorite offspring of the sensibilities go hand in hand wherever pain is in need of an emollient and where the condition of the poor and abandoned demands the loving caress of piety.

The very bravest of the brave suffers the spasms caused by the convulsion of the nerves when brought into contact with the cautery that sears the flesh; however stoical the person may be, he shrinks at the sight of the needle which perforates the skin and inoculates toxins that derange the vital fluid; and the one most indifferent in the presence of that accumulation of drugs which are manufactured as a lucrative industrial enterprise and consumed as a like commercial one, angrily protests. The materialism of medical conceptions accumulates mountains of combustibles which upon being consumed, reduce the organization to ashes, and their mephitic emanations, upon invading the homes, serve rather to reproduce the horrible vision of the four horsemen of the Apocalypse who leave naught in their wake but sorrow, hunger, desperation and death.

The gross materialism which has come to convert the organ into a test tube and the product into cause, does not take into account that besides a very evident dynamism which is the impelling force of life, there exists something more subtle and prepotent that governs and harmonizes. I refer to the spirit which reveals itself in every stoma, becoming the medium of every movement, the reflex of every form of sensibility and the genesis of every intellectual act.

The spiritual potency which has been the motor impulse that has led multitudes to sacrifice, is the selfsame power which through the channel of the instinct directs the action of millions of cells that perform their mission in the gigantic world of the organization. This harmony, as was pre-established in the synchronistic maelstrom of life, is simply wonderful and at the same time serves as a solace, because it shows us that within the recondite recesses of our own organization we carry the necessary combustible and at the same time the enlightening and transforming spark. The Jacob of the Bible plants one end of his ladder in matter with the other end resting against the highest emi-

nence of his being, from whence to be able to move and control the invisible waves of the miracle of life.

The stability of all harmonious and methodic knowledge is maintained by the eternal principles of truth, and these are not revealed in all their integrity nor in all their splendor, so as to always leave for the purpose of exciting the curiosity, indistinct and distant peaks that are invariably attractive and correspondingly seductive owing to their inaccessibility, for in this case "this distance lends enchantment to the view" and conceals for the moment its mysteries.

THE *Organon* OF HAHNEMANN which is the supreme code of his doctrine, is a paradigm and at the same time a symbol, a germ and an inexhaustible fountain of truths and teachings, always old and always new, always wonderful and perennially suggestive; it is the perpetual discovery of new horizons which are ever broadening and rising higher and higher from a boundless basis according as is realized the splendor of their significance.

Symbolic men, as Emerson would say, exercise a potential influence in the destiny of nations leading them over untrodden paths and leaving landmarks along the way of the new orientations of their activities. Hahnemann, the man who achieved the greatest triumph in connection with true medicine, upon shattering the archaic molds of the past, transformed therapeutics from a condition of empiricism into a scientific one, from a condition of cruelty into one of compassion, and from repulsiveness into seductiveness. The love for this human transformation is what brings us here together at this time and fraternizes us without distinction of nationalities and regardless of frontiers. KINDNESS AND TRUTH are and always shall be the factors of that universal fatherland wherein only one language shall be spoken, the language of piety.

Our efforts would be useless and their consequences sterile without a finality or goal, and this must needs be the conquest of diseased humanity by homœopathy.

The very best system for diffusing the doctrine of Hahnemann consists in unifying the criteria of all his followers by means of principles and a uniformity of methods, in order to facilitate ensuing action. Union is strength and action is the ap-

plication of same. With these two powerful battering-rams we are going to raze the walls of error and plant instead the ensign of truth throughout the whole world.

The most effective propaganda of the doctrine that can be carried on is to provide the evidence of its superiority, for in the presence of facts no negations are possible. The healings that are effected by homœopathy speak more eloquently and convincingly than speeches and controversies. Any intransigency displayed should be against those methods which do injury to our fellow men; and passive resistance is what should be shown in return for the sarcasm that constitutes the weapon wielded against homœopathy by its enemies, and which is to be feared the most when the panoply of the convictions as carried in our consciences is allowed to become weak and vulnerable. The man of determined character does not measure obstacles nor does the extraneous visage terrify him, but he undauntedly keeps the even tenor of his way until he arrives at the goal of his aspirations. It is necessary for us to carry on the labor of our apostleship everywhere and at all times, and it makes no difference whether we are alone or not, if we wear always as our protecting shield sincerity and a vehement desire to do good. There was only one Voltaire and he was capable of causing the most formidable potency of the human conscience to waver; there was only one Rousseau and he succeeded in overthrowing the divine power of kings; there was only one Hahnemann and he has succeeded in overthrowing the empire of empiricism, for now the selfsame pagans render tribute in their pagodas to the founder of homœopathy by restoring to and shamefacedly utilizing the Law of Similars.

But it does not suffice to exercise our action in an ascending direction, beginning with the lowest social classes, for the sphere of action by no means should be limited to the selfsame and only clientele, as this labor of enthusiasm may become confounded with that of egotism; what needs to be done is to carry with us, also, the unction of charity, because only in this manner can we successfully practise proselyting.

It behooves us to meditate in regard to the future of homœopathy and not confine ourselves altogether to the present epoch;

we need the renovation of the apostleship in order to be able to indefinitely prolong the life of homœopathy which is eternal in view of the fact it is maintained upon the indestructible foundation of a principle; however, the intelligence invariably tends towards returning to the instinctive processes, and even before the effulgence of so much light, the obfuscation will conceal the pathway that leads to the summit of truth. The school that teaches and educates, that molds intelligences and forges determined characters is the only one which can furnish us with successors in the noble apostleship of the doctrine we profess. The free school constitutes the most efficacious system of all because upon functioning in an unlimited field it does not have to adjust itself in accordance with certain prescribed rules nor trudge along with monotonous footsteps such as make the journey longer and curtail the spontaneity of action results. For new truths, new methods of teaching are required. It is, and has always been, difficult to remove the heavy barnacle of custom converted into a law, which owing to the inertia which is its force, when it finally arrives with the life-giving water the branch has already withered and is wasting away.

In Mexico, as long as homœopathy only had proselytes among those who did not practice it professionally, and shamefacedly tendered its effective services, there existed a true apostleship and the fervor of these pioneers reminded us of the devotion of those early Christians whose self-renunciation amounted to absolute self-sacrifice. But just as soon as the law conferred exclusive privileges on the anointed ones of officialdom, then abnegation was replaced by egotism, disinterestedness was substituted by pecuniary interest, and the zeal for its diffusion was interfered with by the exclusivists. Homœopathy, in order to become the patrimony of everybody, should be known alike by the sage and savant, the indigent and the potentate, with every household maintaining a temple or a little corner in which to keep on hand the globule of health instead of purgatives and ointments.

The National School of Homœopathic Medicine could not escape from breathing the theoretic atmosphere of the old teachings on medicine; so with its students being under the regimen of the same didactic forms of instruction, it could not, neither

has it been, able to produce any successors other than those hybrid products who, upon not having been able to acquire the positive convictions of an orthodox homœopath, could much less be in a position to practice the art of homœopathic healing with the firmness such as the doctrine requires.

With the exception of the lexicon which establishes a communion of ideas, we differ entirely from the old school, even in connection with the selfsame physiological conception, for where this only perceives functions we suspect defensive efforts, and when it only numerates factors we find results. In the high concept of our philosophy disease is not a ferocious enemy to be combatted, but the manifestation of an effort which tends towards preserving the organism by means of apparently paradoxical functions of destructive movements.

The founding of homœopathic schools in all the countries of the world becomes necessary, if we wish to extend action to the destitute ones who petition official charity to lend them a helping hand in order to mitigate their sorrows which, at present, are rather being exacerbated in those circles. We want to have the opportunity of confronting the two methods and of proving once for all that the truth we defend is what inspires us with valor with which to enter into this noble contest, whose results will be of such enormous benefit to poor, diseased humanity. It is now high time for the intellectual nobility of famous ancestry to refrain from disdaining to measure its strength with the semi-cultured gentry, as we were branded by that Argentine philosopher who lived in the midst of light and died in the greatest obscurity. The results obtained shall decide the question in regard to the efficacy of both methods which are disputing the supremacy. Let us be given the opportunity of being ridiculed, if our adversaries are so sure of their science. Only the great North American people could set the example of admitting this proof. This is real patriotism and love for mankind. The Metropolitan Hospital of New York was governed half by allœopaths and half by homœopaths and at the expiration of a certain number of years the corresponding statistics demonstrated in the very clearest manner the supremacy of the homœopathic method compared with the allœopathic. The said statistics revealed the

fact that a minimum of deaths had occurred under homœopathic treatment and with an expense of less than 50 per cent in the cost of the medicines administered. In view of this incontrovertible results, the afore-mentioned great Municipal Hospital of New York, one of the very largest and most splendidly equipped hospitals in the world, was placed in charge of homœopaths.

What we also need is for all homœopaths throughout the world to approach their respective government, petitioning them in the most convenient manner to officially recognize homœopathy, in order that its practice and teachings may not be interfered with in any way, and its application be considered as a humanitarian boon.

At the present time only two nations have legally recognized homœopathy: Mexico and Brazil. I do not mention the great northern republic where the spirit of tolerance accepts all therapeutics, for the state is not the one to be the arbiter of truth of doctrines. Poor, suffering humanity has always had to bear with the dogmas of conscience or of science until time, which ages everything, finally makes evident to the mind the ephemerality of all that which gave to humanity its cohesion for the adoption of fresh ideals such as will kindle the flame of new born hopes. It was the will and pleasure of Mother Nature to shield and protect us from theories and methods and to manifest herself as the creator and preserver of health. With her assistance and together with her we shall be able to restore to man his inborn fortitudes, and place him safely beyond the liability of becoming entangled in imprisoning meshes, the victim of fictitious vaccines such as derange his lymph, and of the tonics which intoxicate him.

Congresses of the nature of the present one are of high significance, because they so clearly reveal the sincerity of the convictions and the spirit of abnegation that serve as a stimulus to us; they establish that communion of ideas which convert the multitudes into disciplined bodies, and incoherent thoughts into systems of instruction. Furthermore, the illustrious colleagues who are honoring us with their presence, will carry with them, upon their departure from our country, the true impression of what they have seen and lived with us for a brief period, without

diplomacy having to intervene its reservations and without any selfishness whatever entering to separate and deviate them and us from the common way.

The homœopaths of Mexico have done all that they have been able to do, uniting their action to that of the multitude of intellectuals who in all parts of the world are dreaming of the regeneration of diseased humanity by means of homœopathy, our sacred religion of health. During the thirty-five years that we have struggled and labored, and always encouraged by the splendid young manhood who eschew the old-time practices, we have acquired a clientele that can never again tolerate the crude drug-ging and major unguents and which will not submit to having the needles of the Pasteurian degeneration lacerate their skin which constitutes the best strongest defense of their organism.

The medical homœopathic moral as based on the laws which gave life to the selfsame doctrine of Hahnemann, tends to transform the profession into an apostleship, into a mission of charity and into a labor of mercy. If the homœopathic physician does not feel his soul swelling with such a plethora of generous sentiments that must needs constitute the first degree of perfection of medical asceticism, then it would be well for him to renounce this ministry which above all should be one of piety and abnegation.

Homœopathy as an offspring of the heart and of the intelligence will inspire hope in the breasts of the sick, as long as it, with solicitous care, is able to restore the inestimable boon of health. If the paying of the last tribute to Mother Nature, who has nursed and sustained us throughout our existence, is a law from which we cannot escape, then it becomes convenient for us to prepare ourselves to arrive at the end of our journey with the countenance of one who, although fatigued, serenely awaits the desired moment of repose; and not present that tragic and sardonic aspect which constitutes the mask of excitant or enervating medicines that destroy the organism as well as the most determined will.

From the towering heights of this part of the Americas, the first nation of the world that covered beneath its chlamys the

scoffed at by all mankind, as well as from the summit of Mount Sinai, there descends the universal law which consecrates the most human doctrine that has ever existed owing to its divinity.

The atmosphere of fraternal esteem that is breathed here, the warm affection which is manifested on every countenance and the overflowing joy that is regnant in our hearts on such an occasion of solemnity, which may never again be repeated, will engrave upon the tablets of the memory and hearts of everyone present this memorable date that coincides with another one no less memorable than the one we are today celebrating at the same time. The spirit of Hahnemann which surrounds us with its aureola, enveloping us with that seductive magic engendered by the victory obtained through convictions and noble sentiments, will vivify the lukewarm and enthuse those already convinced to carry at all times and everywhere the consecrated host of health to the sick and abandoned.

The fervor, devotion and enthusiasm which I have always had for the doctrine of Hahnemann do not proceed from egotism but are born of the most noble desire to benefit the sick and to save them from the dangers and harmful effects that are produced by the prevailing empiricism, which is more to be feared according as it presents itself in gala attire before those who in the throes of terrible pains cry out and resort to every means that they think might be their salvation.

It is necessary for us to be pure homœopaths, that is to say, orthodox ones, because only in this manner shall we be able to preserve the inestimable legacy of Hahnemann and maintain it intact from the attacks of error, of seducing palliation, and from the claws of egotism.

Tonight is one of solemnity and of cherished memories. On this same date a century ago, and perhaps at the same hour in that far-away country, in the little city of Koethen, there congregated the first apostles of homœopathy around the Master of masters in medicine, for the purpose of celebrating the anniversary of the graduation of Hahnemann, who fifty years before had received his diploma as a physician from the University of Erlangen. At this time the master was seventy-four years of age and his body and spirit yet appeared to be those of an adult.

The disciples of Hahnemann availed themselves of this opportunity to celebrate the first Homœopathic Congress which was presided over by the selfsame master. From the year 1829 to 1929, homœopathy has had an unprecedented diffusion, for there are but few civilized countries in the world today where homœopathy has not carried glad tidings and where it is not being constantly and confidently practiced.

But we have not yet accomplished its complete diffusion; there still remain a few peoples and nations where it is not known, and it therefore becomes a humanitarian duty to propagate it there in order that the whole world may be able to participate in this inestimable boon.

Homœopathy, as a religion of true health, not only convinces as a science but it also infuses into the souls of those convinced that spirit of apostleship which is the offspring of goodness and altruism. The psychology of the homœopaths of the present day is analogous to that of the early Christians who journeyed from village to village with their knapsacks empty and with the spirit filled with pious unction proclaiming their religion, that new religion of love and piety which forgave all injuries and abolished the law of retaliation. Only the noble, vehement desire to diffuse homœopathy can impel this Pleiad of scholars and altruists, who from such distant lands have come hither to ours, to make us participants of their science and of the light of their experience and to inject into us that enthusiasm which becomes active and renewed whenever we hear the voice of homœopathy as spoken by a friend or co-religionist. The indifferent one awakens from his drowsiness, the lukewarm from his apathy, and he who is fatigued as the result of his incessant labors, feels invigorated thereafter, and is thus enabled to carry on and continue with the same energy of spirit the campaign of redemption which we have launched for the public weal.

We, without weakening or wavering, greet the aurora of every newborn day by intoning the grandiose hymn of our faith through the channel of the professorship, surrounded by the youth who listen to us with that ingenuous attention as of one who hears for the first time something unusual which allures and convinces;

and at night-time, our youth, instead of frequenting billiard halls and cabarets, repair to the modest temple of Hahnemann for the purpose of continuing their labors with the ever noble hope that tomorrow, so to speak, they may be able to be of assistance to their fellow men. The professorate makes its knowledge a precious gift, and without any incentive other than the satisfaction of engendering sons of understanding, with all punctuality and fervor shares the large fund of its learning with all those who are desirous of hearing the homœopathic word or of observing in the selfsame patient the positive teachings of medicine.

Let us establish schools, not for the purpose of producing professional practitioners but convinced individuals who, upon reaching their homes, will serve to prevent their families from becoming poisoned by lymphs and serums, potions and balsams, which, instead of restoring health, administer, as it were, in a golden cup the hemlock of death.

My satisfaction and pride upon having had the opportunity to meet with you, to associate with the primates of the science that we profess, is such that I feel the vertigo peculiar to the atmosphere of the heights we tread, for I never before dreamed for a moment that on some day, such as this memorable date, I would become, at least for a time, the arbiter of your attention, so tolerant and benevolent.

HAHNEMANN, the Moses of medicine, amidst the thunderbolts and lightning flashes of envy, egotism and error, descends from the canopied throne of his glory to confirm us in the law of his eternal iatric in whose decalogue the physician will find the sure guide for his methods and the satisfaction of having realized the enunciation of an eternal truth.

In name of the gratitude and admiration which the brilliant geniuses inspire, let us render to the greatest of them all, the sincerest homage of gratitude, love and respect of which we are capable, to the immortal founder of homœopathy, benefactor of all mankind.

DISTINCTIVE PHASES OF *KALI CARB.**

J. W. WAFFENSMITH, M. D.

It is not my intention to enter upon a general study of this valuable remedy, which has been done by others. I shall present certain mental phrases in detail.

One of the persistent characteristics is confusion, found in the tuberculo-sycotic miasmatic state. It may be of use in the advanced cases which present no marked pathology, but a decided functional derangement of cerebral and spinal centers.

The patient stands panicky in the midst of ordinary duty, sees work piled up, yet cannot accomplish.

Misplaces articles; when looking for and unable to find them becomes confused and exasperated with fear of losing mind.

Industry under these circumstances is increased with inability to do.

Forgetful; forgets in an instant; makes errors in spelling and figures; has four or five things under way at the same time, leaving each partly done.

Hurry; in talking, eating, and occupation.

Jealousy and hatred; malicious; aversion to husband and child, yet clings tenaciously to them.

Has all the symptoms of hyperactivity and anæmia of cerebral cells, in alternation. Attacks of excitement are of short duration, and prostration prolonged.

In these cases we find the sycotic taint predominating, and a favorable indication is the appearance of finger warts. In one case there were recurrent crops on neck and chest.

Clings to life; to money; to clothes; in fact everything; there is fear of poverty, of the future, of death. The hoarding instinct in general is strong and exemplifies the psoric element.

Under *Kali carb.* there is a difficulty to explain, to make oneself clear, with a bluntness of speech. Is misleading in statements, ambiguous, with intense desire to be understood.

Timidity; cannot defend his rights; remains silent if wrongly accused.

Cold; aversion to bathing; careless about everything.

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

Face has a ghastly appearance; pale, yellow, and sickly.
Brain fag; cannot concentrate, with dull headache deep in the brain.

Awkwardness; drops things; falls over furniture.

Dreams of departed loved ones, each time before a relative or friend took sick or had a misfortune. This symptom was always a warning and happened repeatedly under *Kali carb.* It corresponds to a phase of *Medorrhinum*, and is complementary in the tuberculo-sycotic state. The symptom referred to is found under *Medorrhinum* in H. C. Allen's *Materia Medica of the Nosodes*, "is always anticipating, feels most matters sensitively before they occur and generally correctly". The typical sycotic is not troubled with dreams. It finds its expression in the tubercular type.

Here is a clear cut illustration of a general symptom of a miasm, the tubercular, acting as a vehicle for expression of an accretion, the sycotic. It further indicates that when the diseased grouping shapes itself in an orderly relationship of expression, and we do not by injudicious handling of the case add drug or other wrong impressions, we can with homœopathy unravel the problem. In our study we find the enlarging capacity of remedies in a developmental sense to include progression in natural disease, namely evolvment of the miasms. This destroys the fictitious concept that our materia medica is limited in its scope to function in a definite period to be superseded by other means in the evolvment of diseased states (due to the complication arising out of our civilization).

NEW HAVEN, CONN.

DISCUSSION.

DR. CRIMMER: Mr. Chairman, I don't think a paper like this should go by without some commendation. There is not much to discuss. We homœopaths recognize the things the doctor has so clearly stated. He brought out an unusually fine picture of *Kali carb.* In fact, many of our standard books do not show the nice mental states of *Kali carb.* that he has brought out. It is beautiful, and it is true that if we study more these mental and psychic phases we will meet the new conditions that are coming upon society and civilization much better than we have in the past. (Applause)

DR. HUTCHINSON: Madam Chairman, this paper of Dr. Waffensmith's is so very interesting that it leads us to a personal study of his statements which awaken the query, how are they all evolved? He has given several references

that we can look up and study from the books, but I take it that a great deal of this paper comes from personal experience. I would like to know, as a matter of great interest, when the remedy has been essentially selected, if he has found many of these symptoms of finer grade entering into the picture. If he had not selected the remedy would these have been discovered? He has added greatly to our knowledge of the remedy. I would like to know in a few words just how this symptomatology has been evolved.

DR. BOGER: Mr. Chairman, I was very much interested in the thought that homœopathy continues to fit the different phases of disease. There is no greater evidence of the correctness of homœopathy than the fact that, approached from different angles, from each mental angle we always get the same result. This is one of the fundamental truths of homœopathy and one which the alloëpaths have not been able to overcome. Their ideas in treatment change in a few days, few hours, few months, few years. Homœopathy has appealed so universally that every type of mind can reason toward the focus from its own angle. That is the thought the doctor's paper brought out in my mind. I think this is a very conclusive argument and one which is very hard to combat. (Applause)

CHAIRMAN STEVENS: Any further discussion? Dr. Waifensmith, will you close the discussion?

DR. WAIFENSMITH: In answer to the question of Dr. Hutchinson, I would say that primarily I received the basis for this paper from the 100 years or more of experience of homœopathic masters, the study of their work, and the benefit that I have received from their training by attending institutions in which they have taught, and so forth.

Secondarily, it has been by carefully observing, personally, the effect of the use of *Kali carb.* in a large number of cases during my past experience, and particularly noticing the finer phases of the mental symptoms, because that was really the intent of this paper.

I think the remedy has been thoroughly covered for many years by the masters, by many men who are more competent than I am to speak upon it, and this is nothing but a feeble addition to the literature that we have on the mental phases particularly. (Applause)

WANTED.

Young physician not more than three years out of medical school with homœopathic training, willing to live in at Westborough Insane Asylum for at least two years. Charming living quarters including his family, if any, plus good salary, with chance of advancement. No previous psychiatric training required, in fact it is preferred that he has had none. Apply to Superintendent Lang of Westborough.

Westborough hospital charter requires that homœopathic medication be available to patients who request it. It is therefore urgent that a homœopathic physician-in-residence be found. The laboratory equipment and psychiatric methods are up-to-date. This is an exceptional opportunity.—ED.

TUBERCULINUM*

CHARLES L. OLDS, M. D.

Tuberculinum is an old remedy and yet it is a new remedy. It is comparatively old in point of use, but still it is new because we have no adequate provings; and it will remain new, or only partially discovered, until such provings are made as will reveal its inmost characteristics. It is true that we have various fragmentary—very fragmentary—provings, and quite an abundance of clinical material to prove its worth, and it is upon these, combined with some intuition and more or less empiricism, that we have somewhat fearfully and hesitatingly based our prescriptions. Therefore, it is with a plea for a more complete proving of this valuable remedy, as well as of our other nosodes, that this paper is written.

Tuberculinum is one of the nosodes prepared from the tissue or sputum of a tuberculous person. Coming from such an origin it has been supposed to pretty well represent tuberculosis. And so it does, in a measure, perhaps as well as any result can represent its causative factor in the human body. Tuberculosis may have been the active, paramount condition in the patient from whom the specimen was taken, and from which specimen the medicine was made, but obviously it must represent, not only the tuberculosis, but everything else that that patient had, all of the disease conditions, all of the buried miasms that were a part of that patient. So that it is not only possible, but highly probable, that the nosode made from a tuberculous person carries the result of one or more diseases or disease miasms in addition to that of tuberculosis. Undoubtedly the nosodes are hydra-headed and octopus-armed; there is always more to them than their names imply. Vaccine is more than cow-pox, indeed, the term includes something of syphilis, of gonorrhœa, of tuberculosis, or of other disease forms.

Now, taking as a fact the statement that any nosode is ill described as to origin, by its name, and the additional fact that no two nosodes, having different sources of origin, can possibly be identical, we are forced to the conclusion that the use of in-

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

discriminate preparations of any one of these remedies should be frowned upon. To be logical, each different preparation should be proved and then used according to that proving. This we have not been doing. Rather have we been grouping the provings and clinical observations from the use of a number of different preparations of the so-called *Tuberculinums*, and then selecting the one or the other according to fancy or notion, which may account for some of our failures when prescribing this remedy. This may not have been true of the older homœopaths, as for instance Swan, who prepared his own remedy from the pus expelled from the lung of a man far gone with consumption, made provings with that preparation, and then clinically made use of it. Burnett prepared his remedy, which he called *Bacillinum*, from the walls and adjoining tissue of a tuberculous cavity. He apparently used it empirically and experimentally at first, and later from his clinical data. Kent prepared his *Tuberculinum bovinum* from the tuberculous glands of cattle. He says in his *Lectures on Materia Medica*, "from observing the effects of this preparation I have been gathering these notes in my interleaved Hering's *Guiding Symptoms*, and they now guide me in the use of *Tuberculinum*". But he quotes largely from Burnett's experience with *Bacillinum*, and also from the *Guiding Symptoms*, where the article on this remedy is largely made up of the experiences of Swan and Burnett with their own preparations. What is in a name! And how much may a name blind us! We are apt to think of tuberculosis *per se*, and there is no such thing. Then we have *Avaire* made from the tuberculous tissue of a chicken. There are also Koch's lymph and several other foreign preparations, none of which is frequently mentioned in homœopathic literature.

The late Dr. Samuel Swan of New York, who was the first to introduce *Tuberculinum* to the homœopathic profession, and to make a practical use of it in its potentized form in the cure of disease, was one of the remarkable medical men of his time. He was a daring experimenter in the field of the high potencies of unusual drugs and energies. He had vision beyond that of most men of his day, and with the inevitable result that he became the laughing stock of a large part of the medical profession, even

including some of his homœopathic brethren. Human nature is ever the same, and even a homœopath damns what he cannot understand. If all the unthinking criticisms of the medical world could have been converted into genuine search for medical truth, the adherents of homœopathy would not be today the rapidly decreasing minority that we almost fear to number.

It was through his great success in tuberculous cases that Dr. Swan was led to formulate the startling statement that "moribific products will cure the disease that produced them, if given in the highest potencies and to any but the one from whom it was 'aken". At once he was cursed with the stigma of isopath, one who conformed to the belief in "*idem eodem curantur*", or the same cures the same. On the surface this appears logical, but on closer examination it may be seen that there cannot be such a state as "*idem*" when using potentized medicines. If that formula means anything it must be "*similia*"; the crude drug and the potentized medicine are not the same, they never can be the same, but they are similar. If they could be the same in their relation to cure there would be no need of potentized drugs.

This naturally leads to the question: What is the difference between the crude drug and the potentized medicine? Probably it differs in several ways. Hahnemann speaks of the spirit-like dynamis of the drug being liberated by potentization and thus becoming more powerful to overcome the similar disease. Kent taught that potentization brought the plane of the remedy into a plane more similar to that of the disease. No doubt these statements are correct as far as they go, but they are rather vague and of themselves need explanation. I believe that one of the answers to this question is polarity, magnetic polarity. Everything has polarity, and apparently this polarity is not always fixed, but may be changed by certain agencies. Disease, for instance, changes polarity in the human body, and potentization changes polarity in the field of medicine. Suppose we take a specimen of tuberculous sputa and potentize it. The 1x, 2x and 3x potencies will remain positive like the original substance, but the 4x and all potencies above will have a negative polarity. Therein lies a difference. The crude drug and its higher potencies are as

far apart as the poles, and we know how far that is in our *Magnet. pol. aust.* and *Magnet. pol. arct.*

The so-called inimicals are always of opposite polarity, but may or may not explain their inimical relations.

When you have selected a remedy for your patient, the most similar remedy and in potentized form, that is the 3x, it will always be of an opposite polarity from that of the patient, but immediately upon administering this remedy the polarity of the patient will change to that of the remedy, and it will then remain unchanged as long as that remedy continues to act curatively. This, to my mind, is a substantiation of Hahnemann's contention that the curative power of a remedy depends upon their symptoms being similar to those of the disease but superior to it in strength. This also may be used to definitely determine the length of action of your remedy in a particular case.

Again, polarity may help to solve the potency question in certain instances. It is a well-known fact that at times a high potency of the well indicated remedy will not act curatively while a very low potency of the same remedy, or even the drug, will give surprisingly good results. Why is this? Is it not a matter of polarity? Recently, in the case of a patient 70 years, the symptoms were convincingly *Cina*, in fact so, that I gave it in the 200th. potency, in spite of the fact that it was wrong as to polarity. There was no action observed following its administration. I then gave *Cina* 2x with perfect removal of all symptoms from my patient.

Personally, I have used Swan's, Burnett's and Keen's preparations of this remedy; also the *Avaire*. Several clinicians have attempted to show the sphere of action of these different preparations, but their generalizations have been vague for the most part. Used empirically, and we all do this at times, one may be as good a guess as another, but used homœopathically each should be prescribed on its own proven symptoms.

The literature on the *Tuberculinums* shows a vast amount of empirical prescribing, with some very remarkable results. I have instanced in Burnett's work on consumption, and also in Ghose of Calcutta on pneumonia. He reported nine cases

of *Tuberculinum* 200. He does not say what preparation was used, but as the East Indians procure most of their medicines from the East India Company, and Tafel I presume it was the *Tub. bov.* He gives the following characteristic symptoms for its use in pneumonia: "Oppression of the breathing and muco-purulent, viscid or rust colored sputum. Difficulty in breathing, resulting from bronchial and pulmonary obstruction produced by a super-abundant secretion from the mucous membrane". All of which, to my mind, is nothing of value in selecting the remedy outside the symptoms of the case. But his results are attractive. Nine cases of pneumonia cured, and most of them desperate. It is something worth thinking about.

Dr. 995 Yingling stated: "In pneumonia the first remedy I use is *Bacillinum*, unless there is plain indication for another. In most cases are convalescent in less than a week". Here is a case of empiricism, but excellent results. This leads me to ask: When does empiricism cease to be empiricism and become homœopathic medicine?

I have never used the tuberculins in the active stage of pneumonia. I suppose because I haven't known their indications. I have used them after the active stage with much success, particularly where there was a little tubercular pneumonia, just enough to show the soil upon which the pneumonia had more particularly in those cases where the pneumonia was early arrested, but leaving the patient with a lingering cough with a little clear blood in the sputum, and sharp pains in the affected part; and in those cases that, after the lung fever had subsided, began to run a chronic course, after for a few hours each day, with much exhaustion, deep seated headache, cough with little or no sputum, and a desire to lie quietly on the back because of the sensitiveness of the affected side.

In a case of tuberculosis, that is, active tuberculosis, my pronounced results have mostly been in those cases with a definite lung abscess and a decided tendency to bright red hæmorrhage. Years ago a cracker came to me with a history of frequent coughing in the lungs, and with a cavity in the right lung that was large enough to hold a goose egg. He was long, lank, yel-

low, and full of malaria, quinine and Spanish auguidente. Those are all the symptoms that I remember, and I don't know why I gave him *Tuberculinum* CM (Swan). Perhaps it was a last hope impressed upon me by an all-wise Providence. But whatever the prompting, the remedy worked; that was the last of his hæmorrhage until shortly before his death years afterwards. During the two or three years following my first interview with him he received a few more doses of the *Tuberculinum* CM (Swan), although long before the three years were spent the cavity in his lung had healed and his cough was gone. But his T. B. was not cured. He died some ten years later of a rapid consumption following quickly after a neglected pneumonia. Nevertheless the *Tuberculinum* had done good work for him.

A lady of 65 had a profuse and long-lasting hæmorrhage from the lung. *Ipecac.* was given and controlled the bleeding. A history was then obtained of cough with white, frothy expectoration, occasionally tinged with blood, and dating back several years to an attack of flu. She was better by quiet and lying down. Chilliness yet craved the open air. Mild, quiet disposition. *Tuberculinum* CM (Swan), followed later by a higher potency, stopped all evidences of hæmorrhages and cough. She seems very well today, but I believe there is still a latent T. B. that may flare up again.

Some three years ago I was called to a Russian musician who was spitting up mouthfuls of frothy blood. He thought that he had strained himself while practicing some gymnastic stunts. He was given *Arn.* and then *Rhus* without any great benefit. I then obtained a history of other hæmorrhages, a slight hacking cough with little or no expectoration. Exertion causes sharp pains in left chest; worse on lying in any position except on the back; mentally much depressed but easily excited; chilly but wants the open air. *Bacillinum* 12x was given every 24 hours for three days, then every third day for two weeks. The result was excellent. He seems well and his cough has gone, nor has there been any further bleeding from his lung. I do not believe that he is cured, but he refuses further treatment.

Now I will detail a case that shows very poor judgment on my part, but it brings out some interesting facts.

A lady of forty, mother of four children, of medium height and build and having brown hair and blue eyes, consulted me some years previously for pain beneath the right breast which was overcome with *Phyt.* She now gave the following symptoms: Crushing, burning pain as if the parts were in a vise, starting beneath right breast and going through to back. Pain always started at 1 a. m. and lasted until 4 a. m. Pain came gradually and left gradually. At the height of the seizure she was in great agony and walked the floor with her body bent forward, moaning with the pain. Sometimes when the pain was at its worst she was forced to run. At times external heat relieved somewhat and at others she wanted cold. She could not bear to be touched during the paroxysm and often was very snappy and uncivil. *Phyt.* relieved for one day only. Then *Kali bi.*, *Kali carb.*, *Cham.*, *Cina* and *Ars.* were given, each as best seemed indicated. Each relieved once and once only, some for 24 hours, none for more than 48 hours. *Cham.* relieved almost at once, the others slowly much as morphine does. Higher and lower potencies were given, but without apparent results. The medicines were used both during and between the attacks, but the results were nil. *Ced.* and *Coloc.* were given without changing the general character of the case. Then gradually the pain began to move toward the heart, that is, its starting point moved toward the heart, a little nearer each day, until the seizures began at the heart region, but the general character of the pain remained the same, and the time element did not change. The heart itself seemed in no way affected by the paroxysms, but *Lach.*, *Naja*, *Latrodectus mact.* and *Aran.* each gave the patient one gasp of relief and then died. What was wrong? Why did my remedies expire after one effort? Evidently the patient's acute symptoms were blinding me to something of greater import. I retook the case, and found besides the symptoms already enumerated, swollen glands under and about left clavicle; changing, shifting symptoms; marked periodicity; icy cold feet; scant menses with painful swelling of the breasts during the period; craves the open air though chilly; obstinate constipation for years; as soon as she gets over one illness another takes its place. After careful study I gave her *Tub. bov.* 200, about one dose a week, and later the 10M of the same rem-

edy, which not only mitigated the paroxysms of pain, but bettered the general health of the patient. Likewise, before the paroxysms had entirely ceased the location of the pain had reversed itself, traveling back to its original location beneath the right breast.

Twice, in different patients, I have noticed the following symptom after one dose of *Tuberculinum* CM (Swan): Cold, clammy sweat at night during sleep.

Recently a lady wrote me from a distance, giving these symptoms: Thinks she has malaria in her system; deadly sleepy most of the time, and so very tired; bowels loose for three weeks; every other day chilliness and the next day fever; profuse sweat of head and neck, (chronic symptom). *Tub.* CM (Swan).

Two weeks later she came to my office, saying that two days after the medicine the symptoms were all relieved, and soon entirely gone. But she had developed a slight hacking cough in the morning each day for about ten minutes. The cough makes her head feel as if it would fly in pieces; must hold head with hands for relief. These symptoms came every day after the *Tub.* was given. Were these symptoms of the remedy? I believe they were.

I shall now give a few symptoms that have seemed to me characteristic, but whether they belong to all of the preparations or not I cannot vouch. Lack of reaction after acute diseases, especially those of the chest. Feeble vitality, the well-selected remedy does not hold; it relieves for a short time and then fails. Rapid emaciation, with few or no other symptoms. Tendency to take cold; one cold after another. Changing, shifting ailments; as soon as he gets over one trouble another appears; always developing something new. Marked periodicity of the symptoms. Suffocating in a warm room; craves the open air though chilly; wants to be out with the wind blowing upon him; it seems as if he could not get enough fresh air.

In the mental sphere there is timidity, as expressed by the fear of dogs. This I have several times verified. Obstinacy, irritability, despondency, hopelessness; she knows that she can't be cured, and there is no use to take any further medicine.

Deep-seated headaches, periodical headaches, headaches

with a sensation of a band about the head. Sick headaches that come at definite intervals.

General relaxation. Sensation as if the stomach had no support; as if the genitals had no support. Strawberry tongue.

Diarrhoea, profuse, watery, offensive, with abdominal pain which is relieved at stool. Rapid emaciation with offensive diarrhoea.

Hard, dry, shaking cough; cough with expectoration of yellow or greenish-yellow sputum; great rattling in the chest with inability to raise and expectorate; no expulsive force to the cough; cough worse lying in any position except the back. Hæmorrhage from lung cavities.

Chilliness across the back beneath the scapulæ. Attacks begins with a shuddering like a chill. Feet icy cold.

Complaints that come on as a result of damp or wet. Complaints that make us think of *Rhus* in every respect except that they are made worse from heat; he is driven out of bed to walk the floor; he can't remain quiet. Complaints that have symptoms that are always changing from place to place like *Puls.*

It is said that only tubercular people are susceptible to rhus poisoning, and that *Tuberculinum* will remove that susceptibility. This is worth keeping in mind. We all know that *Rhus tox.* or *Rhus rad.* acts favorably in a large number of the ivy poisonings that we see. But why not in all? The tubercular taint may be the answer. My own thought has been that the rhus disease was so changed or altered by an already existing and more powerful miasm or miasms that the potency of *Rhus* was no longer similar.

Avaire, made from the tuberculous tissue of the chicken, has developed no symptoms known to me that differ widely from those of the other tuberculins, save the following: asthma with an intolerance of chicken or eggs. Even the odor of a chicken being cooked would bring on an attack.

Another remedy, that in the future may be found to be closely allied to the tuberculins, is the Indian cockroach or *Blatta orientalis*. It has been used considerably in asthma and in tuberculosis. The lower class East Indians are noted for their filth, tuberculosis and gonorrhoea; and the cockroach is a noted scavenger. They will attack filth of any kind, and human discharges

are no exception. They will even peel the skin off the toes at night if those members are left uncovered. What is more likely than that they should be carriers of tuberculosis as well as of other things. This remedy should be proved. We can do very little with a remedy without provings. It should be an axiom of all homœopaths to prove remedies as well as other things, for then only can we see them from the inside.

PHILADELPHIA, PA.

DISEASE.

Disease, in the human, is, in reality, a tree in embryo, and foreshadowed in the human economy as the oak is foreshadowed in the acorn.

This embryonic disease tree remains inactive until, at some point, a limb becomes irritated and shoots out, creating a predisposition to some form of malady. Whenever this predispositional limb is effectually destroyed it can never create any more disturbance. But, if it is only pushed back, either by suppression or by diverting it into other channels, it is bound to come back, and the longer it exists under this condition, or in this active state, the graver its return to action will be.

We can *never* entirely rid the human body of *all* its disease tree any more than we can rid the ground of *all* its growths. The body, like the ground, is ever changing, and, with these changes come changes of exposure of the limbs of the disease tree, just as new growths arise from the ground at different seasons, and from turning over the soil.

This disease tree is implanted by transmission only, and embodies *all* our predispositions, thus *all* diseases arise from within and *not* from without, and only the irritating factor is the so-called cause of what we understand as contagion. Disease is only transmissible through inheritance and *not* through contact as erroneously taught. Contact only lights up the already existing predisposition, the *real*, latent disease.—A. PULFORD.

VERIFICATION OF CLINICAL SYMPTOMS*

T. G. SLOAN, M. D.

CASE 1. *Viola odorata* CM. Pain in ulnar side of right wrist. Feels as if a carpal bone was out of place. Has been troublesome for several weeks. *Viola odorata* CM cured in twenty-four hours.

CASE 2. *Rhus venenata* 1M. A fine white rash under the skin on the back of both hands for several weeks after being out in the woods. *Rhus venenata* 1M cured in a few days.

CASE 3. *China* 200. Gastric distention after supper; eructations, insufficient and incomplete. Has been taking sodium bicarbonate which lately did not relieve.

CASE 4. *Veratrum album* 200. A man of 89 suddenly went into collapse. Pale, cyanotic lips, cold sweat, hands and feet icy cold, pulse barely perceptible. Systolic blood-pressure was 80 (had been 170). Reacted nicely under *Veratrum album* 200.

CASE 5. *Nitric acid* 200. Warts on knuckles and sides of fingers, sore, itch, drawing pain.

CASE 6. *Psorinum* 200 and 9M. Eczema of fingers and wrists. Beginning and more marked as vesicles between the fingers. They rupture and become scaly. Worse from warmth, washing, and at night. The patient is a district nurse and the eczema has lasted over a year. She has used many local applications and has taken five x-ray treatments.

CASE 7. *Podophyllum*. Intestinal grippe with large gushing stools, painless.

CASE 8. *Colocynth*. Intestinal grippe, having frequent stools, with much griping with the stools and between times, often accompanied with vomiting.

SOUTH MANCHESTER, CONN.

DISCUSSION.

DR. WOODBURY: I would like to cite one case in verification of what Dr. Sloan said about eczema. We had a young woman physician in the Homœopathic Hospital who had very troublesome eczema. She tried for over a year to cure it. Among other things, she had tried x-ray, violet ray, different ointments, washes and homœopathic remedies. None of them had helped her. Her next service was in the operating room. She knew she wouldn't be able to keep rubber gloves on. She asked me to prescribe for her one day. I do not know whether she had had *Sulphur* or not, but I gave her one dose, 1M, and the whole thing cleared up. There was a slight return in about a month, but it cleared up again, and that is the last I have ever heard of it. It was completely cured.

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

BRONCHO-PNEUMONIA*

PLUMB BROWN, M. D.

You are all familiar with broncho-pneumonia and I do not intend to burden your time or patience with any review of the etiology, onset or course of the disease. Neither do I intend to discuss the presence, or the value if present, of the pneumococcic or streptococcic germs. Psychology, diathermy, electro-therapy, mechanico-therapy and solar therapy all have their sphere of usefulness, but not for me today.

Many and possibly all of you can report one hundred per cent of cures. I hope that you have never lost a case of pneumonia. I have not been thus fortunate and have come to you for help.

In section eight of the *Organon* we are told, "It is not conceivable that, after removal of all the symptoms there could remain anything else besides health". I firmly believe that homœopathy cures more cases of broncho-pneumonia than any other form of treatment. We know that trees sing their death knell. Is the same possibly true of human beings? It is claimed that eighty per cent of the ills of humanity will get well without any form of medical aid, that eight per cent will die despite any form of treatment, and that the remaining twelve per cent are placed in our hands.

I am keenly interested in those, for whom I am held responsible. Was the Preacher in *Holy Writ* right when he proclaimed, "There is a time for everything, a time for birth and a time for death"?

Why is it that the symptoms in one case will indicate severe gravity, still the patient makes a good recovery, while another case with symptoms indicating a mild deviation from normal will be suddenly translated.

Is my sight dimmed? Do I not read my case aright or have I not sufficient knowledge of disease indications? As illustrative of my perplexity of mind I wish to report, from my personal records, six cases, in three couplets.

* CASE 1 A. Mrs. H., seventy-six years of age, with a good fami-

*Read before the I. H. A., Bureau of Clinical Medicine, June 1929.

BRONCHO-PNEUMONIA

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ly history. For years she has been battling with chronic interstitial nephritis and a mitral lesion. During the night of November second, she was taken suddenly with a chill, marked dyspnoea, and a large accumulation of mucus in her throat. When I reached the house her temperature was 102.4 degrees, pulse 100, and respiration 32. There were moist bronchial rales over both lungs, anteriorly and posteriorly; much rattling of mucus and some cyanosis. Considering her age, history and the severity of the onset, I gave a guarded prognosis, and prescribed *Ant. tart.*, water freely, and a warm flannel jacket. The next day my patient was more comfortable. *Placebo* was given.

The case ran a normal course for four days when the heart began to show signs of asthenia. For about a week she required a daily dose of *Lachesis*, indicated by its characteristic cyanosis, apprehension and profound prostration. The fourteenth day I was hastily summoned to her bed-side with a report from the nurse that the patient had a very severe sore throat and could scarcely breathe. I found the tonsils and pharynx covered with a thick gray membrane, temperature 103.4 degrees, pulse 120, respiration 36. The elimination was very scanty.

Once more *Lachesis* was given. The throat condition cleared very promptly. The lungs resolved slowly but normally. The cough responded well to the administration of *Kali mur.* The action of the kidneys also improved under this remedy.

Mrs. H. was born in England, and her case followed quite closely and paralleled very generally that of King George. Following and comparing the daily reports afforded her much interest. She made a perfect recovery notwithstanding the gravity of the case with its serious complications.

CASE 1 B. Mrs. R., a woman in the late sixties, was also afflicted with chronic interstitial nephritis in an apparently mild form. Some thirty years ago she suffered for several years from an exophthalmus which was followed for years by periodical attacks of bronchial asthma. Other than that her past history and family history was negative. March 12 she was taken with a most severe attack of asthma, marked dyspnoea, severe paroxysms of coughing, inability to lie down, loss of appetite, constipation and profound prostration.

Aralia racemosa gave some immediate relief and in a few days she was quite normal, but weak. Unexpected guests arrived and she assumed her position as a most charming hostess.

The kidney elimination was scanty. March 27 she was taken in the night with a sudden and very severe attack of intestinal colic with many profuse and watery dejections. *Ars. alb.* was given. March 28 some moist crepitant rales appeared all over the right chest. The temperature was 101.4 degrees, pulse 88 and respiration 20. *Ferrum phos.* was given with relief of symptoms. The temperature for the next two days never went above 101 degrees. The third day it was 99 degrees, pulse 84, respiration 20.

Everything seemed favorable, expectoration was free, the patient said she felt better, the lung was apparently clearing most satisfactorily. About noon March 31 she showed sudden signs of collapse, cold clammy perspiration, dyspnoea and restlessness. *Ver. alb.* was given with apparent relief of all symptoms. The patient had an apparently normal peaceful sleep and said she felt better, but in the twinkling of an eye she was translated.

CASE 2 B. April 2 I was called to see Mr. P., age forty-seven, a hard working business man. Mrs. P. said they had been married twenty-four years and this was his first sickness in bed. He complained of a headache on the right side, worse on motion, some pain through the right chest, > by lying on the right side. The temperature was 102 degrees, pulse 88, respiration 24. He was very thirsty, with dry mouth and lips, cough very slight. *Bryonia* was given. The following day the patient reported feeling better. The temperature was 101 degrees, pulse 80, respiration 20. Less pain in side, lips very dry, cough very slight but loose. No change in prescription. On the fourth day the temperature was 98.4 degrees, pulse 74, respiration 20. Every condition seemed favorable and I left with an easy mind.

The following, or fifth, morning I was called early with report of a restless night. He had told his wife he felt better. When I reached his bedside I found him in collapse, cold clammy perspiration, finger tips cyanosed, breathing labored.

I gave one dose of *Ver. alb.* and remained by his side for a time. He seemed slightly better and I stepped into an adjoining room to speak to the family. I returned in less than five min-

utes' time to find him cyanosed all over and just breathing his last.

CASE 2 B. February 10 I was called to see Mr. A., forty-nine years old, who had been sick for two weeks with a severe attack of influenza. He had been gradually improving, sitting up some each day. The morning of February 10, the report came, "Mr. A. has had a bad spell. Please come at once". On reaching the house I found the right lung engorged over its entire area, pulse 106, thready, temperature 103 degrees, respiration 26, stitching pain in the side, relieved by lying on painful side, bowels very sluggish, head feels pressed and < by least motion. The kidneys were very sluggish. *Bryonia* was given. February 11 the condition was about the same. On February 13 there was severe pain in right lower quadrant. The patient seemed very sick; the eyes were heavy, the features pinched. *Sulphur* was given. February 14 the lung seemed to be resolving, temperature 101 degrees, pulse 92 and of better quality. February 17 the cough was most troublesome, loose with free expectoration, heart action slightly better. *Kali mur.* was given.

From this time on the patient progressed favorably, but slowly. About one week later an active phlebitis set in involving the right leg. This responded slowly to *Pulsatilla*.

At the present time Mr. A. is working hard and enjoying good health, save for some remains of the phlebitis which is gradually improving.

CASE 3 A. Little Mary, three years old, was sent into the hospital December 15, with a provisional diagnosis of pneumonia. Not much could be learned of her family history. She was fairly well nourished, of average size, very restless, temperature 103 degrees, pulse 120, respiration 28, the entire right side of thorax congested, left side clear, very thirsty.

Aconite was given, water freely, milk and malted milk every three hours. A cotton jacket was applied to chest. The next day the temperature was 101 degrees, pulse 104, respiration 20. The child was much quieter and seemed to be progressing favorably in every way. The same orders were continued. The second day's report was, "Mary rested well, coughed less and seems better today". The bowels were acting normally, temperature 99 de-

grees, pulse 100, respiration 20. *Placebo* was given and the same orders continued.

At 3 p. m. the nurse telephoned that Mary had just died without any apparent warning.

CASE 3 B. Donald two and a half years old, was sent into the hospital April 20, with a provisional diagnosis of pneumonia. The percussion note was dull over both lungs. There were a few moist rales, temperature 104 degrees, pulse 130, respiration 30. The little lad seemed limp, very pale and apparently a very sick boy. *Ferrum phos.* was given. There was marked improvement each subsequent day. No other medicine was given. The lungs cleared perfectly and he was discharged cured May 3rd.

I place these cases in your hands and crave free discussion. Tell me my faults. In the words of Dr. Kraft "hew to the line, let the chips fall where they may".

SPRINGFIELD, MASS.

DISCUSSION.

DR. HUTCHINSON: This paper of Dr. Brown's reminds me of the remark of a wise man years ago. He said, "There is no use talking, John, we can't expect people to live forever; when their time comes, they are going to die, whatever you do for them". I think sometimes we have an illustration of this fact. I recall a case of my own a few years ago, that of an able actor whose art was matured in the Benson School in England. He had a very hard time placing himself, I mean reaching the apex of what he had hoped for. He had had two years of great stress and had decidedly overworked. He developed a fearful case of lobar pneumonia from which he seemed to be recovered. I went to his room during a convalescence, when the fever had quite subsided. The lungs had apparently cleared, and the toxemia no longer existed, but the room was drenched with a terrible odor. I thought the man must be dead, but as I approached the bed he seemed very much as usual. I said to the nurse, "What is this terrible stench"?

She said, "I have noticed it, too, but I have been here all night and I don't suppose I smell it as you do. I have the room ventilated, as you see".

As I took notice of the patient, he didn't seem at all different. He was very weak and languid, but he appeared about as usual. I didn't know what to do. That was the only thing to prescribe on. I thought it over for a while and decided that he needed a powder of *Psorinum*, which I gave him. The terrible odor disappeared. He did get well, after a long period of debility. I sent him to a private sanatorium in the hills where he was well taken care of. He returned in good health and has been entirely vigorous ever since.

I fancy from what Dr. Brown tells me that he gets a great many cases *in extremis* that he has never seen before. They have never had any antipsoric or any of the great polychrests. To my mind, the reception of such a case is a very serious matter and I think that we have to reckon with this when we get some of our fatalities.

DR. WOODBURY: I suppose it was a rather encouraging parallelism this

year that many patients over the country were consoled more or less by the fact that they had symptoms similar to those of King George.

I would like to say something about *Phosphorus* in pneumonia because I had a rather striking experience with it this winter. A patient came down ill very suddenly with a clearly defined pneumonia. I gave her *Phosphorus*, which seemed to cover the case. She had had a serious cold before. It was a typical right-sided lobar pneumonia. The other side was perfectly clear. I went along with *Phosphorus* for about three days on the 1x. I didn't repeat it. Suddenly one morning the nurse called me and said, "your patient is apparently going to pieces". She had been on fruit juices. I said, "give her some hot malted milk, she may brace up a bit after that". I reached her in about an hour. The only thing I could see was *Ferrum phos.* I had only one potency, the 30th. I gave it to her in water every hour, I think, through the day, and by night there was a very marked change. She went right on through that pneumonia and the lung entirely cleared. I have never seen a more rapid clearing.

Then she developed an extremely dry tongue. She could not moisten her tongue with any of the harmless simple things suggested. She finally used some cocoa butter on the lips and moistened the tongue with it to some extent, but the case didn't clear up and I wondered why. She had had a nephritic condition with an old arthritis, was partially bedridden, and was 75 years old. I had never found anything in the urine, with the exception of the chronic nephritis. She had a heart murmur and there was a great deal of swelling of the extremities. I did another urinalysis, and to my astonishment, I found she had about 3-10 of 1 per cent of sugar. Glycosuria following pneumonia, as I looked it up, is an extremely rare condition. It is said to be one of the complicating sequellæ of pneumonia. This woman went on until she had as high as 2.6 per cent of sugar. I finally consulted Dr. Charles Eaton and he put her on a diabetic diet, recognizing that it was not diabetes but temporary glycosuria. She fretted and fumed under the diet a good deal, but she is gradually overcoming the sugar in the urine. The last urinalysis showed the slightest trace.

For remedies she has had *Arsenicum* and two doses of *Uranium nitricum*. Finally as the cystitis persisted, even though the sugar was practically clear, I gave her some *Mercurius corrosivus*. This is one of the most interesting experiences I have ever had in pneumonia. I feel there are a great many cases of pneumonia that the best of homœopathic prescribing does not seem to cure. One always regrets losing a case of pneumonia. In my early practice, in taking over the practice of older men, I ran into many of those cases of terminal pneumonia. I got to the point where I dreaded pneumonia worse than the plague. Finally, one day I had a case that responded magnificently to the 3x of *Phosphorus*. I was using the lower potencies at this time. At last, I said, "I think I have found the road". Since that time I have had very few deaths in pneumonia, but I have had occasional ones. They have generally been in people with bad hearts, or in the very aged. No young cases or typical cases have died.

I think Dr. Brown's cases run just about the usual course of pneumonia as I have seen them, especially this winter. I think that his *Bryonia* case was probably a lobar pneumonia, although I wouldn't doubt the statements of a man of Dr. Brown's experience.

DR. HAYES: It is impossible, of course, to say whether anything could save such cases as Dr. Brown reported. I can offer one suggestion for consideration, at least. When acute cases like these pneumonias take such a tricky turn, I always suspect the syphilitic miasm, and just as soon as the emergency remedy has acted, I search for the more obscure characteristic of the case. They don't stick out very much but are quite characteristic. You usual-

ly find them in some syphilitic group, sometimes in the sycotic. You may find a remedy there that will clear the whole thing up.

DR. HELMBACK: I want to report a case of broncho-pneumonia and pleurisy with effusion that I saw as consultant. The child was about nine years of age. He had been tapped by the surgeon, but he didn't seem to improve. From this time on I came in. I was sent a blood specimen, made an electronic analysis, and found that the child had syphilis with the pleurisy and pneumonic condition. I selected the remedy according to polarity and it was *Merc. cyan.* 3x. He improved sufficiently so that they could bring him a hundred miles to see me. I discovered he had quite an effusion, but the symptoms were beginning to be quite dormant and the child was able to travel around pretty well in spite of a chest full of fluid. The heart was placed away over on the right side. I told him they had better go home and have the surgeon withdraw some of that fluid to hasten recovery, but to keep on with my remedy. They went home and called in the surgeon. He withdrew the greater portion of it and said an operation would be necessary later on. He did operate and told the people that the child would probably be laid up for six weeks at least. He didn't know that the patient was receiving a remedy. The child was home in less than two weeks' time, getting along very nicely on the *Merc. cyan.* He made a complete recovery.

DR. OLDS: During the last winter I have had three cases of pneumonia in which only two remedies were given, first *Aconite* and then *Ferrum phos.* They responded wonderfully. Of course they were seen right in the very beginning, and it was only a matter of a few days before the temperature was normal. All of them had rust colored sputum. There was no doubt whatever about their being pneumonias.

It seems to me that our fatalities in pneumonia probably depend, to some extent at least, upon the vitality of the patient, and upon the chronic miasms that they have. I have been particularly fortunate with pneumonias. I have only lost two patients in thirty years. This case that I lost last winter started as intestinal flu. *Arsenic* seemed to cover the case very well. The diarrhea subsided, but the man—he was a man of about 45—insisted on going to the bath room. It was very cold weather and the home was not very well heated. Of course the consequence was a pneumonia. He had suffered much from asthma, probably of sycotic origin. When the pneumonia came on, I knew that he was a goner. However, I called Dr. Thacher of Philadelphia in consultation and we decided that the remedy was *Bryonia*. It was given, but he went down rapidly.

Just previously his twenty-one-year old son had had two attacks of flu. He came through with them very nicely, that is, he had an attack and came through all right and then he caught a little cold and went back to bed. Apparently he had recovered and went out to Ohio to attend college. On the way, he took a bus, caught cold and came down with pneumonia. He was dead in three days.

At the same time—it was the first of January—a daughter in this household came down with pneumonia. She immediately went into a state of unconsciousness; in fact, she was one of these King George cases, and for three weeks she was absolutely unconscious. She was given *Opium* at one time, *Hyoscyamus* at another, and finally *Lycopodium*, which carried her through. After the temperature had become normal and she had become conscious, there developed an abscess of the spine at the waist line and another larger one at the lower angle of the left scapula. It was a left-sided pneumonia. Those were deep abscesses. They were both empty. The pus was examined and found to contain practically no other germs except the pneumococcus. At that time she was practically nothing but skin and bones. No one thought that she would live, but today she is rosy cheeked, happy, and apparently as healthy as any child could be.

DR. BOGER: I think I can put my finger on one weak spot in Dr. Brown's

program, which is that we haven't time enough to look up all the points in the case. That is the difficulty with most of us. We go from patient to patient and these fine points necessarily escape our attention. However, there are a few things to be considered.

Pneumonia is an eliminative crisis like every acute disease, and in order to promote recovery in acute diseases, it is necessary to eliminate the poisons which these acute diseases carry with them, as rapidly as possible. In order to do this, there is nothing that is more effectual than just plain water and nothing to eat. The doctors who are eternally feeding their pneumonias and typhoid cases and other acute diseases all have high death rates. When you do start to give something to eat, give a fruit juice, then water, or something of that kind. This is entirely apart from the treatment, but it is just as valuable as the homœopathic remedy and helps just as much.

There is one thing about pneumonia that you don't always think of. Pneumonia has a natural crisis on the fourth to fifth day. That is the time your case slips away from you if you don't watch it. When you have a pneumonia case, watch that fourth to fifth day crisis. Keep looking for something to happen.

The most dangerous form of pneumonia I have found in my practice is the one which comes on with an intense congestion, both lungs produce hæmorrhage, and death may be within twelve or fifteen hours. When *Aconite* doesn't help those cases, I am afraid you are up against it.

The protective claim of *Veratrum viride* is not false. It has a good, solid basis. Many a case of fulgurating pneumonia, coming on with collapse, may be checked with *Veratrum viride* and you don't have to give it in a low potency, either. You can give it in the MM potency and get results. But don't repeat it.

DR. MACFARLAN: An old doctor by the name of Gibson made the statement that when the systolic blood-pressure falls below the pulse rate, the patient is going to die. That is not so, if you treat it right. I was interested in what Dr. Boger said about *Veratrum viride*. It is a wonderful drug for pneumonia. I believe in repeating more than he does, however. For instance, in order to make a man sick, as sick as a pneumonia case, and make a proving, you have got to repeat it. If I saw a case which looked as if it was dying, with a very, very low systolic blood-pressure and a feeble, slow pulse I wouldn't give one dose of CM and wait for the result; I would give a dose every fifteen minutes for about six doses and then watch. By doing this you would certainly save some cases that you would lose the way Dr. Boger uses it. That is the way I would do it.

CHAIRMAN McLAREN: We have digressed from the subject of broncho-pneumonia to one covering every stage and phase of pneumonia. We will ask Dr. Brown to close the discussion.

DR. BROWN: When I was under the teaching of H. C. Allen and Dr. Hall I learned that you can't sit on a stool with one leg. If it has two legs it is a little better, but not as good as if it has three.

Dr. Boger speaks of *Veratrum viride*. I could not detect it in these cases. If I ever have pneumonia, I hope I will not be taken to a hospital. I have the greatest dread of pneumonia in a hospital. With all their so-called modern aseptic precautions, you get more cross infections and multiplicity of complications in the hospital than you do in the home in my experience. Perhaps I am wrong.

SECRETARY ROBERTS: Mr. Chairman, I very much wish that Dr. Pulford could have stayed for this talk on broncho-pneumonia. I have his little monograph on *Broncho-pneumonia* here. It is a gem, and every homœopathic physician should have one. Out of 242 cases reported in this book, he has a mortality of 1.25 per cent. You can't beat it. (Applause)

WHAT, THE POTENCY QUESTION AGAIN!

DANIEL E. S. COLEMAN, M. D., F. A. C. P.

In the article on *The Potency Question* in the September *Recorder* I am credited with the statement that "potency plays no part in the selection of the remedy". *That is just exactly what I said, and it is just exactly what I mean.* I will repeat it. POTENCY PLAYS NO PART IN THE SELECTION OF THE REMEDY. I did not say that the choice of the proper dose had no bearing on the therapeutic results. I said the *selection* of the *remedy*. It seems that Dr. Pulford proves the case against himself by the report of his *Pulsatilla* patient. The choice of the wrong potency had nothing to do with the selection of the remedy. The remedy was correct, regardless of potency. After four weeks he gave the right potency, but the remedy was the same. Evidently the *selection of the remedy* had nothing to do with the *potency*.

Dr. Pulford writes: "And again, if potency 'cuts no figure', why do Dr. Royal and Dr. Coleman prescribe high, medium and low potencies"? I can answer only for myself, but I am sure that Dr. Royal has the same conception. It is my personal belief that certain remedies act better in low potencies, others in medium potencies, and still others in high potencies. Again, individuals vary in their susceptibility. Lastly, the choice of a potency is influenced by the character of the disease. For example, skin diseases usually respond better to the lower potencies; intermittent fever to the higher. (Personal opinion.)

Dr. Pulford asks "Why potentize drugs at all if potency plays no part. Why not give the crude drug"?

I have tried to make it clear that potentization plays an important part in the results obtained by certain remedies under the proper conditions of individual diseased states and personal susceptibility. The mass is broken up by succussion and attenuation and the molecules are more active and more easily absorbed. This, however, is not always true, and potentization sometimes simply weakens therapeutic efficiency. Take, for example, auricular fibrillation and auricular flutter. He who attempts to prescribe high potencies for these conditions is only inviting disaster.

Digitalis is the most valuable remedy here. It must be given in the tincture, or its equivalent, if we are to accomplish results. *Digitalis* is homœopathic to auricular fibrillation and auricular flutter. Some try to explain the benefit because of the retardation of the impulse passing through the bundle of His. The slowing of heart action gives the muscle a chance to rest. But the fact remains that *Digitalis* will produce auricular fibrillation and auricular flutter in a healthy heart. It is, therefore, homœopathic. *But remember, no small dose will produce results.*

In Dr. Pulford's *Pulsatilla* case I personally conclude that he desires to convey the idea that the high potency will always, or at least usually, work when the lower has failed. He gives no examples of where the lower potency or even the crude drug will bring about results not obtained by attenuation. Our dear old friend, Dr. Eugene Nash, a prescriber *par excellence*, who usually prescribed high potencies, told me of a case where *Asafœtida* was clearly indicated. He tried it high and medium with no benefit. It was not until he gave four grains of the crude drug that he obtained the desired results. It is also my experience that we must sometimes lower our potencies as well as raise them. In Hughes' *Pharmacodynamics* appears the following under *Moschus*: "I use the second and third decimal dilutions of the tincture. I believe that the odor of this medicine is of importance to its action, and pilules and globules of it are useless". I feel that Dr. Royal and I have something more than a "personal whim" on which to base our practice of prescribing, high, medium and low potencies. It is my opinion—understand, my opinion—that he who does not employ the same method in his prescribing will fail to obtain all the therapeutic benefits of which homœopathy is capable.

I have run up my remedies to the 30th. potency personally, using thirty vials for each, and utilizing two hundred hard strokes for each potency. My 200ths. are from Boericke and Tafel and Dunham. My 500ths. and 1000ths. are from Boericke and Tafel. My fluxion potencies, so-called, are put away and never used, as I believe they are not what they are supposed to represent. Dr. Burdick (*Hahn. Monthly*, Nov. 1877) found by microscopical examination and mathematical calculation that Swan's MM potency did not exceed Hahnemann's sixth. I understand that Jeni-

chen did not always change the menstruum between each potency but counted so many shakes for the next higher. I feel that these machine-made potencies are very imperfect mechanically and mathematically. They certainly depart from Hahnemann's instructions as to the preparation of medicines. One question I would like to ask Dr. Pulford. Was his 1M of *Pulsatilla* a hand-made or a fluxion potency?

When one looks out into the vastness of the universe and attempts to comprehend time and space, one is overwhelmed by one's personal smallness. We know that the sun is losing weight at the rate of over four million tons a second. As the sun is 1,300,000 times larger than the earth neither Dr. Pulford nor myself need be alarmed that it will cool off before we get this potency question settled. We have some millions of years yet. I do not think it will be settled by then, however.

When we turn from astronomy to physics and chemistry our minds are equally astounded by the minuteness of the molecule, the atom and the electron. It is calculated that an atom of hydrogen (the smallest known) is not over 1-1,000,000,000 of an inch in diameter. A drop of water contains 2,000,000,000,000,000,000,000 molecules. An atom of hydrogen consists of one positive electron, or proton, and one negative electron. The number of protons and electrons in the atom of different elements depends upon the atomic weight. For example, O contains 16 protons and 16 electrons, C 12 protons and 12 electrons, and Hg 200 protons and 200 electrons.

It is my conception that in the potentization of a remedy we must retain the same chemical structure in the ultimate subdivision. *Pulsatilla* must remain *Pulsatilla*, *Arsenicum* must remain *Arsenicum*. In other words the molecule must be preserved.

We do not know just how many molecules there are in the drops of our tinctures. There must be a certain definite number, however. No concrete mass can contain an *unlimited* supply of its constituent parts. It takes about 1,500 years for an atom of radium to disintegrate, but the time does arrive when it exists no more as such. In the potentization of remedies there is a place in the dilution where the final molecule disappears. At what potency does this occur? Dr. Pulford does not know, I do not

know, nobody knows. From our scientific knowledge of the construction of matter, it must be in far less dilution than any potency such as the CM's, DM's or MM's, if such really exist.

I do not think that our minds fully grasp the sub-division that the MM potency represents. We are accustomed to thinking in simple figures, easy to read and easy to comprehend. It does not sound extraordinary to say, "I gave the patient one dose of the MM and he was cured in a month". If we try to tell someone who might become interested in homœopathy just what we actually did give, I am afraid that we would have few converts to our school. The MM potency is one divided by two million units. When we consider that the size of the H atom is one divided by only ten units and that the number of atoms in the solar system is only 6 followed by 55 ciphers we must realize how utterly it is beyond the power of any human mind to understand such a dilution. If we attempted to write such a fraction it would take a sheet of paper between three and four miles wide. The brain, in its finite impotence, rebels. It is not for human measurement. Why not stick to the hand-made potencies as directed by Hahnemann?

How is this question of potency to be settled? "Ah, that is the rub"! I suppose Dr. Pulford, and those who believe with him, think that it is already settled. There must be medicine in the CM's and MM's because of the results which they attain. But, unfortunately, we must convince the world by proof. If it were possible to have a large staff of skillful high potency and low potency prescribers devote sufficient time to conduct comparative experimental studies upon similar cases in a large, well conducted hospital, some definite conclusion might be reached. In other words, the performances must be in public. It would have been of little value for De Reszke to tell how well he could sing or for Rachmaninoff to tell how well he can play. They must appear in the open where their ability can be critically estimated. Few doctors can afford the time necessary for such work, if it is to be properly done. In the meantime, let each individual believe in any potency that he thinks right, but remember that the *actual potency has nothing to do with the homœopathic law*. The dose that will cure without aggravation, is all that is required.

Let us discuss another statement. Dr. Pulford says: "How much have those who believe that the potency 'cuts no figure' in the selection of the remedy contributed to the sum total of accurate homœopathic knowledge"? No one can deny that the high potentists have made wonderful contributions to our school. Dr. Constantine Hering gave to us *Guiding Symptoms, Condensed Materia Medica* and other works; Dr. Lippe wrote an excellent *Materia Medica*, and Dr. Boenninghausen the *Therapeutic Pocket Book*. Some years ago a number of high potency men, Dr. Milton Powel was one of them, met with Dr. Kent to write a repertory. Each was to contribute a section. After considerable work was done all the writers, excepting Dr. Kent, withdrew. Dr. Kent finished the work. He also wrote a very good *Materia Medica*. In 1898 Dr. Nash published his fine work, *Leaders in Homœopathic Therapeutics*. He wrote a number of other works of merit. Dr. Nash was not an exclusive high potentist, however. I could mention more contributions of high potency homœopaths. We all know them.

What have the low potentists contributed? *Nothing* according to Dr. Pulford, *much* according to me. Dr. Timothy Field Allen gave us his gigantic works the *Encyclopedia of Pure Materia Medica* and the *Hand Book*; Dr. Richard Hughes' *Pharmacodynamics* and the *Principles of the Practice of Homœopathy*; Drs. Jousset, Goodno and Bartlett fine works on practice and therapeutics; Dr. Wilson and Dr. O'Connor, who prescribed both high and low, wrote excellent books on nervous diseases. The late Dr. Henry M. Dearborn, whose knowledge of skin diseases was second to none in any school, presented the homœopathic profession with a grand work on skin diseases, including *materia medica*. The *Dictionary of Materia Medica* by John H. Clarke is a credit to our school, and Dr. George Royal, himself, has written several excellent books. The provings of *Ichthyolum* and *Radium bromide* made by Dr. W. H. Dieffenbach, a member of our society, certainly do not add strength to Dr. Pulford's assertion. I could add the names of other authors and investigators, but enough is sufficient.

It may be claimed that the names I have mentioned are not

those of true homœopaths. This I deny. Some may not be our idea of strict homœopathic prescribers, but others are just as strict and just as skillful as any high potentist who ever placed a CM or an MM on a patient's tongue. In my opinion they are more so, because they follow Hahnemann's directions relative to the potentization of remedies.

After all is said and done, I suppose "we'll all be of the same opinion still". Intolerance is the darkest shadow on a human soul. Let us all try to keep ourselves free from such. I leave with you the saying of the great Voltaire: "I ABSOLUTELY DISAGREE WITH WHAT YOU SAY, BUT WILL DEFEND TO THE DEATH YOUR RIGHT TO SAY IT".

NEW YORK, N. Y.

It might prevent disappointment, however, if experimenters would bear in mind that the high potencies will not succeed unless the remedy has been selected, not upon the basis of a pathological theory, but on a similarity of its symptoms with the totality of the patient's symptoms, and that, in collecting the patient's symptoms, the first rank must be accorded to those symptoms which are peculiar to the individual, and which are, therefore, characteristic of the case.—CARROLL DUNHAM, M. D., 1864.

The question of attenuation to be employed is one which belongs to the private judgment of each practitioner; and as long as human knowledge and capacity are limited, and human judgment fallible, just so long will men honestly differ in this matter.

The principle of homœopathy consists in an adherence to the central law, *similia similibus curentur*, and not in an exclusive and bigoted devotion to any particular potency or dose. The horizon of each varies according to the altitude of his standpoint! A man should not be censured because his best telescope has an inferior range.—A. R. MORGAN, M. D., 1864.

It is rarely that the homœopathist looks upon the success of the curative remedy as other than commonplace. After years of employment, its most admirable effect is accepted as any other foregone conclusion, so that constant repetition of the experience is displaced in memory by new ones. As each successful result is secured, a result warranted by the case properly taken and the remedy properly selected, then that desired objective having been achieved, all is as it should be, and the mind of the prescriber frees itself to face unexpected and fresh problems. For, unlike the frequent comment of the laity, one case is not just like another. Each is a problem new in itself. The more chronic its character, the more obscure its causes. There are great difficulties to be overcome in respect to a therapeutic understanding. There must be an accurate perception before any accurate concept can be entertained. The obstacles presenting are chiefly those constructed by maltreatment of chronic disorders, these having been fed with mismanagement that has added fuel to the flame, since every measure will assert its power for either benefit or injury. When disease has been assaulted as an entity, and the patient forgotten, the task set for homœopathy demands all its resources. Happily, those resources are available. The remedy for which the patient's vital economy has hungered for, for these many years, is disclosed, and its reception is an eager one, despite the jungle of pseudoscience through which it must penetrate.

Even the similar remedy is a boon when the *simillimum* is out of reach. Were this not a fact, very often homœopathy would fail to serve. Therefore, it is profitable to recall those cases in which, despite all manner of subversion in treatment, the remedy persistently hungered for by the suffering organism has eventually reached the patient.

A man of sixty-two years presents himself for examination. He has already had many examinations and much advice from notable physicians. From them also he brings numerous laboratory reports, radiographs, diagnoses, and prognoses; the last being

*Read at the I. H. A., Bureau of Materia Medica, June 1929.

entirely unwelcome to the patient. The only hope vouchsafed is that to be gained from fresh air, super-nourishment, and idleness; which rather negative help adds to the mental depression existing, and amounting to positive hopelessness, as evidenced by manner and confession. May I submit that most academic studies of a given pathology seem to have not the remotest relation to cure?

The obvious physical or anatomical focus of complaint is at the lower border of the right lung and upper border of liver next it. This relation has, undoubtedly, made diagnosis difficult. However, it has perhaps been covered by the suggestion, "lipoidal", and a frequent search for the tuberculosis bacilli, none of which have ever been found. At this region mentioned the patient has worn constantly extra clothing in the form of pads and bands, apparently for warmth, but doubtless quite as much for the support of pressure, which is comforting.

The chief complaint voiced by the sufferer is that of a daily chill and fever in the afternoon. Slight chill, but fever lasting several hours. This has been going on a good many months, though some days the fever is light, less than one or two degrees. Perspiration light. There is a more or less constant cough, with moderate expectoration, not characteristic in taste of anything definite.

It is rather idle to consider more than briefly these material symptoms, when the simple presence of a fine grained personality cannot fail to suggest eloquently his need. There is no complaint of real pain—only debility and weakness. The cough is tedious but not painful. One item is worth attention. The last bit of report included the statement, "when I was taken sick two years ago I had a peculiar expectoration of a lump that would fly out of my mouth on coughing. This symptom disappeared when the side got so weak, and the fever persisted. I have not had any such lump of mucus of late, but I recall it as being prominent at one time earlier".

This seemed very interesting. Of course the late symptoms point to their comprehensiveness over all the others, that is, they must in a large sense include the pathology of what has gone before. Yet, this man showed by other indications that *Stannum* was his remedy. True, he lacked the characteristic of *Stannum*

pain; in fact, he had no complaint to make of pains as such, his prostration and mental depression were dominant. Let it be remembered, however, that he had not forgotten the peculiar early symptom. That in itself is significant. If not now, at one time it was manifestly impressive and probably disconcerting to the patient. And it belongs to *Stannum*. Not, perhaps, as strikingly as to *Badiaga*, but the latter fails to fit the case. *Chelidonium* and *Kali carb.* both come into the study, but neither covers the strongest picture. *Stannum* did, and one powder of the 1M, with three of the CM later brought the patient out of his distress, fever gone, cough gone, his side relieved of its extra dressing, and the man himself wholly cheerful.

His home is many hundreds of miles away, but the last report six months later says no more cough or trouble with the chest and side. Personally, I feel that he might need *Kali carb.* at some future time if not now, but that need does not yet appear. I present this clinical experience as perhaps a study of some breadth of *Stannum* in a single case. As said before, it lacks the well known pain characteristic, and therefore let me cite another *Stannum* instance that has that single symptom, that of a painful tooth, probably dying.

The dentist was not available, and the aching was violent, beginning feebly but surely, and increasing in violence till reaching its height, when the paroxysm would lessen in its force, and gradually fade quite away, resuming this same course after a brief interval. The owner of the tooth appeared to be otherwise in healthy form, so there were no other symptoms at all. Three powders of *Stannum* CM, Fincke, were promptly effective in banishing the pain, leaving a decided tenderness of the whole molar, which after a day quite subsided.

May we not conclude that any one of the great characteristics dominating a case has in it the essential features of that case? That is, there may be all or nearly all of the details of the proven drug to reckon with, or, instead, there may be few details, or, sometimes, hardly any at all. Again it does not follow in the least that because one major characteristic is present, others should be. With the great polychrests one is enough. What is most annoying to the patient has highest place in our equation.

Dr. J. T. Kent said in his presidential address to this Association: "Each case should have, and probably does have some peculiar symptoms; these we are to get; these we must get; and our examination of a patient is incomplete so long as we possess only a list of common and general symptoms. It should be our task to question and examine the patient until such peculiar symptoms are found".

Hahnemann gives us those most helpful directions: "The more striking, singular, uncommon, and peculiar symptoms, and those most annoying to the patient are paramount".

And our own Dr. Boger has so well said: "When the keynote of the case fits into the general picture, then you know that you have found the *simillimum*".

Then why should the right remedy seem to us other than a commonplace? Not so, however, to the long suffering patient. More than often his cure is to him nothing less than miraculous.

NEW YORK, N. Y.

DISCUSSION.

DR. BOGER: It is a very good paper. I have only one thing to add to it. A homœopathic physician had a persistent bronchial cough that he couldn't get rid of. The cough had lasted for several years, off and on. He appealed to me for help. I looked the case over carefully and concluded that *Kali mur.* and *Kali carb.* can produce that symptom, and we cured him.

DR. WOODBURY: I have not been able to verify the chest symptoms of *Stannum* as often as I have the pain, beginning especially in the sinuses and going down as slowly as it goes up. This is particularly true in the frontal sinuses. It is one of the most remarkable remedies that I have ever used. I got the suggestion first from Dr. Herbert Maynard of Boston. I have not used it in many cases, but it has relieved every case in which I have used it when those characteristic symptoms were present.

Dr. M. Rouy of Paris cites a case in *Le Propagateur* of a child showing symptoms of *Oxalic Acid* who had severe asthma following the ingestion of large quantities of French chocolate candy. The asthma was promptly cured by one dose of *Ox. ac.* 200. One wonders how much chocolate candy contains this substance. The drugs present in small quantities in various manufactured articles must often influence the patient's symptoms.—

E. W.

OBSTETRICS IN THE MAKING*

IRVING L. FARR, M. D.

"The evening and the morning, were the fifth day; and God created man after His own image, male and female, created He them, and said, 'Be fruitful and multiply'".

Thus, according to the story of creation, were human beings started upon their life work, that is of procreation or reproduction. This work furnishes the greatest pleasure, combined with the greatest pain; it gives the greatest thing in life and yet weighs down the whole race with the problems it brings.

The urge which is behind reproduction, has the power to bring together a male and a female, in such a union as makes the most idealistic home. It also has the power, when wrongly directed, to wreck, not alone that home but others without number; and, as history teaches, even to cause the downfall of nations. Professor Sigmund Freud believes that most of the peculiar twists and quirks, with which many of the human family are afflicted, have their origin in the failure of the individual to adjust himself properly to his sex life. This theory must have some weight, for large numbers of students of psychology are working upon Freud's theory, and, after due study, are sufficiently impressed to say, that the mental upsets, seen at the menopause, occur more often in those women who have been denied motherhood, from whatever cause. For reproduction is the natural function of the female of every species, and when motherhood is denied a female for any cause, her whole bodily and mental functions are thrown out of balance. If this is true, then the psychoanalysts are probably right in their assertion, that the knowledge and realization of sex in the individual, begins very soon after birth, and continues to influence one's actions as long as he lives.

Working, then, upon this assumption, the family physician, as an obstetrician, has a field for rearing and developing his prospective mothers; for in this day of loose morals among the youth, few girls care to look forward to possible motherhood. Child-bearing is feared and dreaded, as though it were a disease, and in keeping with modern medicine, plenty of measures are

*Read before I. H. A., Bureau of Obstetrics and Pediatrics, June 1929.

used to keep free of it. This attitude comes from a misunderstanding of what it all means. Motherhood is considered a hardship, instead of the wonderful right and prerogative of woman. The female child shows the mother instinct, by her early interest in dolls; a little later in her development, she lays aside the dolls and takes up the sports, which through their active nature, build her physical body. Then as she approaches puberty, she becomes more quiet and reserved and is interested in those of her own age in the opposite sex, thus early beginning the search for a mate. This search normally continues through puberty and when the menstrual function is fully established, this unconscious search for a mate, a future father of her children, begins in earnest and continues to her marriage.

With this as a background, what a field is open to the family doctor in becoming the friend and instructor of the child, gaining her confidence, so that she comes to him with all her curiosity as to what life is and how it happens. She comes to him to learn from him that wonderful knowledge, which he possesses, the solution of the growing urge within her and what it portends; to learn what puberty and menstruation are designed for, and why she changes in her attitude, as the years pass. Then, when her choice of a mate has been made, and she approaches matrimony, she comes to him for counsel and direction in the things she should further know, and to learn correctly, before a sad experience, the full purpose of her sex. And after marriage she feels freer to come to her doctor adviser to learn the things she should put into practice in order to make her first pregnancy the greatest joy of her life. Thus the first confinement is not to be *The End of the Honeymoon Trail*, but the culmination of a series of regular progressions, from her own babyhood to her own baby, with her hand constantly within the hand of her life-long doctor-friend, her obstetrician.

MONTCLAIR, N. J.

DISCUSSION.

DR. IRVING L. FARR: The idea for this paper came as a result of a series of lectures that I had the pleasure of listening in on this winter. I am a bit at a loss to know whether the thought which I am putting forth here is really of use today or not. I think this paper should have been given fifty

years ago rather than today, because today, obstetrics is in the hands of the specialist to a great extent, and this paper is really directed to the family physician. Therefore, you will have to take it for what it is worth.

CHAIRMAN WRIGHT: This is indeed obstetrics in the making. Have any of you any comments on Dr. Farr's interesting paper?

DR. OLDS: I certainly want to thank the doctor for that paper.

PRESIDENT WILSON: Parenthood is the prerogative of the man rather than of the woman. I wonder how often in Holland, where birth control is legalized, things go to the detriment of the country. Holland is a little place, it can't overbreed like China and Italy. I remember reading in the paper a short time ago that an Italian with a family of twelve children was thrown on the good of the town after being seriously injured in an automobile accident. I have some things to say in my presidential address on this subject. We know how children are taught to raise fine corn, fine calves, fine hogs, and all that, but somehow or other nobody ever thinks of teaching children to raise fine children, and only the number that they can properly take care of. In some large families that we know of, how many ever get the proper education or are brought up properly? We know that in many large families the children go out early to work and are unable to finish school.

CHAIRMAN WRIGHT: Dr. Farr, would you like to close the discussion?

DR. IRVING L. FARR: There is very little more to say. I wrote the paper with two ideas in mind. One was, is it possible to bring before an obstetrical society or a medical meeting anything new in obstetrics? It is as old as the world.

I want to tell you a story. About two weeks ago, after I had decided to write the paper but before I had written it, a woman called at the office one evening and said, "I want you to see my daughter. She is 20 years old. She has been twice in an institution, once for feeble-mindedness and once really for insanity. I don't know what the matter is. I have had several doctors look at her."

I said, "What are some of the conditions? How did this thing develop?"

"She was born in Maryland. When she was about thirteen we moved to New Jersey and put her in one of the best school systems in the United States, at Montclair. She was there until she was seventeen. Then she got nervous and began crying. She didn't know just what she wanted to do, so we had her put under observation for twelve weeks in the New Jersey state institution, after which she was transferred to Morris Plains."

The next morning I went down to see the girl. Every time any remarks were made the mother said, "You answer the doctor right."

I sent the woman out and said to the daughter, "Now I want to talk with you and I want you to tell me anything you want to about yourself."

She said, "I am not happy."

I said, "What is the matter? Weren't you happy in your school?"

"Yes, but I got tired of school and wanted to go to work."

"Aren't you happy in your work?"

"Yes, but I got tired of my work. The superintendent under whom I was working was drunk part of the time. I didn't like her actions."

"Are you going to get another job?"

"Yes, as soon as I can."

"What do you want to do?"

"I want to be a nurse."

"Why do you want to be a nurse?"

"Because I like children."

I think that is the story. It simply illustrates the point I am making in my paper.

POINTERS*

One of the few privileges still enjoyed by that furtive creature, the rapidly submerging modern freeman, is the glorious privilege of physicking. The rudiments of free will are still visible in spots and in the matter of physicking the popular self-termination to it is accelerated by domestic culture and custom, by communal suggestions and advice by newspaper and drug store help, by the nose holding complex engrafted in childhood, and the vibrant admonitions of the traditional M. D. All converge to make physicking a prime example of the "wisdom of the people".

"Physic thyself"! This grand caption in effect has almost supplanted the famous injunction of Pope to "know thyself" and what irony is there, for it is so much easier to be "intelligent" and do the first than to carry out the latter; and if the latter were, perchance, accomplished the first would not exist. So the advice to physic is literally shouted if not from the housetops at least within almost every house. It glares at us from the scenic billboards, leaps out at us from the pages of newspapers, is hard worked by hospitals, industrial nurses, parents and guardians, in fact, by nearly all sorts and conditions of mankind, not excepting the average medical man.

The medical man! What would have become of him without the art of physicking? That is one demonstration he can make, at least one showing that all may look upon with understanding and satisfaction. But we wonder if there was not a touch of malicious humor when Elizabethans referred to the doctor as "the physic", for, whenever they saw him they knew what was coming. And we wonder why, considering the survival of his heroic deeds, this eminently proper noun should have become obsolete. It should be dug up and put to use again for even the most scientific of modern doctors prescribe physic probably oftener than any other sort of drugs. No matter how, when or in what part of the body the disease tries to hide, it is conventional to yank it out and drag it down through the bowels so that it may be thereby scattered, scuttled or mopped up somehow. We are

never told just how. Silence giving consent, it is repeated *p. r. n.*, always in order for every disorder.

Not all doctors have the sturdy executive ability in this matter of one we know. A small male child with very solemn legs and a most disconcerting abdominal concavity had been given physic according to the specialist's orders but it had not "worked". After a season of watchful but uneventful waiting the mother became alarmed and phoned anxiously that "Freddy's bowels had not moved". "Give him some physic", replied the specialist in his most expostulatory tones. "I have given him physic", replied the sweetly anxious mother. "Give him some more", exclaimed the great man, with vibrant undulations. The mother related this as an example of manly, hard boiled common sense, and we believe it is one of the best examples of common sense, the most common, in fact, that we have ever pondered over.

The most common earthly cause, at least, of constipation, is the "common sense" practice of giving and receiving physic. What deathly struggles the faithful prescriber has with the treacherous physic complex, for the patients have visions of that Elysium where the petrol odoreth not and radio chatter is heard no more, if there is any delay whatever in realizing their watchful expectations. Yet constipation is one of the easiest chronic troubles to overcome if the hallucinatory part of it can be dispelled. We have cured patients simply by getting them to apply the Lentian principle to pills and chemicals. If we can once gain a willing ear the rest is easy. We often tell the alarmed one to take his life in his hands and be resigned to his fate, come what may, the same as with any sickness. Strange to say this kind of advice is the most likely to be heeded. When it is heeded the clouds roll away usually in a few days.

If not, and the psychic weather is threatening disaster to newly made confidential relations, we have sometimes prescribed for the constipation alone even though the action of the constitutional remedy has not run out, taking care, of course, to select a compatible remedy and a single prescription of a lower potency. We do not recommend this, or deny that it has the dangers of substituting polity for law. We have seen both good and evil results from it. We have seen it work well in every way and

we have seen it spoil an otherwise favorable modification of the symptom complex. We seldom use it, preferring to get the patient himself to do what he can to help effect the desired result. Constipation is one of the easiest symptoms to overcome with potencies, lifetime constipation often disappearing in a few days.

The longest time any patient of mine ever persisted without any defecation was three weeks. He was a school teacher and musician and continually harried with work. After two weeks with one scanty evacuation per week, and feeling much bloated and "pudgy" all over, with ineffectual urging, irritability, harried sensation, sleeplessness from 2 or 3 to 4 a. m. with restlessness and active thoughts, he was given *Nux vom.* 1M, 1 powder. In a week he felt perfectly well but no stool nor urging. *Alumina* 1M, 1 powder, was prescribed. During the next twenty-one days there were no apparent results of any kind, the gentleman continuing to feel perfectly well. Then normal evacuations began and continued as if there had never been any disability.

The most trying phase of cathartic practice is the domestic abuse in acute conditions and for every trifling ailment that comes up. It makes acute disease more exhausting, and interferes with the action of homœopathic remedies in chronic conditions. The Americans are probably the most thoroughly physicked people in the world, for we know of no other nationals so addicted to this unholy perversion. It seems to be a part of their tribal "intelligence". The householder physicks himself, his family, his neighbor, his neighbor's wife, his ox and his ass, if he has one, and the stranger within his gates. If some splendidly browed pointer genius would but come forth and announce an efficient *R simillimum*, prophylactic or local application, we don't care what, to cause all men to stay the hand from the pill box, to look not with favor upon the oil and chemicals, to resolutely and absolutely resist and desist henceforth and forever, the generations would, after a season of constipated penitence, rise up and call him blessed.—R. E. S. HAYES.

Five glasses of water drunk fast in rapid succession on an empty stomach, first thing in the morning, will often flush the bowels. If less is taken or if it is drunk slowly the kidneys ex-

crete it, but the quantity and speed necessitate excretion through the bowels also.—E. UNDERHILL, JR.

Pears are peculiarly laxative to many people. A raw pear or two one-half hour before breakfast will often be effective. Small white seedless grapes have the same effect on some people.—E. LYLE.

Raw fruit, raw carrots, figs or four or five raw prunes soaked two hours in water, taken at bedtime will frequently facilitate a morning stool.—E. WRIGHT.

Kneading the bowel from the caecal region, up, across and down, following the natural colon peristalsis often stimulates a bowel movement. This should be done by another person if possible, with the patient lying flat on the back, knees bent.—E. WRIGHT.

A glass of cold water on rising with a level teaspoon of common table salt, makes an excellent laxative.—M. WHEELER.

Digitalis in homœopathic potency is the best antidote to the depressant effects of the coal tar drugs on the heart.—A. H. GRIMMER.

Do not forget *Stannum* in frontal sinus conditions where the pain rises slowly to a peak and falls gradually.—B. C. WOODBURY.

Sometimes the peculiarity of a remedy is seen in the gross pathology with such distinct characterization that there is no mistaking its identity. Such an instance is the enlarged tonsils, acute or chronic, which are shaped by the pressure of the surrounding tissues so that they are flat-sided in various shapes with sharpened edges. This local peculiarity shows an *Echinacea* patient, as the more general symptoms will prove.—R. E. S. HAYES.

Black warts, *Thuja*.—R. E. S. HAYES.

Finger warts, *Kali c.*; if red, *Calcarea carb.*—B. C. WOODBURY.

WANTED.

Complete file of the journal *The Organon* edited by Skinner. Also a copy of the first Stratton edition of Hahnemann's *Organon* dated 1833. Also the *Medical Arena*, especially vol. III.

EDITORIAL

THE EXAMPLE

There are but few luminaries in any century in any walk of life. One of the greatest of these in this century in homœopathy is—for we can not say was—Dr. Higinio G. Perez of Mexico City. The Free School of Homœopathy which he created and sustained is unique in the world. It was founded in 1912 and in 1929 has over 200 pupils, 60 of them women. The school is free in many senses: Free of government support, free of expense to the students, and free to abide by the highest laws of the spirit of homœopathy. It now has nearly half a hundred homœopathic professors. It offers in addition to a five years' medical course, preparatory school work, and it takes students from the age of fourteen. The early work includes the study of Spanish, French, English, Latin and Greek, as Dr. Perez wished his students to be cosmopolitan. Logic, ethics, psychology, philosophy and economics are given, and the non-medical sciences, such as geology, mineralogy and botany, as well as the usual pre-medical sciences. In addition to the school building there is a seventy-bed pure homœopathic hospital for medicine, surgery and obstetrics. The entire course is impregnated with homœopathic philosophy and constructive mysticism. Strangers from other countries are accepted as students. Up to date no systematic provings have been conducted in connection with the school. The course runs all the year round. There are two affiliated schools, one at Guadalajara, founded in 1925, under the directorship of Dr. Gomez, and one at Puebla, founded in 1918, under Dr. Burmudez. What a Herculean contribution from one man!

To be in his presence was to receive a benison. The light of his aura lingers on all who knew him, refreshing them and reinvigorating their labor for the cause of homœopathy which he so delighted to honor. There is no more fitting tribute to the quality of this master among homœopaths than the motto he chose for the prospectus of his school:

"Longum iter per præcepta

Breve et efficax per exempla".

"Long is the way by precept

Brief and efficacious by example".

HIGINIO G. PEREZ

News of the death of Dr. Perez, which occurred in Mexico City October 5, has just come to us.

Those of us who have come in direct and close contact with him appreciate the greatness and the indefatigable energy with which he has always sustained the cause of homœopathy. It is a source of admiration and emulation.

Dr. Perez was a graduate of the National Homœopathic School of Mexico City and was a close pupil of Dr. Segura y Pesado in his early days. His early experience showed him the impossibility of teaching homœopathy as he would desire to teach it in a state institution, and his great love for the cause and for humanity found expression in the school which he founded, the Free School of Mexico City. This was an institution which took the pupil from the early grades and carried him through the university standard, free and unhampered by state influence and demands. This school was not for medical students alone; it had departments in law. It was from this school that President Gil obtained his education and degree in law.

Those of us who met Dr. Perez a few years ago at the International Hahnemannian Association convention, and who met him again this past summer at Montreal, and at the Post-Graduate School of the American Foundation for Homœopathy in Boston this summer, could not fail to recognize his true greatness as a scholar of all literature, and his conception of the innermost meaning of homœopathy. To those readers of *The Recorder* who have not had the privilege of meeting him, his addresses before the Montreal convention and the Foundation Post-Graduate School, recently published in this journal, and his introductory address before the opening session of the International Homœopathic League in Mexico City, August 10, 1929, to be published in the November issue of *The Recorder*, bear witness to a scientific mind which was thoroughly impregnated with the philosophy of Hahnemann and its relation to other sciences, and with the contact of life in its highest physical and spiritual conception.

"The day has come, not gone;
The sun has risen, not set;
Thy life is now beyond
The search of death or change,
Not ended, but begun.
O noble soul! O gentle heart; hail and farewell".

—H. A. R.

THE WORLD'S LOSS

In the same letter which brings us the notice of the death of Dr. Perez, we read of the tragic illness, following his removal from the National School of Homœopathy, of Dr. Segura y Pesado, whose conspicuous services to homœopathy in Mexico have been noted before in these columns.

Surely after such great minds as Segura and Perez, Mexico must have younger men who have caught the gleam of life and light from these men of international homœopathic spirit, and they too will rise and grow into their full power!—H. A. R.

SWING HIGH, SWING LOW

"You may have heard the fable of olden times about two plumed knights who approached an inn from opposite directions. In front of this inn there hung a beautiful shield. The first knight said, 'What a beautiful *silver* shield'! and the second knight exclaimed 'What a beautiful *golden* shield'! Then they fell to disputing as to whether it was made of gold or silver, and were about to enter into mortal combat over the question when a peasant, near by, suggested that first each should look on the other side of the shield. This they did, and behold! one side was of gold and the other of silver"!

We quote this fable from a brief paper on *Potencies in Homœopathy* by the late Dr. W. S. Putney of Milford, Conn., as it seems apposite to several of the recent contributions in our journal. Dr. Putney concludes his paper with the following: "Take the golden side of the other fellow's experience and give him our silver side". We feel that it is of real benefit to our readers to hear the varying opinions of our representative pre-

scribers, each of whom has been successful, on the moot point of potency. Surely the selection of a remedy by the law of similars is the fundamental tenet of homœopathy. Even if one were to practice wholly with tinctures selected homœopathically, one would get better results than are obtainable with tinctures prescribed according to any other method. Many allœopathic successes with quinine, iron, arsenic, potassium iodide, etc., are due to their being homœopathic to the case. We feel, however, that the power in potentization is the next greatest asset to homœopathy. This is the second great tenet. We are sure that if prescribers would learn to use the high potencies they would, themselves, be amazed at the far-reaching curative results, and the number of their successes would be increasingly great. Undoubtedly there are instances in which the medium or lower potencies act better, or even succeed where the high potencies fail. This appears to be the case, especially where there is much pathology, sometimes in recent injuries and where there is hypersensitivity to the drug to be used. In cases of poor reaction some prescribers find that very high potencies stimulate recovery while others hold that lower potencies repeated at short intervals until reaction sets in are more successful. The more chronic work any prescriber does, the more he needs and uses the high potencies, although in very dyscrasic chronic conditions potencies as low as the 30th. or 12th. may be needed in single dosage, handled as though they were high potencies. In this same issue it is stated that *Digitalis* in tincture is indicated in certain decompensated heart conditions. Does that mean that it is prescribed homœopathically, i. e., for a slow pulse with the other homœopathic indications of *Digitalis*, or that it is given for its so-called "physiological" effects on the allœopathic indications, rapid pulse, etc.? We have had some very pretty results in decompensated hearts previously digitalized by allœopaths with such remedies as *Apoc.*, *Aur.*, *Crat.*, *Naja*, *Nat. mur.*, etc.

Would that all homœopaths could use the silver of the lower potencies and the gold of the higher potencies, seeing both sides of the shield and keeping the practical, intuitive open-mindedness of the peasant in the fable. Tolerance, however admirable,

is not enough. One must master the technique of those with whom one disagrees, welcoming successes by their method.

We, the editors, welcome scientific, friendly expositions in the hope that from the divergent building stones so offered our readers may construct an enduring homœopathic monument, as the ancient Egyptians, with infinite patience and vision, hewed the great blocks of stone, assembled them and reared the symbolic symmetry of the Great Pyramid!—E. W.

However strange it may appear to speak of palliative treatment in connection with homœopathy, yet that treatment is employed under certain circumstances even by those who have practiced homœopathy for years past. A physician must be very unfeeling if he would refuse to palliate the troublesome or dangerous symptoms in cases where they are owing to the presence of an exciting cause, or when the case is hopeless and the curative treatment is of no avail. Every good physician will endeavor to palliate his patient's sufferings until his death, in all cases where a cure is out of the question. This rule of conduct, which is deeply written in the human heart, is not only true in incurable but also in very painful diseases. This maxim prevails alike in the homœopathic as well as the allœopathic practice, with this difference, that in the latter practice palliatives are frequently resorted to for the purpose of subduing a single symptom, even if the totality of the symptoms should indicate a totally different remedy, (we merely mention the abuse which is made of opium, the sudden suppression of salutary evacuations, the pellenia and exsiccantia in chronic local affections, etc.)—HARTMANN'S *Acute Diseases*, 1846.

Whoever will only take the trouble to stand on his own feet, to observe whatever occurs, and to incorporate, as best he can, what he observes with the sum total of his knowledge, he will come into contact with subjective symptoms, and will learn to put a proper estimate upon them.—HORPE, Basle, 1864.

CARRIWITCHETS

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

54. A. Where may original literature be found concerning antidoting? How dependable are the references given by Hering, Guernsey and Kent, and from what sources did they obtain their recommendations?

B. What are the qualifications of an antidote?

C. What principles are to guide the prescriber in improvising an antidote?

D. What relation, if any, has an antidote to a remedy that "follows well"?

E. When does an antidote follow well?—R. E. S. HAYES.

55. Is giving a homœopathic remedy for a specific symptom not a form of suppression? For example, *Ceanothus* given for the type of hæmorrhage to which it is similar. To me it appears that, if the hæmorrhage is a constitutional expression, the only non-suppressive remedy would be the constitutional one. Would the hæmorrhagic tendency be handled too slowly by the chronic remedy, and, if so, is it justifiable to suppress the bleeding by an acute remedy such as *Ceanothus* and then follow with a deeper chronic one?—E. WRIGHT.

56. In cases of suppression should we prescribe for the symptom picture before the suppression took place or for the present post-suppressive syndrome? Would the same answer apply to a coryza suppressed by local applications and to menses suppressed by cold sea bathing? In the first there is a local condition in a small part of the respiratory system, while in the latter the menstrual story is deeply expressive of the whole patient.—E. LYLE.

Would you be good enough to answer these as soon as possible as they are to come out in the December issue which has to go to press in a week or ten days?

Any questions for the Carriwitchet Department would be gratefully received.

ANSWERS TO QUESTIONS IN SEPTEMBER ISSUE

If symptoms disappear in the wrong direction what do you do then?

—If symptoms disappear in the wrong direction, antidote your remedy and re-study your case for the *simillimum*.—C. GORDON.

What is the difference between a remedy aggravation and a disease aggravation?

—Patient <, symptoms <, cause disease aggravation. Patient >, symptoms <, cause remedy aggravation.—C. GORDON.

ANSWERS TO QUESTIONS IN OCTOBER ISSUE

Is there any reasonably simple test, microscopical or chemical, whereby one could distinguish between genuine wholemeal bread and that which is falsely alleged to be wholemeal but is not actually so? The test of color does not suffice as white bread can, I believe, be colored to simulate wholemeal.

—The odor, flavor, density, color, consistency and granularity of wholemeal bread is unmistakable. The odor is heavy and strong like that of the wheat bin. Apparently the questioner has never used the genuine article for the imitations are mostly in name only. The real article is rare, such is the popular capacity of accepting anything as they get "educated" away from the soil. In every large city and some smaller places may be found an obscure baker who produces the black bread of his Italian nativity for the few customers who will not be lured from it by modern convenience, accessibility and advertising. Ask your Italian friends of the first generation.—R. E. S. HAYES.

What does Hahnemann mean by the autocracy of the indwelling vital force? Is its power supreme, and if so, can it be influenced by the action of remedies?

—The power of action and reaction. It is supreme within its sphere during health.—R. E. S. HAYES.

—It is supreme and uninfluenced by the material, therefore not influenced by drugs. There are no such things as mental

symptoms. The mind is *always* clear, but the channels through which it operates may become obstructed and distorted, in such instances the mind appears to be affected. Only those channels can be influenced by the remedy.—A. PULFORD.

—In section 9 of the *Organon* (6th Edition) Hahnemann says, "*In the healthy condition of man the spiritual vital force, (autocracy) the dynamis that animates the material body, (organism) rules with unbounded sway and retains all the parts of the organism in admirable harmonious vital operation*".

In section 11 we find, "When a person falls ill it is only this spiritual, self-acting (automatic) vital force everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life".

We may conclude from this that during illness the vital force being deranged can no longer "rule with unbounded sway" and that its autocracy is in some measure weakened. Finally the deranged and weakened vital force must be susceptible to the dynamic action of remedies—for better (homœopathic) or for worse (unhomœopathic).—E. UNDERHILL, JR.

If the homœopathic remedy is all supreme, why do our patients who have been under our care for many years, some of them, develop cancer, arteriosclerosis, chronic Bright's, etc?

—The homœopathic remedy is not "all supreme", only partly so or occasionally.—R. E. S. HAYES.

—Our patients, after all our care, develop cancer, arteriosclerosis and chronic Bright's disease because—they *never* had the indicated remedy. Before you take exception to this, be *sure* that you are *thoroughly* conversant with *all* the curative agents available both proven and *unproven*.—A. PULFORD.

—This question raises several points for argument. Is the vital force supreme or is the homœopathic remedy supreme? It is not a question of supremacy but rather one of influence—the influence of the homœopathic remedy on the vital force or dynamis.

Now as to why some of our patients who have been under our care for many years develop cancer, Bright's disease, etc., allow me to inquire: Have we removed the obstacles to cure as enjoined by Hahnemann? Have we had the full and honest co-

operation of our patient? Have we corrected the diet and properly regulated the routine of life? Have we really given the *simillimum*? Have we handled our cases skillfully as to potency, repetition, etc.? How many remedies have we given to these patients "who have been under our care for many years" and just how many of these remedies were truly homœopathic to the case in hand? The failures are ours. Homœopathy has not failed. Whether from "indolence, love of ease, or prejudice of mind" we have simply not complied with the necessary conditions to achieve success.—E. UNDERHILL, JR.

Analysis of CASE 1, October RECORDER. Rheumatism; cannot raise the arm from a sensation of weight; worse after he has worked a while; better in clear weather; worse in cloudy, damp weather; worse before a storm or any change in weather; cannot sleep with cold; generally better from motion and heat; worse at rest and on beginning to move; falls asleep late from anxious restlessness and aching in muscles and joints; anorexia. While there are side issues in this case they do not outweigh the characteristic symptoms of the drug. To begin with, the man was rheumatic, he was worse at rest, on beginning to move, and from cold, all characteristic of the remedy. Add to this relief from motion and heat, aggravation from cloudy, damp weather, and the inability to get to sleep on account of the pain and aching which keeps him moving to get relief, and you have a perfect picture of the essentials that must be present in a case requiring that particular remedy. This gentleman received a single dose of *Rhus tox.* 10M, has had nothing but Placebo since and is making a remarkable recovery.—A. PULFORD.

Analysis of Case 2, October RECORDER. A symptom as remarkable as "laughter during pain" deserves to be carefully looked up. It is found in Kent's *Repertory*, p. 62. The following digest of the remedy will show how clearly it was indicated and why a single dose of the 30th potency helped permanently, within one hour.

DIGEST OF HURA BRAZ.

Respiration affected: agg. thinking of misfortune; with sighing; with weeping; with red face; after breakfast; from stomach;

from stitches in chest; with cardiac pain; with heat rising to chest.

Throbbing: With fatigue; in vertex; in eyelids; at root of nose; from epigastrium to chest; in chest; between scapulæ; in lumbar region; in limbs; in elbow; in fingers.

Tension: In skin of forehead. Skin feels hidebound.

Bitings: Floating, as if.

MIND: *Laughter, during the pain;* chilly in head and limbs after
1. Fears falling. Weepy. Bites hand.

VERTEX: Cutting. Heavy.

EYES: Agg. motion; lids cold.

NOSE: Red (1); bleeding, agg. lying.

CHEEK: Red (1).

MOUTH: Excrescences in.

TASTE: Bloody, agg. coition.

NAUSEA: Carriage ride agg.

STOMACH: Standing agg.

PELVIS: Dartings.

URINE: Green.

TESTES: Heavy. Semen, yellow.

BREAST: As of a ball in l.

SCAPULÆ: Weary between.

BACK: Symptoms like compression of spinal marrow. Agg. *lifting;* stooping.

SACRUM: Excruciating lumbo-sacral pain, on lifting. Waves of throbbing pain down into femur; agg. exertion. Soreness. Crawling in.

ARM: Trembling (r).

NAILS: As of a splinter under (*Alu.*).

SKIN: Water squirts with force from pimples, on pressure.

VEINS: Pains in.

CHILL: Shivers, on chest. Very cold and very hot alternately.

HEAT: Hot hands, covered with cold sweat. Hot r. foot and r. finger tips. Left foot burns, right foot cold.

AGGRAVATION: Exertion.—C. M. BOGER.

BOOK REVIEWS.

A Study on Materia Medica and Repertory, 2nd. ed., by N. M. Choudhuri, M. D., Senior Professor of Materia Medica, Bengal Allen Homœopathic Medical College, Calcutta. This second edition is written thirteen years after the first edition, and is evidently very much enlarged, as it contains 1,085 pages.

Dr. Choudhuri takes up the entire materia medica in this volume and gives very lucid lectures upon the different remedies, pointing out in a very masterly way the several indications, with a great many comparisons which are sharply drawn, and illustrated by case reports from his own practice.

This is the first book that we have received from India in English, and it bears evidence of thorough and hard work based on study and experience in the clinic. Dr. Choudhuri has brought out some prominent Indian remedies, showing the Indian application, and deploring the fact that they have not been properly proven. He has given the basis from clinical use of these remedies as a guide to the proper provings under the Hahnemannian law. It seems quite right that the author should have laid stress on these Indian remedies so that they might be brought to the notice of the entire homœopathic profession.

In the back of the book Dr. Choudhuri has produced a repertory based on the general schema of Kent's under the several headings, but very much abbreviated, giving the remedies in certain conditions rather than in extensive detail. For quick reference to refresh the mind on the major brackets this will be of much value.

It is a book well worth having in every homœopathic library, and one to which the physician will often refer.—H. A. ROBERTS.

The higher potencies cure in a shorter time than the lower potencies. We find in the homœopathic literature cases published which go to establish this principle; and no observer was more apt to report correctly on this subject than the late Dr. Bönninghausen. Hahnemann cured with the smallest doses decidedly quicker, better and surer than he did with the lower potencies. The evidence in this direction laid before the medical world is fast accumulating and remaining uncontroverted, and finally must become an established truth. The only admissible evidence contra would be to relate fully a case in which the truly curative homœopathic remedy has been selected, and when administered in a higher or high potency had not produced in a reasonable time any beneficial effect, and that the case, remaining unaltered, was then promptly *cured* by a low potency, or the crude drug.—AD. LIPPE, 1864.

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<i>Dental Hæmorrhage and Its Treatment</i> : For traumatic hæmorrhage with painful bruised feeling, after dental surgery, when blood is rich, face pale, breath bad, <i>Arnica</i> . Protracted hæmorrhage, or after repeated hæmorrhages, great loss of blood, blue circles under the eyes, ringing in the ears, <i>China</i> . Bright red blood; <i>Aconite</i> , if fear of death with red face; <i>Ipecac.</i> if uniformly profuse, continuous hæmorrhage with nausea; <i>Mill.</i> if palpitation and fever. Dark blood: <i>Ham.</i> , profuse, venous, continuous, protracted; <i>Trill.</i> , thick, black, clotted, active with vertigo and fainting; <i>Croc.</i> , profuse, dark, clotted with black strings. Decomposed blood: <i>Crot. hor.</i> , profound intoxication, trembling, fluid blood from dark red gums, osteomyelitis of the jaw; <i>Lach.</i> , stubborn hæmorrhage of dark blood, fætid, face purple or livid, patient can not bear constriction; <i>Sec.</i> , fluid blood in cachectic patients after long hæmorrhage. Choquet concludes homeopathy is unique in stomatology.	

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<i>Vulvar Pruritus</i> : After giving cases Dr. Boudard concludes with a brief repertory of ano-vulvar pruritus as follows:	
Pruritus with burning: <i>Anac., Ars., Canth., Carb. veg., Cic., Euph., Helon., Kreos., Lyc., Mez., Sulph.</i>	
Voluptuous pruritus with sexual excitement: <i>Calad., Canth., Lyc., Sulph., Tarant.</i>	
Pruritus with pricking: <i>Camph., Con., Fluor. ac., Rumx.</i>	
Pruritus with fornication, biting: <i>Chin., Euph., Ign., Lyc., Mez., Sil., Sulph.</i>	
Aggravations:	
During pregnancy and the menopause: <i>Ambr., Ant. crud., Bor., Calad., Canth., Coll., Ichth., Lach., Sep., Tab.</i>	
Before menses: <i>Calc. carb., Graph., Hep., Inul., Kali carb., Sil., Sulph.</i>	
Before and during menses: <i>Sulph.</i>	
After menses: <i>Con., Lyc., Tarant.</i>	
At night: <i>Ars., Chin., Dol., Graph., Mez., Pic. ac., Sil.</i>	
Evening: <i>Chin., Fluor. ac., Lyc., Sulph.</i>	
Day and night: <i>Con.</i>	
From touch: <i>Lach., Plat., Ran. bulb., Tarant.</i>	
From scratching: <i>Anac., Ars., Berb. vulg., Dol., Led., Mez., Sep., Sulph.</i>	
On getting warm by day: <i>Ign., Lyc.</i>	
Itching changes place after scratching: <i>Ign., Mez., Staph.</i>	
Ameliorations:	
During menses: <i>Aster., Cer. ox., Cycl., Euph., Lach., Mag. phos., Senec., Zinc.</i>	
By cold, wet applications: <i>Calad.</i>	
By warm, wet applications: <i>Ars., Petr., Rhus tox., Rumx.</i>	
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Homœopathic Remedies for Asthma: Dr. Schmidt calls attention to the fact that Kent omits the pathognomonic symptoms of asthma from his repertory study as they are not helpful in differentiating the homœopathic remedy. To individualize and evaluate the patient's symptoms is the essential, and this evaluation is made easier by the different types used in the repertories. In the following abstract we are omitting over five pages of direct quotation from Kent's *Repertory*, 3rd edition.

LIST OF ASTHMA REMEDIES

List of asthma remedies according to T. F. Allen, Anshutz, Boericke, Charge, Clarke, Dewey, V. Grauvogl, Hartmann, Hirschel, Hughes, Jahr, Knerr, Lee, Lippe, Malcom, Muller, Mure, Nash, Shedd, Stauffer, Teste: *Adrenal.*, Ail., *Alcoh.*, Aldehydum, Alumna., Ambr., Ambrosia, Amm. gum., Amyg., Amyl. nit., Anthoxanthum, Anti-febrin., Ant. ars., Ant. iod., Ant. sul. aur., *Arg. cy.*, *Amoracea sativa*, Arum drac., Arum mac., Arum cor. (syr.), Ascl. tub., *Aspar.*, Aspirin., Atrop. sul., Aur. met., *Bac.*, Bapt., *Blatta am.*, Bor., Calc. acet., Calc. hypophos., Camphorosma, Cann. ind., Caps., Cast., Caul., Chen., Chin. sulph., Chlorof., *Chlor.*, Coca, Cocainum, Coch., Cor. rub., Cupr. acet., *Cur.*, Cycl., Der., Digitalinum, Dol., Egg vac., Elect., Eriod., Euc., Euph. pil., *Fel tauri*, *Fluor. ac.*, *Form. ac.*, *Gad.*, *morrh.*, *Gal. ac.*, *Galvan.*, Gaul., Gins., Gland. sup. sic., *Grind. squar.*, Guai., Hydr., Iber., Ill., Junc., Kali cy., Kali mur., Kreos., Lac can., Lact. sat., Lact. vac., Lam., Lem., Lin. usit., *Lob.*, Magn. arct., Magn. austr., Mag. carb., Mag. phos., Magn. glau., *Mel cum All. cep.*, Merc. bin., Merc. cor., Merc. dulc., Merc. præc. rubr., Mill., *Morph.*, Morph. acet., Mur. ac., Naph., Nat. sulph., Nicc., Ol. jec. as., Osm., Onis. asel. (Ol. ric.), *Ovarin.*, Pall., Pass., Pect., Phos. mur., Piloc., Pimp., Plb. acet., Pop., Prun., Ptel., *Pulm. vul.*, *Quebr.*, (*Aspidiosperma*) Ran. bulb., Rheum., Sabal., Samb. can., Sang. nit., Sanic., Scroph., Sep., Silph. l., *Silphium.*, Solidago, Spong., Staph., Sterc., Strych., Succ., Sulph. hyd., Tab., *Tela arach.*, Tereb., Terp. hydr., *Teucr.*, *Thymus*, *Thyroid*, Trachinus, *Triosteum perf.*, Tub., Variol., Verb., Visc., Wyeth., Xanth., Zincum ox., Zincum val., Ziz.

ASTHMA REMEDIES ACCORDING TO SCHUSSLER

Calc. fluor., *Calc. phos.*, *Kali mur.* cardiac asthma, *Kali phos.* nervous asthma, *Kali sulph.*, *Mag. phos.* nervous spasmodic asthma, *Nat. mur.*, *Nat. phos.*, *Nat. sulph.*, *Silica*.

OTHER ASTHMA REMEDIES NOT FOUND IN THE PRINCIPAL BUT FOUND IN THE FOLLOWING MODALITIES

Aeth. during coitus, *All. act.* periodic asthma, *Ammon. mur.* only during the night, *Ang.* only alternating with headaches, *Aral.* evening after lying down, *Bad.* hay asthma only, *Benz. ac.* alternating with gout, *Calc. ars.* only after midnight, *Cedr.* after coitus, *EUPHR.* hay asthma, *Glon.* only alternating with headache. *Hyper.* only ameliorated by expectoration, *Ictod.* only spasmodic, *KALM.* only alternating with eruption, *Kali bich.* only at 2 a. m., *Pall.* only after emotion, *Phos. ac.* only spasmodic, *Poth.* only from dust and ameliorated by stool, *Rhus tox.* only alternating with eruption, *Sabad.* hay asthma, *Stict.* hay fever, *Sumb.* only spasmodic, *Syph.* during storm, *Valer.* only spasmodic, *Zinc.* only in the morning.

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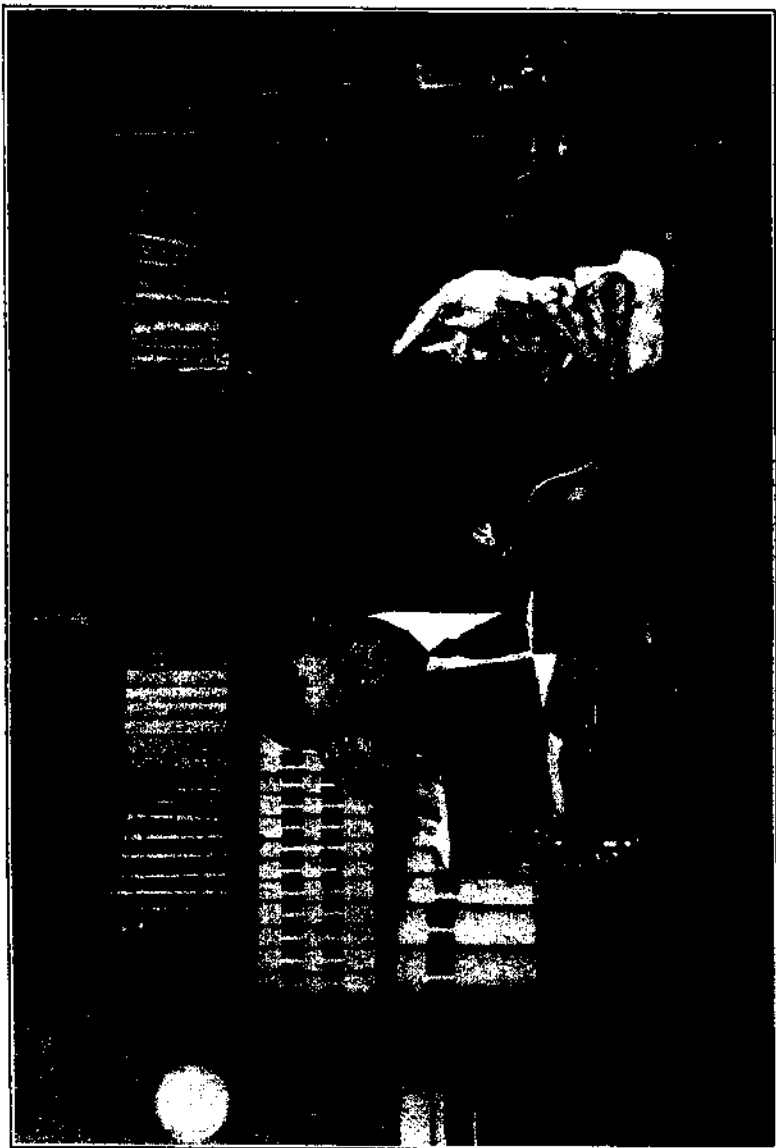
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Hahnemann, as he studied the actions of remedies, could not fail to discover the aggravating effects of drugs, and to therefore diminish and diminish the dose, and thus at last to discover the efficacy of small doses and the dilutions; but at the same time he discovered also the significance of the subjective symptoms, and through these he made it profitable for physicians, sensibly and profitably to observe the human body and to devote to it, chiefly and more than up to his day had ever been done, yes, for the first time, a greater, exacter and more universal attention.—HORPE, Basle, 1864.

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PIERRE SCHMIDT, M. D.

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THE COMPARATIVE VALUE OF SYMPTOMS AN APPRECIATION*

ROYAL E. S. HAYES, M. D.

One of the choicest gifts to the literature of homœopathic art is an article by the truly lamented R. Gibson Miller in the *Homœopathician* for April 1912 entitled *The Comparative Value of Symptoms*. It is a classic study of the different classes and values of symptoms, their significance and uses, and implies a consideration of their setting as well. The article as a whole teaches how to perceive the symptom picture in the collection of symptoms that is as true to life as possible; a thesis which is sound, for the more true to life the remedy selected, the more thorough and permanent the vital restoration effected. At the risk of wearing through a subject already rather threadbare, we desire to discuss this article in the hope that our readers may go directly to it for study and renovation; for an intelligent adjudgment of symptoms must ever attend our work, and mastery in that practice helps much toward certainty and time saving in it.

First of all there is a too scanty valuation of Dr. Miller himself as teacher and writer. He quotes Kent and Hahnemann, besides others, sometimes, rather to his own disadvantage, for his own expositions are not to be surpassed in thoroughness and simplicity, and quoting the familiar phrases of others betokens an unnecessary modesty. He has made the subject his own and relates it in pure orderly English, maintaining the same crispness throughout. Certainly he was a great teacher by way of the written word and it is to be regretted that his contributions, at least to this side of the Atlantic were so few. He never uses a word that does not fit perfectly the meaning and setting of the

**The Comparative Value of Symptoms*, by R. Gibson Miller, M. D., is reprinted elsewhere in this number of the *Recorder*.

others, except when he uses, probably more or less from habit, some familiar phrase of Kent's.

Kent as a personal teacher made a great impression on his pupils and his homœopathic theory and the earlier presentation of remedies have a certain romantic beauty which ever remains in the memory, whereas Miller is the logical, practical builder and master of materials. Had he lived or had he been able to write more he would have been recognized and remembered as one of those shining homœopathic lights that never go out as the years pass. He had a way of packing his materials so that one may place his hand upon any part of it at any moment. No one could read *The Comparative Value of Symptoms*, or his article on repetition in the July 1912 *Homœopathician* without regret that he did not present more of his concrete, practical homœopathic interpretations.

Dr. Miller discusses briefly some general considerations of symptom distinction, shows how they fall naturally into different groups and categories; the coarser divisions such as acute, chronic, pathological, active, latent or historic, etc. At one point he says, "According to Kent some symptoms of the chronic disease may persist and be active during the acute disease. Such symptoms are peculiar because they have not disappeared and are often guiding in the choice of the remedy for the active disease". It seems that all vigilant prescribers must have observed this presentation of symptoms in acute disease. We should be on the lookout for these symptoms so that their importance as reactible factors may be estimated in the individual problem.

The chronic miasm being the basic influence in almost every condition, the persistence or activity of chronic symptoms may present an opportunity to efface chronic and acute conditions together, developing more constitutional energy than may be gained in months or even years of chronic treatment. The momentum of a rebound from acute disease is conditioned not a little, upon the comprehensive perfection of the remedy selection, and contrarily, in many such conditions, if a remedy be based upon the outstanding acute symptoms only, the result may seem satisfactory for a short time but there will be either relapse or a shift to a dif-

ferent location or the acute may subside into another chronic state.

How often we have prescribed *Acon.*, *All. c.*, etc., for their characteristic symptoms of acute conditions of the nose or throat, for instance, only to find the good result short lived, the acute condition relapsing after a while or shifting to another region, which secondary effect may be more tenacious than the first. It was common to hear the older men say "prescribe for the patient" which means that we should in most conditions prescribe for the wholeness of the patient's symptoms instead of the characteristics of a single condition; as H. C. Allen used to say, "when the totality agrees". No doubt this comprehensiveness is one phase of what Dr. A. Pulford had in mind in writing his memorable article on *The Perfect Simillimum*. We were sharply reminded of this recently by a case of coryza—and to be consistent we may remark here that "coryza" is theoretically inaccurate because it was an individual who was ill, the coryza being but the focus of vicarious elimination of the infection. So why prescribe for the elimination however characteristic? This had been done effectively however several times, until finally the affection shifted to the ear and frontal sinuses. Thereupon with a single prescription of *Sulph.* we produced what the patient and friends thought to be a brilliant result restoring discharges by way of the original outlets. The next season brought an echo of the condition and with it the truly brilliant result when a vicious sinus and ear threatening head cold was wiped out swiftly at the start with *Sulphur*, the constitutional remedy. It is better to find the *simillimum* than to prescribe for any part of it, however characteristic the grouping, unless the vital stress is too urgent or there are too many and too burdensome conflicting factors to react from, or the vital energy is too low. When the chronic symptoms are active in the acute condition, then it is that we get the swiftest and most lasting result.

There are certain cases in which we fail for one reason or another to prescribe the *simillimum* yet, after three or four prescriptions, find that a profound and beneficial effect has been produced in the patient's health. These cases are the ones in which, with careful waiting for the new grouping or symptom-

personality, and careful equation in relation to the preceding remedy, we finally get around again to the original similar and the circle is completed, after which there is a tremendous increase in vitality and no further prescribing is likely to be needed, and often not desirable, perhaps for years. This phenomenon is more likely to begin with, or not long before, an acute illness. I am not speaking of mere short aggravations, even though severe, which may properly be let alone, but of serious acute illness. We may sometimes see a patient's constitution improving during the course of a serious acute disease. It is denoted by the steadiness and liveliness of the eyes, improvement in the nervous expressions or of the intellectual or emotional faculties or will. The observer knows that these expressions are of good omen.

It seems to be a little fashion lately, to try to enlarge the "totality" to be found in patients. Of such is the "perfect *simillimum*" of Pulford, the "antecedent" or "prodromal symptoms" of Stearns and the "basic complex" of Waffensmith and of such is the kingdom of thoughtful prescribing.

Let us go on and see with what firm grasp Dr. Miller manages the complexities and perplexities of symptomatic significance. He intimates of the life *simillimum*, a more or less theoretical therapeutic double corresponding to the individual pattern stamped at or before birth, which is developed with age, and to which the person must always correspond more or less, countered here and there by the impacts, accidental and incidental, with the external world, with the blendings of impression which form the inner and outer man and influence his functions. He allows that we may make but cautious use of "by-gone symptoms" because of the fallibility of memory. There would seem to be also the possibility of a natural elimination of some symptoms in the process of development, the normal interior vital replenishment through the use of functions.

Moreover it would seem that homœopaths, possessed of the tremendous revelation of the potential powers of matter through the artifice of attenuation and its powers of unfolding and energizing vital processes, must realize that evolution is a result of, and a manifestation of, psychical forces instead of being the cause.

Being is primary, and its tremendous invisible qualities and functioning interplay throughout manifestation both real and actual. The opposite would be involution, disintegration, recession.

With this and actual observations in mind the writer believes also in lesser evolutionary processes related to the whole, evolutions within evolution, even miniature evolution in the individual. It is distinct from development in this way. When a man exercises a set of muscles increasing the density tension and local power, that would be termed development. If the individual had an acute illness wherein one complex after another was eliminated by the use of the homœopathic remedy or remedies, followed by better health of body, psyche and spirit of life than he had ever attained before, would that not be an evolutionary process or step complete in itself? For is not life a round, a procession of reactions of the human spirit in its intermediary state, the vital embodiment, to contact with the external world? The formative effects of external influences are comparatively slow while the effects of the dynamic similar are rapid. The homœopathician realizes that beyond the familiar symptomatic groups is the larger circle, the solution of which completes a period of individual evolvment and more stable health.

To some physicians, even homœopathic physicians, symptoms appear as a horrible complexity, as 'twere a headless, disembodied nonentity which abates speech and is to be hotly avoided; but Dr. Miller says there is always order running through all illnesses if we may see the clues and discover it. There is order of various kinds. There is the order corresponding to the individual remedy, the order denoting miasm, of impressions from accidents, mental shocks, of secondary effects such as pressure or stasis, etc., of toxæmia, of advanced disease, sometimes the family complex, and others.

All this shows how important it is to fish out with care all the symptoms of a patient; and how easy it is unless the indications come out easily and are very characteristic, to inscribe a "totality" that may appear all right on paper but really be off balance instead of a comprehensive fitting of the patient. We remember a patient of our earliest homœopathic effort (we say

earliest not to intimate that we are yet entirely "without sin") whose symptoms shifted from *Causticum* to *Sulphur*, then to *Causticum* and back and forth as each remedy was prescribed without much gain in vitality, until nothing seemed to avail and the patient finally drifted away to other care. It should have been possible to have discovered more symptoms, to have recognized a more comprehensive fitting according to relative values that would not have produced such an off center reaction. It would have been a nice point, also, to have determined whether there was an individual tendency to alternation of complaints, so that that symptom might have helped in the translation of symptomatic language into the correct remedy. Probably with something similar in mind a homœopathician once remarked that he would prescribe or perhaps had prescribed, *Arnica* for some patients who had a tendency to contusive accidents even though there may have been no special after effects of such injuries. If there is order in fate, and we know there is, for one could not exist without the other, this consideration of an individual traumatic would appear to be rational. Sometimes it is puzzling to know where the center of the picture is, what the main features are upon which to base a thorough going selection. But this we shall see further on with Dr. Miller's evaluations.

There is another consideration here. If the symptoms of a patient with acute disease be studied closely enough in relation to his native peculiarities we shall see a striking resemblance between the two and often may perceive that the acute condition is but a combination of old, even lifelong, physical and psychic modes and having similar but more intense characteristics. Such observation supports the doctrine of Hahnemann that the acute is a crisis of chronic disease. The fact of external or exciting causes such as infections, etc., also supports that doctrine. Every person is characterized as well as individualized from birth up, and acute disease is but the culmination of previous tendencies. Disorder as well as the normal characteristics exists and develops from the psychic life before it is seen in the material life. Visible disease is the progression from a primary, even prenatal, state. We may not expect those who focus their attention solely on infection, environment and diagnosis to accept this, but those who

work with influences rather than material effects, with constitutions rather than organs and cells *per se* can see this unmistakably. Life progresses from its first nascent peculiarities. It is the same life and the same radix from beginning to end, and certain peculiarities may be traced from beginning to end even to the peculiarities of the dying. Nothing can eradicate these except the dynamic remedy and often that may only soften and not efface.

An interesting paragraph in Dr. Miller's article is the danger of the symptom specialist overlooking the cause of conditions. A personal experience will illustrate, the joke not being on the writer this time. A man presented a palm lacerated two weeks previously, which the attentions of a certain very regular doctor had been unable to heal. The symptoms indicated *Silicea*, which we gave him, after exploring the wound and taking out a piece of glass, about a square inch in size.

He speaks of the occasional variance between theory and practice in the treatment of chronic patients. We start out with high moral purpose and determination to haul the patient's *simillimum* from the depths and cover ourselves, the patient, homœopathy and the whole field about with glory, but we often have to be content with picking out from the mass certain pegs or legs more or less stable or wobbly for the prescription to stand on. Even with that it is remarkable what is accomplished; but the implications should not be forgotten. If there were more provings of some of the "lesser" drugs, a greater collection of striking, peculiar and characteristic symptoms to indicate the remedy, and more generals to safeguard the choice we would have a happier time of it. For instance the writer knows of no remedy which could replace *Scopolamine hydrobromide* and sometimes wonders what prescribers do who are not acquainted with it. In alcoholism, which formerly supplied one of the more common uses, it does not appear to be as often needed with the deadly prohibition grog of today as with the more democratic and genial days of the real John Barleycorn.

Although we would gain greatly by further extension of provings nothing can take the place of knowing the salient part of those which we have already, whether the acquaintance be acquired by repertory use, by roaming through the various works,

by the cultivation of the knowing faculty in practice, or all three. The work of the old masters with their more limited repertoire has often been remarked in modern times with admiration. But there is a little psychic kink here. The other prescriber's successes seem more brilliant than our own because seen more objectively. The substance of this is that we should not complain too loudly of the imperfections of the materia medica until we have set to work improving and completing it and improving our own use of it. No one can be advanced enough to be exempt from this requirement but it could seem to be especially pertinent to those "—paths" who go off on tangents. Of course tangents are never homœopathic anyhow, they are just tangents. Some of them go off with a swish and the sparks excite our wonder and sometimes for a moment almost blind us to the mundane facts. But they soon get away into space, never to come back. They couldn't anyhow because some other tangent is taking their place. It would be amusing, if one had endurance enough, to go over the list of tangents and trumpet calls in our hoary transactions of the A. I. H. But we forbear; let them rest in their cellars and attics in well deserved and dusty peace. One ounce from Gibson Miller's pen is worth more than a wheelbarrowfull of these doings. But the old hope chest and wheelbarrow—the same ones—are still trundling along, ever and anon dumping their load of "progress" and "modern science" to pick up a newer burden. Will the first paragraph of the *Organon* ever command general attention and respect? Will it ever be generally realized that that paragraph is placed on the solid basis of natural law? Will the general medical mind ever become fine enough and deep enough to sound the depths of that opening period, to realize its magisterial resonance and to know that it was based on the consciousness of a transcendent reality both of judgment and universal grace?

There are a few very interesting paragraphs dealing with the different classes of symptoms such as chemical, mechanical, dynamic, ultimate, generic, specific, etc. They are too pertinent to be commended on or enlarged upon; let the reader turn to them and examine for himself. One paragraph, though, may well be repeated. He says:

One main reliance must ever be placed upon the symptoms that signify the patient and Hahnemann directs that we should be particularly and almost exclusively attentive to those symptoms that are peculiar to, or characteristic of, the patient and not to those that are common to the disease. Kent, after many years' experience states that he regards this advice of Hahnemann's to be the strongest thing that he ever wrote. (See *Organon* Sec. 153)

We might add, concerning well localized acute conditions, we should be attentive not solely to those symptoms peculiar to the diagnosed disease, but also determine the symptoms of the patient as a whole which are involved in the acute process.

The author then considers peculiar symptoms and here again the teaching and exposition is almost too classic to be interfered with by discussion. He reveals himself here especially, as well as throughout, as a master homœopathic clinician. There is one consideration relating to peculiar or characteristic symptoms that should ever be remembered, *viz.*, that such symptoms are pathognomonic of certain conditions such as hysteria. This would apply also to insanity. The insane, because of their perverted expressions, are apt to present symptoms which are striking and peculiar yet pathognomonic rather than egoical, therefore not wholly general or individual. This is apt to deceive or confuse the neophyte. Indeed, the art of sorting out these symptoms and finding the truly personal symptoms upon which a homœopathic selection should be based in abnormal mental conditions is one which might well be cultivated as a homœopathic specialty.

In distinction to this Dr. Miller says that it would be foolish to ignore the symptoms that signify the disease; that they must be considered, though secondarily, to those which identify the patient. With this the writer readily agrees. We often find it time-saving to the type values of common symptoms in the repertory, especially in acute conditions. In fact, we sometimes catch the remedy by its tail end when these common symptoms are known to be of high type value; but we accept them only when reinforced by the stronger and more personal symptoms. As our author says further on:

It must ever be kept in mind that there must be a general correspondence between all the symptoms of the patient and those of the remedy, and that, however helpful the peculiar symptom may be in calling attention to certain remedies yet they are not the sole guides; for after all, it is the totality of the symptoms that determines the choice.

A consideration concerning peculiar and characteristic symptoms is that quality which Dr. Miller terms "the rank of symptoms," often thought of as intensity of symptoms, and they must be of near equal value in both patient and proving. There is, as has been remarked by others, a similarity of intensity or perspective as well as identity. It is the difference between the plane figure and the solid, between the ready-made garment and the tailor-fitted.

Dr. Miller pays his respects to those who have a tendency to prescribe on the uncertain basis of one or two peculiar and outstanding symptoms. This method is so uncertain and so fraught with failure that it would soon be abandoned entirely were it not that the "homœopathy" must soon be supported by antipathic subterfuges, leading to chronic and almost incurable mixing.

The keynote in itself, however, should not share in the disrepute of that method, for if the general and individual influences upon the patient are kept in mind so as to maintain a grasp upon his central reactivity, the keynote may serve brilliantly as the attracting symptom or symptoms to the comprehensive remedy.

Even H. C. Allen, of keynote as well as other homœopathic fame, was censured, ostensibly at least, because he taught keynotes. Those acquainted with his prescribing could have no doubt that he had the totality of symptoms and the reactible ones especially, wholly within range even if he did not choose to stress the term "general". Considering his prescribing and his often repeated precautionary phrase "when the totality of symptoms agrees" there can be no doubt that he was justified in encouraging the accumulation of a competence of attracting symptoms, that is, keynotes, for rapid estimation as to their value and the potency of their setting.

The study of the section devoted to generals might well be urged upon the attention of every student, every busy prescriber and all who would maintain a high standard of thoroughness, for the author gives some very practical illustrations showing how generals or particulars may swing the balance one way or the other to the best selection. Incidentally they illustrate how one

may select an apparently indicated remedy which more thorough symptom findings would reveal to be merely the wrong one.

The discussion about generals arouses some notions as to their origin and the functions which they display. In the first place and a little offset from the frequently repeated statements of many teachers, the writer has sometimes doubted that we can always give mental symptoms as high rating as generals, or rather, that they have exactly the same function in our symptomatic construction. Certain generals are more vital in expression than the mental or emotional. Of course it depends somewhat on the individual anamnesis, but are not mental symptoms as a class more characteristic in their matter rather than general? Nevertheless some of these, although highly significant and attracting to the choice, correct or incorrect, are not as dependable as guides against a wrong choice as the great physical generals.

Of course there is another side to it and there cannot be an inflexible dividing line anyway. There are certain mental states, stable and ingrained in the vital habit or constitution which are very strong. But these are comparatively few and not as often uncovered. In general the writer believes that, with some exceptions, the symptoms showing the patient's reaction to those influences which condition physical existence, such as temperature, humidity, variations of function and sensations arising therefrom, such as activity, rest, time, etc., are most dependable to safeguard the choice. It is true that there is close relation between psychic conditions and the sympathetic system and reactions between the two are constant and intimate, but the sympathetic system never being the source of life, its symptoms are apt to be more stable and its expressions more vital. Therefore they are the more dependable as landmarks in the formation of the totality.

The cerebro-spinal system is more of the nature of a transforming mechanism, translating the pristine energy into recognized emotions, perceptions, thoughts, intentions and volitions, with increasing depth and complexity according to energy, effort, memory, storage and experience. Although acting and reacting instantly and constantly with the sympathetic life, yet it is in a way slightly removed from it and therefore slightly less

vital in fact, and to be considered not without care in the selection of remedies. In the case of insanity this relativity is only an exaggeration of the same condition existing in other disorders.

"General" is a good term for certain symptoms and their usefulness is heightened by realizing both their possibilities and their limitations. In realizing the power of generals in a proposition it is not enough to satisfy their demands only, but to reach out to the peculiar and characteristic, to be ever alert to perceive the combination of both, is one of the finest points of homœopathic art. As Dr. Miller says further on in discussing particulars, "the highest rank of all belongs to those symptoms that are not only peculiar but are also general". There is a strong suggestion of this in that remarkable work, Boger's *Synoptic Key*.

Speaking of the concomitants of Kent's *Repertory*, Dr. Miller says that Kent retained only those few that abundant clinical experience has demonstrated to be frequently associated. It would seem that most users of this repertory must have found it wanting in this respect for we come across clinical concomitants so bound together, so related to some general condition or symptom as to be very significant but not found where it would be expected to be in the repertory. We understand that the assistants in the compiling felt the heavy hand of disapproval whenever they attempted to include some concomitants which they felt were authentic and just as significant as the accepted ones but which had not happened to have been born into the master's personal experience. We must admit that it is a consideration which requires care.

The alert and sure-footed intelligence which characterizes Dr. Miller's work and thought is nowhere more noticeable than in his handling of "other important classes" of symptoms. He speaks of "the last appearing symptoms", shows where they may be best depended on, where they may not be, and where they must be used to open up the way for other remedies. Dr. Case used to say that if he could get the first good similar it would simplify the condition and make the rest of the work easier. We might remark that it might make the rest of the work harder for the prescriber who, after prescribing, too easily succumbs to the temptation to prescribe again for newly appearing or attrac-

tive groups of symptoms, or mistakenly fears that he cannot control the patient long enough for a symptom grouping to reform and become stable. The tenderfoot, especially, is apt to begin to doubt his choice soon after the remedy has been given, fears that it is not doing enough, that certain conditions need remedial attention, that they signify a wrong selection or that the patient's patience will not hold out, etc. The hardened prescriber is more willing to stake all on his prescription. Even in desperate acute conditions when it may be that a certain prescription is the last throw, what can one do but wait for the right time? Nature always does the best she can and to muddle her efforts in the critical hours may cut the strands entirely. The vital double, as expressed by symptoms, should not be harassed by trying out remedies. A study of these miscellaneous classes of symptoms should be helpful, for the prescriber feels more sure of himself when he has a standard with which to analyze the situation and knows what is going on.

There is a timely caution to be attentive to complementary relationship so as to save time and effort. Some of us might benefit from this practice more than we do.

The sanity of this great homœopath is well shown in his exposition of the use of pathology in prescribing and it is quite interesting.

Lastly, Dr. Miller speaks of the chronic miasms and says truly that a consideration of the great miasms often affects the rank of symptoms. If it be true that one miasm may supersede another or that they may be in combination, then, as these states must overlap more or less, the border lines not always being complete, single symptoms may vary in rank according to their setting. The proper evaluation of this must aid in the selection of the *simillimum* for the selection would then not be confined to one of the miasms.

There is one statement which the writer is tempted to qualify, although both Hahnemann and Kent teach that "we must attack the miasm that is uppermost at the time and ignore the symptoms of those that are latent, except in the last monstrous phase where two or three form a complex, which is a rare thing, and seldom brought about except by the prolonged abuse of un-

suitable remedies". The trouble with this, perhaps, is not with the principle but with the prescriber, especially when dealing with severe acute or sub-acute disease which has already been modified by a preceding prescription. Then the symptoms of another miasm are apt to slip in, often unobtrusively, and go unnoticed or masked by the severity of the symptoms previously existing or common to the disease form that is being watched. We should, therefore, see beyond organs, pathology, diagnosis and importunate common symptoms to those individual symptoms which lie just underneath and should add their characteristics to the sick personality before us. This experienced awareness and attentiveness will save many a desperate condition that would otherwise succumb to the load carried by the vital energy.

Where two miasms co-exist and alternate Dr. Miller directs that the selection should be based on the symptoms present at the time, ignoring the ones temporarily latent. We wonder what Dr. Pulford of "the perfect *simillimum*" and Boger of Bœninghausen tradition would say to that. Might it not depend on the acuteness or intensity of the vital efforts? In slowly paced or chronic conditions might not the vitality respond well to the more comprehensive remedy covering also the submerged symptoms especially when a high potency is being used?

To associate and publish Dr. Miller's exceedingly clear and practical studies in book form as a synoptic medium for study and reference would be one of the most useful things some enterprising homœopath could do. They are classic, yet evade the conventionalities, always interesting even though technical and practical to the last word.

WATERBURY, CONN.

CHRONIC BRONCHIAL CATARRH

Dr. Mingard suggests *Ant. sulph. aur.* as the most useful remedy; *Amm. mur.* in periodic exacerbations; *Merc. sol.* in obstructive catarrh; *Ars. iod.* where there is asthma; *Atrop. sulph.* in dry catarrh; *Sil.* in very moist catarrh; *Crat.* in the obstructive catarrh of heart cases; *Kreos. or Pix. liq.* in fœtid bronchitis or bronchiectasis.—(trans. from *Neu. Hom. Zeit.* IV, 340)

COMPARATIVE VALUE OF SYMPTOMS IN THE SELECTION OF THE REMEDY*

ROBERT GIBSON MILLER, M. D.

It is a common experience to find cases reported in our journals, presenting large and complex masses of symptoms, to which, as a whole, no remedy in the materia medica corresponds, no reason being given why the remedy that proved curative was selected in preference to many other competing ones. We can learn little or nothing from these cases. Even when we study some of the model cases reported by masters in homœopathic prescribing, we are often utterly at a loss to understand why the curative remedy was selected, unless we understand the rules that led them to give a preference to certain symptoms and to relegate others to a very secondary place.

Hahnemann advises us to base the selection of the remedy upon the totality of the symptoms presented by the patient, as they are the outwardly reflected image of the internal and invisible disease, and the only means by which we can truly apprehend this internal distunement of the bodily forces.

I do not at this point propose to go into the observations and arguments that led Hahnemann to advise that the choice of the remedy should depend almost entirely upon the symptoms, to the practical exclusion of pathology. If these symptoms are to be our guides, what do we include in this term?

Every deviation from perfect health experienced by the patient, or observed by others, including all disturbances of functions and sensations, all alterations in the external appearance of the patient, and also all probable causative conditions.

As a rule, in acute disease there is little difficulty in determining the totality of the symptoms, for the deviation from health is usually sharp and well defined. As an acute, supervening disease never forms a complex with a chronic one—the latter being suppressed until the former has run its course—care must be taken, when ascertaining the symptoms of the acute disease, to exclude from consideration the symptoms of the now latent chronic disease. According to Kent, at times some symptoms of the chronic disease may persist, and be active during the acute disease. Such symptoms are peculiar, because they have not disappeared, and are often guiding in the choice of the remedy for the acute disease.

But, when we come to deal with chronic diseases, the problem is more complicated, for we have to take into account not only the present symptoms, which often show only a very partial picture of the disease, but must also include many former symptoms that are not now active; for even in those patients that have suffered for very long periods, and from many apparently diverse troubles, *there always is method and order running through all their illnesses* if only we can find the clue.

While, theoretically, we should consider all the symptoms experienced by the patient since his birth, excluding those due to acute disease, yet the task is a very difficult one both for patient and physician, and we can only make very cautious use of these bygone symptoms. Even if we could trust to the accuracy of the memory of our patient, or his friends, these old symptoms can be used only with the greatest care, for so many of them may have arisen from faulty environment, the abuse of drugs, or the acquisition of some other miasm, that they would not truly indicate the course and progress of the disease. This is also very often the case when no such question of old, bygone symptoms is involved; and those who are guided in the selection of their remedies mainly by the symptoms are in special danger of overlooking such

*Reprinted from the *Homœopathian*, April 1912.

causes, and have to be perpetually on guard lest they fall into the error of ascribing to disease what is really due to other causes.

Dunham, in *The Science of Therapeutics* gives many instances where such mistakes have been made, and only a wide knowledge of drugs, of the habits of the people, and the special conditions under which many occupations are carried on, will enable us to avoid these errors.

Such, for example, was the case of a young lady who, for a very considerable time presented a perfect picture of the classical symptoms of *Sulphur*, and upon whom that remedy, in all potencies (to say nothing of other remedies), failed to produce the slightest effect. It was finally discovered that she was in the habit of using sulphur to cleanse her teeth and upon this being stopped the symptoms at once ceased.

A maker of crucibles for casting steel ingots, who had suffered for seven years with all the symptoms of *Graphites* gastralgia; for him that remedy did no good, until it dawned upon me that I had somewhere read that plumbago was now being used for making these molds.

When we have excluded all symptoms due to such causes, there is the vast number remaining which can be ascribed only to disease proper, and it is with these in particular I wish to deal tonight.

SELECTION IN CHRONIC CASES

Theoretically, we endeavor to find a remedy whose symptoms correspond exactly—as regards both character and intensity—to those experienced by the patient. This can rarely, if ever, be done, and in chronic cases, at any rate, we have, as a rule, to make a selection from amongst the mass of symptoms, and to base the selection of the remedy mainly upon these. If it were necessary always to select a remedy that corresponded perfectly to every one of the symptoms, our already vast materia medica would be utterly inadequate, and we should require at least 10,000 more fully proven drugs. Who would care to undertake the task of searching for a *simillimum* in such a labyrinth? It is quite bad enough as matters are at present, but we must think of our remedies as complex tools, capable of doing many very different pieces of work, which to the uninitiated would seem to require many diversely shaped ones.

Who have made finer cures than the old masters in homœopathy, with their very limited number of fully proved remedies? But they *knew each one through and through*, in a way that few of us do nowadays, and in their hands a comparatively few medicines were, in the majority of cases, sufficient for all their work.

It was because they were able to comprehend not only the spirit of each remedy, but also those symptoms that characterized the patient. Following in their footsteps, we also must endeavor to learn to grade the symptoms according to their respective values, and not to act as mere symptom-coverers—an opprobrious name that has at times been only too well deserved.

In every case of disease there are always two classes of symptoms:

First, those that pertain to the disease—that is, the common or pathognomonic ones; and,

Second, those that pertain to the patient;

And in all advanced cases, a third class that pertains to the ultimates or results of disease.

To attempt to select the remedy in accordance with the first and last of these alone is simply to court failure in the majority of cases; for so many remedies will be found to correspond more or less closely to the first, at any rate, that unless we have some other means of individualizing, we shall be quite unable—except by good luck—to select the correct remedy. Still less can we hope to find a sure basis if we depend upon the pathological condition; for very few drugs have had their provings pushed forward enough to elicit such

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effects, and consequently we should have to depend mainly upon such cases of accidental poisonings as happened to be available.

Dunham, writing upon this subject, points out that the drugs varying according to the size of the dose may produce three sets of symptoms, *viz*:

- (1) The chemical.
- (2) The mechanical, or revolutionary, consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance; and
- (3) The dynamic, contingent on the vitality, or resulting from the relation of the peculiar properties of the drug to the susceptibility of the living healthy organism.

He still further subdivides the dynamic ones into the generic—or those common to all members of a certain class of drugs—and the specific.

As an example of the former, *Arsenic*, in certain doses produces vomiting, diarrhoea, cold perspiration, cramps in the limbs; but *Cuprum*, *Veratrum*, *Antimonium tartaricum*, which belong to the same group, produce identical symptoms.

The specific ones are those that are peculiar to one remedy and serve to distinguish it from its relatives.

In the vast majority of poisonings, little else is produced than the first two classes—*viz.*, the chemical and mechanical; and the symptoms obtained therefrom are of little value in the large majority of cases we are called upon to treat. Our main reliance must ever be placed upon the symptoms that signify the patient; and Hahnemann directs that we should be particularly and almost exclusively attentive to those symptoms that are peculiar to, or characteristic of, the patient, and not to those that are common to the disease. Kent, after many years' experience, states that he regards this advice of Hahnemann's to be the strongest thing that the master ever wrote. *Organon* § 153.

In acute disease, there is not much difficulty, as a rule, in recognizing the symptoms that are peculiar to the patient; for the symptoms usually appear in an ordinary manner, and the common or pathognomonic ones are well known. When we deal with chronic diseases, our difficulties are largely increased, for they are often so complex in nature that it is not easy to separate the symptoms that are peculiar to the patient from those that are common to the disease. *Organon* §§ 82, 152.

In many old-standing chronic cases, especially those that have been long under allœopathic treatment, these peculiar and characteristic symptoms have so completely disappeared, or have been so utterly forgotten, that our difficulties are thereby increased. Nay, it is even the case at times that the characteristic symptoms may never have existed except in the patient's ancestors, and under these circumstances cure is practically impossible.

It is as if, during the exploration of some old city, a coin were discovered, by which, if we could determine the year of the king during whose reign it was issued, we should be in a position to fix an important date. If the coin were well preserved, any skilled numismatist would promptly furnish us with all the information we desired; but, if it were much worn or eroded, while he might, from the shape or composition of the metal, be able to determine the dynasty under which it had been issued, it would be utterly out of his power to state the individual king, to say nothing of the year of his reign.

PECULIAR SYMPTOMS

Let us take a few examples of the symptoms that are peculiar to the patient, as distinguished from those that are common to the disease.

The common or pathognomonic symptoms of dysentery are bloody mucous stools, pain, and tenesmus. From these alone we can determine the group of remedies that correspond in general to this disease, and in J. B. Bell's

classical monograph on this subject over fifty remedies are mentioned; yet, from these alone it would be impossible to discover the individual remedy for the case under treatment. If, however, the patient has

Much thirst, and

Every time he drinks he shivers, and

Each drink is followed by a loose stool.

These symptoms, being unusual in the disease, and consequently peculiar to the patient, would guide to *Capsicum* as the remedy.

Dyspnoea, œdema, palpitation of the heart and albuminuria are the common symptoms of many kidney troubles, and from them alone we cannot determine the curative remedy; but, if we find in addition that there is

A strong craving for fat,

Urine intensely strong, and

A sensation as if the urine were cold when passed,

Then these would be peculiar to the patient, and point to *Nitric acid* as the remedy.

Let us turn to characteristic modalities. In a case of spasmodic asthma, an aggravation from lying down is so common as to be valueless in the individualizing of the remedy; but, if we find there is much relief from lying down, as in *Psorinum*, or from assuming the knee-elbow position, as in *Medorrhinum*, then these, being peculiar and characteristic, will be invaluable.

In hysteria we have an illustration of the danger of prescribing for the symptoms that are common to the disease, and hence not peculiar to the patient. It seems the most natural thing to gather up all the incongruous and peculiar symptoms that characterize this disease, and to prescribe for them. But when we realize that this incongruity is the very essence of the disease—in other words, is pathognomonic of it—we then perceive that we have been prescribing for the symptoms that represent the disease, and not for those that characterize the patient. In such cases, the true guides to cure, if discoverable, are to be found in the *changes of desire*, the *aversions*, the *loves and the hates*; and these are particularly difficult to find, for the hysterical patient conceals her real hates and loves and relates what is not true.

In the foregoing, stress has been laid on the supreme importance of paying the greatest attention to the symptoms that are peculiar to the patient, but it would be foolish to ignore the symptoms that signify the disease. They must, indeed, be taken into consideration; but as subsequent to, and of much less value than, those that are predicated of the patient.

In a very large number of cases, no one remedy corresponds to all the peculiar symptoms, but three or four seem to have equal numbers of them, and of approximately the same value. In such a state of affairs, the remedy that has also the common symptom best marked must prevail. It must ever be kept in mind that *there must be a general correspondence between all the symptoms of the patient and those of the remedy*, and that, however helpful the peculiar symptoms may be in calling attention to certain remedies, yet they are not the sole guides; for after all, it is the totality of the symptoms that determines the choice.

It is true that at times a brilliant cure has been made by a remedy that corresponded only to those symptoms that were peculiar to the patient, and *was not known* to possess any strong resemblance to the common symptoms of the disease; but, even in such a case, it is almost absolutely certain that further provings will reveal that the remedy has the common symptoms also.

RANK OF SYMPTOMS

When using these peculiar and characteristic symptoms as the main guides in the selection of the remedy, it is important to bear in mind that they must be *equally well marked in patient and in remedy*. In other words,

no difference how peculiar and outstanding a symptom may be, either in the patient or in the remedy, unless it be of equal grade in both we must pay little heed to it.

For example, if a patient experiences occasional and slight heat in the soles of the feet at night in bed, this symptom would not be of much importance in selecting *Sulphur* as the remedy, because in that drug this symptom appears in such a vigorous and outstanding way that the provers declare that their feet burn at night as if they had been on fire.

Take a case of rheumatism, markedly aggravated in dry weather and better in damp. In such a case, the selection of *Phosphorus* as the remedy could not be based upon this modality, for while *Phosphorus* has it, it is only in the lowest degree.

Even in a case with, let us say, ten peculiar and characteristic symptoms, of which one remedy has eight, but of a very low rank, while another has only five, but of high rank and corresponding to the rank of the symptoms as experienced by the patient, in such a case it is very improbable that the first medicine will prove to be the curative one. The second is much more likely to be so.

It is this question of the rank of symptoms that is the chief objection to the numerical method of selecting the remedy. It seems to have fascinated some minds, for, while it is laborious in the highest degree, it seems to promise certain and exact results; but medicine—even homœopathic—is not yet an exact science, and it is extremely improbable it ever will be, even when we have perfected our armamentarium. Consequently, all such mechanical methods are to end in failure, for quality will ever be of infinitely more importance than mere quantity.

In opposition to this numerical method, some physicians have gone to the other extreme, and have been content to be guided in the selection of the remedy by one or two peculiar and outstanding symptoms, practically ignoring all the others, because they have overlooked the fact that, *unless there be a general correspondence between the symptoms of the patient and those of the remedy*, it is not reasonable to expect a cure.

This so-called "keynote" system of prescribing is very attractive, as it seems so easy, and saves all the laborious comparison of competing drugs that is involved in the numerical method, and also because by means of it many brilliant cures have been made; but it is, from its very nature, a wrong method, and in the large majority of cases is doomed to failure, because it ranks one or two symptoms very high and practically ignores the others.

Having discussed the difference in value, so far as the selection of the remedy is concerned, between the symptoms that signify the patient, and those that signify the disease, we would turn to the other great division of symptoms—*viz.*: the generals and the particulars.

GENERALS

The general symptoms are those that affect the patient as a whole, and, because of this very fact, they are naturally of higher value than the particulars, which affect only a given organ.

What the patient predicates of himself is usually general, as when he says: "I am thirsty," "I am sleepy"—thereby indicating that his whole being is so affected, and not merely one or two particular organs. So much higher may a general symptom rank that, if it be a strong and well-marked one, it *can overrule any number of even strong particulars*.

Let us take a case of gastric catarrh, with

Semi-lateral headache.

Roaring in the ears.

Greasy taste.

Aversion to fat and butter which aggravate greatly.
Fullness and pressure of the stomach after eating.
Flatulence.

Chilliness.

Vomiting of the food.

So far *Pulsatilla* and *Cyclamen* compete equally. If we have in addition Diarrhœa only at night.

Nausea from hot but not from cold drinks.

Palpitation when lying on the left side.

Then the balance would turn towards *Puls.*

If we find that

The patient has the greatest aversion to the cold open air.

Is always aggravated by the least cold.

Then this one strong, general symptom would overrule the marked particulars that *Puls.* alone had, and declare plainly that *Puls.* could not be the remedy, notwithstanding the fact that it alone had the three strong particulars.

On the other hand, a number of *strong particulars* must not be neglected on account of one or even more *weak generals*.

Let us take another case of gastric catarrh, with

Severe pain over the right eye.

Bitter eructations.

Pain in the stomach.

Worse from cold, and better from hot drinks.

One cold and one hot foot.

So far *Lycopodium* and *Chelidonium* correspond about equally to the case.

If there is in addition

Constant pain under the inferior angle of the right scapula.

A yellow-coated tongue with indented margins.

Clay-colored stools.

No one would hesitate to give the preference to *Chel.* If, on further examining the case, we find that

The patient always feels worse all over—though hot in a very marked degree—after eating.

That he feels better moving about than when sitting.

These generals would be against *Chel.* and in favor of *Lyc.* but they are *only weak and not strongly marked generals*, and consequently should not be allowed to overrule the *strong particulars* that indicate *Chel.*

1. Amongst general symptoms is to be included the mental state, which, reflecting the condition of the inmost part of man, is bound to be of the utmost importance, and—as Hahnemann so strongly insists—must always, if well marked, take the highest rank in the selection of the remedy. These symptoms are naturally the most difficult to elicit, for people, as a rule, shrink from revealing their inmost thoughts and motives, their hatreds and yearnings, their evil tendencies, and their delusions, *etc.*, and it requires the greatest tact and a full knowledge of human nature to win the confidence of our patient, and so understand his deepest thoughts.

Of course, we are all aware of the value of the more common mental states, and these influence us, consciously or unconsciously, in the choice of our remedies. We all recognize, for example, the fastidiousness of *Arsenic*, "the gentleman with the gold-headed cane", the irritability of *Bryonia*, *Chamomilla*, and *Nux vomica*; the gentle, yielding, lachrymose *Puls.*; the ever-varying moods of *Ignatia*, the hauteur of *Platina*; the lack of self-confidence of *Silicea*; but there are many less apparent conditions, which have to be deeply probed for, though when found are invaluable. Such are the presentment of death of *Apis*; the lack of natural affection of *Sepia* and *Phosphorus*; the strange im-

pulses to kill those dearest to them of *Mercurius* and *Nux*; the suicidal promptings of *China*—not open and obvious like those of *Natrum sulph.*, but hidden, shamefaced, and mixed with fear. These latter, in the early stages, few patients care to allude to, yet their value to us is inexpressible. Even amongst the mental symptoms there are various ranks and consequently they vary greatly in their value.

All symptoms of the will and affections, including desires and aversions, are the most important, as they relate to the inmost in man. Of less value are those relating to the intellect, while those of memory are to be ranked lowest of this group.

2. Amongst our other generals are the effects of sleep and dreams—such as the aggravation after sleep of *Lachesis* and *Sulphur*; the aggravation from loss of sleep of *Cocculus*; and the great relief from sleep of *Phos.* and *Sepia*.

Again, how often has the study of the dreams revealed the hidden key to the remedy! For in sleep man is off his guard, and his subconscious self can assert itself, and under such circumstances the veil is often lifted a little, so that we are able to apprehend in some degree the deep and hidden mysteries of that disordered life we call disease. Of course, such dreams must be regular and persistent to make them of value, and great care must be taken to eliminate the effect of all external influence.

I recall a case of aortic aneurism, giving rise to much pain and many other pressure symptoms. The patient had not the slightest idea what his disease was, yet he dreamed night after night, of pools and seas of blood, and so distressing was this that sleep was one wild nightmare. The other symptoms were valueless so far as the selection of the remedy was concerned; but, taking the dreams as my guide, I gave *Solanum tuberosum ægrotans*, which completely removed the dreams, and so relieved the pains that he went down to his grave in peace.

3. But one grand general, *viz.*, the effect of different temperatures upon the patient as a whole—is often of the greatest service in calling our attention to special groups of remedies and excluding other groups, so that the labor of selection is thereby greatly lessened. It is by no means always an easy general to use—in fact, I am more careful in questioning patients with regard to this than with regard to anything else.

How often, in response to our question as to how they are affected by heat and cold, they will reply: "Oh! I can't stand heat"! But, on inquiry, you discover they hate cold, but cannot stand a close, stuffy place; or perhaps they may say so because they are worse in summer—which is not necessarily the same as aggravation from heat, for summer, in this climate at any rate, means more than heat.

Another frequent source of error is the tendency to mistake any undue readiness to perspire as an indication that heat aggravates. On the other hand, many confuse an undue tendency to catch cold with aggravation from cold, but when we have eliminated these errors and find the patient markedly aggravated as a whole by heat or cold, we are greatly aided in our choice of remedy.

This question of temperature is often very valuable when the body as a whole is markedly affected by one temperature, and some special organ by the opposite; for example, we find a general shrinking from cold under *Ammonium carb.* and *Carbo vegetabilis*, yet their respiration is relieved by cold air. *Cycl.* has the same aggravation, except with regard to its headache and catarrh; *Magnesia phos.* except for its cough and some headache; *China*, except for its stomach symptoms; *Phosphorus*, except for its headache and stomach symptoms; as a patient suffering from headache and general rheumatism of the body remarked, if he could only have his body in a bath and his head in an ice-tub, he would be supremely happy.

Conversely, the general aggravation of heat of *Lyc.*, except for its stomach and some rheumatic symptoms; of *Secale*, except for some headaches and neuralgias, illustrates the value of this general. The exquisite sensitiveness of the mercurial condition to both extremes of temperature, finding comfort only at a medium temperature, is doubtless known to all of us, and most often have served us in good stead when the other mercurial symptoms were absent.

4. There is little need to call attention to the general effect of the various weathers, but many a valuable hint is obtainable from them, not only in a positive but also in a negative way. In many conditions such as rheumatism, where we expect as a rule to have an aggravation from weather changes, the absence of such an aggravation becomes peculiar and characteristic, and enable us to throw out of consideration whole groups of remedies.

For example, where change of weather does not influence a rheumatism, we can safely exclude *Dulcamara*, *Nux moschata*, *Phos.*, *Ranunculus bulbosus*, *Rhododendron*, *Rhus*, *Sil.*, *Tuberc.*, if wet weather does not affect, we can eliminate *Calc.*, *Merc.*, *Natrum carb.*, *Natrum sulph.*, and *Ruta*. Such negative conditions are not sufficiently used.

While the mere absence of particular symptoms that strongly characterize a remedy cannot be relied on as excluding that medicine, yet when strong generals that characterize the remedy are absent we can, with a fair degree of confidence, exclude that remedy, simply because each drug is a unity, and such characteristic generals are their very web and woof.

5. Amongst the generals must be included the influence of the various positions, such as the strong aggravation of most symptoms by standing, of *Sulphur* and *Valerian*; the aggravation of lying on the right side, of *Merc.*; the peculiar aggravation of *Phos.* when lying on the left, yet aggravation of the head symptoms when lying on the right. To be of any value as a general symptom, the patient as a whole must be markedly influenced by these, and if only one organ is so affected they take only low rank, being particulars.

6. The tendency of disease to affect particular parts of the body is often well marked, and may be a general of considerable value. Such, for example, is the semi-lateral nature of many illnesses that require *Alumina*, *Kali carb.*, *Phos. acid*; or, if the right side is mainly affected, *Apis*, *Bell.* and *Lyc.*; or, if left-sided, *Argentum nit.*, *Lach.* and *Phos.* Again, how often has the oblique appearance of symptoms led to the choice of *Agaricus* or *Asclepias tuberosa* as the remedy, and even more frequently the appearance of symptoms on alternate sides has led to a cure by *Lac caninum*.

7. Let us consider how profoundly time influences our diseases, and how common it is to find the symptoms aggravated regularly at particular hours. Here, indeed, is a valuable and great general whose proper use will enable us many a time to decide which is the true remedy. It may be the morning aggravation of *Chel.*, *Natrum mur.* or *Nux.*, or the evening one of *Bry.*, *Bell.* or *Puls.*—perhaps coupled in the latter remedy with the exceptional aggravation of the stomach symptoms in the morning.

Or if we find the cases characterized by periodic return of the symptoms—whether it be daily, as in *Aranea*; or on alternate days, as in *Chininum sulph.* or *Lyc.*; or every two weeks, as in *Ars.* or *Lach.*—we here, again, have a general of the greatest value. It is worthy of note that the less the disease that happens to be under consideration is itself normally characterized by periodicity, the more does this periodic return of symptoms indicate special remedies which have this characteristic in a marked degree. This is well exemplified in the case of ague, which is normally characterized by the periodic return of the paroxysm at fixed intervals, due as we are all now aware to the segmentation of each variety of the parasite at definite times. The mere fact that this periodicity is common to the disease, and hence not peculiar to the individual patient, has led the most successful prescribers for this dis-

case to base their prescription on other factors that are present, rather than on the periodicity, though, of course, by no means excluding it from consideration.

8. The various cravings for, and aversions to, various substances are as a rule general symptoms, for they depend upon some deep need in the body as a whole, and, if outstanding and definite, must always take high rank. It is easy to understand many of these, such as the aversion to fat of *Puls.*, for it also disagrees, or perhaps, also, the craving for salt of *Natrum mur.*; but the reason for many others is utterly beyond our ken at present.

For example, an intense craving for pork in a case of rheumatoid arthritis, which presented no symptoms beyond those common to this disease, put me upon the track of *Crotalus* and led to the cure of the case, though the patient had been bedridden for over six months.

9. One more of these general symptoms I would allude to—viz.: the influence of eating. Of course, so far as it affects the stomach directly, it is only a particular, and we do not, as a rule, find it to be of much help in the selection of the remedy; but when the man as a whole is thereby influenced, and states that he feels better, or worse, all over, by eating, then it becomes a general of high rank. Especially is this the case when symptoms in parts far distant from the stomach are so influenced, such as the aggravation of the pains in the limbs of *Indigo*, or the amelioration of *Natrum carb.*, or *Kali bichromicum*.

The effect of special foods is at times general, affecting the man as a whole; but, as a rule, they affect only the digestive organs, and in that case are merely particulars. It is through forgetting this distinction that all of us at times rank their influence too high, and are disappointed when remedies, selected more or less in accordance with them, fail to cure the case.

10. The special senses are often so closely related to the whole man that many of their symptoms are general. For example, when the patient states that the smell of food sickens him, this is a general; but if he only experiences a subjective, offensive smell in the nose, this would merely relate to the one organ and consequently would be only a particular, and of comparatively low rank.

11. General symptoms are not always recognized at once to be so, but on examining a series of particular organs we find that a symptom or modality runs so strongly through them all that it may be predicated of the patient himself. Here we have a general made up of a series of particulars.

For example, if we take a case in which, wherever the pain happens to be felt, whether in head, or chest, or limbs, there is relief from lying on the painful side, this becomes so common as to characterize the patient as a whole; or, if we find that in all organs and tissues affected the pains are boring from within outwards, as is found under *Asafetida*, then this symptom can be raised from being an ordinary particular to a general of low rank; or, if the pains, wherever they may chance to be located, are always associated with numbness, as in cases requiring *Plat.* or *Cham.*, then this may also be regarded as a general, though, of course, of a comparatively low rank.

But there is a real danger of overdoing this dependence on generals in the selection of the remedy, and a glaring example of this is seen in Bönninghausen's *Pocket Book*. In this he overdid the generals, for he generalized many rubrics that were only particulars.

For example, writing is a rubric of particulars, and in no instance is the patient himself worse from writing; but in some cases it is the eyes, from looking; in others the hand, from exertion; or in others the back, from sitting bent. If we are searching for the remedy for a headache aggravated by writing, a rubric composed after this manner would be useless. But the rubric, "aggravation from motion" is on quite a different footing; for, if we have

a case requiring, say, *Bryonia*, we find so many particulars aggravated by motion that it appears that the very patient himself is worse from motion, and consequently in this case motion is a general.

12. There is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole. For lack of a better work, we speak of, let us say, the "*Sepia*" constitution, meaning thereby that special diseased condition of mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernible by all, and capable of being described in words—such as the leucopneumatic constitution of *Calc.*; the tall, thin, narrow-chested one of *Phosphorus*; or "the lean, stooping, ragged philosopher", as Hering called the *Sulphur* patient. Far oftener it is something much more subtle, such as that of *Arg. nit.*, with its fears and anxieties and hidden, irrational motives for all it does.

To very few of us is it given to penetrate into these secrets, and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing element in the whole case. The masters in our art are those who have had the power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos.

PARTICULARS

While the general symptoms are of the highest rank, as a rule, simply because they relate to the man as a whole, we must on no account undervalue the particulars. In fact, many cases seem to be composed only of particulars, and have few or no generals of any importance. In such a case, where no one remedy corresponds to the case as a whole, we must base our selection upon those particulars that are most characteristic and peculiar; for it must be borne in mind that both generals and particulars may be either characteristic and peculiar with, say, a vague aggravation from cold and damp, an indefinite depression of spirits, or an irritability without any qualifying conditions, or not of much intensity—then the characteristic particulars must lead.

1. There is one matter in connection with prescribing the particulars that may give rise to a difficulty in selecting the remedy. In alternating complaints, such as of eye and stomach, we may find that, say, *Euphrasia* is more sharply related to the eye symptoms than the deep-acting remedy that best fits the whole case, and that *Puls.* corresponds to the stomach ones better than the deep-acting one does. We must ever remember that there is one deep-acting remedy that is more similar to the whole patient than these special remedies, because it corresponds better to the general symptoms.

I have previously quoted Hahnemann and Kent with regard to the importance of paying heed mainly to the symptoms that are peculiar, but this is only one aspect of the truth; for the highest rank of all belongs to those symptoms that not only are peculiar, but are also general.

A very good example of this is a case with a very high fever, let us say, of 105 degrees, yet without the least thirst. Here we have without doubt a very peculiar symptom, for the absence of thirst with such a temperature is a most unusual thing, and this thirstlessness is a general, for it is the whole man that is thirstless. Of course, if we had only temperature of, say 101 degrees, this symptom would not be specially characteristic, and consequently of comparatively low rank.

2. Before we pass from the consideration of particulars, I would call attention to the fact that common particulars may in certain circumstances as-

sume a comparatively high rank. Two common symptoms which, if they appeared alone, would be of little importance, when associated, at once become of considerable value—the coryza with polyuria of *Calc.* is a good example of this. In this connection it is worth noting that a remedy can cure groups of symptoms, even where they did not appear as concomitants in the proving; and this is the case even when the components of the group were observed by quite separate provers. Kent, in his great repertory, has left out the majority of concomitants, and has retained only those few that abundant clinical experience has demonstrated to be frequently associated.

Other examples of this raising of the rank of common symptoms are:

Where the common symptom is associated with a peculiar modality, such as the chilliness of *Puls.*, worse near the fire.

Or a special localization may emphasize a quite common symptom, such as the aching pain at the inferior angle of the right scapula of *Chel.*

Or finally, the mere intensity of a common symptom, such as the overwhelming sleepiness of *Nux m.*, gives it a value that otherwise it would not possess.

OTHER IMPORTANT CLASSES

1. Ranking close behind, or even at times taking precedence of the peculiar and general symptoms, must be placed the last-appearing symptoms of a case. These symptoms, to be of any real importance, must, of course, be outstanding and definite, and if so they are always of the first importance in the choice of the remedy. So much is this the case that, where no remedy can be discovered that corresponds to the case as a whole, it is at times necessary to be guided almost exclusively by them. When so prescribing, it is not to be expected that the remedy will influence the case very deeply, or cause any markedly curative results; but it will modify the symptoms and open up the way for other remedies.

The foregoing refers to the symptoms that have been the last to appear, before homœopathic treatment was instituted; but even when the appropriate homœopathic remedy has been given and modified the case, and new symptoms have appeared, the same law holds good. Hering, however, cautions us to note that these new symptoms will generally be found amongst the symptoms of the last-given remedy, but only of low rank, and not guiding in the choice of the second remedy.

These new, or last-appearing, symptoms may be old ones which had disappeared many years ago, and have now returned through the action of the first remedy. Accordingly, before using them as guides in the selection of the second remedy, we must have patience and make sure that their return is permanent, and not merely a temporary reappearance while on the way to final extinction.

2. Another very important rule of Hering's, the observance of which will often prevent many mistakes and save much study, is: that the second remedy must bear a complementary relation to the first; and hence the last remedy that has acted, either homœopathic or allopathic, forms one of the most important guides in the selection of the second. The knowledge of this rule is a great time- and trouble-saver, for, in the majority of cases, a reference to the tables of related medicine would enable us to select with ease the remedy that is to follow.

3. Toward the beginning of this lecture, I made passing mention of the value of old symptoms which had long ago disappeared, pointing out that, for many reasons, they were often of very uncertain value. While it is seldom advisable to give them any very high rank in the selection of the remedy, yet they are of the utmost value in confirming the choice of remedy, or in dif-

ferentiating between competing remedies selected in accordance with the now active symptoms.

As an example of this, Kent mentions the case of a man who had long suffered from neuritis of the limbs, whose present symptoms did not point decisively to any one of five or six competing remedies. It was discovered that in infancy he had been affected by *eczema capitis*, very similar to that caused by *Mezereum*, one of the competing remedies, and on examination of the pains in the limbs produced by that remedy it was found that they closely resembled those now experienced by the patient. This remedy proved curative and reproduced the original eruption.

Dunham's well-known cure of deafness by the same remedy is another example of this use of old symptoms.

4. In the cases just mentioned, the diseases cured were not characterized by any marked pathological changes, but in cases where these changes have become quite definite it is useless, in the majority of cases, to prescribe upon the symptoms that now present themselves. We must here also seek to discover the primitive symptoms that the patient experienced long before any definite pathological change took place; and though the task, as I stated, is difficult, yet we can often obtain enough data upon which to base our prescription.

5. I need hardly say that no one, even when he has been able to obtain the fullest and most accurate description of these old symptoms, expects to be able to cure diseases that have advanced so far as to lead to practical destruction of organs and tissues. It is only the beginnings of such processes that are amenable to medicines, so far as positive cure is concerned.

Even in comparatively recent and uncomplicated cases of chronic disease, when the symptoms have been suppressed and the whole character of the disease changed, the symptoms that now present themselves must, in the great majority of cases, be our guides, though at times it may be necessary to select from amongst the competing remedies one that is known to have an antidotal relation to the suppressing drug. This is not, however, invariably the case, and it is at times necessary to give the original symptoms the higher rank and to be guided by them, to the exclusion of those now present.

As an example of this, an otherwise healthy young man, who had suffered for over a year from sciatica, presented himself with stitching, cutting pains in the calf, worse at night, better from heat, worse in motion, relieved by flexing the limb. *Coloc.* and other drugs failed to give relief. It was found that the disease, which was originally located in the upper part of the nerve, had been vigorously treated by external applications, with the result that not only was the situation of the pain altered but its character and modalities had been completely changed. The original pain was of a tearing nature, and was greatly aggravated by sitting—not quite so severely felt while walking—and there was almost complete relief when lying down. *Ammonium mur.*, selected in accordance with these old symptoms, promptly cured.

7. Tonight I can make only passing reference to the so-called primary and secondary effects of drugs, to which some good prescribers have assigned different values in the selection of the remedy. So far as my experience goes, it does not seem to matter in what order the symptoms may appear in a proving—if the remedy can produce them, it will also cure them, irrespective of their position in the disease, and, consequently, so far as rank is concerned we cannot differentiate between them.

PATHOLOGY

I stated at the beginning of this lecture that Hahnemann insisted that we must be guided in the choice of the remedy almost exclusively by the symptoms, to the practical exclusion of pathology; but I think there is a good deal

of confusion with regard to this matter. So far as I can see, Hahnemann did not object to the use of the pathological changes as guides for theoretical reasons, but only for practical ones.

It is true that to a limited extent it is practical to use pathology as our guide, and we all do so use it. Whenever we have to prescribe for eruptions or ulcers—which are, after all, pathological changes—we do not hesitate to be governed by anything that is peculiar or characteristic about them, such as their color, shape, and position, because by means of these peculiarities we can differentiate. But, when we come to deal with gross pathological changes in the deeper organs we meet with two difficulties.

In the first place, we are unable in the living patient to determine those minute differences—though doubtless they do exist—which, if discernible, would enable us to differentiate.

And, in the second place, very few of our remedies have had their provings pushed far enough to cause corresponding pathological changes.

These, I take it, are the practical reasons that led Hahnemann to ignore pathology; and, though our knowledge of this subject has enormously advanced since his day, his reasons still hold good.

But we cannot, even in the selection of the remedy—to say nothing of its absolute necessity in all questions of diagnosis and prognosis—ignore pathology, for without it we cannot understand the true course and progress of a disease. Only by means of it can we know the symptoms that are common to the disease, and hence those that are peculiar to the patient. We also thereby know, at certain stages of some diseases, no matter how similar the symptoms produced by certain remedies may appear to those of the patient, yet that, owing to the superficial character of their action, it is not possible for them to prove curative.

For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for *Acon.*, we know that this remedy, owing to the superficial nature of its action, cannot produce such a condition, and closer examination will reveal that some deeper-acting remedy, such as *Sulphur* or *Lyc.* is needed.

Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy. We must clearly understand that *it is the patient that is curable*, and not the disease, and without a proper understanding of pathology we are liable to err.

Take a case of inflammation of a joint that has gone to ankylosis—the suitable remedy will cure the inflammation, but will be powerless to break down the adhesions, and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow and perhaps may be absorbed, but very often it persists, and must be removed by the knife.

Pathology also warns us that it is dangerous to attempt to cure certain conditions of disease, such as advanced phthisis, or deeply situated abscesses, or where foreign bodies are encysted near vital organs. In such cases, Nature can cure only by ulcerating out the foreign substance, and the exhaustion entailed by such an operation is often fatal. Of course, in such cases, if a surgical operation is not deemed advisable, we can do much to relieve by means of short-acting remedies which have no tendency to excite Nature to get rid of the foreign body or dead tissue by suppuration.

CHRONIC MIASMS

I now come to a matter which has given rise to the sharpest controversy in the past, and which many have absolutely rejected, *viz.*, Hahnemann's doctrine of psora. I would not have alluded to it this evening, after having spoken of so many things that I cannot expect all to accept, unless it had been that

the discussion of the comparative rank of symptoms would not be complete unless this matter was considered.

All are agreed, at any rate, on the existence of the two other chronic diseases, *viz.*, syphilis and sycosis, and I would like to indicate, before closing, the views of the man who more than anyone—even more than Bönninghausen—has elucidated the course and progress of these diseases—I mean, of course, James T. Kent.

Kent holds that these chronic diseases may exist either in an active or a latent condition, and may present themselves in three ways, *viz.*:

As a single miasm.

Two or three miasms co-existing or separate, but only one active at a time.

Two or three miasms forming a complex.

But, to come to the point we are interested in this evening, both Hahnemann and Kent teach that we must attack the one that is uppermost at the time, and ignore the symptoms of those that are latent, except in the last monstrous phase, where two or three form a complex, which is a rare thing, and seldom brought about except by the prolonged abuse of unsuitable remedies.

Where two miasms, say syphilis and sycosis, co-exist, it is not uncommon to find them alternating, though only one is active at a time. In such a state of affairs we naturally will select the remedy solely in accordance with the symptoms of the now active miasm, and ignore those of the one that has become temporarily latent—in other words, only the symptoms of the active one have any value in the selection of the remedy that is required at the moment.

Such, gentlemen, is a very imperfect sketch of the rules that must guide us in determining the comparative value of the different classes of symptoms, a matter of the utmost practical importance in connection with the problem of the cure of complex chronic diseases.

And it is solely by our success in the treatment of this class of disease that we can hope to convince our brethren of the old school that the true and only law of cure is that of *similia similibus curantur*.

The susceptibility to medicinal influences is greatest in very small children and is at its acme in subjects entering upon pubescence, a period when the more noble developments take place. These are epochs when, as a general rule, the organism requires but minute doses of medicine which ought to be so much more minute as the medicine has a specific relation to the organ. This observation is likewise applicable to females, who generally require smaller doses. . . . Phlegmatic and torpid temperaments require the lower attenuations; sensitive persons, on the contrary, with a sanguine or choleric temperament, the higher. Persons whose sensibility has become obtuse in consequence of the abuse of spirituous and heating beverages, spices, piquant dishes, require larger doses of medicine to excite the necessary organic reaction. This shows that the mode of life has a great influence on the constitution.—HARTMANN, 1846.

SOCIO-HOMŒOPATHIC PROBLEMS—MENTAL SYMPTOMS OF THE THREE MIASMS*

J. W. WAFFENSMITH, M. D.

The concept of constitutional disease states, the miasms, is co-existent with homœopathy. It is found in the writings of Hahnemann, H. C. Allen, J. H. Allen, J. T. Kent and many others.

PSORA AND TUBERCULOSIS

Excitement, anxiety, fear, restlessness, dissatisfaction.

Fear of death, disease, business failure, insanity, *etc.*

Proud, always makes special effort to be well thought of. It is amusing to what devices these people resort. It dovetails with suspicion.

The psoric and tubercular, especially, use liquor as a surcease to their anxiety and restlessness; also coffee, tobacco and other stimulants, something to obtain temporary diversion.

Difficult concentration, lack of control of thoughts, a momentary blankness.

Sadness, weeping, over-sensitiveness to external impressions.

Easily offended, resents statements of friends, but is too timid to reply, holds grudges against people and repeatedly recalls past unpleasant experiences (*Natrum mur.* and *Silicia*).

Oppression from exertion, closed room, fear. Nerves easily shocked and a general resultant prostration. The tubercular miasm represents nerve discordancy, loss of psycho-mental balance, and inability to bear the stress of the varied experiences of daily life. The condition is markedly increased by the addition of sycosis.

Lassitude, desire to recline, prostration of more or less profound nature.

Changing, alternating states. These often come with environmental conditions and are important to observe in each case.

Indolence, does not wish to apply himself to a single task, abhors manual labor, changes occupation frequently, wants to travel from place to place, displeased, dissatisfied with environment, high anticipations but disappointed when carried out.

*Read at the A. F. H. Post-Graduate Summer School, 1929.

Hysteria in all its varied forms, neuroses, especially in tuberculo-sycotic state. Fanciful ideas, over-estimation of self in many forms.

Obstinate, flies into a passion, but is quickly penitent, although everlastingly complaining and fault-finding, critical.

SYCOSIS

Cross, irritable, snappy, suspicious, especially sensitive to weather conditions and changes.

Forgetful, loss of train of thought, forgetful of names.

Motion is a very important characteristic. Wants to keep going. Will walk until exhausted.

Procrastination, desires to do things but keeps putting it off. Often begins but leaves task unfinished, especially because he cannot keep in motion. He has a desire to do but procrastinates on account of the urge for motion. In the tuberculo-sycotic miasmatic there is a crowding of desires. There is an unexplainable stamina to sustain prolonged motion. It represents the perfected sex urge directed toward multiple unorganized expressions in other channels.

In the tubercular there is a form of procrastination due to prostration, a lack of ability from the deep-seated central nervous system sense of weakness.

In the syphilitic we find procrastination pictured by the element of dullness of brain activity; he concentrates more on some special desire, and procrastinates on some other matters, which may be important or not. It represents a stupid obstinacy.

Remorse, indefinable and agonizing, aggravated on awakening in the morning, ameliorated by motion.

If he has the acquired form of sycosis or an active hereditary type, he is continually looking for a discharge, endeavors to suppress the secretion, handles the genitals. (*Medorrhinum*, *Thuja*). This is a persistent symptom in some cases and represents a deep-seated mental background. I have seen it persist for years. It is also found when sycosis develops on a highly tubercular base. The more tubercular, the more anxious and fearful he is (*Sul.*, *Psor.*, *Tub.*, *Kali phos.*)

He wants the discharge stopped; he is impatient and in a

hurry, and goes from one doctor to another to secure relief. If a woman, she uses douches to suppress the leucorrhœa, develops an aversion to her natural environmental conditions, often to a vicious degree.

The discharge is fishy; sometimes there is a sickening sweetish odor of the genitals; if tuberculo-sycotic there is a sweetish sour odor.

Metastasis, a tendency to change symptom expression from external to internal, to cervix, uterus, tubes and ovaries, to prostate and testes.

Homœopathy, treating the patient from within out, increases elimination in the most natural channel and avoids the results of suppressive measures.

Sycosis has a red, macular, discrete eruption, a cardinal diagnostic point. I have produced a general discrete eruption of sycosis under *Silicia*, *Kali phos.* and *Sepia*; *Medorrhinum* and *Thuja* have it also. Another diagnostic symptom is the spider web of capillaries found on the cheek, on different parts of the body and on the extremities.

SYPHILIS

Dullness in comprehension, low grade mental development. Ugly, malicious, destructive, homicidal, suicidal. For many years these people harbor the thought to destroy life. They do not speak of it to others; it is a cold-blooded premeditated destruction of life, typified by *Mercurius*, the master drug.

Syphilis has a marked irritability, an aversion to those intimately associated with the family, or the business partner. It is critical and destructive and is related to varying shades and degrees of anti-social conduct, hatred, jealousy, vindictiveness. These patients live under constant taint of moral perversion, which is shown by the frequent washing of hands (*Syphilinum*). This represents a deep seated depravity, a sub-conscious acceptance of the same, and a desire to cleanse the temple, a factor seen in the gradual destruction of the cerebral cells in paresis.

Man inherently wants to be social and clean, to functionate with his fellow men, to be respected. The compensation for the struggle within is the dullness of mind, the gradual engulfing

process of deterioration. He quickly retires to some lonely spot and hangs himself (*Aurum met.*).

Under the sycotic impress he lacks the definiteness of detail. The inhibition centers are active and the element of procrastination acts as a deterrent.

There is sleeplessness, especially if psora is co-active.

NEW HAVEN, CONN.

BRIEF PAIN REPERTORY

Burning pain: *Apis, Ars., Carb. veg., Nit. ac.* Pressing pain: *China.* Convulsive pain: *Cupr.* Smarting pain: *Arn., Caust., Graph., Iod., Rhus.* Sticking pain: *Arn., Bry., Kali carb., Ran. bulb.* Burrowing pain: *Berb., Cocc.* Ulcerative pain: *Arg., Kreos., Mez., Zincum.* Bruising pain: *Arn., Kreos., Ran. bulb., Rhus.* Aggravation from: Touch: *Bell., Bry., Colch.* Warmth of bed: *Led.* Motion: *Colch., Ferrum phos., Guiac.* Cold: *Rhod.* Warmth: *Apis, Rhus.* Night: *Kali iod., Still.* Toward morning: *Nux. vom.* Rest: *Rhus, Sabina.* Evening: *Colch.* Amelioration from: Pressure: *Mag. phos.* Cold: *Puls.* Rest: *Bry.* Warmth: *Mag. phos.* Motion: *Calc. fluor., Cham.* Open air: *Rhus.*—(trans. from *Leip. Pop. Zeit. f. Hom. LX, 269*)

In acute disease the repetition of the suitably chosen remedy must be regulated according to the more or less rapid course of the disease to be overcome so that it is to be repeated if necessary after twenty-four, twelve, eight, four hours, or even less in case the remedy causes improvement without causing new difficulties, but not quickly enough considering the rapid and dangerous progress of the acute disease, so that in the most rapidly death-producing disease of which we know—in *cholera*—at the outbreak of the same we must give every five minutes one to two drops of a weak solution of *Camphor* to render quick and sure assistance, but by more developed cholera, also doses of *Cuprum, Veratrum, Phosphorus, etc.* (X degrees), after every two or three hours, as perhaps, also *Arsenic, Carbo veg.* in similar short intervals.—SAMUEL HAHNEMANN, 1833.

MEDICAL MENSURATION

DAYTON T. PULFORD, M. D.

The article of Dr. Philip Rice on page 541 of the August *Recorder* is one which should stimulate thought and cause us to stop and take stock. This is especially true as he makes two charges: One, that those physicians, who are not devotees of the yardstick and caliper should be barred from medical practice; the other, that because they are not such devotees they are but "blind leaders of the blind". Without condemning morphology, and believing it valuable in its sphere, might it not be pertinent to say, by the same token, that engineers should disbar their kind for not carrying medicine cases?

There is also a peculiar statement in the article, in fact, several seeming inconsistencies. Perhaps it is only my own stupidity that makes them appear as such. All of these matters should be cleared up because homœopathy, that system of medicine which has accomplished so much in the past and whose therapy has excelled all others in its sphere, is condemned as overstepping its bounds and taking on the atmosphere of quackery, in that it professes to do what it cannot.

Dr. Rice says that homœopathy cannot accomplish a great deal without a knowledge of morphology and its application. Then he speaks of the great achievements of Hahnemann and his immediate followers. If the key to success be but recently found, how does he account for those great achievements? Do not Kent and some of the others of more recent date come in for their share? They, too, made some remarkable cures or palliations. Evidently some kind and tolerant nature was very good to them and let them be lucky occasionally! All of our success not due to knowledge beforehand is termed luck. Nature must have had a terrible time running things before man's mighty intellect discovered how to do it.

The good doctor says that we are throwing too much responsibility on homœopathy and the indicated remedy and are stepping without its sphere, all this to the detriment of homœopathy. How does it come, then, that homœopathy made its greatest

strides when everything was thrown on it and at it, and it was not protected by the overzealous nursemaids of today, who are afraid to even try its mettle, who protect it from exposure to everything but the infectious principle of the old school?

Another peculiar statement is that in which he says that those who believe removing the signs and symptoms of disease constitutes the cure consider themselves Simon Pure homœopaths. What better right have they to do so? A Simon Pure homœopath is one who accepts the *Organon* as true and who practises its teachings. I respectfully refer Dr. Rice to section 22 of the Fifth Edition of the *Organon* (Dudgeon). If Simon Pure homœopaths are not fit to practise on these grounds—farewell, International Hahnemannian Association!

Dr. Rice's greatest error lies in the fact that he considers one brick the whole house. His other errors are pardonable in that we do not know as much about disease and cure as we try to let on. What would you think of the advertiser who advertised widely and yet was unable to back up every bit of what he claimed? That is the status of medicine today. Sound business?

Poor Hahnemann! Among his many accomplishments he failed to study architecture. Being a very practical man he was of the opinion that one could clean up a house and make it usable without converting it from a Mexican adobe into a Greek temple.

All of us are in a fairly dense maze, and as yet do not understand the nature of disease and many of its controlling factors, yes, the majority of them. In spite of our boasted progress we still look upon disease as an entity, as something apart from the individual, and not as the reaction of a living substance to a stimulus. We look upon it as something which crawls unnoticed in the back door and in the stretch after the squeezing makes itself known and felt in the body. We must then chase it around, hit it on the head and drag it out. We seldom think of a complexity of causes, or of causes acting in sequence, whereby a result may in turn become a cause. There must have been a cause for the abnormal morphology and the determination of that cause would be of greater value than morphology itself. We must also remember that abnormal form might be beneficial under one set of circumstances and a detriment under others.

We are in just as much chaos regarding cure. There seem to be many conceptions of cure. Dr. Rice claims that we can expect no cure with abnormal morphology uncorrected. The most important question here is: Can morphology be corrected by any form of therapeutics? If it cannot, the most we can do is palliate, and, if that can be our only aim, why bother with homœopathy at all? In the case reported as greatly benefitted did the morphology change under the morphologically indicated remedies? If the answers are unfavorable why give back sight to the "blind leaders of the blind"? Sight will not be a factor in enabling them to approach cure, they might only be slightly better palliators.

How does the doctor correlate his remedies with morphology? Empirically or on the despised homœopathic indications? How much has been checked up to show that the external topography gives an accurate estimate of both the quantity and quality of the contents within? Has any remedy in its proving produced any change in morphology? Again, we may ask, can the remedy change the morphology and can the patient be cured if his morphology cannot be changed? We ask this with cured used in the sense of "restored to the normal of the individual".

No, we do not condemn morphology. It has a useful and legitimate sphere, and this, we believe, lies more in the examination of the patient than in indicating the remedy. However, it is neither the *alpha* nor the *omega* of medicine nor of homœopathy.

We infer from this article that all we can do is to palliate, as morphology cannot be changed, whether we measure or not, and that in any method there is possibility of error. However, Dr. Rice, himself, expands upon the fact that Hahnemann and his immediate followers made grand successes without using morphology. [Except intuitively.—Ed.] To suggest disbarring men who are accomplishing a great deal with the indicated remedy because they do not use morphological therapy; to suggest, as is inferred, that all we can do is to palliate, as morphology cannot be changed, is not only a serious charge but a grave error.

TOLEDO, OHIO.

DRUG PROVING*

CHARLES L. OLDS, M. D.

A knowledge of that which is curative in drugs presupposes a knowledge of their sick-making powers. This, for the most part, can be had only by proving drugs on healthy humans. Therefore a greater knowledge of the vast number of substances that presumably have this sick-making power is necessary, if we would perfect the means by which the law of similars may become increasingly effective in our hands.

The number of drugs that we know is very small when compared with the number that we do not know, so that always in the future there will be a wide field for increasing our knowledge of pathogenesis and of perfecting our means of curing the sick. For everything in the universe has some relation to man, and every drug has a relation to sick man; therefore, when by our provings we are able, intellectually, to picture that drug as a new image of sickness, we have made a distinct gain in usefulness; we have strengthened one of the essential supports upon which the law of similars rests. Drug provings, then, are essential to a knowledge of the curative properties of medicinal substances.

First, it is necessary to know who may be provers. Anyone may be a prover who is not taking medicine or is not subjected to drug influences, due to occupation or similar circumstance, provided he is in ordinarily good health. Hahnemann instructs us to test our medicines on the bodies of the healthy, but that is not to be understood as excluding those who are not in absolute health, for we have none such. All health is relative.

It is highly desirable that those of both sexes and of different age periods participate in every proving. It is also desirable that the provers be of such intelligence as to be keen observers and not indifferent to making use of that faculty. To be a keen observer and at the same time an accurate and faithful recorder of symptoms is the *sine qua non* of an ideal prover.

Just as there is no absolute health, probably there are no absolutely pure provings. Causes over which the prover has little or no control may produce symptoms that do not belong to the

remedy being proved, such as certain emotional causes, adulterated foods or drink, poisonous gas, and many others.

It is of the utmost importance that physicians who are proving a remedy use the greatest care in handling their medicines. Drug influence, particularly that of the high potencies, is not limited to the taking of that drug by the mouth. It has been shown by Hahnemann, Fincke and others, that cure may be effected by skin contact, and provings be made by smelling of or inhaling drug emanations.

The prover should continue his usual diet and mode of life, as any sudden or radical change therefrom might alter his state and produce symptoms that might wrongly be attributed to the drug being proved. As regards food this is contrary to Hahnemann's observations (*vide Organon* §125 and foot-notes), but in this day of food adulteration and manipulation and high-pressure living it would be next to impossible to follow his stipulations.

Blood and urine tests should be made before and during provings where this is possible, as in groups of provers; and it should be known among them that some were taking *Sac. lac.* as a check.

The prover should give a description of himself as fully as if he was being examined for a prescription. Age, sex, temperament, occupation, habits, former diseases, etc., should be noted, also weather and temperature effects.

A daily journal should be kept by each prover, in which should be noted all symptoms, with time of their occurrence, location, direction, duration, and with particular attention given to the circumstances under which aggravation and amelioration take place.

Any abnormal sensation, condition or appearance is a symptom, but it should be kept in mind that a single symptom is not complete without its concomitants. It is not a simple thing, but a compound, a totality of all its elements.

In proving, the object is not to produce symptoms of great violence, such as are found in acute poisonings as the result of large doses of the crude drug, but rather by small doses, to bring out the dynamic action which has the finer and more character-

*Chairman I. H. A. Committee on Drug Proving.

istic symptoms. It is not necessary or desirable to produce an extensive pathology.

The individual proving a drug should be in neutral mentally, and from that position record observed facts. Only that which actually occurs to him while under the influence of the drug being tested is wanted. Should he not be sensitive to that drug, or the particular potency of the drug being used, no symptoms may appear; or symptoms may manifest themselves only after days or weeks of waiting. The sensitivity to drug action varies greatly in different individuals, and particularly in relation to any given drug. Some will have few symptoms; others many. Hence the necessity of having many provers. Nor should there be undue haste in deciding that the influence of the drug taken is negative; the drug may have a periodicity, or unknown forces may be active that determine its late production of symptoms. And let it here be said that the most valuable symptoms are those that appear last, that is, at the end of a proving.

The prover should not reason as to the value of symptoms. Undoubtedly many symptoms fail to be noted because they seem to be trivial or so unusual as to be beyond reason, and yet they are of the utmost value. Every close observer frequently finds such symptoms in patients. Whatever symptoms a patient may have must surely be in the nature of some drug, and it is better that these be recorded than to wait for the slow process of clinical evidence.

Too great stress cannot be placed upon the importance of the mental symptoms. The prover should particularly note the effect, if any, upon his disposition and his general attitude toward life, both before and after the proving. Presumably every one has both desirable and undesirable mental qualities. Note what effect the proving has had upon them.

Hahnemann's instructions for drug proving may be found in §105-145 of the *Organon*. They should be frequently consulted.

It is a pleasure to state that the firm of Messrs. Boericke & Tafel of Philadelphia have very generously offered to supply free of charge any and all medicines needed in making provings. This is very fortunate, as all provings should be made with material that has the same source. It is not so much a matter of purity in

the original, as it is of using the identical preparation in all the provings and clinically as well.

As the incidence of cancer is increasing, and as the successful treatment of this condition demands our most earnest endeavors, it has seemed wise to select for proving some of those remedies that give promise of being highly useful in the treatment of those who show malignant conditions. Therefore, the first remedy selected is one that gives such promise, *Cadmium met.* Supplies of this drug will be forwarded to all who are willing to take part in this important work, and it is urged that the profession aid, not only by personal participation, but enlist suitable lay subjects in the work. The success of this undertaking depends upon the voluntary co-operation of the I. H. A. membership. Let no one stand back waiting to be personally asked, for everyone is now asked.

It is hoped, that in the larger centres, or wherever there are a number of physicians conveniently located, groups will be formed to carry on this work. Already several have promised their co-operation. We need more volunteers. Let no one stand back waiting. Everyone is asked to take part in this important business of drug proving.

PHILADELPHIA, PA.

Such is our materia medica—a record of actual occurrences, of events that really took place, of results that were unquestionably produced upon the healthy subject. It can never grow obsolete. Theories may be originated, may flourish and grow antiquated, and at last fade into oblivion. The hypotheses that constitute the science of pathology, after passing current for a generation or two, are sure to be repudiated in favor of some newer issue, and the very terms in which they are expressed may become unintelligible as time goes on. But the facts of our materia medica, expressed in ever comprehensible vernacular language, are always fresh. Being the results of pure observation and therefore *absolutely true*, no modifications in philosophy, no changes of theory can supersede them. Our materia medica is an ever-enduring work.—CARROLL DUNHAM, 1865.

LOCAL APPLICATIONS*

H. A. ROBERTS, M. D.

Local applications—what visions these words bring to mind! Mustard plasters, onion poultices, boneset and brine, in fact anything in common usage that could be applied by the home nurse or procured by the most skilful physician. From time immemorial local applications have been the rule among the laity as domestic remedies, and among physicians from Æsculapius down to the present day. This method of treatment was based on the teaching and general belief that if the outward manifestations were removed, the disease was cured; that the outward manifestation was the disease itself, and that the individual would be cured were the manifestations removed.

This doctrine was taught from the earliest times until Hahnemann proclaimed to the world a new doctrine, that the local manifestations were but an outward expression of the inward and spiritual force, which, when disturbed, expressed itself in external signs; that if these external manifestations were removed by local treatment, the disease was not cured, but driven in to some more centrally located organ, there to express itself in some graver form.

It was the custom of the older physicians to use first the local applications; then if the manifestation showed itself in the internal organs, the ever-present purge was used to drive it out. It has been said that the use of the purge was the last remnant of pagan medicine, and was based on the theory that all disease was caused by a very active evil spirit.

Hahnemann's teaching in regard to local applications is very clear and distinct, and in practice has thoroughly proven its value.

§ 194. It is neither beneficial in acute local diseases of rapid growth, nor in those of long standing, to use a remedy externally as a local application to the diseased part, even if the medicines were specific and curative in that form. Acute local diseases, such as inflammations of single parts, like erysipelas, for instance, which are not produced by violent external injuries, but by dynamic or internal causes, will usually yield rapidly to internal homœopathic remedies selected from our stock of well-tested medicines.

In a recent homœopathic journal one of our distinguished English confreres advocated the use of the potency as a local ap-

plication. This method of treatment received censorious consideration from Hahnemann, in paragraphs 196, 197 and 198 of the *Organon*.

§ 196. It may seem as if the cure of a local disease could be accelerated, not only by internal administration, but also by external application of the correct homœopathic remedy adapted to the totality of symptoms, since the effect of a medicine, applied locally to the disease itself, might possibly produce a more rapid improvement.

§ 197. But this kind of treatment is entirely objectionable, not only in local affections dependent on psora, but also in local symptoms arising from syphilis and from sycosis, because the local application of a medicine, simultaneously with its internal use, results in great disadvantages. For in diseases characterized by a main symptom in the form of a permanent local affection, the latter is generally dispelled by topical applications more rapidly than the internal disease. This often leads to the deceptive impression that we have accomplished a perfect cure. At all events the premature disappearance of this local symptom renders it very difficult, and in some cases impossible to determine whether the total disease has also been exterminated by the internal remedy.

§ 198. For the same reason, a medicine having the power of curing internally, should not be employed *exclusively as a topical application* to the local symptoms of chronic miasmatic diseases. For, if these are only topically suppressed, this partial effect will leave us in doubt regarding the action of the internal remedies, which are absolutely indispensable to the restoration of general health.

What then should be the attitude of the Hahnemannian in regard to local applications? Is it necessary that we leave the patient in all his discomfort in a chronic case like psoriasis and depend entirely upon the potentized remedy? Does the intense itching necessarily prove the deciding symptom in selecting the remedy? Just what is the meaning of local applications? If by local applications we mean something that will thwart the expression of the disease, this certainly should not be considered beneficial according to Hahnemann's teaching; but if we base our use of local applications upon physical principles, we may consider it. For instance, in cases of psoriasis and like diseases, the scale that is thrown off by the cuticle tears the corium. This is the cause of the intense itching and is purely a mechanical disturbance. This can very easily and properly be removed by olive oil, followed by a bathing of the part, for cleansing purposes. Such conditions as appear in erysipelas, where there is great tension and dryness, may be temporarily relieved without violating Hahnemannian principles by laying on for a few minutes a soft cloth which has been dipped in a normal salt solution. Such treatments are not local applications in the sense that Hahnemann referred to in his derogation of the practice.

*Read at the I. H. A., Bureau of Surgery, June 1929.

There is another phase of local applications to be considered, those which have to do with the thermic reactions of the body. For instance, it would be very objectionable to put cold applications on a patient whose symptomatology calls for *Rhus tox.* It would be equally inconsistent and aggravating to put a local hot application on a *Pulsatilla* patient, and one should guard against using a hot water bottle at the feet of *Sulphur* patients. When using any adjuvants, the thermic condition of the patient should be considered. This brings out the necessity of having a keen observation and a very thorough knowledge of the aggravations and ameliorations of our remedies, so as to avoid doing anything locally that would aggravate the general discomfort of the patient.

There is only one condition where local application of the indicated potentized remedy may be used to advantage, and that is in cases where it is impossible to administer it by mouth. This statement is based on Hahnemann's observations that mucous surfaces and denuded surfaces are receptive to the indicated remedy, but in a more limited degree than through the alimentary canal.

§ 290. Besides the stomach, the tongue and mouth are the parts most susceptible of medicinal impressions; but the lining membrane of the nose possesses this susceptibility in a high degree. Also the rectum, genitals, and all sensitive organs of our body are almost equally susceptible of medicinal effects. For this reason, parts denuded of cuticle, wounded and ulcerated surfaces, will allow the effects of medicines to penetrate quite as readily as if they had been administered by the mouth, and therefore olfaction or inhalation must be still more efficacious.

§ 291. Parts of the body deprived of their natural sense, e. g., in the absence of the sense of taste or smell, the tongue, palate, and nose will impart impressions made primarily on these organs, with a considerable degree of perfection to all other organs of the body.

§ 292. Also the external surface of the body, covered by the cutis and cuticle, is capable of receiving the action particularly of liquid medicines; and the most sensitive parts of the surface are, at the same time, the most susceptible.

This is a subject which has not been clear enough to many homœopathic physicians, and many well-meaning practitioners have resorted to external measures; but there is no wavering in Hahnemann's own teaching.

DERBY, CONN.

DISCUSSION.

CHAIRMAN UNDERHILL: I am sure we all enjoyed this excellent paper. This is a subject that would naturally provoke considerable discussion, as it is so closely related to the subject of suppression. I would like to hear from a number of members.

DR. WOODBURY: My list of substances for external use includes cocoa-butter, lanolin, olive oil, hot and cold water, sweet cream of milk and mutton tallow. I should like to ask if there is anything suppressive in the use of cocoa-butter. Among the remedies, I have occasionally used *Calodium seguinum* externally, and also *Ledum*, in the treatment of mosquito bites.

I think we are perfectly right in assuming that when a traumatic puncture of the skin carries something into the sub-cutaneous tissue it is not the same thing as an abscess, a boil, or carbuncle, which begins from within and is thrown out. In other words, the reaction is centrifugal in one instance and centripetal in the other, so I feel perfectly safe in using local applications, if there is not any danger of suppression. We can only tell that, it seems to me, by the direction of forces. If it is an external thing purely, I can see no reason why we cannot use external applications.

I have used cold applications with a great deal of benefit in *Rhus tox.* and ivy poisoning. This seems a very contrary modality, but heat did not relieve in any sense of the word; it only aggravated, while cold compresses entirely relieved the patient. In fact, swathing the body over all the irritated parts with the use of *Rhus tox.* externally made a complete cure of the case.

Silica, in acute abscess, sometimes calls for heat, and occasionally a *Pulsatilla* case can be relieved by heat instead of cold. In Dr. Wright's paper this morning she cited a case where she gave *Natrum muriaticum* although the patient was not fond of salt. I found by searching the repertory that opposite modalities are almost always given in a minor degree.

DR. ALLEN: I am very susceptible to *Rhus tox.* poisoning. One year I had nine attacks. I thought I would try to see if I couldn't work it out. I used every remedy recorded for this condition including *Rhus tox.* 1000. But placing the part affected in hot water and keeping it there until it cleared up did better than anything.

The last eight years I have done a great deal of rectal work, and I have searched for an ointment that would be efficacious. I use equal parts of mutton tallow and olive oil with *Arnica* and *Calendula*. I have used this for eight years many times daily. I have never produced a proving of *Arnica* or *Calendula* and I have never had any infections following the use of this ointment.

DR. STEVENS: I wanted to add cornstarch to Dr. Woodbury's list. Frequent external application of cold cornstarch in cases of herpes zoster is most comfortable.

DR. WOODBURY: White of egg is also good for external application. I have used it in cases of very bad bed sores, beating it up to a stiff consistency, applying it and letting it dry in the air.

DR. ALLEN: Put olive oil with it.

DR. WOODBURY: I have used it both ways, but sometimes all you need is just the stiff albumin.

PRESIDENT WILSON: Perhaps Dr. Allen didn't notice the other day that Dr. Olds, while reading his paper, suggested the use of *Tuberculinum* as a preventive of *Rhus* poisoning. It might be interesting for you to try this. I wonder if Dr. Roberts would object to the use of hot water to sunburn, or ice to frost bite. I certainly remember a pair of sunburned arms I had at Martha's Vineyard one time. I just held my arm out and put on very hot wet towels, and the next morning I was able to use my arms. It certainly proved the heat.

DR. KRICHBAUM: Mr. Chairman, common vinegar applied to a severe sunburn will enable you to go out and get resunburned the next day.

It seems as if the question in local applications is entirely one of what you are trying to suppress. If a man came in and told me that he was very sick, and I knew that he had been indulging in too much of the refreshments that are prohibited in the states and that he had also eaten a heavy beefsteak dinner, I would give him castor oil or Pluto water, or something else, and I wouldn't think that I was doing wrong. Possibly I would be. If a man comes to me from the garage with a dirty wound, I don't hesitate a minute to put on a dressing with a local application. I am not trying to suppress something that nature is throwing off. I don't think I am suppressing anything, Dr. Roberts. I am trying to clean up and prevent something.

DR. MACFARLAN: I don't know whether you would call it local applications, but I think a great many can be helped by what you call extra medicinal measures. I have a man 77 years old who has prostatic hypertrophy. He has a good deal of residual urine from his post-prostatic pouch. When he has a flare-up of fever, we give him a glass of water every hour during the time he is awake, and it helps him a lot; it seems to remove the urinary material in the bladder. This is a simple common sense thing to do and is very useful.

DR. FARRINGTON: Mr. Chairman, it seems to me that the question of local application of medicinal substances has to be considered in a somewhat different light. Take *Symphylum* and *Calendula*. Do they really act locally and set up a local process of repair, or are they simply absorbed into the system just as if they were taken orally? There is no need of using a thing locally which has the specific action that you are looking for. As I understand it, homœopathic remedies operate by stimulating the natural processes of repair and cure.

What about the use of the ice bag? This is a common custom, especially in cases of appendicitis, the idea being to retard the formation of an abscess. I believe, however, that by this method many a case has been forced into the stage of surgery, perhaps of gangrene, because, while it does retard suppuration and inflammation, it also retards circulation, and the system is unable to use its natural processes of repair so gangrene sets in.

DR. WOODBURY: I didn't quite finish, Mr. Chairman. I said something about the use of *Calendula* on conditions like boils. I do not believe it is a wise or safe thing to use *Calendula* or any other substance with sufficient oil or emollient in it to check excretion in the case of carbuncles or boils. We get a great many carbuncles and boils. At first we used to treat those with *Calendula* cerate. I found a bad burn one time which was being treated with *Calendula*. The patient started up a urinary difficulty. We examined his urine and found he had acute nephritis. We stopped the use of *Calendula* and used dry sterile dressing instead. Immediately his kidney condition cleared up, and the action of the dry dressings drew the moisture out of the tissues by capillary attraction in the same way that antiphlogistin is said to act. From that time we have not used *Calendula* in carbuncles or boils externally.

We simply cleanse such conditions with sterile water or a little alcohol or occasionally a little ether, if there is much grease to remove. Then we put on a dry dressing. We have cleared up several chronic ulcers of the leg by this dry method.

I think what Dr. Margaret Tyler had in mind in the use of *Calendula* 200 locally was to get away from the action of the crude *Calendula*. It will work in the 200th.

DR. CRIMMER: Mr. Chairman, Dr. Krichbaum mentioned the good effects of cider vinegar on sunburn. Some years ago in the I. H. A. meeting one of the doctors mentioned that cider vinegar was also the best antidote to carbolic acid poisoning, either internally or externally. It is a good thing to remember.

DR. BOGER: In making external applications it is just as well to remember that, except in the presence of a wound, there are very few drugs which will

penetrate the skin. Mercury will do it, but there are not many drugs that will. Putting drugs on the skin for a constitutional effect, or this or that, usually doesn't amount to anything at all. You might just as well put on water.

DR. ALLEN: How about iodine?

DR. BOGER: I don't think iodine ever penetrates the skin. There are, of course, a few susceptible people, a few who are susceptible to particular drugs. In the old days we used bichloride of mercury in obstetrical practice. We cleansed our instruments with bichloride solution, and washed our hands in it. I couldn't put my hand in bichloride solution two minutes without getting a reaction.

DR. IRVING: I am glad to see that we have a bureau of surgery in the I. H. A. I believe the true homœopathic physician, who is doing surgery will have great advantage over the surgeon who knows nothing about homœopathic prescribing. I don't believe it makes any difference whether it is a case infected from filth in a garage or whether it is a case of infection at the time of the surgical operation. The most important question in a condition of that kind, even with your local applications, is, what are you going to do? That is where we homœopaths have advantage over the others.

I remember a woman came to me early one morning. Her husband had been operated upon by the best surgeon in the city, without any exception. He had developed an infection. He didn't even recognize his wife when she went to the hospital that morning. His temperature was 103, he was delirious, and didn't know anything or anybody. She came to see me with tears running down her face and pleaded with me to go with her. I finally did, with a good deal of trepidation. In the presence of the sick man's wife the surgeon freely admitted that it was an infection from the wound. I said, "I don't want to dictate to you what should be done, but I know what I would do if I were unhampered in the matter". He knew the man would die in a few hours, and he said, "Frankly, doctor, if you can do anything for this man, I will be only too happy to have you do it". That was all I wanted. I turned to the nurse in attendance and said, "Bring me a tumbler half full of cold water". I put in a little homœopathic medicine. In three days' time the man's temperature was normal and he was perfectly rational.

DR. FARRINGTON: Dr. Perez, of Mexico, will tell you that in his institution he operates time and again using nothing but sterile water, no antiseptics, in both surgical and obstetrical cases.

DR. KAUCIC: I should like to speak briefly about fresh wounds. You must put something on a wound. Tincture of iodine is not good; very often you will see eczemas and suppurations resulting from its use. The best thing for a quite fresh wound is balsam of Peru. Without exception this will cure any fresh wound without any suppuration, but it is of no use in old or suppurating wounds. Honey is a good application for old or suppurating wounds.

For, while the materia medica, in the *books*, is a simple record of observed facts, in the mind of the practitioner it becomes the subject of reflection, of comparison and of hypothetical reasoning, which will be more or less just and valuable according to the measure of the practitioner's natural ability and to his intellectual culture. For it is said, "The significance of a fact is measured by the capacity of the observer".—CARROLL DUNHAM, 1865.

POINTERS*

Some few score years ago we started out with a trunkful of conceit and a handbag of ability to practise homœopathy. The trunk also contained Allen's *Handbook of Materia Medica* and Raue's *Special Pathology and Therapeutic Hints* (we were especially conscious of the hints), and, as to the handbag, about all the genuine coin in that was the visible and unmistakable fact that, if you could find the right remedy the patient was bound to improve no matter what his complaint might be. This seemed to be an instance of law in the natural world and perhaps somewhere beyond for all we knew. Anyhow, with this indisputable evidence it seemed that this great power of cause and effect should be at the fingertips and in daily use. Therefore the two books and conceit aforementioned.

We had made a few hits—somehow or other—an emaciated brunette with ashy, sunken features, a leaden burden of marital disappointment and a tapeworm was so rapidly being restored to color, flesh and hope in a week after *Bac.* 200th., one dose, that it would have been hard to tell which of us was the more astonished.

A woman in labor had a transverse presentation and of course, "nothing doing". We went out on a trip (four footed in those days) for something, leaving her hot, sweaty, restless and with some *Puls.* 200. When we returned "it was all over".

One of the most brilliant, or rather we should say restful, cures of those days was of a baby girl who shrieked most amazingly three to five hours daily or nightly, as it happened, before evacuating some hard, dry fæces. We remember, too, that the child was pale, sweaty about the head, flushed face and head when yelling and badly excoriated. The brilliance and the restfulness were much intensified because they did not appear until three or four weeks had elapsed when we happened, just happened, you know, to give a prescription of *Borax* 1M. What if the *Borax* was the twenty-sixth in line! That didn't stop the cure when it got started. Our regret was that we did not begin at *Aconite* and go on down instead of skipping all around; we might have reached *Borax* sooner. We had no repertory in those days

but we knew that the right remedy would cure that girl—and we proved it; the fact that twenty-five remedies had failed proved it all the more.

After being handed four to sixteen ounces of colored fluids, some of them a composition of all the colors of the rainbow, doses that would jolt any liver into submission, flavors that would make a stomach curl up and refuse all attention, many patients (we still had a few left) rather demurred at being given a mere fingerling of a bottle with dampened white bird shot. But we explained that homœopathy was good for some cases and gradually new patients more than filled the ranks where others had stepped out.

We were very proud when fame called us to a town twenty miles away or so. An old gentleman had a lone spot like psoriasis just above the center of his forehead, a thick, finely textured, powdery crust as white as snow. It had not changed or been added to in many years except when a doctor got it off somehow after which it immediately came back. It was about the size of fifty-cent piece. Two visits were all we could make for one prescription of *Sulphur* 1M left the skin perfectly clean. I remember that the old gentleman was ruddy, active and wore flannels in hot weather.

The worst case of cramps that I have ever seen occurred in my practice during those days. An elderly woman had cramps in the legs habitually at night. When I called I found one of the legs simply one great hæmatoma from a severe cramp the night previous. *Cupr. met.* 6x for a few days cured her cramps entirely.

An old man had a dreadful time from frequent and irresistible urging to urinate. Both urine and fæces would pass at once. I remember how he would stand tremulous and tottering, so that he would have to be guided as he walked. The effect of *Bar. carb.* was most remarkable. He straightened up and went about normally for two years or so.

Little by little the big bottles came down off the shelf leaving more and more space for the 30ths., 100ths. and 200ths., mostly. The *Handbook* was a pretty big affair, one hand hardly

enough for it, and it was big in mystery as well as bulk. If it was in any other cause we might be ashamed to tell how we used to stare at the pages with some patient in mind and a lump in the throat—the idea at such an age! But we knew that that marvelous thing, vital reaction, lay in these remedies. We had seen it in people's countenances too many times and somehow hung to it until a repertory came to the rescue. Progress was easier after that.

There is one point running through this, *viz.*: that if one will persist in finding his own way and in making a way of his own through the maze of materia medica and the difficulties of prescribing the work will become easier all the time and the range of usefulness larger and larger.—R. E. S. HAYES.

Aconite in external inflammations (as well as internal) with lancinating pains, fever and erethism; irritable, sedentary persons; aggravated at night.—W. T. HELMUTH.

Arnica; opposite of *Aconite*; low grade inflammations with low vitality, secondary inflammatory processes.—W. T. HELMUTH.

Arsenicum; acute or chronic inflammations with a high degree of the general sensitive sphere involved, more or less paralysis of the local parts, threatening gangrene.—W. T. HELMUTH.

Belladonna; what *Aconite* is to fever, *Bell.* is to inflamed local parts. The more delicate the inflamed organ or tissues the more suitable this remedy; local redness, swelling, burning heat, throbbing; gangrene, either dry or moist.—W. T. HELMUTH.

Bryonia; local inflammation with flying, darting pains, with chilliness, the inflamed part tense, hot, rather pale, stinging during motion or contact; aggravated at night.—W. T. HELMUTH.

Camphora; general or local inflammation with weak, soft pulse and shrivelled, flaccid skin.—W. T. HELMUTH.

China; asthenic or passive inflammation with relaxation, pasty appearance and deficiency of heat.—W. T. HELMUTH.

The above remedies in inflammation are expressed in part as the author viewed them. He warns of the impropriety of depending on these scant symptoms only. They are to be considered simply as his personal hints which attract attention to a certain remedy.—W. T. HELMUTH.

Syphillinum and *Medorrhinum* appear to be complimentary more often than other nosodes.—R. E. S. HAYES.

One type of *Calcarea renalis phosphatis* patient is mothy, almost mossy, sallow, dull, hungry looking, relaxed, gaunt.—R. E. S. HAYES.

More black warts cured with *Thuja*.—R. E. S. HAYES.

We do not use the various iodides enough.—J. A. WILSON.

When functional vomiting has gone longer than necessary and one does not desire to prescribe a remedy directly, sips of sarsaparilla may give relief. Select a brand with the minimum of sweetness.—R. E. S. HAYES.

Euphorbia for erysipelas with high fever, involvement of the naso-pharyngeal mucous membrane, with a tendency to suppuration, and burning.—MAU.

Tarantula will cure severe cough relieved by smoking when the symptoms agree.—H. E. MAYNARD.

Belladonna is useful in severe cervical adenitis which is going bad; the results are astonishing.—H. E. MAYNARD.

Merc. cor. is useful in the serious kidney troubles of pregnancy.—H. E. MAYNARD.

Ilex ag. should be tried in grippe of the bronchial type, especially in uric acid diathesis.—O. LEESER.

Menstrual sore throats; ovarian pain relieved by the flow (*Lach.*, *Zinc.*); swollen painful breasts before and after menses (*Con.*, *Calc.*, *Phos.*), worse from the least jar, must be supported on walking, points to *Lac caninum*.—H. DUPRAT.

Painful dorsal spine makes one think of *Lac caninum* as well as *Sil.*, *Phos.*, *Agar.*, *Cimic.*.—H. DUPRAT.

In the "thymic asthma of children" *Calc. carb.* is often indicated and if the child is constipated *Tarax.* may follow.—M. ROUY.

Asthma in children subject to cold with sneezing before each asthmatic crisis responds to *Sabad.*.—M. ROUY.

Aralia has asthma when the patient can not sit down. *Grimdelia* dares not go to sleep for fear of asthma.—M. ROUY.

EDITORIAL

THE DEBT WE OWE TO HOMŒOPATHY

Perhaps none of us, who have experienced unbounded success with homœopathy, have ever stopped to ask ourselves if we fully realize the magnitude of the debt that we each and all owe to homœopathy and what we are doing to help toward discharging that enormous debt. Is it just either to homœopathy or to those to whom, as we pass on, we are to leave this rich legacy, to go into seclusion and take with us the store of riches that we have garnered by the wayside during a busy and prosperous career? What of us, if those who had preceded us had done this? Are we not in duty bound to continually keep on nurturing and supporting the coming generations of rising young homœopaths, helping them through the years of lean competency, trials, heartaches and discouragements? What if those who preceded us had done as we are doing now? What would have happened to us if they had permanently withdrawn from all professional activity as soon as they had financially succeeded and found they could get along without us? Is it not meet that we should remain and aid those who are to take up the banner and carry it on to victory! Should we desert and forsake them?

Why are not all the great and splendid homœopaths attending the I. H. A. meetings, giving the very best of what is within them, helping to keep out politics, lending encouragement to the younger men and helping educate the older men into the straight and narrow path? This would tend not only to the fulfillment of the above but would give power and prestige to homœopathy and help in part to discharge the enormous debt which we all owe to that fine art which has been the means of our success. Every true homœopath has every reason to be proud of his calling.

Thus, in the interest of humanity, let us all, until our last breath, give of our stores of wealth and lore and time in an effort to discharge our honest debt to homœopathy, to the rising generation of homœopaths and to suffering humanity. Let those who have given up in despair because things have not gone right, and those who have come to the conclusion that they can get along without us come back into the camp for the sake of that rising

younger generation of homœopathic physicians. The paying of the debt can not be evaded. Let us all be proud to be listed in the category of active workers for the advancement of homœopathy.

So we appeal with all the manhood within us for such great and good men as have temporarily held themselves aloof to come back and help us to show the world that America can yet stage a REAL RENAISSANCE of Hahnemannian homœopathy, and that America has the brain and the stamina to produce one.—A. PULFORD, M. D.

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THE SECOND MILESTONE

This issue marks the close of the second year of the *Recorder* under its present auspices. In addition to the papers from the I. H. A. the subject matter has included many original articles from well known homœopaths in the United States and also from distinguished foreign colleagues. Certain invaluable articles from current journals abroad have been republished in full, as well as certain papers from old classical homœopathic journals.

As to the editorial personnel we regret the loss from our staff of Dr. George H. Thacher, Associate Philosophy Editor, and hope that we may continue having racy articles from his pen. We welcome the new Associate Philosophy Editor, Dr. Alfred Pulford of Toledo, Ohio, already well known to our readers for his trenchant contributions. The Index for this year, appearing semi-annually under separate cover, has been compiled by Dr. Eveline B. Lyle of Brookline, Mass., who has also done the English, Dutch, Spanish and Portuguese journals for the Periodical Department, the French, German and Italian having been translated and abstracted by the General Editor. We now have exchanges with thirty-three journals from twelve countries. During the coming year the French journals are to be abstracted by Dr. F. Kaucic of Philadelphia, Pa. and we hope to have one of our homœopathic colleagues cope with the German journals. The Pointer Department, under Editor Hayes, has been of unusual interest. We appeal once more to our readers to jot down helpful titbits, both from their experience and from their reading, and forward them to him. The same plea is made for the Carri-

witchet Department. Some of our biggest men at home and abroad are giving thoughtful answers. We need profound questions which will stimulate thought and solve problems.

The most vital part of any journal should be its editorial department. Our policy heretofore in that connection has been to steer clear of political and controversial matters and to bring out salient viewpoints in homœopathy itself. Hereafter there will be an editorial from each editor each month and these will include more current comment based on the material in other journals. The staff will welcome discussion of its editorials through the Communication Department.

In the matter of format there has been distinct progress during the past year and in the January issue there will be a repetition of technical suggestions and rules for contributors of copy.

As to the coming year there will be issues devoted to the uses of homœopathy in the different specialties and other numbers with symposia on various remedies. In each issue we shall feature an original article from a distinguished foreign colleague. There will also be an occasional issue devoted to a symposium on the homœopathic aspects of a given disease such as asthma, syphilis, etc.

A Proving Department is being started in connection with the Proving Committee of the I. H. A. This will edit theoretical material on proving from classic authors and modern masters, and will publish new provings, including those of some of the newer nosodes.

It is our project to have the *Recorder* become a definite teaching organ as part of its program and we hope to have a definite series of articles beginning with the ABC's of homœopathy. These, although simple, should be profound and fundamental and so of use to our advanced readers to pass on to their neophytes. The later lectures of this course we hope to have given by masters of different methods.

As our journal is truly international it is our desire to have an official correspondent in each of the countries represented in our circulation. This matter must come up before the meeting of the I. H. A. next June but in the meantime we are asking cer-

tain representative foreign colleagues to send us a monthly letter in regard to interesting developments, whether in societies, publications or what not, in their countries.

In order to integrate the homœopathic movement it is our hope to have brief reports by an official delegate from all important homœopathic society meetings in this country and all international ones wherever held. Ultimately we hope for at least a semi-annual report from a correspondent in each state of the Union where homœopathy is active, not only of the sociologico-professional status, but also of original work done in these localities. This whole program should mean keeping each of our subscribers in touch with the pulse of homœopathy throughout the world.

The editorial staff appeals to the subscribers for suggestions, criticisms and even appreciations—if any!—of the various features past and prospective. In conclusion we wish most heartily to thank our subscribers as well as our contributors for their participation in this labor of love for homœopathy.—E. W.

ATROPHY AND EMACIATION

Harbeck lists the following remedies: *Ars.* with fœtid diarrhœa in children with big bellies, with heat, thirst and restlessness. *Chin.* with weakness and anorexia, tbc. in children (after *Calc. phos.*), abdominal swelling, undigested white diarrhœa, indigestion, after loss of fluids (as intercurrent between *Phos.* and *Sulph.*). *Calc. phos.* with long lasting diarrhœa of children during teething with big belly but good appetite. *Sulph.* with eruptions. *Plumbum* with rapid muscular atrophy. *Nux vom.* with a retinal atrophy, in angry children with constipation, flatulence, vomiting, and desire to lie down. *Cina* with worms, enuresis, unappeasable appetite, pale face (like *Puls.*). *Pinus silv.* with atrophy of the legs, children have difficulty learning to run, scrofula. *Bar. carb.* with senility, weak sex functions, atony. *Ferrum* with pale skin and gums, watery urine, dizziness, oppression of the chest with palpitation on exertion. *Phos. ac.* with watery, slimy, painless diarrhœa with rumbling; dry heat, restless sleep without relief.—(trans. from *Neu. Hom. Zeit.* IV, 340)

CARRIWITCHETS

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

58. Will someone who knew Kent intimately kindly tell us how much practice in acute cases he had, or whether his work was chiefly chronic consultations?—H. E. MAYNARD.

59. What did Kent think of J. H. Allen's views, theses and prescribing for the chronic miasms? What was H. C. Allen's opinion?—R. E. S. HAYES.

60. Where can one find in the repertory the following questions, which came up in one of my cases?—P. SCHMIDT.

Involuntary urination while vomiting.

Pain in the head alternating with rheumatism of the extremities.

Always feels much better both physically and mentally during menses.

Palpitation on eating. Has to stop eating if palpitations become too strong.

Angina and pain in the throat immediately after the menses.

61. Where can one read in all scientific clarity observations on proving? On what are the so-called characteristic symptoms based?—AN ALLŒOPATH.

62. What remedy do you advise, in what dosage and under what conditions to be able to make a proving on one's self to be certain of obtaining a result?—AN ALLŒOPATH.

ANSWER TO QUESTIONS IN JUNE ISSUE

Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?

—Kent cites 27 remedies for insect bites. (See *Repertory*, page 1331, STINGS OF INSECTS).—P. SCHMIDT.

ANSWER TO QUESTIONS IN SEPTEMBER ISSUE

When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?

—Here we touch on the delicate question of the intercur-

rent remedy. One must not pick a remedy for a single symptom or an isolated group unless the life of the patient is menaced or these symptoms indicate insupportable pain. However one may pick a remedy thus if the symptoms have followed an accidental external cause: Hæmorrhage, sudden neuralgias, bee stings, insect bites, various poisonings, results of accidents, shock. For all conditions supervening in the course of chronic treatment it is an advantage to avoid these fragmentary or zig-zag treatments and *stick to the chronic remedy*, studying this thoroughly and choosing what corresponds to the patient.—P. SCHMIDT.

If symptoms disappear in the wrong direction what do you do then?

—Read and reread carefully, if this has not already been done, the 12th. observation of Kent on page 275 of his *Lectures on Homœopathic Philosophy* upon the conduct of a case in which the symptoms are disappearing in the wrong direction. If this is happening, it almost always indicates a bad prescription or rather a bad prescriber who has used as a basis exclusively local or external symptoms instead of having prescribed for the *totality*.—P. SCHMIDT.

What is the difference between a remedy aggravation and a disease aggravation?

—Study the chapter on prognosis, after the observation of the action of remedies. (36th. chapter of Kent's *Philosophy*, page 266) No one could answer you better than that.—P. SCHMIDT.

ANSWER TO QUESTIONS IN NOVEMBER ISSUE

—The solution of all of your questions depends upon whether we look at the patient first and the disease afterward, or the reverse. If we see the disease through the patient we can not easily prescribe suppressives and will use our chronic remedies more and more. Remember that the speed of the reaction also depends upon the patient vastly more than upon the remedy used.

Characteristic modalities belong to the life history of every patient and crop out in slightly altered form from sickness to

sickness; these are the determinants for the remedy and all other drugs are either partial or total misfits which only twist the symptom image out of shape, make for suppression or bring in other and worse ills. It is very simple if we avoid getting into too many explanations which are, after all, mostly alibis.—C. M. BOGER.

Where may original literature be found concerning antidoting? How dependable are the references given by Hering, Guernsey and Kent, and from what sources did they obtain their recommendations?

—I do not know where the original literature concerning antidoting can be found. I have found the references given by Hering, Guernsey and Kent to be most reliable. Mostly personal observation, I believe.—A. PULFORD.

What are the qualifications of an antidote?

—An antidote is supposed to be a neutralizer and we fail to see where the term applies directly in the relation to a potentized drug.—A. PULFORD.

What principles are to guide the prescriber in improvising an antidote?

—The principle of relativity.—A. PULFORD.

What relation, if any, has an antidote to a remedy that "follows well"?

—A remedy that follows well is in reality a partial antidote or rather neutralizer if effective; if not effective the result of its action would be merely suppressive.—A. PULFORD.

When does an antidote follow well?

—Only when it is the perfect *simillimum*, by this I mean the similar remedy in both indication by the totality of the symptoms and correct potency and not simply the most similar remedy as is expressed by the Latin word *simillimum* which may be construed as any remedy that may seem to be similar.—A. PULFORD.

Is giving a homœopathic remedy for a specific symptom not a form of suppression? For example, CEANOTHUS given for the type of hæmorrhage to which it is similar. To me it appears that if the hæmorrhage is a constitutional expression, the only non-suppressive remedy would be the constitutional one. Would the hæmorrhagic tendency be handled too slowly by the chronic remedy, and, if so, is it justifiable to suppress the bleeding by an acute remedy such as CEANOTHUS and then follow with a deeper chronic one?

—Prescribing for specific symptoms and ignoring the rest of, or rather, the complete picture is always suppressive and only to be condoned in cases with a paucity of symptoms. When one remedy has to be followed by another it is a clear case of not having the indicated remedy. The *similimum* (not the *simillimum* or most similar) which includes the similar remedy plus the proper potency is the quickest known acting remedy to be found and if you are sure you have found it its acuteness or chronicity need give you no concern, give it and it will not disappoint. A partially indicated remedy can never equal the indicated remedy in the rapidity of its action.—A. PULFORD.

In cases of suppression should we prescribe for the symptom picture before the suppression took place or for the present post-suppressive syndrome? Would the same answer apply to a coryza suppressed by local applications and to menses suppressed by cold sea bathing? In the first there is a local condition in a small part of the respiratory system, while in the latter the menstrual story is deeply expressive of the whole patient.

—By suppression you have changed the whole picture and the result of prescribing for the original picture would be problematic provided the drug later prescribed was not "antidotal" to the one used in the original suppression.—A. PULFORD.

Among the numerous internal remedies often enumerated for sore nipples, I have every reason to believe that *Lycopodium* and *Silicea* are highly important. The former where the fissures are deep and painful; the latter in subjects whom I had previously known to be predisposed to rapid or excessive suppurations and where the nipple was being destroyed by ulcerative process.—C. WESSELHOEFT, 1865.

COMMUNICATIONS*

"THE SYMPTOM EQUATION IN THERAPEUTICS"

320 Ontario Street, Toledo, Ohio.

To the Editor *The Homœopathic Recorder*:

We always read with interest anything from the pen of Philip Rice, M. D., for it is well known to those on the inside, the true Hahnemannians, that the specialists for instance, the surgeons, know more about the scope and are more familiar with the limitations of homœopathy than those deluded mortals who have practised it with greater success in curing than was ever dreamed of by the specialists and surgeons.

How strange it must seem to the Simon Pure homœopaths to be rudely awakened by this doughty champion of morphological science only to be told that their successes were *delusions*, purely *visionary*! How strange and how stupid of the Simon Pures to even dream that their patients could be restored to normal without first removing their morphological defects?

Will Dr. Rice tell us just what produced those morphological defects? Can he name it? Is it possible to be a homœopath and *not* recognize it? Do not symptoms appear before these morphological defects take place? And is not the beginning of a condition and the state of the creating and sustaining vital force of vastly more importance than the morphological or end results? Just how, then, can we prevent this morphological end result after it has happened? There was a cause *long* before the morphological change became manifest. And, "while our materia medica is simply a record and a compilation of effects of functional disturbances", how could the morphological defects or changes take place without the disturbance? These same "records and compilations", alone, give us the clue to what will head off the cause or causes of these morphological changes.

We are much interested in morphology, but from the opposite viewpoint. Our work lies mostly in old, chronic, inherited, and so-called incurable troubles cast off by the other fellow. We have watched stunted children grow up as nearly perfect as it is possible for a human being to be; we have seen hump backs and large abdomens disappear. For instance, we watched a ten-year-old girl whose parents could not speak a word of English and whose history and complete list of symptoms were limited to the mere pointing of a finger to a huge goitre, as large as two good sized fists, protruding out beyond her chin. She was stunted, out of shape, humped over, looked like an imbecile and acted like one. Such a morphological condition would, at first glance, suggest *Baryta carb.* and it was given her on that morphological indication, for over a year but without result of any kind. Later she came with an interpreter and gave symptoms which indicated, not *Baryta carb.*, but *Kali iodatum*. This acted promptly and started the restoration to normal, the goitre disappeared, the intellect developed, the body became symmetrical and today she is a rather good-looking and intelligent girl. A child all out of shape, face like a pumpkin, tongue sticking out all the time, noticed nothing and appeared like a deformed idiot. She now walks and talks, nothing escapes her notice and she is growing up symmetrically and rather good looking. As space forbids more, we will just speak of a very interesting case of congenital varicosis of the neck or rather of the jugular vein, which bunched out as large as a hen's egg. The entire left face and left ear were purple in color and looked as if they had been shot full of gunpowder. All of this cleared up with the single remedy, indicated by the symptoms. Can Dr. Rice duplicate these cases with ones on which he depended on morphology alone? And we accomplished the above, after all other methods failed, with what. Dr. Rice is proud to term "a gross fallacy, a fallacy with far-reaching and serious complications!"

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Granting, even, that there is "a lack of balance in the anatomical correlation of say 25 per cent deficiency in the thorax and 25 per cent excess in the abdomen" (and nature intended it to be for she permits of no "standardization of the human body", and neither medicine, morphological consideration nor surgery are able to right it) are we then to go on and ignore the patient's ailment when the proper remedy would restore him to normal, irrespective of any morphological change whatsoever? We unconditionally disagree with Dr. Rice's statement that "a physician who does not ignore symptoms in favor of morphology should be disqualified from practising medicine". Every physician has a right to his own beliefs, and he may be even more right than the other fellow, but, in this particular instance, the preponderance of evidence in favor of the use of symptoms over any other method of finding the proper means of relief or cure is altogether in favor of the *old guard* who have the misfortune not to know as much about morphology as Dr. Rice does.

The question naturally arises: Did anyone ever see a disease? We have always thought that what is seen is the effect of the disease expressed in subjective and objective symptoms. If no one has ever seen a disease, is it possible for any one to know the *exact* cause of something unknowable and unseeable? After Dr. Rice has found all he wishes to find morphologically, *how* is he going to rectify matters if not by the truly indicated remedy? Is it not true, that, in every case where a remedy will act at all, the truly indicated remedy will act more effectually than a crude drug even in the reduction of these morphological changes? We have proven it so, to our own satisfaction at least.

It would, indeed, be valuable if we could only know *accurately* the cause and origin of disease. Morphology is an important subject, but not so important and vital as to disqualify from practising the physician who does not give it precedence over the much despised symptoms. Here let us digress, yet to the point. Suppose we have a case of diarrhœa caused by hot weather. For this condition the repertory gives 44 different remedies among which is *Croton tiglium*. From the cause alone without the much despised symptoms to qualify, which of these 44 remedies shall we give for a given case? If on the other hand we have a yellow watery stool, coming out like a shot, worse after eating or drinking, *Croton tig.* will cure that case promptly and effectively, irrespective of a knowledge of either its cause or the morphological architecture or other defects of the patient. Now which in that case is the more important? Supposing we knew just exactly what it was that caused *Bryonia* to be indicated in one form of pneumonia, and *Phosphorus* in another, would it change the indications for either one? Are we to wait for a *post mortem* to find just what structural changes have taken place? Fine for the victim!

"That no helping hand is given to the growing child that he may reach a normal maturity; that he is permitted to go from one stage to another unaided, or that such aid as is given is likely to be futile if not actually injurious" may be true of some homœopaths but if you are speaking of a Hahnemannian homœopath it is absolutely false, as we can truthfully testify. We here make the bold assertion that no one but a Hahnemannian homœopath can radically and constitutionally correct the morphologically defective infant, either before or after birth. The forcible and physiological reduction of the morphologically changed body has no effect whatever in removing the predisposition thereto either in the born or unborn child. Temporarily and perhaps rapidly you may produce an observable and spectacular result, but, you have *not* removed a submerged cause!

In Dr. Rice's case on pages 543-544 of the August *Recorder* produced to discredit symptom prescribing, *Sulphur*, in spite of the tremendous amount of energy expended in repertorizing the symptoms, failed because the symptoms never indicated *Sulphur*. *Calc.* and *Ferrum phos.* were not indicated, as neither one was able to clear up the case alone. "We got a result, did we not"? Of course you got a result, you can get a result with any remedy, in any case,

if you keep at it long enough and are satisfied with that kind of a botch job. It is a law of nature that no two remedies can be specifically indicated in the same disease at the same time. The case reported does not discredit homœopathy, it does not discredit symptom prescribing, but it does show a lack of ability to prescribe properly. To offset the above let us add a case almost the counterpart of the Rice case. Miss C., age 4 years, had a very similar history. She had had four very delicate operations on the mastoid and was fast approaching a fifth. She was turned over to our care much against her father's wishes as he was strongly opposed to homœopathy. Her symptoms clearly indicated *Hepar sulph.* and two doses of a high potency effectually cleared up the case, and for ten years she has had no signs of its return. A number of other little defects have gone with it.

Here at this office we reject nothing purely medical and use nothing but the single remedy and the single dose as nearly as our ignorance will permit. The only way we get more work is by the results we obtain and, after 45 years, we are neither headed for the poor-house nor lacking in plenty of work. All of this would not be so if strict homœopathy was not superior to every other method. In the absence of other and more specific symptoms morphology may occasionally lead to the remedy, but the *rare, strange and peculiar* symptoms will ALWAYS lead to the proper remedy, morphology or no morphology.

There is an invisible vital state which brings about these morphological changes, and it is true that after they become once set they are difficult to change, but the changes alone can never point the way to the correct remedy, neither can they materially affect the final action of the correctly chosen remedy.

Has Dr. Rice ever taken the time to honestly test out homœopathy? We have! Is he willing to take a definite number of similar cases and, under the direction of a competent homœopath, treat one-half by his method, ignoring the strange, rare and peculiar symptoms, and the other half by the indicated homœopathic remedy, without recourse to morphology? A comparison of the results would effectually answer the moot point. We shall be glad either to espouse his cause or submit to being disqualified, as he may see fit, if the morphological method wins over the indicated remedy properly administered, in this proposed therapeutic test.—ALFRED PULFORD, M. D.

TOLEDO, OHIO.

1703 Chestnut St., Philadelphia, Pa.

To the Editor *The Homœopathic Recorder*:

For a number of years I have made it a practice to compile small repositories for my personal use. One of these is a REPERTORY OF WARTS which has served me well. How often a patient will come into the office and say: "Can you cure this wart on my face?" or "Doctor, what is good for warts"? Sometimes these pathological excrescences are decidedly disfiguring, as when upon the nose or face; and again they are not only disfiguring but threaten an individual's vocation, as where the fingers are involved.

What are we to do? Prescribe for the warts? No! not if we can help it. Prescribe for the patient, but don't forget that the possession of one or more growths is a symptom of your patient, and sometimes one of the few guiding symptoms of that case. Pathological manifestations as a rule do not rank high in the selection of a remedy, but occasionally they lead the way to the remedy that will not only remove them but cure the patient as well.

My desire to make this repertory more complete and then offer it to the profession through the pages of the *Recorder* is my excuse for asking the profession to send me clinical observations and verifications of the different medicines that have been useful in removing this frequently met symptom. All information will be duly and thankfully accredited.—CHARLES L. OLDS, M. D.

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- Acupuncture in China Twenty Centuries Before Christ and Modern Reflexo-
therapy*: This is a fascinating article describing the Chinese treatment by
needle punctures and cauterization of certain places on the skin, as it has
been used in China for nearly four thousand years. The Chinese have
noticed that troubles of internal organs are accompanied by a painful

sensation in certain localized spots of the skin which remain the same for any given trouble. Some diseases may cause several such spots though in any one case all these spots will not always be present but some of them always will be. Knowledge of these points aids the diagnosis and the location of the lesion. The Chinese have the idea that a stimulation of those points might influence the diseased organ and this is the basic principle of the treatment of diseases by means of acupuncture and moxas (burns). They began to experiment with different kinds of stimulating and soothing substances and procedures. Finally they chose needles and cauterization. The needles are made of the purest metals mostly gold or silver and have to be very flexible and ductile. For a good acupuncture it is necessary to study carefully the place of election of every affection, to know exactly the depth to which the needle has to be driven in, and to know how long a time it must be held there. The cauterization or moxas are performed by means of little cones of wormwood (*Artemesia, sinensis* or *urens*) whose action on the skin may be limited by small perforated metal plates or perforated coins. They are withdrawn as soon as the skin gets very hot and the operation is as often repeated as is prescribed in the individual affection. The authors state that acupuncture at present gives the Chinese such good results that they prefer it to every other method of treatment. The tradition hands down to us not only the results but also the dangers and difficulties of this therapy. It advises the moxas to those who are not clever enough to handle the needles. It seems to the authors that this is a kind of reflexotherapy very similar to that studied and described lately by such modern writers as James Ross, J. Mackenzie, Head, Dejeune and Guillaume, whose works corroborate what the Chinese already know. The authors then state that remedies may produce in healthy people painful or sensitive points (points of Weihe in quite the same way as diseases do; and they see here a relation between acupuncture and homœopathy, and hold that a homœopathic remedy can be substituted for the use of the needles or moxas on the corresponding points. They enumerate several remedies in which the points of Weihe and the Chinese points are superposable so that the remedy or the acupuncture may be equally successful. The Chinese in those ancient times were already acquainted with the principle *similia similibus* and they employed the remedies in very small quantities calling them "medicament poisons" to point out that there is no such thing as a remedy unless it is employed according to the homœopathic principle and in a limited quantity.—κ.

The Technique of Iroscopy—III: The majority of our readers not being acquainted with this subject we find it useless to abstract this paper, the more so as we cannot agree with many of the statements contained therein. Why does the author not study the wonderful writings of the greatest living iroscopist, Dr. Rudolf Schnabel of Munich? As long as the French iroscopists ignore this man and his instrument we cannot expect any real progress in this line of medicine in France.—κ.

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- Signs of Illness Seen in the Chin, Mouth, Lips, Teeth and Gums—I: Redness of the chin is a sign of inflammation of the lungs. Eruptions on the chin in women are a sign of faulty menstruation. Silver-white lumps on the chin which come slowly and superficially to a head are frequently of syphilitic origin. Warts on the chin point to similar excrescences on the genitals. Hair on women's chins appears at the cessation or suppression of the menses. Falling of the beard often means loss of virility. Withering and flexibility of the beard points to a short life for the patient. Unexplained falling of the beard often precedes apoplexy. Dropping jaw is a sign of the greatest weakness. Alterations in the form of the mouth are signs of abnormal muscular action, or degeneration of the lips, or may be due to defective will; as incidents in paralysis they are of serious import and show delirium. Too firm a closure of the mouth shows spasm, inflammation of the brain and cord, hydrocephalus, spasm of the pharynx, the urinary bladder or retention. Spasm of the mouth shows danger in rheumatic fever, in the stage of suppuration in small-pox or any inflammatory disease; even in the new-born it is a sign of fatal import often. Open mouth may be from habit, or difficulty in breathing, but more often from polyps, it may also come from paralysis or spasm of the lower jaw, or occur in the deaf and dumb, or in idiots. In acute disease open mouth means weakness, darkening before the eyes, lethargy, etc. Open mouth in adults often signifies apoplexy and is accompanied by drooling and tongue paralysis. It always makes one think of brain affections. Crookedness of the mouth means either spasm, or brain affection, or severe relapse in the course of an acute disease, it betokens loss of consciousness often but may mean worms, hysteria, or be a sign of recessive eruption in exanthems or diaphragmatic inflammation. This is often called *visus sardonius*. Abnormalities in the lips consist of color and volume changes, movements and eruptions. Lip changes represent stomach and intestinal conditions. Transitory swelling of the lips is a sign of local congestion. Lasting enlargement of the upper lip is a sign of scrofulous diathesis, lupus, or stoppage of the bowels and appears in many tuberculous patients especially with laryngeal or abdominal involvement. Shrinking of the lips accompanies loss of fluid in nervous and hectic fevers and brain disease. Brilliant redness means tbc. Dark red lips are found in scurvy. Bluish red lips appear in chills, in crises of angina pectoris, in epilepsy and cholera; more lasting cyanosis with other cardio-vascular complaints. Pale lips are the rule of anæmia, dropsy, fainting, and sometimes tbc., and in persistent vomiting. Dry lips are proportionate to fever, to hysteria and to hypochondriasis. White slime on the lips accompanies gout and intermittent fever, and is found in typhus when stomach and intestinal complications arise. Dry, brown lips come after dangerous, long continued fevers such as typhoid, or exanthems, in brain inflammation cases and in the final stages of pulmonary tbc.—w.*

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- Signs of Illness Seen in the Chin, Mouth, Lips, Teeth and Gums: Defective or irregular teeth are a sign of constitutional disease. Tartar on the teeth despite cleanliness is a sign of gouty diathesis. Teeth with dull enamel show scrofulous, syphilitic or herpetic diatheses. Pearly teeth suggest lung tbc., also chlorosis. These teeth are easily broken. Yellow teeth with slime indicate poor digestion. Black teeth, when not carious, mean gastric trouble, organic disease of the stomach, liver and kidneys, especially kidney stones. In children such black teeth are diagnostic of rickets, scrofula or gout. It is well to leave such black teeth as sign posts showing the condition of the internal organs, as they improve in color with bettering health. Brown, sooty teeth occur in fevers, showing great weakness, or if chronic, stomach troubles. Unusual cleanliness and dryness of the teeth is a bad sign in inflammation. Teeth which are too small denote rickets. Flat teeth suggest epilepsy and the spasmodic diathesis. Too big teeth do not denote disease. Grinding the teeth is a sign of brain or cord disease, epilepsy, apoplexy, imminent exanthems or fever crises; it is also habitual in growing children. It is an especially bad sign in small-pox during the drying up stage. In abdominal inflammation it is not so bad a sign. Chattering teeth come in tonsillitis and hysteria as well as pneumonia, malaria and rheumatic or exanthematous fevers. The teeth feel too long in gout, rheumatism, and mercurial salivation. Dark red gums occur in diabetes and tbc. Pale, loose, flaccid gums show hæmorrhage, intestinal tbc. or dropsy. In scurvy the gums are purple. In suppressed menses and bleeding piles they may be periodically dark red. Sharp red line on the gums means lung tbc., a blue one lead poisoning. Bleeding gums may be vicarious menstruation or hæmorrhoidal states. After diarrhœa it is a danger sign. Brown gums, if dry, mean low fever like typhoid, if moist gastric trouble or impending gout.—w.*

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<i>Signs of Illness Shown in the Tongue</i> : The tongue is an index to the state of the nervous system, also to the respiratory and digestive passages. Healthy tongues may be slightly coated in the morning. A very clean tongue early in the morning makes one think of tbc. or any great weakness. Too long a tongue often shows abnormal nutrition or atony; if with limited motion it suggests epilepsy, apoplexy or hydrocephalus. A small, cold, hard tongue appears in epilepsy and hysteria and is a danger sign of internal suppuration. A small, moist tongue may be tbc. or marasmus. An unduly broad tongue points to bowel disease, a very narrow one to lung degeneration. Swollen tongue denotes inflammation or ranula; if red and alternately painful and painless it suggests poisoning especially snake poisoning; it may mean kidney inflammation or measles or typhus and is a dangerous sign. Pale tongue signifies anæmia, cachexia, tbc., dropsy or cancer, also pleurisy and jaundice. In spasms pale tongue is a bad sign. Red tongue is most serious in cholecystitis, less so in intestinal inflammation. Bright red tongue with red papillæ denotes tbc., dropsy (glossy), worms, gastritis, hæmatemesis and serious delirium. Dark red tongue in inflammations low and typhoidal. Bluish tongue in severe dyspnoea, whooping-cough, heart trouble, hydrothorax, mercury poisoning, rapid lung degenerations, confluent small-pox, and gangrene. Black tongue appears in scurvy, angina, tbc. and cancer. Yellow tongue in jaundice, malaria, typhoid, and severe pleurisy. Brown tongue in diabetes, kidney stone, and lingering gastric inflammation. Smooth tongue in typhus, hydrothorax and tbc. Rough tongue signifies a nervous factor in fevers. Prickly tongue in late scarlet or typhoid is a bad sign. Cracked tongue comes in rheumatic or gastric fever; moist, cracked tongue in duodenal inflammation or œsophageal inflammation. Little white blisters denote worms, or ulceration of the stomach and intestines, or acidosis; they also point to laryngeal tbc. and even to syphilis, also scurvy. They are rarely local. Aphthæ of the tongue appearing before crisis are a danger signal. If these spread from the lips they are less serious. Evanescent aphthæ mean metastasis of	

disease to another spot. If they go following diarrhœa it is favorable. Those which ulcerate slowly suggest intestinal tbc. Gray or yellow ones are more serious. Transparent ones proclaim convalescence. Red edges are a good sign. In acute disease when they turn to painful ulcers they are healing. Herpes of the tongue come in scarlet, liver disease and bowel obstruction, on a dry tongue in pneumonia they are serious. Pustules fore-shadow death in wounds of the head. Little, round, white ulcers on the tongue edges point to syphilis, mercury, or if hard, cancerous ulcers. Dry tongue is dangerous in diarrhœa and dropsy and frequent in chronic liver disease and worms. Soft, smooth tongue comes in hæmorrhage or diarrhœa where it is favorable. Hard tongue forecasts delirium. Cold tongue goes with paralysis, convulsions, hysteria and cholera.—w.

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<i>The Dietetic Physical-Therapeutic and Homœopathic Treatment of Obesity:</i> After discussing diet, calories, fasting and the various types of obesity Scholta gives the following few homœopathic indications: In glandular deficiencies study <i>Fucus vesiculosus</i> , <i>Spongia</i> , <i>Sulph. iod.</i> , <i>Calc. phos.</i> , <i>Kali iod.</i> , <i>Nat. phos.</i> , also <i>Thyroidin</i> . In hypophyseal obesity study the phosphorus containing remedies: <i>Calc. phos.</i> , <i>Ferrum phos.</i> , <i>Kali phos.</i> , <i>Nat. phos.</i> , <i>Phos. ac.</i>	

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<i>Syphilis and Homœopathy:</i> Description of two cases of neuro-syphilis with positive Wasserman cured by homœopathy; the Wasserman being made negative in one case after three months and in the other after one year. The French homœopaths are afraid to treat the primary and secondary stages of syphilis homœopathically because of public opinion. They desire, for their own safety, to have as many cases of syphilis successfully treated homœopathically published as possible in order to encourage the younger practitioners. They realize that they must organize the evidence in favor of the homœopathic treatment of the early stages of syphilis if they are to be permitted to so treat it with impunity. At present they mainly treat the tertiary stages.—K.	

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<i>The Medicinal Treatment of Senile Cataract</i> : The author chooses from among the twenty-four main remedies for cataract according to Staufer, thirteen of which especially work on the endocrine system. To wit: <i>Arn.</i> , <i>Calc. fluor.</i> , <i>Chel.</i> (this is not much of an endocrine remedy, its first use for	

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the eyes was occasioned by the fact that swallows use it for their blind young), *Cineraria maritima* (catarrh of the eyes also), *Colch.*, *Con.*, *Naphthalin*, *Phos.*, *Pilocarpin*, *Secacornin*, *Sec.*, *Sil.*, and *Sulph.* Certain usual remedies for cataract are here omitted and it is to us very interesting to see the stress laid on the endocrine role in cataract and especially to find such remedies as *Colchicum* noted as powerful endocrine agents.—w.

On the So-Called Obstructions of Burnett in Homœopathic Cures: Dr. Schlegel, the Nestor of the continent, feels that Burnett's theory of obstruction or obstacles to the action of remedies was fully foreshadowed by Hahnemann in *Chronic Diseases*. He concurs in the usefulness of *Bac.* in cases with tuberculous antecedents and of *Thuja* and *Med.* in high potency where the illness harps back to vaccination. Dr. Schlegel feels, however, that useful as are the nosodes when progress has ceased and causes can be traced back, the usual chronic or even acute remedies called for by each individual case in high potency, will combat the underlying psora. He mentions the especial usefulness of *Bac.* in backward children.—w.

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*Headaches and Their Homœopathic Treatment	
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Headaches and Their Homœopathic Treatment: Congestive headache with heaviness and heat. 1. Worse from warmth: <i>Aloes</i> with loss of equilibrium and confusion; <i>Cannabis</i> icy spots on the skull and weight on the vertex. 2. Worse in the morning: <i>All. c.</i> worse lying on the back, buzzing in the ears; <i>Berb.</i> head too big, pressure on waking; <i>Canth.</i> as if brain pushed out at brow, worse a. m., worse horizontal position; <i>Cham.</i> pressing pain during sleep and on waking better after rising; <i>Sulph.</i> pain over the eyes on waking, pulsations, falling of the hair. Worse at night: <i>Amm. carb.</i> as if brain small and moved in the skull. Better in the open air: <i>Tab.</i> beating temples, pallor trembling head. Better strong pressure: <i>Apis</i> left hemicrania worse standing and warmth; <i>Hell.</i> dull constant ache, better closing eyes and rest, worse open air; <i>Hep.</i> as if head would burst, nail sensation. Worse afternoon: <i>Sil.</i> with sweat of head only. Worse movement and noise: <i>Bapt.</i> heavy head, skin of brow as if pulled back; <i>Bry.</i> weight, worse bending head forward, noise like crickets in the head; <i>Calc.</i> head glacial, pains stupefying, worse on side lain on and by movement; <i>Glon.</i> pulse felt in head, head as if swollen, worse motion; <i>Verat.</i> pulsation	

during movement, deep red face with thirst and increase of urine. Worse morning and evening: *Lach.* somnolence, sensitive scalp, dazzled sensation. Worse intellectual work: *Aur.* stupefaction and nausea, better by rest. Other remedies for congestive headache are *Acon.*, *Ambr.* (every other day), *Arn.*, *Bar.*, *Camph.*, *Corallia* (must sleep), *Dulc.*, *Gels.*, *Grat.*, *Plat.* (spasm of upper lip), *Sabin.*, *Sang.*, *Seneg.* (all symptoms worse in the eyes), *Spig.* (head drawn back as if from a weight). Headaches with sharp pain: Worse morning: *Bov.*, *Nat. mur.* worse running, better compressing the head; *Æth.* periodic with trembling jaws, ceases in sleep. Worse movement and noise: *Phos. ac.* Worse touching with the hand: *Anac.* with obscuration of vision; *Ars.* pulsation of the head, worse motion, tearing hemicranium; *Iod.* headache with coryza, pain on motion or noise only. Worse from pressure: *Arg.* excessive pain extending to muscles of the neck; *Dros.* tearing pain from within out, worse bending head to right; *Kali carb.* violent stitches, photophobia, pain extends to the eye with lachrymation, frontal stitches, worse at night. Better by pressure: *Hydr.* bursting sensation on stooping; *Ferr.* hammering, recurs in the evening. Worse in the open air: *Chel.* worse coughing and leaning forward. Worse in the evening: *Cocc. c.* stitches in the brain in bed extending to the left clavicle and to left lower molars. Here also apply *Bell.*, *Iris*, *Kreos.*, *Op.* (eyes injected), *Pib.*, *Verat.* (dilated pupils). Localized headaches: Frontal: Worse in the morning: *Coff.* constrictive pain with involuntary tossing of the head; *Lyc.* buzzing ears, intellectual dulness; *Graph.* also after meals. Better in the open air: *Ant. crud.* violent with nosebleed; *Hyos.* stupefying. Worse by cold or motion: *Kali bich.* excessive pain above the orbits; *Rhod.* in bed in wet weather. Worse at night. *Lil. lig.* begin six to eight p. m.; *Ruta* pulsating on going to bed. Worse reading: *Nat. sulph.* the hair hurts on combing. Worse by light: *Tarant.* desire to cry, as if cold water spilled on brow. Also *Bell.*, *Bor.*, *Ham.*, *Phyt.* Returns each week: *Valer.* as if eyes pushed out. Occipital: Worse rising or lying down: *Dulc.* chilly with hot head. Worse by movement: *Lob.* especially going up stairs. Also *Agar.* sensation of tearing of the brain. *Carb. veg.*, *Plat.*, *Spig.* Indeterminate location: Better open air: *Act. rac.* often better by food. Worse in a. m.: *Causl.* worse waking or walking fast, may seem localized in any site; *Ign.* right-sided, whole head or single point, worse motion, better rising or lying on back; *Nux vom.* atrocious pain, hemicrania with hot head, worse walking, better pressure; *Mag. carb.* alternate flush and pallor; *Sep.* varied site, worse open air, vertigo if there is a wide space before the eyes; *Thu.* violent pulsations at different points, brow and neck veins swollen; *Zinc.* better open air. Worse walking: *Chin.* better by pressure; *Cupr.* localized points especially on the left, cries out with violent pain; *Kali nit.* better riding in carriage. Worse evening: *Dig.* cracking in the head during sleep, wakens with fright. Worse by noise: *Merc.* worse in the evening, better sitting leaning the head against something, as if band constricted head or skull burst, always worse stooping. Also *Petr.* after anger; *Phos.* at noon each day; *Pod.* with intestinal complaints; *Alum.* pain ceases if head still in bed; *Cina* with various derangements of vision.—w.

Headaches and Their Homœopathic Treatment: Headaches: At nose root: *Bad.* head drawn back, as if skull would open, seems too big, compressed; *Bism.* periodic in winter, better by rest, perforating pain after eating, digestive troubles; *Cina* better out doors, worse stooping and 10 p. m., concomitant visual troubles, moon periodicity with reflex or epileptic disturbance; *Dulc.* perforating pain from within out, worse 11 p. m., rest, wet cold weather with marked depression; *Lach.* fulness on left of nose root, periodic before menses, better after discharges, pain extends to nape, de-

pression with tears or agitation; *Ign.* pain at one side of nose root, worse from odors (tobacco or cooking), worse from contradiction, as if a nail driven from within out. Eyes: *Apis* vertigo, drowsiness, periodicity, pain above eyes extending back, hunts for a cool spot on pillow; *Bar.* headache in aged after washing hair, worse in sun, sleepy; *All. cep.* electric shocks, as if hot wet compresses, chilly back with coryza; *Calc. carb.* lunar periodicity; *Iris* every eight days, temporarily blind, tends to diarrhoea, worse afternoons, violent motion, open air, and walking, with trigeminal neuralgias; *Kali bich.* visual troubles, worse waking, stooping, moving, better pressure, lying, in the air, nasal catarrh; *Lob.* pain in the eyebrows noon to midnight, periodic aggravation, each third attack worse; *Sep.* migraine in and above eyes, with nausea, liver and menstrual troubles, sensation of waves, worse on right, ceases in the afternoon and in good weather. Right eye: *Agn.* as if blow on the eye, worse end of the day; *Sang.* Saturday sun headaches extend to right shoulder, better by sleep and darkness, worse lying on the right, wet weather, motion, as if head would burst or eyes pop; *Con.* ache beneath right eye with great fear of light, vertigo, nausea and vomiting, worse before and during menses, and from continence, better by pressure; *Crot. lig.* ache in the corner of the eye with eruption around the eye, migraine in herpetic patients. Left eye: *Acon.* redness of the painful region, better by sweat, worse rising, lying on the right and by tobacco smoke; *Nux mosch.* sensation of bobbing of the brain, worse after lunch, open air, wine, change of weather; *Caul.* crushing in temples, worse pressure, stooping, light; *Phos.* pain left eye and out at occiput, cold occiput, visual trouble, attack lasts one to three days, better dark, cold washing, lying on the right, worse at twilight and during storms; *Spig.* stitches in the eye, pressure with ciliary neuralgia, worse by pressure, better by quiet, pain follows the sun. Forehead: *Æsc.* gastric headaches, board sensation, worse rising, fullness and pressure from occiput to brow; *Anac.* from mental exertion, occipital nail sensation, constricting band with irascibility, better pressure, eating, lying; *Ant. crud.* frontal weight after cold bathing, suppressed eruption or indigestion, with vertigo and nosebleed, better open air, worse evening and heat; *Ars.* frontal hemicrania, over left eye, worse wrapping the head up, better with head low, worse from cold and rest, burning, better by heat and motion; *Bad.* with inflamed eyes, worse at night after having slept, and violent in the morning, better lying; *Bry.* worse from hot food, better cold food; *Cham.* better riding, and in warm weather, worse from heat, 9 p. m. to midnight, vertigo with fainting; *Cocc.* as if head tied with a tight cord, dizzy from moving eyes, and in a carriage, pain from brow to nape, better lying flat, worse noise and tobacco, with tearing in the eyes; *Coloc.* boring in the temples with ciliary neuralgia in the gouty, worse stooping and lying. Temples: *Bell.* better half sitting, worse 3 p. m. to 3 a. m.; *Eup.* periodic with bitter vomiting, worse in spring, better in warm room, hammering temples; *Chin.* beating from temple to temple, with sensitive scalp, worse air, least touch, and after eating and alternate days; *Glon.* crushing frontal weight, pulsations from brow to vertex; *Helon.* at menses, in small spots, burning temples, brow and vertex, better by motion; *Nat. mur.* worse after menses, with faulty accommodation, begin at sunrise, with renal insufficiency and falling hair, better cold bathing and lying on the right; *Paris quad.* pain from temple to occiput with drawing back of the eyes, big head and lachrymation; *Prunus spin.* cutting pain back to the occiput, pressure on top of the head; *Stann.* weight like a ball of lead in the head, comes and goes slowly, vertigo, pain worse on the left, better firm pressure. Vertex: *Atum.* as if hat too small, worse full moon, waking and periodically; *Cact.* con-

striction of head and thorax, worse noise and pressure, right side, periodically, at menopause, after menorrhagia, with nosebleeds; *Meny.* pain from vertex to brow and temples, from above down and from without in, with orbital pressure, worse pressure and heat, worse ascending, with cold extremities, better by company; *Naja* neuralgia such that the patient loses memory, with sadness and cardiac troubles; *Thuja* worse on the left, nail in the vertex, bar across brow, worse heat and tea, better pressure; *Sulph.* weekly or fortnightly headaches, worse mental work, 11 a. m., change of weather, better dry weather and lying on the right. Parietal: *Canth.* pain from the side up to the vertex, worse from touch, after bathing, better standing, sitting, morning and afternoon with visual and urinary troubles, thought impossible; *Can. sat.* as if cold drops on the skull with vertigo, worse ascending; *Colch.* one sided, after overwork, hypersensitive to pain, nausea and anger, better by motion, worse by heat, with frequent sneezing; *Cycl.* periodic on the left with pale face, in women with profuse black menses, ophthalmic migraine with marked chilliness, drowsy, worse in warm room, better by motion; *Lyc.* vertex and parietal pain settling in the left eye, worse from 5 to 10 p. m., with buzzing in the ears, worse stooping, better slow motion, open air and hot food; *Puls.* right, worse in the evening, as if would burst, can't comb the hair, worse from rest and fat. Occiput: *Camph.* radiates to the frontal sinus, a sensation of cold, stuffed nose and coryza, after nervous shock, better drinking and heat; *Form.* daily headache, earlier each morning, worse cold bathing, better coffee; *Graph.* right side, with burning, worse by heat, worse morning and night, wet and cold weather and during menses; *Petr.* leaden occiput, pain in the eyes and visual trouble, nausea as if seasick, cold vertex, worse in winter and before and during storm, better by heat; *Rhus tox.* as if eyes pushed out, better in dry hot weather and by motion, worse lying and at night. Nape: *Aloe* with stiff neck, in large eaters, better by sweat and hæmorrhoidal flow; *Form.* nail sensation, better lying with the head low; *Ferrum* every two or three weeks, with red face and pulsation, better slow walking, worse at night and from sweat; *Gels.* heavy constrictive head, worse 9 a. m., occipital vertigo, visual troubles, better bending forward and by stimulants; *Onos.* occipital weight, vertigo, worse from odors; *Sil.* shivery, pain from nape to vertex, settling in the right eye, better wrapping up the head, worse morning, cold and new moon, sweat of the nape with the pain.—w.

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The abbreviations used to explain in what department the matter indexed appears are as follows: "ab.", abstract; "b. rev.", book review; "com.", communication; "dis.", discussion; "ed.", editorial; "pt.", pointer; "Q.", carri-witchet; "repr.", reprint; "T. of C.", table of contents; star "*", original article.

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- Allgemeine Homœopathische Zeitung*, H. Wapler, M. D., Editor, Leipzig, Germany. Pub.: W. Schwabe, M. D., Querstrasse 5, Leipzig O 29, Germany. (Occasional numbers—in German)
- Annaes de Medicina Homœopathica*, A. Gomes, M. D., Editor, Rua Frei Caneca, 94, Rio de Janeiro, Brazil. (Bi-monthly—in Portuguese) Organ of the Hahnemannian Institute of Brazil
- British Homœopathic Journal (The)*, G. F. Goldsbrough, M. D., Editor, Aberdeen, Eng. Pub.: John Bale Sons & Danielsson, 83-91 Great Titchfield St., Oxford St., W., London, Eng. (Quarterly—in English) Organ of the British Homœopathic Society
- Bulletin de la Societe d'Homœotherapie de France*, J. Bas, M. D., Editor, 45 Rue de Lisbonne, Paris, France. (Quarterly—in French) For members only.
- Clinica Homeopatica de Yucatan*, R. Colome, M. D., Editor, Apartado Postal 231, Merida, Yucatan, Mexico. (Bi-monthly—in Spanish) Organ of the Homœopathic Medical School of Yucatan
- Deutsche Zeitschrift für Homœopathie*, E. Bastanier, M. D., Editor, Wilmersdorf, Germany. Pub.: Homœopathischer Zentral, Berlin, Germany. (Monthly—in German) Organ of Deutschen Zentral Verein, Homœopath. Aerzte.
- Dokter in Huis (De)*, J. Voorhoeve, M. D., Editor, Oudenrijn, Utrecht, Holland. Pub.: La Riviere & Voorhoeve, Brink, Zwolle, Holland. (Monthly—on the 15th—in Dutch)
- El Sol de Meissen*, D. A. Vinyals Roig, M. H., Editor, Gran Via Cortes, 574, 1, 0, Barcelona, Spain. (Quarterly—in Spanish) Official organ of La Liga Hispano Americana Pro Homeopatia
- Hahnemann*, G. Dhirghangi, M. D., Editor, Calcutta, India. Pub.: P. C. Bhar, 145 Bowbazar St., Calcutta, India. (Monthly—on the 15th—in Bengali)
- Hahnemann Review (The)*, A. M. Sur, M. D., (Chicago) F. R. M. A. (Lond.) Editor, 94 Cornwallis St., Calcutta, India. Pub.: A. Mohan & Co., M. D., 94 Cornwallis St., Calcutta, India. (Monthly—in English) A. monthly record of the Homœopathic Medical Auxiliary Sciences
- Hahnemannian Monthly (The)*, C. Bartlett, M. D., Editor and Pub., 269 So. 19th St., Philadelphia, Pa. (Monthly—in English) Organ of the Homœopathic Medical Societies of the States of Pennsylvania and New York
- Home and Homœopathy*, N. M. Choudhuri, M. D., Editor, 27-A Elgin Road, Calcutta, India. (Monthly—in English)
- Homœopathia (A)* J. Galhardo, M. D., Editor, Rua Engenbro de Dentro, 39, Rio de Janeiro, Brazil. Bus. Mgr.: A. S. Baptista, Rua Engenbro de Dentro, 39, Rio de Janeiro, Brazil. (Monthly—in Portuguese) Organ Propagandista Da Doutrina Do Dr. Samuel Hahnemann
- Homœopathic Bulletin (The)*, D. N. Chatterji, M. D., Editor, 3/2 College St., Calcutta, India. Pub.: Bengal Homeo. Stores, 3/2 College St., Calcutta, India. (Monthly—in English)
- Homœopathic Darpan (The)*, N. Nundie, M. D., H. M. B., Editor, 172 Bowbazar St., Calcutta, India. Pub.: The Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India. (Monthly—in Bengali)
- Homœopathic Mirror (The)*, N. Nundie, M. D., H. M. B., Editor, 172 Bowbazar St., Calcutta, India. Pub.: Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India. (Monthly—in English)

- Homœopathic Recorder (The)*, E. Wright, M.D., General Editor, 472 Commonwealth Ave., Boston, Mass. Chairman and Bus. Mgr.: H. A. Roberts, M.D., 38 Elizabeth St., Derby, Conn. (Monthly—on the 15th—in English) Official organ of the International Hahnemannian Association
- Homœopathic Survey (The)*, B. C. Woodbury, M.D., Editor, 11 Marlboro St., Boston, Mass. Pub.: American Foundation for Homœopathy Press, 1811 H St., N.W., Washington, D.C. (Quarterly—in English) Official organ of the American Foundation for Homœopathy
- Homœopathic World (The)*, J. H. Clarke, M.D., Editor, 8 Bolton St., Piccadilly, W.I., London, Eng. Pub.: The Homœopathic Publishing Co., 12A Warwick Lane, E.C. 4, London, Eng. (Monthly—in English)
- Homœopathic Francaise (L')*, L. Vannier, M.D., Editor and Bus. Mgr., 45 Rue de Lisbonne, Paris, France. Pub.: Maloine, 25 Rue de l'École de Médecine, Paris, France. (Monthly, except August and September, on the 15th—in French)
- Homœopathisch Maandblad*, D. K. Boom, M.D., Editor, Westzidje 118, Zaandam, Holland. Pub.: Roepers' Drukkerij, Barentsstraat, 12, The Hague, Holland. (Monthly—on the 15th—in Dutch) Organ of the League for Furtherance of Homœopathy in the Netherlands
- Homœopathische Rundschau*, Wallstrasse 67, Berlin S. 14, Germany.
- Homœopathischen Monatsblätter*, F. Wolf, Editor, Blumenstrasse 17, Stuttgart, Germany. Pub.: Hahnemannia, Blumenstrasse 17, Stuttgart, Germany. (In German—for the laity)
- Homœopatisk Tidskrift*, H. W. Sjogren, M.D., Editor, Solleftea, Sweden. Pub.: Svenska Homœopatiska Lakareforeningen, Solleftea, Sweden. (Quarterly—in Swedish)
- Homeoterapia*, S. Guerrero, M.D., Editor, Pasante, Mexico. (Bi-monthly on the 10th—in Spanish) Organ of the Mexican Homœopathic League
- Indian Homœopathic Review (The)*, J. N. Majumdar, M.D., Editor, 203-1 Cornwallis St., Calcutta, India. (Monthly—in English)
- Journal of the American Institute of Homœopathy*, L. J. Boyd, M.D., F.A.C.P., Editor, 43 Broad St., New York. Bus. Mgr.: R. C. Borden, B.S., M.A., 43 Broad St., New York. (Monthly—in English) Organ of the American Institute of Homœopathy
- Journal of Ophthalmology, Otology and Laryngology*, L. E. Hetrick, M.D., Editor, 201 E. 23rd St., New York. Pub.: The New York Ophthalmic Hospital, 1012 Chauncellor St., Philadelphia, Pa. (Monthly—in English) Organ of the American Homœopathic Ophthalmology, Otology and Laryngology Society
- Leipziger Populare Zeitschrift für Homœopathie*, W. Schwabe, M.D., Editor and Pub., Querstrasse 5, Leipzig, Germany. (Semi-monthly—on the 1st, and 15th.—in German)
- Mid-West Homœopathic News Journal*, H. L. Rowat, M.D., Editor, 415 Iowa Bldg., Des Moines, Iowa. Bus. Mgr.: J. H. Renner, M.D., Palatine, Ill. Pub.: Mid-West Homeopathic Institute, Palatine, Ill. (Monthly—in English)
- Neue Homœopathische Zeitung*, H. Deters, M.D., Editor, Johannisstr. 57, Osnabruck, Germany. Bus. Mgr.: J. Steen, Dresden, Germany. Pub.: Lattmann & Meyer, Elisenstr. 51, Dresden A. 16, Germany. (Monthly—in German)
- Omiopatia (L')*, D. Mattoli, M.D., Editor and Publisher, via Montebello, 17, Firenze (5) Italy. (Monthly—on the 10th—in Italian) Official organ of the Homœopathic Medical Societies of Italy

- Pacific Coast Journal of Homeopathy (The)*, C. C. Boericke, M.D., Editor, 2422 Bancroft Way, Berkeley, Cal. Bus. Mgr.: E. H. Pape, M.D., 2200 Grove St., Berkeley, Cal. Pub.: California State Homœopathic Medical Society
- Propagateur de L'Homœopathie (Le)*, J. A. Lathoud, M.D., Editor, 37 Quai Gaulteton, Lyon, France. Pub.: MM. Massart & Co., 14 Rue de Deume, Annonay, France. (Monthly except August and September—on the 15th—in French) Organ of Homœopathic Doctors in France and French Switzerland
- Revista de Homeopatia Practica*, J. A. Isidro, Paja 8, Pral, Barcelona, Spain. (Monthly—in Spanish) Official organ of the Academia Medico-Homeopatica de Barcelona
- Revista Homeopatica Internacional*, R. Romero, M.D., Editor and Bus. Mgr., Calle 66 No. 521C, Merida, Yucatan, Mexico. (Quarterly—in Spanish) Organ of the Homœopathic Medical Society of Yucatan
- Revue Francaise d'Homœopathie*, T. Conan, M.D., Editor, 40 Rue de la Tour, Paris XVI, France. (Monthly, except August and September—in French) Organ of the Societe Francaise d'Homœopathie
- Servant of Homœopathy (The)*, K. K. Roy, M.D., Editor, Calcutta, India. Pub.: The Homœopathic Serving Society, Calcutta, India. (Monthly—on the 10th—in Bengali)
- Your Health*, W. E. Allyn, M.D., Editor, Chardon, Ohio. Pub.: Your Health Pub. Co., 127 Main St., Chardon, O. (Monthly—in English)

ERRATA

THE JULY ISSUE:

- Page 460, 4th. line from the top should read 172. What should be done when there is a paucity of symptoms to . . .
- Page 501, 11th. line from the bottom, *Cypripedium* should read *Cypripedium*.
- Page 515, 11th. line from the bottom, *Condurango* should read *Cundurango*.
- Page 519, the second *Journal of the American Institute of Homœopathy* containing the International Dictionary should be June instead of May.
- Page 522, 16th. line from the bottom, *Viola s.* should read *Viola o.*

THE AUGUST ISSUE:

- Page 590, 11th. line from the bottom, *Kali hidroicum* should read *Kali hydriodicum*.

THE SEPTEMBER ISSUE:

- Page 614, 5th. line from the top, the second *Cadmium sulph.* should read *Cadmium phos.*
- Page 630, 14th. line from the top, *Quinine* should read *Conium*.
- Page 643, second column, 18th. line from the top, *Nar. ars.* should read *Nat. ars.*
- Page 654, 2nd. line from the bottom, *Cholestorenium* should read *Cholesterinum*.
- Page 665, 11th. line from the top, *Cratægus oxycantha* should read *Cratægus oxyacantha*.

THE OCTOBER ISSUE:

- Page 691, 18th. line from the bottom, *Anaicardium* should read *Anacardium*.
- Page 737, 6th. line from the top, *Call.* should read *Caul.*

THE NOVEMBER ISSUE:

- Page 764, 12th. line from the bottom, *Avaire* should read *Aviaire*.
- Page 765, 12th. line from the top, "*idem eodem curantur*" should read "*idem eodem curatur*".
- Page 787, 5th. line from the bottom, "*similia similibus curentur*" should read "*similia similibus curantur*".
- Page 816, 19th. line from the top, *Arum. cor. (syr.)* should read *Ascl. cor. (syr.)*; 26th. line from the top, *Lact. vac.* should read *Lact. vir.*; 11th. line from the bottom, *All. act.* should read *All. sat.*

THE DECEMBER ISSUE:

- Page 871, 1st. line, *Syphillinum* should read *Syphilinum*; complimentary should read complementary.
- Page 897, 5th. line from the top, *Coralia* should read *Coralium rubrum*.

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Feb. 1929), XLII, 43-80

*Coughs and Their Homœopathic Treatment	
— de la Lande, M. D., — Kollitsch, M. D.	45
Case of Cough	
F. Le Tellier, M. D., Paris	71
<i>Belladonna</i>	
— Mouezy-Eon, M. D.	72
<i>Coughs and Their Homœopathic Treatment</i> : Fifty-nine remedies are here epitomized. We abridge the indications for the most unusual: <i>Cimic.</i> , cough each time one begins to speak, worse cold air and during menses; <i>All. sal.</i> , dry cough with pressing pain at nose root with fetid odor, mornings leaving the house, with mucous rales; <i>Alum.</i> , catarrhal subjects with fluid coryza of one nostril the other obstructed, cough at 6 a. m. with sneezing and pain in the temples, nape or axillæ, better warm drinks; <i>Ammon. mur.</i> , dry spasmodic cough, worse cold drinks, agg. 6 p. m.; <i>Anac.</i> , violent dry cough at night, vomiting of thick phlegm in morning in irritable children; <i>Ant. crud.</i> , reflex gastric cough, weak voice; <i>Arg. met.</i> , cough from laughing, easy opaque white sputum, hoarseness of professional singers; <i>Arg. nit.</i> , laryngeal t.b.c., worse tobacco with night sweats; <i>Canth.</i> , convulsive cough in pleuritics, worse sitting in bed, weak voice, pain in the chest on inspiration; <i>Caps.</i> , little catarrhal cough with pain in the head, stitches in back and chest, bladder, knees and feet; <i>Con.</i> , cough worse in horizontal position even by day with acute sternal pain, worse 6 p. m. on; <i>Ham.</i> , cough from tickling with a bit of blood in the morning, dark passive hæmoptysis; <i>Lob. inf.</i> , emphysematous cough as if foreign body in throat pit; <i>Samb.</i> , cough with arrested respiration after midnight, with swelling of the face, vesicle tenesmus, wakes at night; <i>Seneg.</i> , cough of senile asthma with tendency to diarrhœa.	
The second part of this symposium on cough by Dr. Kollitsch gives many interesting indications for remedies in cough, classified according to diseases and location and includes such unusual remedies as <i>Gnaph.</i> , <i>Meny.</i> , <i>Viola s.</i> , <i>Grind.</i> , <i>Hydro. ac.</i> , <i>Vipera torva</i> , <i>Pic. ac.</i> , <i>Sticta</i> , <i>Phell.</i> , etc.	

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Mar. 1929), XLII, 81-120

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On the Therapeutics of Cancer	
— Tessier, M. D., Paris	106
Manic States	
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<i>Fever and Their Homœopathic Treatment</i> : This is a beautiful article with schematic tables of symptoms and the remedies indicated which cover six pages. It should be pasted into every practitioner's repertory. It contains symptoms for such unusual remedies as <i>Helo.</i> , <i>Siegesbeckia</i> , <i>Aranea</i> , <i>Meny.</i>	

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