

Just Out . . .

REPERTORY
of
BIOCHEMIC REMEDIES

by **DR. S. R. PHATAK**

Prof. Materia Medica and Chairman
Bureau of Biochemistry: Bombay
Homœopathic Medical College

Compiled from all available sources and brought up to date. Individual sections are devoted to various systems and organs of the body. Offers a vale of symptoms together with the indicated remedies against each of them leading to quick and real help.

About 300 pages, cloth \$2.00 (Post paid)

ROY & COMPANY

HOMŒOPATHISTS

Princess Street

Bombay. 2. India

VOLUME LII

SEPTEMBER, 1937

NUMBER 9

THE
HOMŒOPATHIC
RECORDER

PUBLISHED MONTHLY BY

INTERNATIONAL HAHNEMANNIAN ASSOCIATION
110 West Broadway, Glendale, California

SUBSCRIPTION PRICE, PER YEAR, \$3.00; FOREIGN, \$3.25

Entered at Glendale, Calif., Post Office as Second-Class Matter, October 2, 1934,
Under the Act of March 3, 1879

Just Off Press!

Quick Help!

DR. H. A. ROBERTS'

"SENSATIONS AS IF--"

DR. ROBERTS' refreshing new book brings practitioners a wealth of definite help on practical treatment. **Quick and to-the-point!**

The book might be called a "special repertory" . . . outstanding in homœopathic literature for the strikingly direct manner in which it guides you to the elusive *simillimum*.

Note the practical arrangement: Individual sections are devoted to the various organs and systems of the body—the Eye, Ear, Ab-

domen, Skin, Heart, Extremities, etc. In each of these sections the symptoms peculiar to it are listed in alphabetical "dictionary" style, setting the key-word out prominently in **bold-face type**. These symptoms cover virtually the whole range of human feeling—expressed in the **living language of patients**.

You run your eye down this alphabetical listing of symptoms . . . find the one you are seeking . . . and immediately following the symptom you are given the drug, the **simillimum**. No time is lost!

519 Pages. Cloth, \$4.50 Net

BOERICKE & TAFEL

1011 ARCH STREET, PHILADELPHIA, PA.

A CENTURY OF SERVICE TO HOMEOPATHY

THE
Homœopathic Recorder

Published Monthly at Glendale, Calif., U. S. A.

By the International Hahnemannian Association, Inc.

BOARD OF EDITORS

EUGENE UNDERHILL, JR., M.D., Term Expires June, 1938

K. A. McLAREN, M.D., Term Expires June, 1939

A. H. GRIMMER, M.D., Term Expires June, 1940

A. DWIGHT SMITH, M.D., Chairman and Business Manager

Subscription, \$3.00; to Foreign Countries, \$3.25 Per Annum

Address Communications, Books for Review, Etc., to
A. Dwight Smith, M.D., 110 West Broadway, Glendale, Calif.

**International Hahnemannian
Association**

OFFICERS 1937-1938

President

EUGENE UNDERHILL, JR., M.D., Philadelphia

First Vice-President

ELIZABETH WRIGHT HUBBARD, M.D., New York

Second Vice-President

THOMAS K. MOORE, M.D., Akron, Ohio

Corresponding Secretary

GRACE STEVENS, M.D., Northampton, Mass.

Secretary-Treasurer

A. DWIGHT SMITH, M.D., Glendale, Calif.

TABLE OF CONTENTS

SEPTEMBER, 1937

PRESIDENT'S ADDRESS	
EUGENE UNDERHILL, JR., M.D.....	387
THE RIGHT ABDOMEN AND PELVIS CONSIDERED HOMŒOPATHICALLY <i>vs.</i> SURGICALLY	
C. P. BRYANT, M.D.....	391
DEALING WITH SUPPRESSIONS IN CHILDREN	
H. A. ROBERTS, M.D.....	407
CLINICAL CASES	
LAWRENCE M. STANTON, M.D.....	412
A CASE OF CEREBROSPINAL MENINGITIS	
WM. B. GRIGGS, M.D.....	416
QUEST FOR REALITY	
GUY BECKLEY STEARNS, M.D.....	419
DEPARTMENT OF PRACTICAL CASE MANAGEMENT	
EUGENE UNDERHILL, JR., M.D.....	422
QUESTION AND ANSWER DEPARTMENT	
EUGENE UNDERHILL, JR., M.D.....	425
BOOK REVIEW	427
EDITORIAL	430

52
1934

(B. Hubert)

Institut für Geschichte der Medizin
der Robert Bosch Stiftung

Printed in U.S.A.
The Church Press
241 South Orange
Glendale, Calif.



ELIZABETH WRIGHT HUBBARD, M.D.
New York
First Vice-President, I.H.A.

THE
Homœopathic Recorder

Vol. LII GLENDALE, CALIFORNIA, SEPTEMBER, 1937 No. 9

PRESIDENT'S ADDRESS*

EUGENE UNDERHILL, JR. M. D., *Editor*

The International Hahnemannian Association convenes once a year and puts on a program essentially homœopathic. Valuable papers and discussions are presented and these records are added to the growing volume of literature and data covering the many phases of the science and art of homœopathic practise. The Association then goes into hibernation for another year. Through the indefatigable efforts of our Secretary and the Chairman of our Board of Editors circulation is maintained through the medium of the *Recorder* and the members of our body are thus able to assimilate the rather limited quantity of nutriment provided each year.

The pressure of economic life is such that we are apparently forced to spend most of our annual cycle in the grub stage. Only for a few days in the summer do we take wing, air and sun ourselves and show our colors.

Thus we follow along the lines of least resistance in harmony with the cyclic course of all life in its slow evolutionary development. Man, however, has the power to alter his course through "self-induced and self-devised effort" if he chooses to do so and in this he is above and beyond all the lower kingdoms of nature. Individual thought and effort must always precede and prepare the way for group effort and action. It is up to us first as individuals to do all we can for our Association, for the *Recorder*, for homœopathy and for humanity. Even here we have put emphasis in the wrong place. The cause of humanity, the relief of suffering and the healing of the nations should take precedence over our organization, our journal, our system of medicine and our standing in the profession.

* Read by title before I.H.A., June 19, 1937.

Altruism is the highest principle or law of life and for most of us its realization seems almost impossible of attainment. Probably the greatest difficulty is to once get going in the right direction. As things stand at present a man is far more concerned about his own case of gout than he is about the suffering and death of thousands through flood, famine or war in some consolingly distant part of the world.

Now just what can we as Hahnemannians do through our own individual and collective effort?

1. Study and devote our best thought and attention to each case which it is our high privilege as physicians to treat so beneficently according to the principles of homœopathy.
2. Instruct our patients as much as necessary for their own welfare in some of the essentials of homœopathic philosophy so they may coöperate intelligently and derive the greatest benefit possible from the treatment prescribed and the advice given.
3. Interest our patients and others in homœopathy and in homœopathic institutions to the extent that some of them would be willing to give both of their time and money to help extend and perpetuate the practise of the true art of healing.
4. Organize or help to organize a local Homœopathic Laymen's League. The group in Washington will be glad to assist in every possible way and they have promised to help set up the machinery and give the engine a turn or two in Philadelphia this coming fall. Perhaps the ideal pattern and the ideal program for the Laymen's League has not yet been evolved. Perhaps another name might appeal more to some of our members, but the fact is there actually is such an organization in existence and it is functioning in a practical and effective way.
5. Organize or identify ourselves with Hahnemannian Round Table Groups. In districts where there are medical colleges one or more students may become interested sufficiently to attend the meetings and learn something of the philosophy, case taking, materia medica and repertory analysis. If no medical students are available there may be

one or more physicians in our community who would like to talk things over or some "old school" man who would really like to find out what it is all about. It is still possible to win converts if we go about it in the right spirit and in a friendly and inoffensive way. The attitude of "I know it all and your ideas are just plain bunk" will only win enemies and strengthen the opposition. The absolutely unselfish approach is always the surest and the best.

6. Keep our dues paid up in the I.H.A. and in other homœopathic societies and as long as we have the strength and the means we can attend the meetings, present papers and join in the discussions.

7. Subscribe to worthwhile homœopathic journals and read them and we can send in questions and answers and do our part toward putting life and interest in these publications.

8. Purchase and use the fine new books and reference works so painstakingly and laboriously prepared for us by our able confreres.

9. Contribute our mite toward the maintenance and growth of the I. H. A., the *Recorder* and other homœopathic associations and their journals and we can be on the lookout for new members and new subscribers.

10. Take an active interest in post graduate instruction in homœopathy and when the occasion presents we can refer physicians and medical students to reliable sources of such instruction.

11. Conduct provings, and if we happen not to know just how to go about it we may easily find out.

12. Prescribe, upon invitation, for our fellow practitioners and for medical students and should our results be striking we may awaken their interest in real Hahnemannian homœopathy.

Our Association cannot be greater than the totality of its membership. As an organization we will do little or nothing unless individually we do something. Let that something be the outward expression of our best, most earnest and sustained effort.

PHILADELPHIA, PENNA.

We, the undersigned committee appointed to report on the President's Address of this meeting, heartily recommend that it be gratefully received and considered as a model for such addresses.

It is clear, concise, constructive and charmingly brief, and full of nourishing food for thought.

A careful study of its contents and application of its suggestions by every individual member of our society will redound to a splendid expansion of our membership in particular, and an uplift to the homœopathic cause in general, as well.

A. H. GRIMMER

C. A. DIXON

R. E. S. HAYES

BOSTON, MASS.

June 19, 1937

SOUTHWESTERN HOMŒOPATHIC
MEDICAL SOCIETY

WILL MEET AT "THE ARCADY"

OCTOBER 8th AND 9th

LOS ANGELES

President

A. Dwight Smith, M. D.,
Glendale, California.

Secretary-Treasurer

John J. Smith, M. D.,
756 So. Broadway, Suite 907
Los Angeles, California.

You are cordially invited to attend

THE RIGHT ABDOMEN and PELVIS CONSIDERED
HOMŒOPATHICALLY vs. SURGICALLY*

C. P. BRYANT, M. D.

The title of this paper has suggested itself to me because of the many puzzling situations arising from right-sided abdominal and pelvic pain. The many and varied conditions that result from pain in this location require careful differentiation.

How many of us have been confronted by a dilemma when a patient states that he has a severe right-sided pain and then places his hand over the right abdomen? The question immediately arises: Is this going to be a strictly surgical procedure, or one that is amenable to the proper homœopathic remedy?

If all organs remained in their proper anatomical relation, the decision in arriving at the proper treatment of this individual would be less difficult, but when one considers that a gallbladder may be located anywhere from the costal border to a location well within the pelvis, and that a kidney may take a like sojourn, diagnosis both of the condition and remedy is complicated.

In acute conditions with septic temperature the properly selected homœopathic remedy will forestall the need for surgery in ninety per cent of the instances. Yet many of these conditions, in spite of homœopathic prescribing, develop into fulminating abscesses with resultant danger of rupture with general peritonitis and death.

RIGHT-SIDED ABDOMINAL PATHOLOGY

Right-sided abdominal pathology requires much more careful differentiation than right-sided chest troubles, where general emergencies are rare. Here, pleurisy may be readily distinguished in right hypochondriac troubles by eliciting friction rub and its location well within the costal border, its aggravation from breathing, and freedom from any rigidity of the abdomen. Sedimentation rate is not affected and seldom is there leucocytosis.

Many and varied are the conditions that may affect the organs of this portion of the body. A proper differential diagnosis of an *existing* condition is necessary to ascertain

*Read by title before I.H.A., Bureau of Surgery, June 19, 1937.

whether the *individual* condition can be cured by homœopathic remedies.

The differential diagnoses in this region may be most confusing, though in the light of present day diagnostic methods there is much to simplify our conclusion.

Let us consider these conditions differentially, both as to diagnostic findings and remedy indicated:

I. PAIN IN THE RIGHT HYPOCHONDRIMUM

This may arise from any of the following organs:

Liver and gallbladder.

Duodenum.

Head of the pancreas.

Right kidney.

Appendix.

Colon.

Adnexa.

Intrathorax disease.

Affections of the spine or chest wall.

Subdiaphragmatic abscess.

II. PAIN REFERRED FROM THE RIGHT ILIAC FOSSA

Appendix.

Adnexa.

Cæcum.

Ureter.

Uterus.

Ascending colon.

I. PAIN IN THE RIGHT HYPOCHONDRIMUM

The gallbladder, as previously stated, may have pain arising anywhere from the costal border to the pelvis, its characteristic pain arising in or near the epigastrium, extending into the back and under the right scapula. Yet this pain may be most confusing in the light of the presence of duodenal ulcer. Both conditions have a peculiar gnawing pain which is relieved by eating or soda, and in both conditions pain arises within two or three hours after eating.

Duodenal pain may extend through to the back, though rarely is it extended to the right scapula.

One striking differential point here lies in the fact that duodenal pain does not reach the height of severity that is found in gallbladder disease, especially when there are small stones present in the gallbladder or cystic duct.

Icteric index here becomes of valuable laboratory assistance. It is high in gallbladder disease and normal in duodenal ulcer.

Differentiation may not be possible without x-ray. Blood sedimentation becomes of valuable assistance.

DUODENUM

Duodenal ulcer often causes deep-seated pain in the right hypochondrium; a gnawing pain, relieved by eating or soda; these pains are sometimes found also in cholecystitis and appendicitis. Differentiation may not be possible without the x-ray. Sedimentation test becomes of valuable assistance. Duodenal ulcer shows slight leucocytosis with normal sedimentation rate. Cholecystitis, on the contrary, shows marked leucocytosis *and* marked acceleration of sedimentation rate. Phlegmonous appendicitis shows marked leucocytosis with normal sedimentation rate. Adnexitis shows slight leucocytosis and marked acceleration of sedimentation rate.

The percentage of free HCl in the stomach contents is more persistently high in duodenal ulcer than in either appendicitis or gallstones. The presence of occult blood in the fæces would favor ulcer. Perforation or severe hæmorrhages from duodenal ulcers demand immediate surgical attention unless the perforation be very limited and the small area affected completely walled off.

PANCREAS

These conditions may also be confused with pancreatic stone, pancreatitis, or malignant disease, though this differentiation is seldom difficult owing to the fact that in acute pancreatic inflammations or calculus the pain is ago-

nizing, extending through to the back or mostly in the median line, and is accompanied by shock, a normal icteric index, and is not affected by the intake of food or soda.

Malignant disease of the pancreas may cause pain in the right hypochondrium. A deep-seated tumor may be felt and there is often jaundice along with a distended gallbladder. Acute pancreatitis must be differentiated from perforating ulcer, gallstones and Dietl's Crises.

DIETL'S CRISES AND RENAL CALCULUS

Two other conditions of importance arising in this location are Dietl's Crises and renal calculus.

Here there are sudden attacks of paroxysmal lumbar pain with nausea and vomiting. There is seldom tenderness on pressure and absence of leucocytosis or acceleration of blood sedimentation. Indications of intermittent hydronephrosis should be looked for; sudden appearing renal tumor with occasional discharge of large quantities of urine; renal attacks occur more during the day, while biliary attacks occur more during the night. Carcinoma in this location would require x-ray. Right renal colic: severe pain in the right hypochondrium or back, extending into groin with frequent urination and urinary tenesmus.

Unfortunately many abdomens have been opened following an attack of Dietl's Crises (where an acute appendix had been diagnosed), when a properly fitting kidney pad, with the addition of fat deposits about a detached kidney, would in many instances have eradicated the condition.

Calculi of the common duct or right or left hepatic ducts bear the same differentiation as do those of gallbladder calculi.

PYELITIS

Pyelitis may cause severe pain in the right hypochondrium but is usually diagnosed by urinalysis. In both pyelitis and renal colic pains usually extend down the abdomen and through the back, thus affording differential diagnosis from gallbladder colic.

Perinephric abscess causes pain in the right hypochondrium and lumbar region, accompanied by septic temperature. Surgery is rarely needed.

OVULATION

Again, ovulation may be confused with appendicitis or varicocele of the broad ligament, a knowledge of which may save the patient operative procedure. The symptoms most common to ovulation are clearcut:

- 1.—Periodic intermenstrual pain, occurring half-way between the menses. (Any time between the seventh and twenty-first day.) Usually precedes the approaching menses by a definite number of days.
- 2.—Pain recurrent periodically.
- 3.—Mostly in women 30 years or younger.
- 4.—Temperature range usually 101° with a leucocytosis of 12,000.
- 5.—No abdominal rigidity.
- 6.—General pelvic tenderness elicited by bimanual examination, though usually more marked on one side.
- 7.—More pelvic than abdominal tenderness.
- 8.—Bloody leucorrhœa, often seen during time of pain.

ECTOPIC GESTATION

Tubal pregnancies may occur anywhere along the course of the Fallopian tube and may be also ovarian. Also has been known to occur in the accessory horn of the uterus and on the fimbria ovarica. The result is the same regardless of location, namely, rupture. Rarely do the first months of an ectopic gestation pass without symptoms which will direct attention to the pelvis as the seat of trouble. Usually the patient misses a period as early concomitant symptoms of early pregnancy, but soon complains of pain in the lower abdomen; in this instance, the right abdomen. The pain is cramp-like due to either uterine or tubal contractions, or both. There may be mild pelvioperitonitic symptoms. After a few weeks irregular bloody vaginal discharges appear, which are usually mistaken for threatened abortion. On the occasion of a jar, strain, coitus or an examination, a sudden severe pain is felt; the patient usually becomes faint or dizzy; may

vomit or be nauseated; symptoms of shock may appear. The symptoms of rupture of the sac are pain on the affected side, sudden, usually excruciating, soon spreading over the lower abdomen. There is evidence of shock and internal hæmorrhage.

This symptom picture gives conclusive evidence of ectopic gestation. Surgery is the only answer.

PERITONITIS

Peritonitis is the end result of many of the foregoing conditions where rupture following any infection within the abdomen or pelvis, namely: perforated gastric or duodenal ulcer, gangrenous or abscessed appendix, perforated intestine from whatever cause, ruptured pyosalpinx, twisted ovarian cyst pedicle, ruptured liver, acute hæmorrhagic pancreatitis.

The picture presented here is sudden severe pain, rapid abdominal distension, great tenderness and vomiting. The patient's facies is sometimes of the greatest importance in helping one diagnose between colic and peritonitis; drawn features, anxious expression. The face is much more anguished with peritonitis than with colic. Jaundice may result from the peritonitis.

Rectal and vaginal examinations should be resorted to whenever practicable. A tender, bulging, appendicular swelling may be felt; or a balloon bowel if there is obstruction; or a sense of free fluid in the pelvic pouch of the peritoneum which serves to indicate that there is something more the matter than some variety of colic. The knee-jerks and pupil reflexes should be tested in all such cases lest tabes dorsalis be the cause of gastric or other abdominal crises simulating peritonitis. Examine the gums for the blue line of plumbism.

The above symptoms may be differentiated from those of varicocele of the right broad ligament, which are as follows:

VARICOCELE OF THE RIGHT BROAD LIGAMENT

No periodical pain; pain severe, more or less continuous. No rigidity. No rise in temperature. Little or no pelvic

tenderness. Pains fleeting. No pain elicited on pressure. No leucocytosis.

CALCIFIED MESENTERIC GLANDS

Again, calcified mesenteric glands may cloud any of the foregoing conditions, the symptoms of which are:

- 1.—Pains mimic appendicitis so closely that many laparotomies have wrongly resulted.
- 2.—Pains usually in childhood.
- 3.—Quiescent tuberculous glands usually precede.
- 4.—Vomiting in rare conditions—especially when pain is severe.
- 5.—Leucocytosis normal.
- 6.—Temperature range normal.
- 7.—No rigidity.
- 8.—Mesentery of the ilium mostly involved.
- 9.—Fluoroscopic examination will usually differentiate from recurrent appendicitis.

THROMBOSIS OF MESENTERIC VEIN BRANCHES

This is probably not very uncommon. The diagnosis of the actual thrombosis is seldom possible at the time unless there is either a pulmonary embolism or an abdominal attack followed by the passage of blood as a complication.

Many intraabdominal thromboses remain entirely unsuspected but they are the commonest cause of the sudden deaths from pulmonary embolism which may occur about the tenth day after abdominal operations that have been apparently successful.

APPENDIX

The pain of appendicitis is so well known that little need be said, although it may often radiate to the right hypochondrium and may be in the nature of a hungry pain. In these instances only the x-ray may be the deciding factor. The tenderness is almost invariably over McBurney's Point. In differentiating from gallstones it is well to remember indicanuria is common in appendicitis and usually absent in gallstones.

The sedimentation rate here becomes a valuable index for the need of surgery: The marked leucocytosis and al-

most normal sedimentation indicating phlegmonous appendicitis, while marked leucocytosis and markedly accelerated sedimentation rate dispels the diagnosis of acute appendicitis. Again, slight leucocytosis and markedly accelerated sedimentation rate corroborate the diagnosis of adnexitis.

AFFECTIONS OF THE SPINE OR CHEST WALL

Refer to osteomyelitis, periostitis, and intercostal neuritis. In these instances surgery is not required, with the possible exception of an osteomyelitis, which in my experience has responded to the properly indicated remedy.

INTERCOSTAL NEURALGIA OR NEURITIS

Sharp, stitching pains coming on regardless of breathing; extremely sensitive to light pressure of the skin; those at the right side respond readily to treatment.

SUBDIAPHRAGMATIC ABSCESS

Bears a history pointing to the precedent gastric or duodenal ulcer, appendicitis, hepatic abscess, or some operation upon the lower abdomen. Onset of pain may be sudden or gradual. Patient runs a septic temperature. Use of the x-ray may be helpful in locating the abscess. There is so much danger in attempting to treat the rapid formation of pus in this region that surgery is the rule, though occasionally this may be aborted by the use of high *Mercurius*, *Belladonna*, *Aconite* or *Bryonia*.

II. PAIN REFERRED FROM THE RIGHT ILIAC FOSSA

In consideration of referred pain in this region, the appendix, adnexa and ureter have been discussed. We now consider the uterus, appendages and ascending colon. Here, again, a variety of conditions make differential diagnosis most desirable.

TWISTED PEDICLE OF RIGHT OVARIAN CYST

This generally produces symptoms analogous to those of strangulated hernia. The diagnosis may be established only when laparotomy is performed.

Pain usually starts in lower part of abdomen before it becomes general, often causing severe tenderness in the region of the appendix. No septic temperature is present in this condition.

COLIBACILLURIA

This is a familiar difficulty in its differentiation from appendicitis. It is common for the patient suffering from this condition to refer to the pain *not* to the back or loin at all, but to the front and lower part of the abdomen, particularly over the right iliac fossa, in such a way that acute appendicitis is indicated. Not a few patients of this kind are invariably operated on for appendicitis.

This condition is most common in children and pregnant women.

ACUTE SALPINGITIS

(or inflammation of the right ovary)

Acute salpingitis is generally secondary to some pelvic inflammation or gonorrhoeal infection.

Here a vaginal smear, the differential sedimentation rate, history of infection, and the clinical course of the disease usually serve to differentiate.

ASCENDING COLON

Iliocæcal kink: Vomiting, ileus, abdominal distension, shock.

Adhesions around the appendix itself: Pains recurrent; pyrexia; most cases are impossible to diagnose.

Tuberculosis of the cæcum: Is diagnosed nowadays more often than formerly. It is nearly always associated with chronic phthisis. Examine sputum. X-ray findings in this region are those of a dilatation of the terminal ilium and an empty ascending colon. (Bierlein's Phenomenon.)

Carcinoma of the cæcum: Diagnosed entirely by x-ray findings. Impossible to differentiate from actinomycosis.

Dysentery and ulcerated colitis: Abdominal pains are usually general, or at least referred now to one, now to another part of the whole colon. Occasionally the pains

may be more pronounced in the right iliac fossa than in other parts. Usually blood and mucus in the stool.

Tumor of the right iliac bone: May be osteoma or chondroma, or it may be malignant. In either case the diagnosis is arrived at by careful deep palpation when the tumor will be felt to be firm or even of stony hardness.

Thrombosis of mesenteric veins: Acute abdominal pain followed by passage of blood and mucus. This condition is probably not uncommon but the diagnosis is seldom made.

TREATMENT

Both surgical and homœopathic treatment are here discussed.

GALLBLADDER

Surgery of the gallbladder need only be resorted to where the condition is so long standing that there are gross structural changes, and where careful remedy selection has failed.

Even cholelithiasis may now be treated with success by the use of the acid, alkaline or neutral ash diets, as indicated, using the urine as an index. These dietetic measures, accompanied by the proper remedy, will sometimes cure apparently intractable cases.

Belladonna: Heat and sensitiveness of the liver to touch; throbbing pains; bright red face; sweats on covered parts only.

Bryonia: Inflammation of the liver; thirst for large quantities of water; coated tongue; aggravation from motion; relief from heat and pressure.

Calcarea carb.: Liver is enlarged; sore to touch; intolerance of tight clothing with ascites; clay-colored stools.

Chelidonium: Fixed pain under the right shoulder blade.

China: (One of our most valued remedies.) Much flatulence; jaundice; ringing in the ears; eructations give no relief; patient is weak and faint.

Digitalis: Soreness over the liver; slow or irregular pulse; clay-colored stools.

Mercurius vivus: Perspires easily; foul breath; worse

lying on right side; jaundice; tongue bears imprint of teeth.

Kali bi.: Pain right hypochondrium; gnawing pain relieved by eating; thick tenacious mucus, either in stool or expectoration.

Natrum carb.: Debility; worse in summer; swollen feeling; gnawing pain in stomach, relieved by eating (*Graphites*).

Lycopodium: Acid eructations; pain in right hypochondrium; worse 4:00 to 8:00 P. M.; brick-dust sediment in urine.

Berberis: For gallbladder colic.

Calcarea carb. has been successful in treating calculi (*Chionanth.*, *Hydr.*).

GASTRIC ULCER

Argentum nit.: Great gastric distension; frequent eructations, very loud; pain in stomach radiates to other parts of the abdomen; great craving for sweets, which disagree.

Arsenicum: Burning in stomach; restlessness; nightly aggravation (12:00 to 1:00 P. M.); exhaustion; apprehension; fear of death; vomits soon after eating.

Kali bi.: Thick tenacious mucus; relieved by eating or soda; round ulcer of the stomach; pains migrate quickly.

Phosphorus: Restless, mostly the legs; craving for cold, acids and salty foods; hunger soon after eating; sour taste and eructations, water vomited as soon as gets warm in stomach.

Except in perforating ulcers of the stomach, or uncontrollable gastric hæmorrhage, surgery is seldom called for in gastric ulcer. The properly selected homœopathic remedy will bring about permanent cures in by far a great majority of cases.

Where surgery is required, subtotal gastrectomy is the operation of choice.

PANCREAS

What is said of calculi of the gallbladder also pertains to calculi of the pancreas.

Phosphorus: As described under gastric ulcer.

Carbo an.: Burning, griping pains in epigastrium; repugnance to fat food; sour eructations; weak, empty, gone feeling in stomach.

Iris: Burning of whole alimentary canal; sour vomiting; vertigo followed by headache, or partial blindness followed by headache; nausea; profuse saliva.

Iodine: Ravenous hunger and thirst, yet the patient loses weight; empty eructations as if every particle of food were turned to gas; anxious, worried; enlargement of the liver; whitish, frothy, fatty stools.

Mercurius vivus: As for gastric ulcer.

Chionanthus: Dry mouth, not relieved by water; griping feeling as though a string were tied in a slip knot in the region of the epigastrium and suddenly drawn tight and gradually loosened; stool soft, yellow, pasty.

DIETL'S CRISES

Is strictly a surgical condition, except an occasional cure by the use of kidney pad and the increase of abdominal fat.

RENAL COLIC, CALCULI

Phosphorus: In the pathogenesis of *Phosphorus* we find that it destroys bone, disorganizes the blood. It is especially useful in tall, slender persons, narrow-chested, with thin, transparent skin; great nervous debility; very sensitive to external impressions, noise, odors, touch, electrical changes; great lowness of spirit; apprehension; loss of memory; craves cold, salty and sour; sour taste and sour eructations; water is thrown up as soon as gets warm in stomach; hematuria; turbid urine, brown with red sediment.

Mercurius cor.: Low spirit; urination frequent, painful with marked tenesmus; urine thick, acid, albuminous, containing granular, fatty and bloody casts.

Arsenicum alb.: Restless, fretful, apprehensive, worse after midnight; headache with vertigo; œdema of lids; burning on urination; urine scanty, dark, yellow, turbid.

Lachesis: Vertigo, flickering before the eyes; vision dim with flicker before eyes; aggravation during and after

sleeping; frequent urination; urine copper-colored or like coffee grounds, containing high percent of albumin; patient cannot bear anything tight about body.

Cuprum ars.: Vertigo, confusion, dark spots before eyes; frequent urging to urinate, burning lasting some time after urination; urine is dark red; great nausea; cramps in abdomen, fingers and toes.

Pareira brava: Sensation as if bladder were distended; pains go down thighs; constant urging with great tenesmus; pains go down thighs during efforts to urinate; can emit urine only when he goes on his knees; incontinence after urination; violent pain in glans penis; itching along urethra. (*Parietaria*—*Renal Calculi*.) Fearful dreams of being buried alive.

Lycopodium: Most often indicated for urate stones; worse right side of body or travels from right to left; intellectually keen but weak muscular development; worse 4:00 to 8:00 P. M. Craves everything warm; acid eructations (water and gas); pain in the back before urinating; ceases after flow; slow in coming; must strain; heavy urate sediments; polyuria, during night.

Argentum nit.: Great desire for sweets; splinter-like pains; melancholic; hurried; time passes slowly; tremulous; eructations very loud; incontinence of urine; urethritis with pain, burning and itching, pain as from splinter; urine scanty and dark; emission of a few drops after having finished urination; bloody urine; worse from warm and cold foods, sweets; left side; better from eructations, fresh air, cold, and pressure.

Sarsaparilla: Despondent, sensitive, easily offended, ill-humored and taciturn; urine scanty, sandy, containing mucus, bloody; severe pain at conclusion of urination; urine dribbles while sitting; child screams before and while passing urine; mostly right kidney calculi; tenesmus.

Berberis vulgaris: Rapid change of symptoms; shifting pains; thirst alternates with thirstlessness; hunger alternates with loss of appetite; old gouty constitutions; pain in regions of kidneys is most marked; useful in both gallstones and renal calculi; hæmaturia; burning on urina-

tion; sensation as if some urine remained after urinating; urine contains thick mucus and is bright red; mealy sediment; bubbling sore sensation in kidney regions; pain in thighs and loins on urinating, and burning pains when not urinating.

Ocimum canum: Pain from kidney into ureters with passage of red sand in urine. *This remedy is one of the greatest remedies for renal colic.*

Polygonum: Colic and calculi. (*Polygonum persicaria.*)

Juncus effusus: Great solvent for renal or gallstones.

APPENDIX

Bryonia: Is the outstanding remedy for the first stage. Aggravation from motion; thirst for large quantities of water at long intervals; hot, dry, parched lips; constipation, stools hard and dry; relieved by lying on painful side.

Belladonna: Bright red face; dry throat; sweats on covered parts only; restless; excitable.

Nux vomica: Irritable, ineffectual desire for stool; thin, spare; active mind; nervous, worse from noises, odors and light; ineffectual efforts to vomit; sour taste; sensation of weight in stomach.

Rhus tox.: Listless, restless, movement relieves; apprehensive at night, cannot remain in bed; bitter taste; drowsy after eating; pains relieved by lying on abdomen. Inguinal adenopathy.

Other remedies according to symptoms of individual patient.

DYSENTERY AND ULCERATIVE COLITIS

Time forbids discussion of the extensive number of remedies necessary for the treatment of this condition. Suffice it to say that it is not a surgical condition as understood by the homœopathic profession, usually yielding readily to the properly indicated remedy.

ADNEXA

Homœopathic treatment of diseases arising in the adnexa are successful when patients are seen in the early stages:

Ferrum phos.: Will usually abort acute inflammatory

condition, whether it be streptococcus, staphylococcus or gonorrhœal. This remedy stands midway between *Aconite* and *Belladonna*. Patient is full-blooded and robust but nervous; sensitive; anæmic with false plethora; prostration, pulse soft and flowing; less anxious and restless than *Aconite*. Stools watery, bloody and undigested. Vomiting of undigested food; aversion to meat and milk.

Cannabis sativa: Painful urging to urinate; stitches in urethra; burning while urinating extending into the bladder; thick, yellow, excoriating discharge from vagina or urethra.

Hepar: Especially scrofulous and lymphatic constitutions; great sensitiveness to all impressions; tendency to suppuration; septic temperature; slightest cause irritates him; stitching in region of liver, worse from pressure; longing for acids, aversion to fat.

Mercurius vivus: Septic temperature; sweating, worse at night; foul breath, salivation; furrowed tongue, taking indentation of teeth; great thirst with moist mouth; stabbing pains; chilliness, and urinary or rectal tenesmus.

Any remedy, which may be indicated, regardless of localization, will cure the case and surgery need only be resorted to when there is neglect of early treatment.

AFFECTIONS OF THE SPINE AND CHEST WALL

Mezereum: Periostitis before the stage of suppuration; worse from touch; nodes; necrosis; nocturnal bone pains; exostosis of tarsal bones. (*Platinum muriaticum.*)

Hepar: Scrofulous; sensitive to all impressions. Worse from slight draft; all slight wounds suppurate. Lymphatic constitution. Eruptions and adenitis. Promotes discharge of all suppurative processes. (*Merc. high early aborts.*) Craves sour, splinter pains, lesions spread by papules around old lesion.

Mercurius vivus: Lacerating pains, sweats without relief, worse at night; foul discharges; adenitis. Profuse saliva with great thirst; foul breath; spongy bleeding gums; metallic taste. Tongue takes indentations of teeth. Worse from warmth of bed (*opposite Hepar*). Tenesmus.

Calcarea carb.: Baehr claims that this remedy is superior

to any in caries of the vertebræ. Curvature of spine. Rickets, sour sweat.

Phosphoric acid: Hip disease and caries of spine. Sensation in the bones as if scraped with a knife. It is a remedy that corresponds to the extreme debility found in rickets, and is a valuable remedy in that affection.

SUBDIAPHRAGMATIC ABSCESS

The same remedies apply here as apply to abscess anywhere in the body, and surgery is only required in indicated cases.

SEATTLE, WASH.

Oct. 7, 1892. A scrofulous, sandy haired man, forty-three years old, has stitching pains in left side of the face and scalp constantly changing location.

While sleeping before an open window, facing the north in early March twenty years ago, a cold northeast rain-storm came on. He awoke in the morning with the left side of his face paralyzed, and suffered severe pain for a long time under allopathic treatment. He has had frequent attacks of neuralgia since then, especially in damp weather. On account of the remote cause he received the remedy, which would probably have cured him at the first attack.

Dulcamara CM. Fincke, one powder.

This quickly relieved the pain. The next day was rainy, but he was about his business without the pain which was usually present in wet weather. Thus far (eight months) he has been free from neuralgia.—ERASTUS E. CASE, M. D.

May 13, 1892. A stout, healthy brunette, in the eighth month of her third pregnancy, has had for several days a steady *aching* in the *left temple, extending downward into the face.*

Worse from 9 P.M. into the night.

Greatly aggravated by even slight motion.

The pain leaves the parts sore to touch.

Bryonia alba 30 B. & T., in solution, one teaspoonful every hour until relieved.

A few doses stopped the pain and it did not return.—ERASTUS E. CASE, M. D.

DEALING WITH SUPPRESSIONS IN CHILDREN*

H. A. ROBERTS, M. D.

The problem of suppressions is unquestionably the hardest with which we have to deal. As we look over the medical records of a period of years, we realize that medical problems do change in many aspects; those of a century or more ago had unsanitary and unhygienic conditions as their greatest factor. Authors of that day record cases in which simple lack of cleanliness gave objective symptoms of the gravest type; these are not possible now with the supervision exercised by the public schools. Our problem of the present day is suppression—suppression of excretory functions, suppression of natural symptomatic manifestations. Suppressions of the symptomatic manifestations usually come first, and thus early in life symptoms become masked, if not entirely suppressed, and the guideposts to curative prescribing are destroyed or so misplaced as to be far less valuable.

If we recognize these suppressions we may be able to unlock the conditions. Of course, the vital force overcomes even these impediments to some degree, and the impress of the thwarted energy becomes a part of the constitutional state; so the earlier we can set about the restoration of natural expressions the better for our patient. When we speak of unfolding the case and the reappearance of old symptoms we realize we are considering the elements of this problem of lifelong suppressions. Here we need careful prescribing.

Our repertories give us some help for these conditions, although for such as have become a part of the constitution of the patient, the constitutional remedy as manifested by his symptoms is probably our surest guide. Nevertheless, especially for the earlier manifestations, we find many valuable hints for our assistance. Let us consider briefly the material in Knerr's *Repertory*, and while we do so, let us give thanks that this valuable work has been re-

*Read by title before I.H.A., Bureau of Obstetrics and Pediatrics, June 19, 1937.

stored to us in a new edition.

Of course *Sulphur* stands at the head of our remedies useful in suppressions; perhaps *Pulsatilla* ranks second in importance, particularly for chronic work. *Apis* holds an important place for attacks on the brain following suppressions. Because one of the earliest suppressions impressed upon children is directed toward eruptions of every nature, let us look at the list compiled by Knerr from Hering's *Guiding Symptoms*:

Sulphur: Throbbing headache; vertigo; amaurosis, amblyopia and many other eye troubles; deafness from suppressed measles; chronic laryngitis; typhoid symptoms after suppressed measles; ASTHMA; asthma from suppressed itch; asthma alternates with psoriasis; convulsions; paralysis; glandular affections from scarlatina.

Apis: INFLAMMATION OF THE BRAIN; HYDRO-CEPHALUS AFTER SUPPRESSED ERUPTIONS IN GENERAL AND AFTER SCARLATINA; SHORTNESS OF BREATH; asthma from suppressed urticaria.

Pulsatilla: ASTHMA FROM SUPPRESSED RASH IN CHILDREN, FROM SUPPRESSED URTICARIA, from suppressed eruptions in general; pains in ears after scarlatina; DEAFNESS AFTER MEASLES; TYPHOID SYMPTOMS AFTER SUPPRESSED MEASLES.

Arsenicum: Pericarditis after suppressed measles; asthma from suppressed itch or from suppressed eruptions in general; typhoid symptoms after measles.

Rhus tox.: Suffocation in suppressed urticaria; glandular affections, especially swelling of the parotids, after scarlatina; chorea after suppressed measles.

Zincum: Mania; loss of sensation; chorea; convulsions; somnambulism.

Calcarea carb.: Caries of bones of the ear after scarlatina; glandular affections and swelling of the parotids;

palpitation; EPILEPSY.

Carbo veg.: TYPHOID SYMPTOMS AFTER SUPPRESSED MEASLES; asthma.

Ipecacuanha: Asthma from suppressed eruptions in general or from suppressed miliary rash.

Antimonium crudum: HEADACHE; convulsions.

Other remedies we find noted for the suppression of eruptions and the conditions in which they were indicated, are:

Convulsions: **Camph.**, **Stram.**

Epilepsy: **Agar.**, **Caust.**

Headaches: **Graph.**, **Nux m.**

Paralysis: **Dulc.**

Cerebral troubles: **Cic.**

Diarrhœa: **Hyos.**, **Urt. u.**

Dyspnœa with receding rash: **BRY.**

Asthma: **Verat. a.**; from suppression of acute rash, **ACON.**; from disappearance of herpes in face, **Dulc.**; from suppressed itch, **Ferr.**; from suppression of erysipelas, **Ptel.**; from suppressed eczema after vaccination, **Ammoniac.**

We all know what such remedies as **Bryonia** and **Rhus tox.** do in cases where sweat is suppressed by a sudden dash into cold water, as children love to do on warm days. When spinal meningitis follows, we find **Acon.** useful; otitis, **Cactus**; pneumonia, **Gels.**; paralysis, **Colch.**; toothache, **Cham.**, **Rhus**, **Sil.**; diarrhœa, **Acon.**, **Cham.**

For the diarrhœas of children, suppressed by crude drugging, **OPIUM**, **Zincum**.

And what of the suppressions from the modern methods of preventive medicine? Of course we have learned that **PULSATILLA** is outstanding, but we have come to appreciate also the value of **Phosphorus**, **Sulphur**, and

occasionally the nosodes, particularly **Psorinum**, in anti-doting serum treatment.

For the constitutional effects of vaccination we have long depended upon **Thuja** and **Silicea**; we consider **Phosphorus** here also; and in the nosode group especially **Malandrium**, **Vaccinium** and **Variolinum**.

We have taken into consideration only a few of the suppressions to which children are subject; we have not thought of those children who from earliest childhood are given paretic to quiet them, or those children who are ruled by fear to the complete suppression of their natural mental and emotional development. In either of these conditions we must not forget **OPIUM**, which by its potentization and homœopathicity becomes anti-suppressive.

Nor do we limit ourselves to the suggestions noted for our selection of the *simillimum*. In any case the outlines of the case provide us with guidance to a greater or less extent; but if we understand the underlying cause we often arrive more surely at the proper remedy. There is one red thread running through all these records—the personality of the remedy and its peculiar applicability in certain symptomatic groups. For instance, note the places where *Zincum* has been found peculiarly appropriate in releasing suppressions; these touch, almost invariably, nervous imbalance. *Apis* has its characteristic congestion and inflammation. *Sulphur* expresses itself widely in its characteristic breadth of psoric manifestations.

Nux vomica is often useful in suppressions, but these are usually in older people where there is more mental strain from business affairs, or where the suppressions are due to much crude dosing or the use of alcohol or narcotics. Except as an occasional measure we rarely see the indications for *Nux vomica* in the suppressions of small children.

Carbo veg. may be indicated after suppressions in very small children where dissolution threatens with the characteristic *Carbo veg.* symptoms; into this field of impending collapse that may follow suppressions in frail children we may find *Arsenicum* or *Camphor* useful.

Needless to say, where the indications for a remedy are clearly marked, that remedy is indicated beyond any doubt, regardless of its pathological setting or the causes that led up to the present symptomatology; we can only point out that the remedies mentioned here have been successfully used, by virtue of their own individual characteristics, in like conditions. He who knows his materia medica best is best fitted to untangle these conditions. We can only point out the truth that homœopathy is the best method to deal with these suppressions in children.

DERBY, CONN.

"HOMŒOPATHY"

The Official Journal of the

BRITISH HOMŒOPATHIC ASSOCIATION

A monthly publication which is at once valuable
and interesting to all Homœopathic Practitioners
15/- per annum, post free, from

43 Russell Square - - - London, W.C.1., England

DR. H. A. ROBERTS

(Editor of The Homœopathic Recorder)

THE PRINCIPLES AND ART OF CURE BY HOMŒOPATHY

Is the latest and best work on Homœopathic Philosophy
It should be read by every keen Homœopath
Price 12/6 (postage 1/- extra)

THE HOMŒOPATHIC PUBLISHING CO.
12a Warwick Lane, London, E.C. 4, England
or can be obtained from Boericke & Tafel
1011 Arch St., Philadelphia, Pa.

CLINICAL CASES*

LAWRENCE M. STANTON, M. D.

Perhaps an apology is necessary in offering several of these cases of slight ailments for the Clinical Bureau, as they are lacking in the spectacular element which is expected of a learned paper. However, such cases often require a more exacting casetaking and study on the part of the physician than do the more obvious illnesses, and from the patient's side, a cure of minor sufferings not only means relief, but when the removal of any symptom is according to the homœopathic law, it really constitutes preventive medicine in that it is a step toward safeguarding the individual against future chronic disease.

CASE I: was an elderly man suffering from intense pruritus ani. I saw him infrequently and prescribed for him occasionally for several months without much success. The itching had been most troublesome at night and now I learned that it was rather more marked in the evening than in bed. This was a hint I had not had, and, together with other symptoms of his past history, made a fair picture for *Calc. phos.* which, in the 1M. potency, made an immediate and gratifying cure. To be emphasized is the itching of the rectum in the evening, which is so very marked under *Calc. phos.* Symptoms of the past that helped to verify the choice of the remedy were: sensitivity to weather changes, to draft, to dampness; better in hot weather; weakness of the neck, and neck especially sensitive to cold and draft; headache from straining at stool; crawling or formications in patient's cervical spine—(crawling is italicized in the materia medica under *Calc. phos.*); catches cold if he goes without a hat, if he walks the floor in bare feet, if his feet get wet; the patient's age—*Calc. phos.* so often being indicated in elderly people.

CASE II: A woman of 43. Since returning from the Adirondacks ten years ago where she spent a winter on account of tuberculosis she has had attacks of sinusitis every

* Read by title before I.H.A., Bureau of Clinical Medicine, June 19, 1937.

winter. Last year the antrum was three times punctured. I must interpolate here that I believe many of these so-called sinus cases are really coryzas, or often nothing more than ordinary chronic headaches, neuralgic or otherwise. The patient suffers from right-sided headaches, beginning in the occiput, coming to the front and becoming supra- or infra-orbital. The pain is pulsating, is worse from the least motion, jarring; much flatulence up and down during the time of the headache. She has a stomach that can tolerate little food at a time on account of a filled up feeling, yet when the stomach is empty, there is a gnawing sensation. Much gas up and down, even without the headache. She has pain in the right ovary before menstruation. She is right-sided in most of her ailments. *Lycopodium* 3M. The headaches have ceased, together with the pseudo-sinus attacks. Digestion has improved, with ability to eat a full meal without the distress afterwards. She has gained much in general good health.

CASE III: Three years ago this patient had an eczema of toes, feet and legs—so-called athlete's foot—and more recently, an erythematous dermatitis of the forearms and several attacks of hives. For all of these she has had x-ray and other kinds of local treatment. This external treatment may have been suppressive and accountable for the present acute attack of sinusitis. During this I saw her for the first time. The symptoms were at first very variable in character and indefinite in modalities. She ran an irregular temperature; her severe attacks of pain were periodically worse, but never at the same time; there was a very yellow nasal discharge at times, and at other times, periods of complete nasal obstruction. The pains were left-sided—in the nasal bones, in the face, supra-orbital, frontal, occipital—never constant in any place. They were of every kind, sometimes of the crescendo-decrescendo type. Their severity had reduced this stalwart patient to tears. A number of remedies were prescribed with but little benefit. Now two important characteristics developed. Numbness over the painful areas became marked and the pains were distinctly pinching in character. Across

the nose, or wherever the pain was intense, it was as if the nerve had been picked up with pinchers. At the same time the pains were becoming more and more of the crescendo-decrescendo type. The patient also now said that numbness in various areas had been quite troublesome in the past. So at last here was a triple indication for *Platina* and *Platina* in the 5c. potency worked a miracle. She made a rapid and complete recovery and is now in better general health than for a long time. The pinching character of the pain was most interesting and is especially worthy of note under *Platina*. There were no mental symptoms of *Platina* in this case.

CASE IV has been my patient for many years and in more recent years developed a marked diabetes. To give you her symptoms would mean a recital of much of the materia medica, so I will not attempt it. A number of remedies had helped her but none permanently and now that diabetes was added to her chronic illness I felt quite desperate over her case. She was much opposed to taking insulin and I was not anxious to have her do so. She was on a strict diabetic diet, but although this kept the urine and blood sugar fairly low, it did little to improve her general health.

Boil after boil, and when one crop cleared up, in a few weeks another made its appearance. Her headaches were almost constant and very severe. Insomnia was marked. From time to time she ran a temperature.

For a time, previous to the diabetes, *Sepia* had helped her very decidedly. Since the diabetes, *Natrum mur.* had seemed to be her chronic remedy, but there was little benefit from it. Of course she had been given *Sulphur* in many potencies, both on account of her actual symptoms and because of its vogue in the diabetic patient.

We had reached now an impasse; the blood sugar had risen to 213 milligrams per 100 cc. blood. Whether in desperation, or by some inspiration, I now prescribed *Natrum sulph.* 8c. potency, and, to everyone's astonishment, the patient began to improve. Boils disappeared and did not show their heads again. Headaches ceased. Blood sugar dropped to 112 milligrams per 100 cc. blood. The patient

is looking twenty years younger. I realize that I may be too sanguine in my report of this case, that possibly the end is not yet, that I may have to give the remedy in several potencies, or even prescribe another before a cure is established. However, whatever the outcome may be, I feel that *Natrum sulph.* has accomplished something very definite in this most difficult case, and that I am not over-hasty in saying "so far, so good".

NEW YORK, N. Y.

A wife and mother, aged forty-seven years, has cortical cataracts in both eyes, most advanced in the left eye.

She is scrofulous, has a dirty looking, unhealthy skin, and is subject to rheumatic pains in the joints.

The menses are late and scanty.

The left side of the face is badly scarred from a burn received in early childhood.

1892, July 18. *Causticum* 1M. B. & T., four powders in one day.

Oct. 13. The vision has improved until recently.

Causticum 40M. Fincke, in solution, four doses in one day.

1893, Feb 9. Right eye clear, some traces of cataract remain in the left eye.

Causticum CM. Fincke, one powder.

May 13. The vision is clear; no traces of cataract in either eye.

She lived twenty years longer with good vision.—ERASTUS E. CASE, M. D.

FOR SALE—Back numbers of *The Homœopathic Recorder* from 1928. \$1.00 per year in the United States, \$1.25. foreign.

A CASE OF CEREBROSPINAL MENINGITIS*

WM. B. GRIGGS, M.D.

The abundance of cases brought to the Children's Building of the Women's Homœopathic Hospital occasionally gives me an unusual case. This is my excuse for reporting this particular case. The one outstanding feature in this case was its age, being four weeks old when admitted to my service.

On November 22, 1936, a white female infant was admitted to my service. The history is quoted from the interne's notes.

- C.C. Fever, constipation, stuporous.
 F.H. Mother and father in good health. Patient is the only child.
 P.P.H. Delivery at full term, instrumental, weighed about 7 pounds, breast fed and in good health up until two weeks ago.
 H.P.I. Mother developed a sore breast two weeks ago when the infant was put on a formula. A few days later it developed a fever, constipation and coryza. About three days before admission to the hospital, the infant acted as though stiff in the legs and neck.

PHYSICAL EXAMINATION: White female infant in fair state of nutrition, body flushed.

HEAD: The anterior fontanelle about an inch long and bulging, otherwise the head was normal in size and shape. Pupils were dilated, reacted sluggishly to light. Ears, nose, and mouth were negative. There is no definite pathology in the lungs.

HEART: Fair muscle tone.

ABDOMEN: Was somewhat distended and tympanitic. Constipation gave way to liquid

*Read by title before I.H.A., Bureau of Obstetrics and Pediatrics, June 19, 1937.

stools. The skin was irregularly flushed.
 REFLEXES: Kernig and Brudzinski were positive.

Further examination of the case made by myself revealed a very sick infant, semi-conscious with body rigid and slightly arched. Head was somewhat retracted. Fontanelle bulging, general cutaneous hyperæsthesia reflexes increased, also a positive Kernig and Babinski on both lower limbs. Occasionally projective vomiting. The temperature was characteristically irregular, the highest 104°. Tentatively we made a clinical diagnosis of meningitis. This infant was so very small and rigid that we could not do a successful lumbar tap as the fluid was too thick to pass through the small calibre needle so that I had to do a ventricular tap through the fontanelle, going through the brain into the ventricle. Now I obtained a heavy purulent milky fluid under pressure. I will append the laboratory report.

Dec. 2, 1936. 15 mills. of milky fluid examined; cell count 5,000; sugar, negative; globulin, distinct trace; differential, polymorphonuclears 86%, lymphocytes 14%. Smear shows numerous pus cells intra and extra cellular Gram Diplococci. Culture of fluid shows Meningococcus.—Hunter S. Cook, M.D., *Pathologist*.

The first prescription in this case was based on a general congested condition of the infant, high fever, dilated pupils, drowsiness, convulsive twitching, general hyperæsthesia. On these general symptoms, *Belladonna* was prescribed. The active symptoms were ameliorated. The infant now was somewhat pale, lying on its left side with its head retracted, losing weight rapidly and presenting all the neurological findings of the former examination with no tendency to amelioration. Because of this stand still state of a very serious case I prescribed *Amorphous Sulphur*, with a gradual clearing up of all the neurological findings. Several brain drainages were made for the pathologist to examine the condition of the fluid. The cell count grad-

ually decreased, the pus cells cleared up so that on December 26, 1936, we had a sterile culture of the spinal fluid, also negative to the meningococcus. The temperature also had come down to normal. The chief symptoms at this time were extreme emaciation, spastic condition of the limbs and constant whining, particularly during the night. Here *Syphilinum* was prescribed. It produced a wonderful effect on this case. The whining and crying ceased at night, the infant began to gain weight slowly, all the pathological and neurological findings cleared up, the infant became hungry, had normal stools and slept well. A final ventricular tap, done on January 11, 1937, gave a normal cell count and normal spinal fluid findings. The exact report says: Cell count 7, globulin negative, culture sterile after 72 hours.—H. S. Cook, M.D., *Pathologist*.

The infant was then discharged, cured.

At the present writing this infant is seven months old, is in perfect health, above normal weight for its age; there are no palsies or sequelæ. The infant is happy and cheerful. This case is reported because of certain outstanding features.

1. Age of the patient, five weeks old, when the disease is almost always fatal.
2. Because of the perfect recovery; no palsies or no sequelæ of any kind.
3. Because two unusual remedies produced marked curative effects; namely, *Amorphous Sulphur* and *Syphilinum*.
4. Because the case was cured by the strict homœopathic law of cure.

PHILADELPHIA, PENNA.

QUEST FOR REALITY*

GUY BECKLEY STEARNS, M. D.

The first step in the quest for reality was when man discovered a difference between appearance and reality and this marked likewise the birth of science. Intuition, substantiated by experimental evidence, led him from the flat earth to a round one; from an earth the center of the universe to an earth which is but an unimportant unit in a group of satellites of the sun; from the sun and its planets as the center of everything to the sun and its planets as only an infinitesimal part of a vast and as yet uncomprehended universe of suns; from the first generalization of matter as consisting of air, fire, earth and water, to matter consisting of molecules in graded sizes and weights and these further related to one another in a mathematical series of groups; from the atom as the ultimate particle of matter to the atom being broken down into electrons, from the concept of the electron as the ultimate unit to the concept of a group of units of different electrical polarity and mass and finally, to the knowledge that, when the speed of matter is increased to that of light, it loses its gross qualities and becomes waves of energy.

The quest for reality has led to profound changes in man's concept of living things. From the idea that all creatures and plants were created complete to the idea that all living things have gradually evolved from some primitive formless state; from the idea that man was set apart as lord of creation to the idea that he is an animal among animals; from vague notions deduced from the colors and shapes of organs to an understanding of the functions and chemical processes related to each organ and from this, to a knowledge that the body is composed of tiny cells, the cells of each organ having special functions which no other set of cells can perform; that the procreative cells are set aside from all the rest and, when mature, divide in two, one-half of the male cell joining with one-half of the female cell to form a new being; that in these cells are smaller bodies—chromosomes—and

*Read before I.H.A., Bureau of Homœopathic Philosophy, June 17, 1937.

inside the chromosomes genes, these being too small to be seen microscopically, yet they transmit all hereditary characteristics through innumerable generations. The number of possible combinations of the chromosomes in any union is in the order of five million billion. In other words, each individual who is born is one in a possible five million billion who might have been born. How unique is each individual! He can never be duplicated, for, once a combination has taken place, the same elements never can be brought together again in the same order.

In the matter of plagues, man's attitude changed from the idea that all troubles are a punishment by God to the realization that they can be understood and prevented or cured by man himself. As regards illness, man's ideas have changed from humors, phlegm, bile, *etc.*, which could be cured by emetics, purges and bleeding, to the idea of microscopic organisms as the cause of diseases and that both cures and immunity can be brought about by means of the organisms themselves and that for some diseases there are still smaller living things—the viruses—which are too minute to be seen by the microscope.

Thus, all approaches to reality lead from the apparent to the unseen, to something which is beyond the perception of our senses. The physical universe resolves itself into energy-waves which are following the laws of entropy to an ultimate dead level of thermal equilibrium, a heat-death. Life is the one force which opposes entropy. Instead of breaking down complex molecules to simple ones as does entropy it builds up complex molecules from simple ones. On this earth, life intercepts the energy which is being dissipated from the sun and stores it up in plants. Our coal-beds and petroleum pools contain the energy of the sun that was transformed by life. Even though life cannot manifest itself in the sun because of the sun's great heat, it is inherent in the sun, or it never would have appeared on earth. Life and entropy are like opposite polarities.

We see the two forces at work in sickness, entropy being the destructive and life the constructive force.

The theory of entropy was not known in Hahnemann's time but Hahnemann intuitively recognized the principle. He recognized in the symptoms of disease the action of vital force in its effort to bring about health as opposed to a contrary force represented by pathology. From his observations of these factors he developed the only possible completely integrated philosophy that is possible in medicine and expressed it in the Law of Cure, *Similia similibus curentur*. Application of this law uncovered a phase of reality that is beyond the likelihood of intuitive knowledge, namely, that characteristics of the original substance remain in dilutions that have been successively made in the ratio of one to one hundred thirty and more times. The fact that these characteristics do exist has been established by more than a century of clinical experience, by controlled experiments with large numbers of guinea pigs, by genetic changes in fruit flies, by easily observed autonom reflex-effects and, recently, by the translation of high potency energy-effects into electrical phenomena which are susceptible of galvanometer readings.

This new reality has a profound significance in both physical and biological science.

NEW YORK, N. Y.

DEPARTMENT OF PRACTICAL CASE MANAGEMENT

EUGENE UNDERHILL, JR., M. D., *Editor*

The law of inertia tends to make routinists of us all. Unless carefully guarded against habits of living and modes of thought will become so fixed and inflexible as to amount to self-imposed slavery. When it is said of anyone that he is very set in his ways it can scarcely be regarded as a compliment.

Routinism is closely related to chronic disease. When an individual reaches the point where he can only eat certain things, must have just so much sleep and can take only a particular kind of exercise or perhaps none at all he is on his way toward enjoying poor health.

Alexis Carrell in his book, *Man the Unknown*, stresses the importance of maintaining one's powers of flexibility and adaptability.

The healthy young adult can stand extremes of heat and cold, feasting and fasting, sleeping too much or too little, running, jumping, working, loafing or whatnot and get away with it. We naturally associate flexibility with youth and rigidity with age.

Everyone needs a change once in a while and that includes the physician as well as his patients. He needs a rest from his patients and they need a rest from him. Even a change for the worse may have a stimulating effect upon the vitality. Especially is this true when necessity drives one to action and gives him something to think about other than his health.

Change should, of course, imply progression. There must be purpose in one's life, some goal toward which one must strive. An aimless wandering about in thought and action can become a habit and a fixed one.

In the management of chronic cases the physician may not have done all that is needful when he prescribed the remedy and modified the diet. A fixed and rigid diet routine might prove very detrimental in some cases. Progress-

ive modification is often required. The physician should study the science of nutrition and continually widen his knowledge of life and of his people so he can intelligently prescribe what is indicated in all the essential factors of practical case management. It is a mistake to overlook the patient's emotional complexes, his environmental set-up, his psychological as well as his physiological requirements. One patient needs a sea voyage, if he can afford it, another should stay at home and for his own health's sake pay strict attention to his business or occupation. Hard work might be a real change for some people.

It is important to give the patient an opportunity to pour out his troubles. This is beneficial and it will give the physician clear indications for handling the case. Sometimes the situation at home is such that the patient simply can't say a word without starting something and a dangerous potential is built up. If the physician can act as a ground or lightning arrester he is performing a very real service and a timely word from the doctor may perhaps change the patient's perspective and help considerably in his recovery.

Many small factors and usually one or more important or determinative ones have combined to bring about an impaired condition of health. Emotional shocks and complexes are often responsible for turning an individual in the wrong direction and unhygienic habits of living help to perpetuate the trouble. Disease begins in the mind more frequently than is generally realized. Many people are suffering from the emotional effects of some moral delinquency. Tormenting thoughts intrude themselves and these thoughts engender fear and a vicious complex is brought about. Disorder begins at the center and diffuses from there throughout the organism. Carelessness, indifference, the shirking of responsibility, dishonesty, clandestine attachments, all are disintegrating in their effect upon both mind and body and they turn one from happiness toward sorrow, from health toward disease and from life toward death.

An earnest effort must be made to arouse the patient's powers of reaction by every means available. Unless something is done to radically change the direction the case is taking, the law of inertia will render resistance increasingly difficult until at last the rut becomes the grave.

Prescribe the indicated homœopathic remedy by all means. It is our most powerful weapon. But do not neglect other essential factors in the practical management of all chronic cases.

WISE'S
KANSAS CITY HOMŒOPATHIC
PHARMACY CO.
 B. L. WISE, Mgr.
 1115 Wyandotte St., Kansas City, Missouri
 MANUFACTURERS — IMPORTERS — EXPORTERS
 Superior Homœopathic Medicines
 Schuessler's Biochemic Cell Salts
 KOLLESOL and Pharmaceutical Specialties
 AT REASONABLE PRICES

Send for our New Physicians' Catalog and Reference Book
 Our Southern California Representative, since 1907:
 Alfred B. Hellbrun, 608 San Fernando Bldg., 406 So. Main St.
 Telephone: Vandike 7686 Los Angeles, California

QUESTION AND ANSWER DEPARTMENT

EUGENE UNDERHILL, JR., M. D., *Editor*

Question: Should patients suffering from chronic ailments be allowed the use of beer, wines or liquors while under treatment?

Answer: No doubt, the majority would be better off without alcoholic beverages of any kind. However, elderly people suffering from failing digestive powers may occasionally be much benefited by taking a wineglass full (two ounces) of dry (sour) wine with their meals.

In several cases marked improvement in the digestion has been observed after such a prescription, all other factors in the treatment remaining unmodified for a time in order to observe the exact effect. Claret, sauterne, or a dry sherry will usually prove satisfactory. Sweet wines are not advised.

NOTE: Correspondence on this question is invited.

Question: Why do so many physicians appear to take little interest in the numerous tests and laboratory examinations so extensively used by hospitals and specialists in diagnosis?

Answer: Some of these examinations and tests are valuable, others are practically worthless. Many of them are really little else than expensive forms of entertainment for the patient and his family and the conscientious physician is therefore reluctant to suggest their employment.

Question: Can anything be done locally to overcome facial acne?

Answer: Sometimes the following procedure will give good results without suppression:

- (a) Bathe the face at bedtime with hot water for several minutes and do not rinse with cool or cold water.
- (b) Then apply a good cold cream and rub in gently.
- (c) In the morning bathe the face with hot water, dry carefully and apply pure ethyl alcohol.
- (d) Avoid use of facial powders.
- (e) Nude air and light baths taken daily with friction over the entire body will activate the skin and help to dis-

tribute the excretory burden and thus indirectly relieve the facial condition.

(f) Diet is important in acne (vulgaris especially). Cut down on all sweets and pastry and all beverages. Eating between meals or upon retiring should be prohibited.

Send questions to the Editor, 2010 Chestnut St., Philadelphia, Penna.

A milkman aged forty-five years has had every day for two weeks fever with headache; <by noise and heat.

Sensation as if there were a seam in the skull surrounding the vertex, and the brain would burst through it.

The pain comes on at 10 A.M. and lasts until 3 P.M. He must lie down and sleep it off.

This patient has had many attacks of intermittent fever treated with quinine, cinchonidia, etc.

Considering his malarial history and the time of onset of the bursting pain in the head, one remedy only is possible.

Natrum muriaticum CM. Fincke, one powder in the evening.

Not a single return of fever or headache followed the prescription.—ERASTUS E. CASE, M. D.

A brunette, aged fifteen years, has had tumors removed from her eyelids several times surgically by an oculist during the last two years. She now has another large chalazion on the left upper lid.

She has frequent *school headaches*; better when dismissed into open air.

Catarrhal hoarseness; worse from using the voice; better from expectorating a little white mucus.

Her feet are always cold and damp.

She sleeps heavily and is tired out in the morning.

1891, April 8. *Calcarea phosphorica* 2c., twelve powders, four per day.

May 21. The tumor is gone and hoarseness relieved. She has not suffered from headache since the prescription although attending school regularly.—ERASTUS E. CASE M.D.

BOOK REVIEW

Sensations As If, by Herbert A. Roberts, M. D., Chairman American Foundation for Homœopathy, former editor of the *Homœopathic Recorder*; published by Boericke & Tafel, Philadelphia, 1937; 519 pages, price \$4.50.

This book fills a long felt need of practitioners of good homœopathy. It is not a materia medica but is a special repertory of "Sensations As If—" grouped under the various parts of the body. It is very simple and easy to use and gives information that cannot be found in the ordinary repertories. Dr. Roberts spent several years going through the various leading homœopathic works in compiling this volume.

The intentions of the author are well expressed in the following from Dr. Roberts' introduction:

"This must be our instruction to the one who uses this effort—the reassertion of an axiom in homœopathic teaching: *Let the single symptom be only a partial indication to the application of the materia medica. Beware the keynote that is not backed up by knowledge of, or reference to, the materia medica. No single symptom, no matter how 'strange, rare and peculiar', can stand without the support of the well taken case, and the likeness of the whole patient to the remedy.*

"It is true, however, that we may see cases where the regular course of repertorization fails to reveal the *simillimum*. It is in such a case as this that the special repertory may provide a clue to a remedy not included in the general repertory, or not so strikingly brought to our mind. This is the field of *Sensations As If*, as one possible indicator of the elusive *simillimum*."

This book should be on the desk of every homœopathic physician next to Kent's *Repertory of the Homœopathic Materia Medica* and Boenninghausen's *Therapeutic Pocket Book*.—A.D.S.

A railroad engineer of thirty-six years has a tumor, probably sebaceous, under the curve of the helix near the top of the left ear. Its size is that of a hickory nut.

He is short, has a large head and *prematurely old appearance*.

Foot sweat is profuse and offensive.

1893, July 13. *Baryta carbonica* 1M. B. & T., four powders, one every two hours in one day.

Nov. 14. The tumor is now about one-third its former size.

Baryta carbonica 40M. Fincke, one powder.

1894, April 7. Only a vestige of the tumor remains. It has not changed since February.

Baryta carbonica CM. Fincke, one powder.

It soon disappeared.—ERASTUS E. CASE, M. D.

A man, aged twenty-four years, stepped upon a rusty wrought iron nail yesterday while assisting in tearing down an old building. It penetrated the sole of the left foot.

Chilly and sleepless through the night.

The foot is red, hot, swollen.

Pain goes up the leg and spine to the head.

He complains of a quivering sensation internally.

Muscular twitchings are perceptible here and there.

The facial muscles are so rigid that he can scarcely separate the teeth.

1891, March 31. *Hypericum perforatum* 2C. B. & T., in solution, a dose every two hours.

April 1. He rested quietly most of the night and has taken six doses of the medicine.

The pain and nervous symptoms are relieved.

Recovery followed without further medication.—ERASTUS E. CASE, M. D.

A dark-haired widow, aged fifty-nine, has a bursa on the first joint of the second finger of the right hand. For three years it has been so large that a thimble could not be worn on the finger.

Her feet are swollen every night.

Feet burn dreadfully at night, especially the soles.

Urine deposits a red stain on the vessel.

Dislikes to be in a crowd.

Vertigo and faintness in a close room.

Vertigo from sudden motion, from stooping, or descending.

Empty faintness before meals especially before dinner.

1896, Aug. 1. *Sulphur* CM. Fincke, one powder.

Aug. 21. Within the last week she has made a marked improvement in every way. Bursa softer and smaller.

Saccharum lactis.

Oct. 1. The bursa is gone and she is in good health.—

ERASTUS E. CASE, M. D.

A Superintendent of Life Insurance Agencies, aged thirty-five years, has for a long time been troubled with vertigo while walking or riding in cars, especially while walking after riding in cars.

Worse from closing the eyes, but better on reopening them.

Relieved by lying down.

Dull pain in occiput with vertigo.

Nervous and apprehensive when about to transact business, even when it is unimportant.

Health otherwise good. Denies having had gonorrhoea.

1890, July 5. *Thuja* 1M. B. & T., four powders, one every four hours.

Cured.—ERASTUS E. CASE, M. D.

April 5, 1892. An auburn-haired young farmer, aged twenty-six years, of scrofulous diathesis, has had every day for a week several attacks of neuralgic pain, each lasting from one to three hours.

The pain extends over the left eye from the internal to external canthus.

Worse from light.

Better from hard pressure.

Cinnabaris 200 B. & T., one powder every hour until relieved.

Only two powders were taken. The pain did not return.—ERASTUS E. CASE, M. D.

THE SYPHILIS CRUSADE

The loathsome clinical aspects and the far-reaching constitutional effects of syphilis through succeeding generations readily supply a reason to organize for the control and eradication of such a scourge. But the methods adopted by the Public Health Service, which is entirely dominated by one school of medical thought (allopathic), will in the end do more harm than good.

The foolish and misleading results that must follow from universally testing everyone, children and adults alike, with the Wasserman blood test for diagnostic purposes, is nothing short of a most revolting crime against the individual and the public weal.

We are warned by the leading allopathic authorities on the subject that a diagnosis of syphilis should never be based on a positive Wasserman alone, because the blood of a large percentage of people not having syphilis will give a positive Wasserman reaction. The negro race is especially prone to give a Wasserman positive; tuberculosis, chronic malaria, jaundice, visceral cancer, yes, and even a pregnant woman may give a positive Wasserman reaction.

On the other hand a negative Wasserman is not a guarantee that an individual is syphilis-free; for many known cases of nerve, spinal and brain syphilis will give a negative Wasserman blood reaction.

In the light of these facts, why brand hundreds of innocent and syphilis-free individuals as social outcasts and pestilential units of infection as well as subject them to a false, inappropriate and harmful treatment for a disease they do not have? All of this will add tremendously to the increase of illness instead of its curtailment and mitigation.

It is hard to believe that the real leaders of scientific medicine could endorse such a loose and indiscriminate procedure as is now being pursued in Chicago, viz., the insistence on a Wasserman blood test for all. If the disease has reached the high percentage claimed, fifteen to twenty percent of the population, we can find no comfort from the methods and ministrations of empirical medicine since

such methods have dominated the field of control and treatment in the past, and present conditions with the whole gloomy picture are but the result and sequence of such empiricism.

Not long ago the world was intrigued by the 606 experiment of Ehrlich which were eventually run up to the 909 and finally faded away into thin nothingness to be followed by many experiments in other hands with the various preparations of bismuth.

Prior to these experiments of Ehrlich were those made with massive and poisonous doses of mercury in numerous forms, all of which took a heavy toll of the hapless victims suffering from a horrible disease made doubly destructive by ignorant and unscientific treatments. Judged by the facts, the only benefit derived from this hysterical and brazen crusade will accrue to the manufacturing medical chemists, laboratories and empirical doctors, for which the public must pay in greatly increased sickness and consequent expense.

The world is ready to receive a program of education and instruction for the disbursement of useful knowledge treating of the habitasis, origin and causes of the disease with the object of prevention rather than of doubtful cures.

If the public could be impressed with the certainty of venereal infection and with the uncertainty of its cure, together with the attendant sufferings and far-reaching effects resulting from promiscuous and illicit sexual intercourse, far more good could be accomplished for the eradication of all venereal infections than has been done by all the so-called treatments of empirical medicine.—A.H.G.

PROFESSIONAL DIRECTORY

The doctors listed below are members of the International Hahnemannian Association
\$5.00 per year

MASSACHUSETTS

Telephone 6-0553

PLUMB BROWN, M.D.

175 State Street
HOMOEOPATH
Springfield, Mass.

OHIO

Telephone HEMlock 0043

Office Hours: Afternoon and Evenings
Except Wednesday and Sunday

CHAS. A. DIXON, M.D.

Office and Res., 741 Perkins Park Dr.
AKRON, OHIO

— Professional Directory —
 The doctors listed below are members of The International Hahnemannian Association

CALIFORNIA

CHAS. C. BOERICKE, M.D.
ROBERT L. REDFIELD, M.D.
 Medicine and Surgery
 Hours: 2 to 5, and by appointment
 Telephone: Berkeley 0117
 2200 Grove Street Berkeley, Calif.

JAMES W. WARD, M.D.
 F.A.C.S., M.A.
 391 SUTTER STREET
 San Francisco

A. DWIGHT SMITH, M.D.
 110 WEST BROADWAY
 Glendale, California

DR. H. B. F. JERVIS
 HOMŒOPATHIC VETERINARIAN
 Telephone No. Hollywood 2495
 4425 Lankershim Blvd.
 North Hollywood, Calif.

CONNECTICUT

H. A. ROBERTS, M.D.
 38 ELIZABETH STREET
 Derby, Conn.

J. W. WAFFENSMITH
 M.D., H.M.
 Treatment of
 Difficult and Chronic Diseases
 44 MARTIN TERRACE, Hamden
 New Haven, Connecticut

ILLINOIS (Chicago)

A. H. GRIMMER, M.D.
 Off.: 108 N. State St. Tel. Central 8946
 Hours: 2 to 5 P. M.
 Res. 4133 Drexel Blvd. Tel. Drexel 0155
 Hours: 7:30 to 9 P. M.
 No Office Hours Saturday or Sunday
 Evenings or First Tuesday and Third
 Thursday

NEW YORK

W. W. BLACKMAN, M.D.
 519 CLINTON AVENUE
 Brooklyn, N. Y.

Guy Beckley Stearns, M.D.
 853 Seventh Avenue, New York, N. Y.
 Telephone Circle 7-5980
 Homœopathic Research and
 Chronic Diseases

NEW JERSEY

WM. W. WILSON, M.D.
 28 THE CRESCENT
 Montclair, New Jersey

PENNSYLVANIA

EUGENE UNDERHILL, JR.
 M.D.
 2010 Chestnut Street, Philadelphia
 Hours by Appointment
 Office Phone: Rittenhouse 4589
 Residence Phone: Swarthmore 109

WASHINGTON

C. P. BRYANT, M.D.
 SUITE 1015 SHAFER BLDG.
 Seattle, Washington

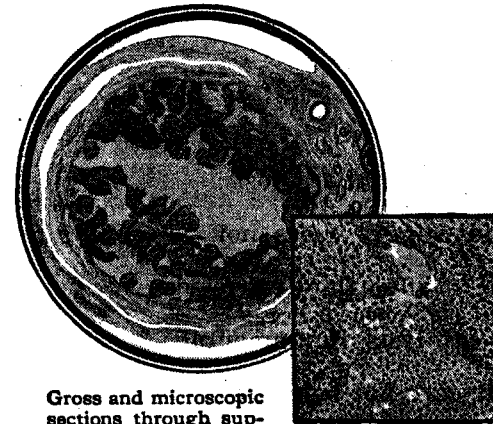
CANADA

DR. K. A. McLAREN
 Hours by Appointment Only
 Kingsdale 4164
 206 BLOOR ST. WEST
 Toronto, Canada

INDIA

DR. N. GHATAK, B.A.
Principal
 Ashutosh Homœopathic College,
 Calcutta. Phone No. 3580, B.B.
Editor "Homœopathic Advance"
 124/1/1, Bowbazar Street
Assisted by
DR. R. C. GHATAK, M.H.S.

Few Regions are the Seat of as Much Pathology as the Female Pelvis



Gross and microscopic sections through suppurating fallopian tube.

In:

**SALPINGITIS
 OOPHORITIS
 METRITIS
 CERVICITIS
 VAGINITIS**

as well as in:

**METRRHAGIA
 AMENORRHOEA
 DYSMENORRHOEA
 CYSTITIS
 BARTHOLINITIS**

Antiphlogistine's

retained heat, its soothing effects, its hygroscopic and capillary-stimulating therapeutic qualities, have a **DISTINCT PLACE** in treatment.

Generous clinical sample and descriptive literature on request from

THE DENVER CHEMICAL MANUFACTURING COMPANY
 163 VARICK STREET • NEW YORK, N. Y.

THE KOCH LABORATORIES

8181 East Jefferson Ave.
Detroit, Mich.

Dear Doctor:

Are your tuberculosis, cancer and allergy cases not doing well? If so the destroyed oxidation catalyts fundamental to immunity are not being replenished. Glyoxylide offers the best means of replacing them and restoring the vigorous oxidation mechanism in the face of which infections, allergies and malfunctions can not exist.

Cordially yours,

Wm. F. Koch, Ph.D., M.D.

READY ABOUT APRIL 1ST Dr. H. A. Roberts' "SENSATION AS IF—"

A refreshing new book that will be eagerly seized upon for the wealth of quick help it offers on practical treatment.

Dr. Roberts' book might be called a "special repertory" . . . distinguished among books for the strikingly effective manner in which it guides to the elusive *simillimum*.

Here is the practical arrangement of the book: Individual sections are devoted to the various organs and systems of the body—the Eye, Ear, Abdomen, Skin, Heart, Extremities, etc. In each of these sections the symptoms peculiar to it are listed in alphabetical "dictionary" style, setting the key-word out prominently in **bold-face** type. These symptoms cover virtually the whole range of human feeling—expressed in the **living language of patients**.

And immediately following the symptom you are given the drug—the *simillimum*. Quick and to-the-point!

ABOUT 450 PAGES. CLOTH, \$4.50 NET.

Orders are now being taken for Dr. Roberts' new book. If you will send your order it will be placed on file and a copy sent you the day of publication.

BOERICKE & TAFEL

1011 ARCH STREET Philadelphia, Pa.

Pacific Coast Journal of Homœopathy

A quarterly magazine of real homœopathy,—140 Pages
Published by the California State Homœ. Medical Society, and Official
Organ of the California, Washington and Oregon Homœ. Societies

CHAS. C. BOERICKE, M.D., Editor

Subscription \$3.00 per year—Foreign \$3.50, postpaid. Sample copy 50c anywhere.

Address 2200 Grove Street, Berkeley, California

REPRINTS

	2 pp.	4 pp.	8 pp.	16 pp.	Cover with titles
25 copies	\$2.25	\$3.75	\$ 7.75	\$ 9.00	25 copies \$1.75
50 copies	2.50	4.00	8.25	9.75	50 copies 2.00
100 copies	2.75	4.25	9.00	10.75	100 copies 2.25
250 copies	3.75	4.75	10.00	12.00	250 copies 2.75
500 copies	5.25	5.75	11.75	14.25	500 copies 3.05

(Must be ordered within two weeks of publication)

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

110 West Broadway, Glendale, Calif.

EHRHART & KARL
HOMŒOPATHIC PHARMACY
BOOKS

<i>Kent's</i> Repertory of the Homœopathic M.M.—4th Edition	\$20.00
<i>Kent's</i> New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts	7.50
<i>Kent's</i> Philosophy, 3rd Edition	2.75
<i>Jervis</i> : The Treatment of Canine Distemper with the Potentized Virus50
<i>Hutchison</i> : Seven Hundred Red Line Symptoms	1.00
<i>Woodbury</i> : Homœopathic M.M. for Students, Nurses and Layman	2.00
The Following Catalogues on Request	
Physicians' Price List	Schuessler Biochemic Salts
High Potency List	Hensel's Mineral Body Foods
	Glandular Booklet
143 N. Wabash Avenue - - - Chicago, Ill.	



'INTERPINES'

Goshen, N. Y. Phone 117



ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Resident Physician

CLARENCE A. POTTER, M.D., Resident Physician

PLEASE BUY FROM OUR ADVERTISERS

Glyconda An alkaline carminative of established value in the treatment of cholera morbus, dysentery and diarrhoea.

Glyconda is also an efficient vehicle when it is desired to mask disagreeable flavors, lessen precipitates or prolong the life of prescriptions by preventing fermentation. Prescriptions compounded in Glyconda will not sour or ferment.

Lloyd's Iron A brilliant green liquid preparation of iron and phosphorus in a form that can be most readily assimilated.

Lloyd's Iron is not astringent, does not disturb digestion, and is pleasant to the taste. It does not precipitate nor turn black in prescriptions with vegetable remedies. Physicians report that it gives satisfaction in the treatment of disease.

Lloyd's Hydrastis The first colorless preparation of Hydrastis.—In use since 1887. Lloyd's Hydrastis carries the inorganics of Hydrastis canadensis together with a balanced (not excessive) amount of the white alkaloid, hydrastine. It is non-alcoholic and mixes clear in aqueous solutions.

LLOYD BROTHERS,
PHARMACISTS INC.

300 West Court Street, CINCINNATI, OHIO