

H112

92/34

40

1925

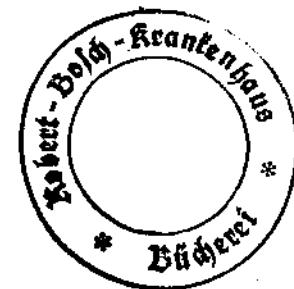
THE

Homœopathic Recorder

PUBLISHED MONTHLY

Volume XXXX

1925



PUBLISHED BY
BOERICKE & TAFEL

PRESS OF
INTERNATIONAL PRINTING COMPANY
PHILADELPHIA, PA.

INDEX TO VOLUME XXXX
of
THE HOMŒOPATHIC RECORDER.

- Anaphylaxis—Lehman, 97.
A Case—Yingling, 158.
Aloe as Related to Liver Complaint—
Chatterji, 314.
Bier—What Shall Be Our Attitude
Toward Homœopathy? 529.
Birthday of Grandma Grisea—del
Mas, 165.
Beam in Our Own Eye—Custis, 348.
Book Reviews—
Medical Record Visiting List or
Physicians' Diary, 48.
Das Aerztliche Volksbuch—Meng-
Fiessler, 383.
Drugs—the Main Cause of Cancer
and a Rational System of Cure—
Mackenzie, 527.
Samuel Hahnemann's Ordnung der
Heilkunde—Das Organon der
Heilkunst—Schlegel, 575.
Cancer of the Tongue—Repertorial
Analysis and Therapeutics—
Woodbury, 49.
Child, A, as I Found It—Jewett, 68.
Clinical Cases—Roberts, 70, 358.
Clinical Cases—Burgess-Webster, 109,
214.
Clinical Cases—Waffensmith, 119,
363.
Curable Cases, A Few—Reed, 202.
Choleraic Complex, The—Boger, 212.
Case Reports—McConathy, 216.
Clinical Cases—Powers, 292.
Cancer Activators—Lehman, 307.
Clinical Cases—Basu, 313, 401.
Case Report—Todd, 356, 410.
Clinical Cases—Smith, 414.
Cure, Just What Constitutes a Real—
Pulford, 405.
Clinical Case—Ives, 403.
Clinical Cases—del Mas, 455.
Clinical Report—Dienst, 463.
Century of Homœopathy in America,
A—Woodbury, 497.
Clinical Cases—Boger, 500.
Daily Dozen in Materia Medica, The
—True, 15.
Does Vaccination Protect?—Pulford,
353.
Drugs Proved and Partially Proved—
Loos, 442.
Department of Homœopathic Philoso-
phy—Close
The Pendulum of Progress—A New
Year Meditation, 29.

- A Carbuncle Case and Some Comments, 76.
 The Seeing Eye, 128.
 How I Became a Homœopathian, 174.
 The New "War" Against Tuberculosis, 218.
 Compensating Correspondence, 271, 318.
 A Country Doctor, 367.
 Incentives to Industry in Homœopathy, 416, 466.
 A Century of Homœopathy in America, 504.
- Editorial Notes and Comments—
 Eczema in Infancy and Childhood, 37.
 An Alumina Phosphorica Case, 41.
 Broncho-pneumonia, Report of a Case of, 41.
 A Comparison of the Skin Symptoms of Rhus rad, With Those of Rhus tox., 43.
 The Medicinal and Preventive Treatment of Rachitis, 44.
 Medicinal Treatment of Dysmenorrhœa, 83.
 Repertory of Infant Symptomatology as Related to the Mental Symptoms, 87.
 The Proving of Drugs, 136.
 Illustrations, 137.
 Radio Dermatitis, 139.
 Malaria Treatment of Paralysis, 139.
- Tuberculin Treatment, 139.
 Effect of Diet on Teeth, 141.
 Fatal Poisoning from Calomel, 141.
 Vaccination by Mouth Against Dysentery, 142.
 Chlorin Gas Treatment of Respiratory Diseases, 143.
 Homœopathy and Propaganda, 185.
 Metabolism of Obesity, 186.
 Basal Metabolism Studies, 186.
 Heart-burn and Yawning, 187.
 Carcinoma of Breast, 189.
 Tobacco and Angina Pectoris, 190.
 Pharmacology of Phosphorus Treatment, 190.
 Treatment of Ivy Poisoning, 191.
 Homœopathy in New York, 230.
 The Important Indications for a Few Remedies in Subacute and Chronic Rheumatism, 231.
 Homœopathy and Pharmacology, 234.
 Treatment of Leucorrhœa, 235.
 The Responsibility of the Hahnemannian Physician in Advising for or against the Employment of Surgery, 235.
 Homesickness in Young Children, 238.
 Cancer and Heredity, 239.
 President's Address, N. J. State Hom. Med. Society, 280.
 Lycopodium in a Case of Suspected Black Fever, 283.
 A Phosphorus Case, 284.

- Dioscorea in Abdominal Pain, 286.
 Sulphur as an Intercurrent, 327.
 A Strange Symptom, 328.
 A Sepia Case, 329.
 Aplastic Pernicious Anæmia Due to Radium, 330.
 Cenchris Contortrix—The Copperhead, 330.
 Pharmacology of Mistletoe, 330.
 Iodin Treatment of Goiter, 331.
 Prohibition and The A. M. A., 331.
 Prophylactic Value of Convalescents' Serum in Mumps, 333.
 Treatment of Typhoid, 333.
 Carbon Monoxid Poisoning in Ford Sedan, 333.
 Phleum Pratense, 334.
 Vaccine Treatment of Whooping Cough, 334.
 Uncertain Value of Iodin in Pulmonary Tuberculosis, 335.
 Oh These Americans, 335.
 Taking the Case, 336.
 The Incurable Case, 375.
 Esoteric Homœopathy, 376.
 Medical Asininity, 377.
 Alcoholism in the Arid United States, 378.
 Sepia, 378.
 Chlorin Gas Treatment of Respiratory Disease, 380.
 Asthenia, Symptom of Carcinoma of Stomach, 380.
 Effect of Yeast on Leucocyte Count, 381.
- Arterial Hypertension, 381.
 Yellow Vision Associated with Digitalis Poisoning, 381.
 Vaccine Therapy of Pertussis, 382.
 Italian Homœopaths Please Take Notice, 422.
 Two Views, 422.
 New Remedies for Old, 423.
 Phleum Pratense Again, 425.
 Tabacum in Sea-sickness, 425.
 Increase in Alcoholism, 426.
 Treatment of Goiter in Infants, 426.
 As Others See and Slam Us, 427.
 Diet in Gastric Ulcer, 427.
 Arthritis Deformans, 427.
 Ammonium carb. in Pulmonary Oedema, 429.
 General Analysis, 429.
 Ulcerous Colitis from Neo-Arsphenamin, 430.
 Camphor Eruptions, 430.
 Dropsy Syndrome from Thyroid Insufficiency, 431.
 Cancer, The Homœopathic Physician and the Public, 473.
 The Interesting History of a Mammary Tumor, 474.
 Kali sulph.—An Illustration, 475.
 Prof. Bier's Attitude Toward Homœopathy, 476.
 Chronic Headaches, 477.
 The Medical Follies, 478.
 Simplicity, Thou Art a Jewell 479.
 Dr. J. H. Allen on Syphilis, 480.

- Transactions of the I. H. A., 480.
When Winter Comes, 500.
- Cravings, 523.
- Varicose Veins and Sunken Arches, 524.
- The Role of Tuberculin in Arthritis, 524.
- Gall-bladder Cases, 525.
- What Shall Be Our Attitude Toward Homœopathy, 573.
- Radiant Commercialism, 573.
- Encephalitis Following Vaccination, 574.
- Homœopathy and Tumors; Cases—Hayes, 1.
- Homœopathic Remedies in Surgery, Keynotes for—Stearns, 22.
- Homœopathic Remedy, The, for the Parturient Woman and Young Infant—Green, 65.
- Healing, Nature's Law of—Lehman, 145.
- Homœopathy—1924, A Clean Record—Pulford, 152.
- Homœopathic Treatment of Enlarged Tonsils and Adenoids—Stearns, 154.
- Homœopathic Education—Schmidt, 433.
- Homœopathic Medicine—The Story of—Bresee, 459.
- Hahnemann and Hahnemann's Organ of Medicine—Krauss, 481.
- Homœopathy, A Century of, in America—Woodbury, 497.
- Just What Constitutes a Real Cure—Pulford, 405.
- Keynotes for Homœopathic Remedies in Surgery—Stearns, 22.
- Lycopodium in a Suspected Case of Black Fever—Chatterji, 209.
- Midwinter Notes—Jones, 122.
- Nature's Law of Healing—Lehman, 145.
- Obituaries—
Frederick H. Lutze, 46.
Joseph P. Cobb, 95.
Alexander L. Blackwood, 95.
William Davis Foster, 192.
Putnam Francis Peet, 287.
J. Henry Allen, 432.
- Oleum Animale, A Sketch of—del Mas, 11.
- Post-Pneumonia Therapeutics—Dienst, 73.
- Puerperal Septicæmia—Shattuck, 110.
- Present Status and Trend of Medical Progress—Underhill, 250.
- Pre-winter Dysentery—Chatterji, 393.
- Prescribing, Routine Pre- and Post-Operative—Stearns, 568.
- Potency, The Study of—Hutchinson, 395.
- Repertory Idea, The—Gladwin, 337.
- Repertories—Boger, 365.
- Strontium carb.—Stearns, 71.

- Some Thoughts on Specialties in Medicine—Burnett, 161.
- Symptoms and the Simillimum—Dixon, 205, 244, 289.
- Snake Venom, The Value of, in Disease, When Homœopathically Indicated—McGeorge, 241.
- Schema for Taking the Case—Stearns, 303.
- Strontium carb. in Neuritis—Hayes, 411.
- Syphilis—Allen, 448.
- Story of Homœopathic Medicine—Bresee, 459.
- Taking Stock—Jones, 19.
- Toxæmias of Pregnancy—MacGown, 193.
- Theridion—Boger, 351.
- Ulcer Cases, Some—Senseman-Harris, 359.
- Vaccination—Does it Protect?—Pulford, 353.
- Was it Epidemic Lethargic Encephalitis?—White, 127.
- What Was It?—Gladwin, 156.
- Whooping Cough—Lehman, 262.
- What is Curable in the Patient, What is Curative in Medicines—Loos, 343.
- What Shall Be Our Attitude Toward Homœopathy?—Bier, 529.

THE
HOMŒOPATHIC RECORDER

Vo.. XXXX. PHILADELPHIA, JANUARY 15, 1925. No. 1.

HOMŒOPATHY AND TUMORS; CASES.*

Royal E. S. Hayes, M. D., Waterbury, Conn.

So many articles discussing the non-surgical treatment of tumors and tending to discourage the surgical have appeared in medical literature the past few years, that it is not unlikely that the time may come when the scalpel treatment, if it be not substituted in toto, may at least be restricted to even more discriminating selection than it is now. The new ideas are at once radical in thought and conservative in practice and I think come mostly from the allopathic school. I hear there has even been organized an anti-tumor-cutting society of responsible proportions, proposing to contend against the gentlemen who wield the instruments. So we may expect a time when it will be the fashion to have more regard for the constitutional and imponderable elements of medical art; we shall have more original and individual investigation; therefore more humanistic interpretation and methods.

There have been reports recently of tumors and malignancies cured principally by the manipulation of diet; as well as of noses and throats being opened up by hygienic and cultural measures. This should arrest the ear, if not the hand of every medical man. On the other hand, I surmise that there is no department of surgery more disappointing, at least to the patient and his friends, than extirpation of hyperplasiae. The new trend against local extirpation appears to be in direct proportion to the investigation of causes and effects and inversely to the surface play of current surgical thought. However, each physician must settle his tumor problems according to his own vision and experience. But it

*Read before the Connecticut Homœopathic State Medical Society, Derby, Conn., October 21, 1924.

cannot be emphasized too much, that the homœopathic vision deserves to be constantly cultivated and enlarged; also condensed into persistent effort. For its possibilities in viable cases are limited approximately only by the possibilities of the prescriber himself, wild as this may sound to the skeptical ear.

That homœopathic medicines have cured in the aggregate many tumors and that probably every physician who has long made a business of intensive prescribing has at least a few cures to his credit, cannot be questioned or considered accidental. The magic of the name Burnett is partly due to his amazing success in the medicinal treatment of tumors. His contemporary, Cooper, had striking results with single drop doses of tinctures of vegetable origin. He had the courage to say that "of all forms of chronic disease none are so easily acted upon as the cancers." Estimating his reports intuitively and allowing some discount in diagnoses, it still appears that his statement was justified, at least so far as he was concerned. Some of the pioneers reported cures or arrested progress as have later workers, the late Dr. Peterman, for instance, and just recently Coleman in the *Journal of the American Institute of Homœopathy*. As to your essayist he will confess that from the beginning of his homœopathic career he was conscious of an urgent ambition to cure tumors. But for years the opportunity to indulge his ambition was almost as difficult as putting the proverbial salt on the fleeting tail. Seldom was a case seen except in transit, generally rapid transit, on the way to the surgeon. This is probably a common experience with the young prescriber. Not until he has learned to grip his patients securely and has stored up in his bones some of the confidence that is deposited from successful craftsmanship, can he hold these patients down and gain much success. The writer's efforts have met with varying success, of course. A few of the cases continuing treatment long enough for fair opportunity, have not responded to the best endeavors. With some, promising results were attained only to be wiped out by a fresh advance of the disease. Some advanced steadily, but were effectively palliated by the single remedy. A few cases have been cured. Many more early cases have been cures than failures. Unfortunately, my actual statistics have been neglected. Homœopaths should keep better statistics.

The medicinal treatment of tumors sometimes requires an apparent departure from the accepted rules of prescribing. This

does not mean departure from the homœopathic principle, but merely a variation of technique. If one prescribes for the patient always and never prescribes for the tumor and uses high potencies only, it is probable that some stubborn nodules will not budge which otherwise would. A tumor is in some degree independent of the constitutional organism, it creates a little *milieu* of its own; it is the next thing to a parasite. Therefore, a high potency capable of effecting general curative reaction may pass right by the tumor, so to speak, and not disturb it at all, while a small dose or doses of the low potency with its coarser and more sluggish radiations, may be more easily thrown toward the periphery, that is, the tumor, and give it a shaking up. It appears that those who report more cures of tumors not only adhere to the single remedy and consistent individualization, but have the knack of successfully wielding the low potency with its more pathologic implications, as well as the high.

I have been much interested in an article by Dr. Grosvenor, in the October number of the *Journal of the American Institute of Homœopathy*, telling of his work with the late Dr. Hinsdale and others in making pathological provings on animals, that is, pushing the drug until it has caused tissue lesions, then studying the results. Dr. Grosvenor mentions an arterio-nephritic case as an example. *Merc. cor.* having caused presumably the same pathology in kind and location was applied in a low potency and if it did not produce a final tissue cure, it did cause substantial improvement. This deserves serious attention. When tissue has become pathologic in structure the organism suffers from three more or less distinct things. First, the pre-existing constitutional disharmony; second, the effects of loss of function in the changed tissue; third, in malignancies especially, the absorption of toxins from tissue degeneration. Here are three possible totalities to be considered. Any one or all of these conditions may produce its own symptomatic reaction and only partially suppress the others, thus producing a mix-up of symptoms. We have to estimate which chain of symptoms is most active or immediately obstructive to the flow of vitality and which are more latent and prescribe accordingly. The constitutional simillimum may occasionally be capable of sweeping all before it, but frequently the more recent obstacles need to be removed first. Even such an imponderable obstacle as nerve or emotional tension may have to be removed

before the constitutional remedy will act. This is what I mean by possible departure from the usual course of prescribing and what Hahnemann meant by the phrase "to know what is curable." It is common experience to get considerable functional improvement and increase of general energy while the pathology remains unchanged. On the other hand, many prescribers could testify to the salvage of damaged tissue with the use of low potencies. Looking at it from another angle, it is not unreasonable to expect that by applying the principle of similia to density as well as to identity, that the lower potency with its lower radioactivity may make contact with and react upon organic substances of low grade, that is, pathological tissue, while highly potentized medicines, those exalted to extremely fine and fluent radiation, would merely pass through without affecting it, something as on a lower plane, the X-ray passes through soft tissue.

If the microscope and laboratory develop a technique of differentiation, accurate pathological prescribing and an adequate repertory, a method capable of removing pathological impedimenta, then the psychic and sensory method will have its perfect medicinal complement and there will be a great addition to the already wonderful resources of the homœopathic principle. Theoretically the two methods are far apart, but in practice the balancing point would be found according to the individual patient and his condition at various times. "The play's the thing." If these modern investigators do their work as well as Hahnemann did with his *Materia Medica Pura*, they will do well indeed!

This long apparent digression is deliberate, because the same material considerations apply in solving the medicinal problems of new growths. In the present status of the medical art it takes accumulated experience and sometimes inspired guessing, in addition to the practical technique, to get good results with tumors. It is a special work adapted to mature experience and the command of leisure.

Of the cases presented I will report the quickest and therefore the most sensational cure first. Then the skeptics, if any, will find that if they can manage that one, the others will go down without choking!

January 3, 1922, Miss R., aged twenty-two, presented a hard lump in the outer segment of the left breast. It was about $2\frac{1}{2}$ x $1\frac{1}{2}$ inches, of irregular outline and not very movable. During the

last six weeks she had not been able to lie on the left side because of soreness. There were piercing pains in it, especially in the evening while lying in bed and before and during menstruation. It had appeared gradually since receiving a blow on the breast fifteen months previous. Both breasts were regularly sore before menstrual periods but had never been so, previous to the injury. Two weeks before, she had undergone an operation for recurrent appendicitis and had a fibroid removed from the uterus. As a tribute to feminine psychology it may be related that she had hid the knowledge of the breast tumor from the physicians, although suffering much from it while in the hospital. The post-operative disability was greatly increased by pulling and soreness in the operated region, apparently caused by adhesions. Moving about too actively caused vomiting in addition to greatly increasing the soreness.

Here were three cardinal features; the soreness and tendency to fixation in a dense hyperplasia following an injury, soreness of the breasts at menstruation periods and abnormal fibrination in the operated region.

Now, there were a lot of other symptoms of which I have segregated the significant ones for convenience in interpretation, *viz.*:

Sickly, sallow complexion; emaciation; lateral scoliosis.

No appetite except for pickles and salty things; thirstless; aversion to sweets; nausea and chills after taking ice cream.

Exhausted sensation in the morning; sleepiness and tiredness after eating; depressed spirits; weeping.

What shall be done, prescribe for the constitutional symptoms? Clearly not. Not only the tumor but the entire process of fibrosis was in an active state and supervening the constitutional totality. Therefore, *Kali mur.* 200th, one dose was prescribed. In two weeks the tumor was about $\frac{1}{2}$ x $\frac{1}{4}$ inch in size and the patient could lie on that side with comfort. Two weeks later the condition seemed to be stationary. *Kali mur.* cm. one dose was given. A group of vesicles then appeared on the abdominal scar and discharged a yellow fluid with further relief of the abdominal soreness. In six weeks from the beginning, no trace of the tumor could be found. Three weeks more and a little soreness was noticed where the tumor had been. Abdominal soreness was

slight. *Phos.* 500, one dose, was now given for the constitutional symptoms and five weeks later, *Arsenicum*. The remaining soreness now disappeared and there has been no complaint since.

If the first case is the most sensational, the next was the most spectacular, although it had a fatal ending. In relating it I shall have to depend upon memory, as the record could not be found.

A middle-aged woman had a large cancerous tumor removed by one of our good surgeons and the breast taken with it. I do not remember about glandular involvement. The area was then faithfully X-rayed several weeks or a few months. The cancerous process rapidly increased, however, until the hard, red, inflamed, nodular, ulcerating, malodorous, crusty process spread over the axilla, across the back, downward across the abdomen and somewhat across the chest. She was unable to lift the arm from the side of the body or move it backward. She was running a temperature, was able to be about, but thrashing and sleepless at night because of pain and anxious forebodings.

Arsenicum modified this acute process decidedly, did away with the temperature and gave rest at night. Then she was put on *Kali mur.* 12th, three or four times a day. After several weeks, perhaps two or three months, the entire thing had disappeared and the motility of the extremity was perfect. All that remained were a few irregularities and fine crusts in the scar.

The woman now took a position in a laborer's boarding house and did heavy work fourteen to sixteen hours a day in a hot room. Appeals and threats were sent repeatedly by wire and by mail, but to no avail. The acute process was renewed like an intense cellulitis, responded to no prescription and carried her off in a short time, I think about two weeks.

A young lady of eighteen had a fibroid of moderate size removed from the right breast. It had long roots which the surgeon had to follow up toward the axilla. The shock of this small operation was not well endured, for it took about five years for the patient to recover her former vigor. In the meantime, three new lumps appeared in the right breast and two in the left. She was quite susceptible to grippe attacks, having a sluggish congestion of the right lung at one time. About ten years ago a severe attack of cholecystitis. Since then recurrent attacks of grippe and catarrh troubles and liver and digestive disturbances. *Sulphur* in all degrees, up and down, was the main feature of the

treatment although *Ars.*, *Phos.* and *Puls.* had to be used for acute conditions. After eight years the tumors in the left breast had disappeared and but one remained in the right, on the original site. Then pains appeared in the left breast, sharp, contracting, with constant dull ache. Both breasts swollen hard and aching before menstruation. *Kali mur.* 100, one dose was given in January and in April the breasts were free from pain and tumor gone. Digestive and catarrh troubles persisted, though her endurance gradually improved.

Was it a tumor cure? No, because recently, three years afterward, a large lump was found in the right breast, nodular, with sharp edges and fastened to the chest wall. Obviously, prophecy would be a delicate matter. *Sulphur*, however, exhibited its tenacity in this case and *Kali mur.* its power over fibrosis.

The next case, a fatal one, illustrates two points, to be seen later. Woman of fifty. At first a small lump in the lower segment of the left breast, freely movable, slightly tender, blood discharging from the nipple at times, history of blow on the breast a year previous. During three years of treatment, progress was up and down, the lump receding at times, only to advance again. There was also high tension, cardiac weakness, arthritis, pelvic and other special troubles to contend with. *Lachesis*, *Kali mur.*, *Calc-fluor.*, *Carcinoma* and *Calc-fluor.* again had specific reducing effect. Even after the axillary glands were involved *Calc-fluor.* 6th softened and reduced them. *Carcinoma* 200 had a remarkable effect on the muddy complexion and general feeling. Another blow on the breast and the advance was rapid, the entire breast becoming hard, red and inflamed extending into the axilla and side of the chest, with fever and general toxæmia, inability to lie down or sleep and much suffering. *Lachesis*, 41m I, was given on its familiar modalities in external infections with wonderful relief, the whole mass softening, pointing and discharging copiously like an abscess. The entire process ceased, the patient could lie, sleep and eat and while failing in general, kept in comparative comfort and died comfortably of œdema of the lungs.

The special features here are the marked palliation with *Lachesis* and the remarkable effect of potentized *Carcinoma* on the muddy complexion. *Carcinoma* has cleared up several muddy complexions for me in a wonderful way, in debility with otherwise insignificant symptoms.

Woman of twenty-nine. Just discovered a lump in the right breast. About 1 x ½ inches, movable, tender, resilient hardness, soreness extending through to the scapula, aggravated by moving the arm and before menstruation. Warm blooded. *Kali mur.* 100, *Sulph.*, 10m., and *Kali mur.* 100 again, consumed six months with intervals of cessation of pain and mammary swelling, the size of the tumor remaining about the same. Then the local condition became much aggravated by cold of any kind, also general sensitiveness to cold; languid; both breasts sore from any cold, even hands in cool water; the lump larger and breast swollen. *Mag. phos.* 900th, and 5m improved five months; then *Puls.* on general symptoms. Cured in fifteen months; no recurrence during the last two years.

Negro boy of fifteen; tender lump in left breast three years; about ¾ x ½ inch; previously had one like it in the right which disappeared after six months without treatment; no other symptoms or history obtainable. *Kali mur.* 12 t. i. d. After a few weeks no trace remained.

Woman of seventy. Large fibrous uterus many years. Suffering every night with an intense pain like sciatica. It had come after being jounced in an automobile. She could not lie at all some nights, at others was aroused after an hour or two of sleep and compelled to walk the remainder of the night. Severe pain also in the rectum and pelvis, dragging, lancinating, throbbing, shooting and other sensations referable to the pelvic condition. This had been going on a month. Examination revealed the pelvic cavity packed solid with a soggy, hard mass which extended high up into the abdomen and was absolutely immovable either above or below.

Bellis per. 6th was given every two hours. No change after twenty-four hours. Prescription changed to five drops of the mother tincture every two hours. Next day reported a few short naps but paroxysms worse when they came. The *Bellis* tincture was ordered to be taken every hour. Next day, the third day of treatment, the condition was decidedly improving. Next and fourth day found the lower extremities œdematous, severe burning ache in rectum, all symptoms coming on worse during sleep and waking her with severe distress. Degeneration and toxæmia was feared.

Lach. 1 m. I. was followed by good sleep and comparative comfort for two days. Then severe, sharp stinging pains, abdomen bloated and sore. *Bellis* tincture every two hours again, continuing eight days when the tincture failed, but a dose of the 1m lasted four days. Then the 10m twenty-three days and again ten days, then no response even from the 50m.

Now changed to *Kali mur.* 12th every three hours, on purely tissue considerations. Continued four weeks and when that failed, one dose of the 200th. By this time the tumor was much reduced and movable and only slight discomforts remained.

Ten days later, new symptoms; ankles and knees weak and giving out under her; soreness in rectum; lameness of left sacral back and down left thigh; hands aching and swollen, face burning; skin inelastic, dents in it remaining long. *Carbo. an.* 1m one dose. No more trouble to date—a year and a half, though the tumor is there yet, I suppose.

Woman of thirty-two. Hard enlargement in left axilla like a fibroid about 1½ x 1 inch with stitching pains; discovered two years previously.

Daily headaches; backache and pain in the lower abdomen, all these of a kind having the familiar sound of *Sepia*. *Sepia*, 1m and 10m, two doses of each, carried her nine months. Then *Psorinum*, 50m, one dose, six months, then *Sulph.* 200, one dose, the tumor at last report being merely a soft, flat film, barely palpable. But that means that it is still there, of course.

Here is one that was quite exciting for awhile. Girl of eighteen. Nodule in left breast about one-half inch round, stony-hard, sore, aggravated before menstrual periods. Had been aware of it for two years. Both breasts sore before periods. *Kali mur.* 200th, one dose.

Pains became worse then better and tumor decreased. A month after taking this remedy constitutional symptoms appeared. Cold clammy feet, worse in the evening; easy perspiration on scalp. *Calc.* 10m, one dose.

Improved a month. Then reported much trouble at menstrual period. Shooting paroxysmal pains and soreness radiating across the chest and down the arm, much aggravated by cold. Spells of feeling exhausted. *Mag. phos.* 9c, one dose.

Improved three months on this. Then sharp pains in both breasts and down arms, worse after menstruation, worse from

warmth of exercise, most severe ones coming on while asleep, direction left to right. New lump growing in right breast, the first one remaining stationary. *Lach.* 1 m. one dose, relieved in two weeks, with right lump decreasing.

Then pains aggravated by heat, soreness inside chest keeping her bent forward, oppressed as from heat, renewed soreness in left breast. *Puls.* 10m removed all pain and she felt so well that she did not report for five months.

Then found the left tumor gone, the right and original one remained. It was irregular in shape and had a long root at the axillary extremity. *Kali mur.* 1m relieved the pains, but three months later the size was found to be the same. *Psorinum* 50m one dose. Three months later no trace of tumor and none during the two years that have elapsed.

Mrs. A., forty-six, found a lump in the left breast two months previous. It was loose, of firm density, lobulated and tender. About $2\frac{1}{2} \times 1\frac{1}{2}$ inches. It was said to have been soft and larger a month before and became sore as it grew smaller and harder. An enlarged, tender gland was found in the axilla. Menstruation had skipped a few times; hot flashes ascending to head; bearing down and dragging first day of period. Poor appetite in summer, faint stomach before dinner; coldness of back and feet; weeping without apparent cause. Suspicious complexion and general dragged-out appearance. *Sep.* 1m, one dose.

Three weeks later general appearance improving and gland not palpable. A little later had influenza and received *Gelsemium*. Two weeks later found her still debilitated. She kept about but had to sit down often. Tired and sleepy, being worse in that respect toward evening. No appetite, bundling up because of coldness, but easy perspiration; aggravation by every change of weather. Tumor softer and flatter. *Psor.* 50m one dose.

Two and a half months later the tumor was pronounced missing, no return to date, four and a half years.

The next case is not reported as a tumor, merely as a suspicion. A woman of fifty but appearing twenty years older, had a fiery burning in the face five years since cocaine had been used for extraction. There were intense fiery burning spells as from burning needles beginning regularly at 4 A. M. and continuing in paroxysms throughout the day. The tongue always felt scalded. There was spray of burning fluid from the salivary glands when-

ever she opened the mouth. Cold relieved, food, drink and everything had to be cold, and was worse with heat of any kind. *Apis.* 1m, one dose.

The first night was worse, then improvement began and continued five weeks. Then an ulcer appeared, forming on the side and under the tongue, extending rapidly in depth and circumference, with grayish base, ragged edges and irregular areola of purple color, varicosity of adjacent veins. Dr. Woodbury saw it and his comment was "Suspicious." I had seen a sore just like it a few years previous and in a few weeks the old lady who had it was dead. However, the subjective symptoms were decidedly improving so nothing was given but *sac. lac.* Six weeks later all symptoms were gone except the scar and continue so to date, five years.

Woman of seventy-six had an epitheliomatous looking sore on the right cheek two years, then it spread rapidly and the entire anterior portion of the cheek became inflamed, a hard lump forming in the center and crusts spreading as the inflamed area advanced. The sensations were of prickling and smarting, worse at night; as if inside the cheek, a creeping feeling as if something were alive in it.

Sulph. 10m, two doses, and 50m, one dose, three in all, during fourteen months, at the end of which time only a trace was visible. Then it began to spread again with sharp stinging pains. *Arsen.* 40m cleared it up absolutely and there has been no trace, objective or subjective, during the succeeding few years.

A SKETCH OF OLEUM ANIMALE.

R. Del Mas, Ph. D., M. D., Hugo, Minn.

Oleum Animale Dippelii is not a very familiar figure in the Hahnemannian Gallery of Remedial Portraits. His origin, which is from a mare, may account for that. Yet, he deserves the casual attention of the homœopathic physician.

He is a chronic sick, weary, tremulous; with a shuffling gait; with sadness and drowsiness; with yawning and stretching, > in the open air; with chilliness and itching of the whole body, a biting itching. His upper limbs tremble and tingle. His knees

and feet are weak and tremble under him, so he sits for relief. His feet grow weak during a headache.

After eating, more so after dinner, his miseries are accentuated. Also at 2 P. M., and lucky is he when the aggravation does not last until 9 P. M. A sense of malaise and prostration overtakes him after a meal, and then also he feels weak, sad and sleepy and indolent. So he sits for relief, silent, and as if overwhelmed with grief, and discontented.

His mind is dull, also his senses. His thoughts vanish easily. For him concentration of the mind is difficult. He feels as if he were in a dream, buried in thought at times and peevish, and dizzy, with a sense of reeling. He often becomes unconscious, at times transiently.

His sunken face has a pale, earthy color, and may present itching, pimples and vesicles on the cheeks. The left side of his face is at times red. His lips chap. His nose, inside and outside, tingles and burns. So does his face. He is apt to develop a dry coryza. You will see him rub his nose, for it itches in the nostrils, sometimes only in the left one.

There is no part of his anatomy which might truly be considered as free from pain. And his suffering sensations are of a drawing, pulling upward character, when they are not stitching. Quite frequently his pains take a direction from within outward, from behind forward. Like *Phos.*, he claims motion $<$, and rubbing $>$, his pains. His extremities pulsate. His soles burn in the afternoon.

If he seeks the open air when he is drowsy, yawning and stretching, he will tell you that in the open air he is liable to develop a tearing headache, a gastralgia or a reeling vertigo.

His sleep is restless, restless with erections. He complains of nocturnal erections and emissions. He dreams of the dead, of murder. He may not remember his dreams. He is almost constantly sleepy and yawning, yet he may be sleepless in the evening, after 3 A. M., and after waking, also from slight noise.

In his mouth he carries a taste which, if not sour, may be greasy or insipid. He bites his cheek while eating. His appetite is diminished. He has a well-pronounced loathing of food, with a feeling of fullness in the stomach. Generally, bread and meat have no attraction for him. He drinks rarely. Cold drinks give

him a pain in the stomach and a sensation of pressure, $>$ eructations. Often his stomach feels as if full of water.

As already stated, eating is generally a source of trouble for him. From eating he gets a tearing or pulsating headache, $>$ rubbing; and, with his headache following a meal, we have an aggravation of his shuffling gait, and of his sadness, weakness and lassitude. He does not vent his ills in anger, irritability or violence, like *Nux v.* No. He takes, on the contrary, after *Phos. ac.*, he sits, sad and pensive, and, who knows if a furtive tear does not at times roll over his sunken features?

In his chronic, nervous, dyspepsia, we notice how sore his epigastrium is. His stomach feels bruised, cold, heavy, empty or burning, and the burning may extend up into the throat. There is nausea with soreness of the epigastrium, with the loathing of food, with a sense of constriction in the bowels; a constant nausea with a pale face, with eructations. The eructations are empty, burning, nauseating. He often gulps up tasteless water, and, in the morning, his eructations are ineffectual. His thirst comes on in the evening. He is thirsty before chilliness; and, in the evening, complains of chills alternating with heat and chattering of the teeth, without thirst and sweat. At times, he feels heat spreading from his stomach over his chest, or associated with a general malaise. Also, as if something were turning about in his stomach, with nausea.

His stitching pains are quite common and both internal and external, generally with an outward direction. He feels them in his upper limbs, in his hands, between the thumb and the first finger; in the nates at 3.30 P. M.; in the knees and the feet, between the scapulæ and the lumbar region; in the head; over and in the eyes, and the outer canthi; in the ears, the chest, the mammæ; in the sides of the chest at 3 P. M.; in the liver and the spleen; in the hypochondria and the stomach; in the teeth and the rectum.

He is apt to have a sensation of heat in the chest, the face, the head, the eyes, the ears, in the abdomen after tasting soup; in the upper limbs. But, such a sensation is due to local congestion and not to an abundance of animal heat, which he is wanting.

His skin bites and itches dreadfully, but without eruption. He also itches in the eyes, in the ears, in the nose, and the tip of the tongue, and on the urethra.

His testicles are sore and very liable to swell. His spermatic cords are very painful and feel as if they were pulled upward, torn,

or simply ache. The testicles may also partake of this drawing pain, even feel as if they were constricted. His sexual passion is increased, but ejaculation is rapid or too quick. He has a pressing pain in the prostate gland, also nocturnal pollutions, burning in the eyes, a sense of lassitude and faintness, urgent frequency and scalding of urination, pain in the spine, in the lumbar region, asthmatic breathing with a sense of constriction in the middle of the chest, tremor of the hands, shuffling of the feet, prostration after a meal, indolence, sleepiness, humming and roaring in the ears, with hearing impaired or lost, and a taste insipid, sour or fatty. All this array of symptoms may be resumed into the condition called *sexual neurasthenia*, but in the state of hyper-irritability, which always precedes that of exhaustion wherein the spinal erection center fails to respond to any stimulus coming from the cerebrum or other sources, and we get, as a closing scene, lack of ejaculation and absence of erection.

To say the least, *Oleum Animale* may be imperceptible to the *naked eye* in the Hahnemannian Gallery of Remedial Portraits, yet he is a striking figure. He has quite a number of personal characteristics that entitle him to be taken out of a dusty corner where he had been put with his face turned toward the wall. Have you ever seen his lips twitch in the morning while he is still sleeping? Loud noises < the humming in his ears. His spermatic cords are painfully drawn upward, < right. He has anxiety in the chest with shuddering pain in the stomach in the open air, and cracking in the cervical vertebræ on raising the head, also lachrymation while writing, and some claim his eyes water also while eating. His sacrum pulsates and his limbs also. He says his thumb may suddenly have a drawing pain. On entering a room he feels as if the blood were rushing to the occiput. At the table he bites his cheek. These are only a few of his peculiarities.

We will leave him with the reader, who will undoubtedly learn from him how easily his lids quiver and tremble, also that he carries a lump in a dry, raw throat from which he scrapes some tenacious mucus; that his greenish urine has a fishy odor; that he has a pressing, crushing pain about the heart and a gnawing pain in the occiput; that his bowels gurgle after dinner, as if diarrhoea would set in; that he has ineffectual urging for a difficult stool, which may be pasty. And at 5 p. m. *Oleum Animale* will tell the reader his ears have begun to sing.

THE DAILY DOZEN IN MATERIA MEDICA.

Richard Smith True, M. D., Boston, Mass.

Aconite.

Fierce burning pains, high fever and pulse,
Temperature high, anxious mental impulse.
Restless and tossing about in the bed,
Dizzy on moving or shaking the head.
Penitent, fearful and thinks he must die,
Alternate impulse to laugh and to cry.
Fear of the dark and of crowds in the street,
Face flushed when reclining, pale, standing on feet.
Wants to be alone and cannot bear the light,
Timid, especially after a fright,
Patient with vertigo, staggers to the right,
Time aggravations are chiefly at night.

Antimonium Tart.

Rattling of mucus when coughing and wheezing,
Cough very tight, raising difficult, sneezing.
Little small patches like smallpox pustules,
And mouth, tongue and surface, are sore, as a rule.
"Feet go to sleep" very soon after sitting,
Unbuttons his collar, too tight or ill-fitting.
Rheumatic sensations, inclination to stretch,
Violent hiccough, with vomit and retch,
Abdomen feels as if stuffed with stones,
Numbness and coldness of limbs to the bones,
Menses too early and only two days,
Three o'clock in the morning awakes in a maze.

Apis Mel.

Squinting and trembling of eyeball at night,
Profuse scalding tears, very sensitive to light.
Boils in the nostrils, much better in cold,
Asthma, œdema of epiglottis of old.
Painful sensations, like stinging of a bee,
Pain in hip joint, and in the left knee.

Pulse hard and small and at times intermitting,
 Pain in the coccyx, and worse after sitting.
 Swelling of hands, of the legs and the feet,
 Ailments are worse when subjected to heat.
 Measle-like eruption, erysipelas of face,
 Worse 3 P. M., no thirst in the case.

Arsenicum Alb.

Constant thirst for sips of water, dreads to be alone,
 Restless, anxious, fear of death, abdomen hard as stone.
 Mental anguish night and day, in vain he tries to rest,
 Fear of robbers, wants to hide, is caustic, full of jest.
 Eyes inflamed, red conjunctiva, always worse in light,
 Specks and ulcers on cornea, weakness, loss of sight.
 Ears are burning, roaring, buzzing, squeezing, shooting pains,
 Headaches oft relieved by ice, but sure to come again.
 Diarrhoea with frequent stools, tenesmus hot and burning,
 Micturition painful, slow, desire oft returning.
 Respiration short and anxious, when ascending height,
 Patient looks for aggravation, one o'clock at night.

Baptisia Tinct.

Has rapid prostration, is restless and sore,
 The bed is too hard, is too sick to say more.
 Discharges are foul, in a typhoidal state,
 His countenance dusky, his pupils dilate.
 Says body seems scattered all over the bed,
 Is drowsy and stupid, eyes closed as if dead.
 White tongue with dark centre, from base to the tip,
 Has sordes on teeth as well as on lip.
 Low fever in Summer, or early in Fall,
 Stools frequent, offensive and acrid and small.
 Rose spots on the limbs, on the bowels and chest,
 Is worse early morning, afternoon at his best.

Belladonna.

Fullness and pressure in forehead and temples,
 Scarlet eruption, with itching like nettles.
 Sparks in his vision, confusion of head,
 Pupils dilated, eyes heavy as lead.

Throat red and shiny, feels hot and is sore,
 Ills appear quickly, and soon are no more.
 Jarring of bed always aggravates pain,
 Tries to start homeward again and again.
 Picking at bed clothes for something he's lost,
 Mutters and growls, sees imaginary ghost.
 Turns in his bed, singing wild requiem.
 Worse after midnight, 3 to 4 P. M.

Bryonia Alb.

Complaints come on slowly, continuous, remittent,
 Increasingly violent, seldom intermittent.
 Has headache in morning on opening the eyes,
 Inclined to reel backward, afraid to arise.
 Is anxious and restless and wants to be alone,
 Has pressure in stomach, after meals like a stone.
 His ailments are worse when opposed and from motion,
 Wants pressure applied and swathed to his notion.
 Serous membranes involving abdomen and chest,
 Relief in perspiration, proves similia in quest.
 Craves water, large draughts, pain in limbs, chiefly right,
 Aggravation 9 P. M. and continues all night.

Calcarea Carb.

Shuddering and dread as the evening draws near,
 Restless and anxious, depression and fear.
 Headache one-sided with empty eructations,
 Pimples on forehead, with ice-cold sensations.
 Hardness of hearing from taking Quinine,
 Shortness of breath, on ascending incline.
 Violent cough, with much rattling in chest.
 Elbows on knees, patient then at his best.
 Gums very tender, they swell and they bleed,
 Child is now teething, refuses to feed.
 Pain in the calf, when he's walking or stepping,
 Worse early morning, inclined then to stretching.

Chamomilla.

Dullness of senses, confusion of head,
 Restless and whining—if interrupted.
 One cheek is red, and the other is pale,
 Aversion to coffee, warm drinks and to ale.
 Heat in the mouth, esophagus and pharynx,
 Hoarseness because of tough mucus in larynx.
 Cracking in joints with pains as if bruised,
 Inguinal hernia, which often protrudes.
 Pulsative pains in a forming abscess,
 Ailments resulting from coffee excess.
 Children oft cry without shedding a tear,
 They want to be carried, bend backward from fear.

Colocythis.

Is averse to maintaining her social relations,
 And many long years suffered mental vexations.
 Neuralgic pains in the teeth and the face,
 Involving left side, where the nerves interlace.
 Has colic with cramps in the calves of the legs,
 Abdominal pains from potatoes and eggs.
 She leans for relief over table or the bed,
 The pains travel upward, from ovary to the head.
 Has violent longing for bread and for beer,
 After either or both, characteristic, diarrhoea.
 Is sleepless and restless, with pains after anger,
 Aggravations in evening and followed with languor.

Gelsemium.

Stupor and delirium, with incoherent talk,
 Limbs feel so heavy, when he tries to take a walk.
 Irritable and cross, when approached or spoken to,
 Dreads to be alone, local tingling through and through.
 Eyelids feel so heavy, they relax and close,
Early morning sneezing, water streaming from the nose.
 Feet are very cold and the face is very hot,
 Heavy dull expression, like unto a drunken sot.
 Grippy colds and fevers of marked malarial type,
 Smokers quit tobacco and lay aside the pipe.
 Numbness of the tongue of a paralytic form,
 Worse at 10 A. M. when signs predict a storm.

Phosphorus.

Headache from thunder and lightning's embrace,
 Tightness of skin of the forehead and face.
 Thinks he's in pieces, can't assemble the parts,
 Band around body, in region of heart.
 Heaviness of chest, shooting pains are felt there,
Dark blood from tissues of body anywhere.
 Conscious of failings, but does not reform,
 Cold water in stomach, comes back when it's warm.
 Hands and the feet as heavy as lead,
 Dreaming of robbers and cruel bloodshed,
 Violent weeping, involuntary laughter.
 Dose aggravation forty-eight hours after.

EDITOR'S NOTE:

Now, dear reader, you've read the dozen;
 No doubt your head by this time is buzzin'
 With jingles so simple, of childhood reminding,
 But aiding withal, the simillimum finding.
 So repeat these verses each morning on rising
 And while reciting, keep on others devising.
 For soon you'll be proficient if this you do!
 Please remember, that all we have said, is *True*.
 We hate to be guilty of this kind of a pun,
 But even poor editors must have their fun.
 So please forgive this hard fall from dignity,
 We crave your pardon, and all your benignity.

TAKING STOCK.

Eli G. Jones, M. D., Middletown, Maryland.

We are now on the threshold of the New Year. May it be a happy, prosperous year to all of us!

"Ring out the old year, ring in the new,
 What will the New Year bring unto you?
 Will it bring sorrow with grief and despair,
 Or will it bring money enough and to spare?"

It is well for us at this time to take an account of stock. What do we really know about healing the sick? What do we know about materia medica? Are we sure of a *definite* treatment for the diseases common to our country? Are we perfectly satisfied with our present knowledge of medicine?

Another year has rolled around, on the silent wheels of time, bringing us just a little nearer to the end of the trail. As the record is made, so must it stand.

The past summer has been, to me, a delightful one, in the Valley of the Catoctin, nestled down among the Blue Ridge Mountains.

General George Washington said of this locality, that it was "the most beautiful place he had ever seen."

I have had more students the past year than for a long time. It would seem that there is a greater interest in the study of materia medica than ever before.

I had one student come from New Zealand, 10,500 miles from here, and also one from England. The one from the latter country, Dr. E. L. Compston, Manchester, England, sent a letter to "The Homœopathic World," London, England, giving an account of his visit to America. The following extracts from his letter will be of interest to my readers. In speaking of his stay under my instruction, he says: "He is a wonderful teacher of materia medica; he just sits there and from his wonderful memory gives the kernel of each drug, adding indications not generally known. What you get, therefore, is concentrated experience. On the personal side, Dr. Jones is a dear old gentleman, full of enthusiasm for his subject, and he is held in very high esteem by doctors in all parts of the States. Mrs. Jones is a delightful lady, so one felt one was with friends indeed."

Dr. Compston, although a homœopath, is the secretary of the regular medical society in that part of England; he has a large consulting practice that extends over England, Ireland and Scotland. He is a *very bright man* and destined to be a *leader* in his profession.

In low blood pressure, so common among our people, we are apt to get *quickness* of the pulse *without* strength; that kind of a pulse means Tr. *Cactus Grand*, 10 drops, after each meal and at bed time. To strengthen the vitality of the patient we may

also give *Kali Phos* 3d x three tablets every three hours. The above makes a *splendid* treatment for *low* blood pressure.

In that form of rheumatism where the pain is in wrists and ankles, *tingling* and *numbness* of fingers, patient unable to *stand*, very restless, very thirsty—the remedy for above symptoms is *Propylamin* (distilled herring brine), fifteen drops in six ounces of water—one teaspoonful every two hours. It will dissipate the fever and pain in a day or two.

The reader should bear in mind the value of *Cimicifuga* in confinement cases. It increases the expulsive pains in a regularly intermittent and normal manner, without any spasmodic irritation. While the *normal* pains are increased, all *erratic*, *rheumatic*, *irregular* and *nagging* pains are *relieved*. Twenty drops of Tr. *Cimicifuga* may be prescribed in half a glass of water, a teaspoonful every hour.

Colchicum is a good remedy in vomiting of pregnancy, when there is clear, *glairy*, *stringy* fluid evacuated. The nausea is aggravated by the *odor of food*.

In children with inanition and malaise, there is *pale*ness of mucous membrane and complete loss of appetite. The child cries if laid on its *back* or whenever *moved*, because of *soreness of muscles*, is dull, inclined to sleep most of the time, often irritable and restless during the night. There is a deficiency of red corpuscles and gradual *emaciation*. The child needs *Natrum Phos* 3d x three tablets every two hours.

In all forms of uterine hemorrhages, as in threatened abortion, menorrhagia, metrorrhagia and postpartum hemorrhage, if there is a dark, heavy, *bluish* ring beneath the eyes, and *persistent* nausea, with *bright red*, liquid blood, the remedy indicated is Tr. *Ipecac* 3d x five drops every fifteen minutes until relieved.

GRIEF, no matter what the cause may be, calls for Tr. *Ignatia*, especially if we have the following symptoms, weeping, *sighing*, chilliness, *frequent* micturition, *loose* stools, difficult *deglutition*, loss of appetite and insomnia. Give Tr. *Ignatia*, 3d x 5 drops every two hours.

When we know materia medica, it enables us to prescribe for the sick *intelligently*, *rapidly* and *successfully*.

KEYNOTES FOR HOMŒOPATHIC REMEDIES IN SURGERY.*

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

Pre-operative Prescribing.

It is claimed, and there is evidence to support the claim, that Phosphorus given in a single dose of a high potency the day before an abdominal operation, will prevent nausea and other distress after operation. Arnica has been used for the same purpose. Staphisagria, given before the incision for circumcision, allays the pain following incision and prevents inflammation.

Such generalising as the above is in accord with good homœopathic methods and every case is a better surgical risk if it is well prescribed for beforehand.

Post-operative Prescribing.

Arnica, given immediately after operation, has a marked control over shock and soreness. It is a good routine practice to give arnica after an operation until symptoms manifest themselves that indicate some other remedy.

Aconite is preferred by some instead of arnica. A differential point would be Arnica where there is more of a shock to the tissues, a depression of the forces due to direct injury, a reaction asthenic in type; Aconite where the reaction is more sthenic, the shock being more mental. The location and character of the operation would be influencing factors. For instance, in operations on tissues that are very sensitive, such as the eye and urethra, Aconite would be more likely to be the remedy. In major operations, Arnica.

Where sphincters are lacerated or stretched, do not forget Staphisagra.

Frequently, one of the above remedies will be all that is necessary to carry a patient through. In the cases where complications ensue, various factors determine the symptoms that follow. Healing starts with an inflammatory reaction and the location

*Read before the Annual Meeting of The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

and tissues operated on determine the character of this inflammation.

The pathological condition of the patient is another factor. Back of everything is the constitution of the individual.

Rhus tox has been a remarkably efficient remedy in relieving the soreness, restlessness and other distress after operation involving the right lower quadrant. The late Doctor Biegler of Rochester, N. Y., called rhus tox his homœopathic knife in appendicitis. Phosphorus has been equally useful for the effects of operations involving the right upper quadrant, especially of the liver and gall-bladder. Arsenic has also been useful here. Probably this is because both of these remedies have an affinity for the liver.

Pulsatilla is indicated where the patient lies with hands above the head, keeps asking for air, and wants the mouth washed frequently.

Nux Vomica relieves the vomiting after operation, when accompanied by much retching; irritability of the patient strengthens the indication.

Phosphorus where there is thirst for cold drinks, but water is vomited as soon as it becomes warm in the stomach. (Chloroform and Pyrogen.) Arsenic and phosphorus are much alike and should be compared in their finer differentiations. The insatiable thirst of arsenic may make it seem like phosphorus.

China relieves post-operative gas pains where there is no relief from passing gas up or down.

Raphanus for incarcerated gas in the upper abdomen.

Aconite relieves the sleeplessness and anxiety following the continued use of morphine.

Vomiting from the smallest quantity of water, arsenic, bismuth, bryonia, cadmium and phosphorus.

Intestinal Obstruction.

In intestinal obstruction, there is no time to lose; patients die in a short time if not relieved, and the passage of a short time may make surgical interference futile. While waiting for the surgeon, an attempt should be made to prescribe, but not opiates. Nux vomica will sometimes relieve where there is much retching, especially if there is also urging to stool. Belladonna, opium,

veratum alb, camphor, and nux vomica where fecal vomiting is present. In a case apparently due to mesenteric embolus, where the vomitus had a fecal odor, nux vomica controlled the condition. There was marked abdominal tenderness, tympanitis and marked aggravation from all odors such as perfume, tobacco and even odor of food.

Stannum has acted remarkably where the pains come and go slowly. It stopped the pain and released the bowels in a case of fecal obstruction. It stopped the pain and removed the necessity for an operation in the case of an old lady with a growth in the left lower abdomen, that caused obstructive symptoms. It cured a left pyelonephritis in a woman, due apparently to impacted uric acid gravel. In all these cases, the leading indication was the gradual onset and gradual subsidence of the pain.

Injuries and Their Complications.

Eye Injuries.

Aconite relieves the distress and inflammation from foreign bodies in the eyes. It is also useful after any injuries to the eyes. Coccus Cacti has a sensation of a foreign body between the upper lid and eyeball, verified many times, and it has relieved the distress from foreign bodies lodged in the eye, that resist the spud. Coccus Cacti is a useful remedy to carry when traveling with children on a train. When a cinder gets in the child's eye, after a few doses of this remedy the irritation ceases and something seems to happen to the cinder and it causes no further trouble. Arnica for injuries to the eye from a blow, with hemorrhage within the eyeball. Ruta where the bone around the eye is injured. Symphitum relieves the pain from a blow on the eyeball and prevents complications. Nux vomica in blood-shot eyes.

Head Injuries.

Arnica relieves headache, dullness, sleepiness, and other symptoms following a blow to the head. Has cured, even when abscess resulted with discharge of pus from the ears.

Stupor persisting, consider opium, which failing, give helleborus. Also, think of Cicuta and Natrum sulph. For the effects

of long past head injuries, Natrum sulph and Cicuta are especially useful.

Calendula in potency, internally, is a specific for infected scalp wounds. Pyrogen may also be useful in infected scalp wounds.

Lacerations, Puncture-wounds, Etc.

Calendula succus is very efficient as a wound dressing for all sorts of lacerations, preventing suppuration and hastening healing. It is called a homœopathic antiseptic. As a matter of fact, it is not antiseptic but probably simulates granulation. It is recommended topically in erysipelas.

Hypericum cures the effects of punctured, incised or lacerated wounds, even when lockjaw has developed. It stops the pain very quickly, if given early, and prevents lockjaw. Injuries to parts rich in sentient nerves—fingers, matrices of the nails, toes, palms and soles. Injuries from treading on nails, splinters, needles, bites of a rat. Two cases of tetanus, a week after injury, were cured after lockjaw had developed. Hypericum cured two cases of coccydina, one of thirteen and one of five years' duration, following falls on the end of the spine. The pain following fracture of the elbow was relieved in ten minutes by hypericum and pain in the hand, following laceration of the arm, was quickly relieved. The pains of hypericum are streaming in character.

Ledum for punctured wounds on palm. A man was injured in the palm from a brass fish-stringer. The wound had been cauterised. Pain was severe, pus formed in twenty-four hours, pain going up the arm. Hand swollen and jaw stiff, cured by Ledum high in forty-eight hours. Keynote for Ledum tetanus, twitching of muscles of wound, and wound apt to be cold. Ledum ointment is useful for punctured wounds.

Dental Remedies.

After dental work, aconite, arnica, merc. prot., hecla lava and staph. Calendula is a good mouth wash after extraction. Hepar Sulph removes pain and swelling after dental work.

In abscesses and decayed teeth, merc. prot. often relieves at once. It has pain in the teeth, better by cold water.

Hecla lava has cured many cases of caries of the jawbone, upper or lower.

Phosphorus has cured cases involving the lower jaw.

Ulcers, Necrosis, Etc.

For ulcers, necrosis, etc., in general, where dead bone has to be removed, calcarea fluorica is useful. Also, silica.

Calendula, internally and externally, for ulcers that will not heal.

Silica for insensitive suppurative processes of all kinds. May be useful for dental apical abscesses. In one case, acted curatively for acute inflammatory rheumatism due to apical abscesses.

Kali bi for ulcers near tibia that look punched out.

Lycopodium, in ulcer of the knee below left patella. Silica, in ulcers after vaccination.

Mercury, flat ulcers on the shin.

Asafœtida, syphilitic ulcers with atrocious pain.

Opium, old painless, insensitive ulcers, blue base, no attempt at healing.

Amputations, Fractures and Sprains.

Arnica is the chief remedy after amputation. Rhus tox, silica and phosphorus are also useful. Arnica given immediately, in fractures and dislocations, relieves the nervousness and pain like magic, both externally and internally. A few drops of arnica in hot water can be applied as a compress. Do not use when skin is broken, as it may cause inflammation resembling erysipelas. Arnica is useful for the first effects of sprain. Ruta is often useful after arnica. Rhus tox often follows ruta and calcarea carb follows rhus tox. Bellis perennis, in sprains where arnica, ruta and rhus tox have failed. Strontium carb is recommended for old sprains. Pulsatilla, temperament and symptoms agreeing, will hasten resolution in sprains or injuries to the ankle. Apis is useful for housemaid's knee.

Cellulitis and Infections.

Rhus tox is a wonderfully efficient remedy in cellulitis and will often abort a beginning suppurative process near the rectum. The color of the inflammation is a mahogany red. Carbuncle

may be aborted if given early enough. The pains are atrocious. Any cellular inflammation accompanied by pain so severe that the patient cannot sleep or be quiet day or night, must walk about all the time. This may follow injuries from punctures, bruises, bites, even though pus has formed. Abscesses and cellulitis very painful, with dark gangrenous colour, are cured by lachesis. Tarentula, anthracinum and arsenic in carbuncles.

Burns and Scalds.

Urtica Urens and cantharides are useful for the effects of burns, used topically and internally. A burn from slaking lime, involving the face and eyes, closing the eyes completely, first cleansed with sweet milk, then kept moist with cantharides 3x, was relieved of swelling and pain in three hours.

Appendicitis.

Belladonna, bryonia, lycopodium, arsenic, colocynth, Rhus tox, carbo veg, and other remedies have cured cases diagnosed as undoubtedly appendicitis. The late Edmund Carleton claimed never to have been obliged to operate on a case and never to have lost a case that he had from the start, during his forty years of practice. Ignatia was a remedy that he found useful at times. Dr. Thomas E. Reed of Middletown, Ohio, makes the same claim. When they first began to operate for appendicitis, he decided that he would follow his own experience. He figured that he might lose some cases but that the surgeons would also and, although he is over eighty years old, he has not yet lost a case.

Appendicitis is a treacherous condition, and one must know his drugs, and never sleep on the case if he relies on homœopathic prescribing alone.

Boils, Carbuncles.

Hepar, sulphur, silica, echinacea, arnica, belladonna, tuberculin and pyrogen will take care of most boils without resorting to surgery.

Rhus tox, Arsenic Anthracinum, Lachecis and Tarentula will cure most cases of carbuncle.

Obstetrical Remedies.

Yingling's *Accoucheurs' Emergency Manual* is one of the most valuable instruments to carry in the obstetrical bag.

Remedy indications for obstetrical conditions are clear cut and there is no padding. The slack time while waiting is well utilized in running through this incomparable book.

After normal labor, arnica takes away the soreness, quiets the nerves and prevents after-pains. Pyrogen or rhus tox is required in a few cases.

Pyrogen is one of the most useful remedies in puerperal sepsis. Kali carb is also useful where there is great distension, easy sweat, sensitiveness to touch and sharp wandering pains.

Calculi.

Chelidonium, calcarea carb, china, bryonia, belladonna, nux vomica, berberis, chamomilla and other drugs have relieved the pains of gall-stones. Lycopodium, nux vomica, berberis, belladonna, magnesium phos, and other remedies have done the same for renal calculi. There are a great many remedies that relieve pain homœopathically and, to use them successfully, one must acquire the habit of thinking homœopathically for all conditions. When attempting to prescribe for patients who are passing calculi, failures will occur, but at least the attempt should be made. A skillful prescriber will rarely have to resort to an opiate. However, the best of prescribers will fail occasionally. The value of homœopathic relief is that the remedy that relieves pain is always one that benefits the patient's general condition, whereas an opiate has harmful secondary effects.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

**DISCUSSIONS OF THE THEORY AND PRINCIPLES OF
HOMŒOTHERAPEUTICS AND RELATED
MEDICAL TOPICS.****THE PENDULUM OF PROGRESS—A NEW YEAR
MEDITATION.**

[*Introductory Note.*—The closing days of the old and the opening days of a new year constitute a period in which, by custom and association, we naturally pause to "cast a backward glance o'er travelled roads," and then to take a forward look to see, if possible, what the future holds.

For the Homœopathic School today the first glance in either direction is disquieting and depressing. The air is thick with the dust of its falling or lately fallen structures and it is impossible to see clearly. The road ahead is obscure. To many our little world seems toppling about our ears. But perhaps if we step out of the dusty road and mount a little eminence nearby we may be able to see more clearly. That is what I have done in the following series of notes—for this article is little more than that. My hope is that they may lead to a clearer perception of the universal laws of Vibration, Rhythm and Periodicity which govern all action and all progress, and are applicable in all spheres and departments of nature. If that happens we shall have less cause for anxiety about the future of Homœopathy.]

Scientifically, the homœopathic school as an institution, in its own special field, has made no progress for many years. It has simply stood, marking time. Its representatives have been content to shine by reflected light. They have been living upon the legacies bequeathed to them by their ancestors. The work done by the Founder and his earlier followers in pharmacology and therapeutics has not been extended nor improved upon. The standards of practice established by Hahnemann have been main-

tained by only a small minority of his nominal modern followers. The few who remained true in spirit and purpose to his practical teachings and applied them systematically have been very successful, although even these, lacking his vast learning, ability and industry, have too often fallen short of attaining his results.

There has been little consistent endeavor to extend or find new ways and means of applying the principles laid down by Hahnemann. There has been some "research work" claimed to be illustrative of the one basic principle of Homœopathy—the so-called law of similars—but in conducting this work the corollary principles established by Hahnemann as absolutely essential to the system, have usually been perverted, violated or ignored. It is difficult to see how such work can be regarded as progress in Homœopathy unless it be by indirection and inversion.

Of the present personnel of the homœopathic body; of the ordinary work of the great majority of prescribers, perhaps the less said the better. It is enough to say that most of them have drifted far from Hahnemann's teachings, both theoretically and practically. They have abandoned entirely his strict, inductive, individualizing method and have become mere empirical generalizers and routinists. They have ceased to study, use or be guided by the *Organon*, *The Materia Medica Pura* and *The Chronic Diseases*—the richest heritage of the school—and now take their therapeutic instruction from "Regular" sources, largely at the hands of agents of the manufacturers of "biological" products and proprietary medicines.

In consequence of these and many other derelictions the morale of the organization has steadily declined. With its personnel becoming less and less consistently homœopathic in their beliefs, practice and teaching, its colleges, hospitals, societies and journals are rapidly going out of existence, or passing under the control of the Regulars—where they logically belong. The retention of the name "Homœopathic" in many instances does not alter the facts of the case. When the spirit has fled the body is dead.

Homœopathy was at first taught in every practical department of the colleges. Later, by degrees, it came to be the pre-

rogative of a single department, and as such it now maintains only a precarious existence in the two remaining colleges.

It is clear, that as an organization, Homœopathy is undergoing great changes. The best and most hopeful thing that can be said of it is that it is in a state of transition; that it is passing through one of those critical periods of elimination, demolition and disintegration common to all organizations which is, at the same time, a period of conversion, regeneration, and reconstruction that will eventually result in a new and better organization, with better methods of teaching, promulgating and perpetuating the homœopathic system.

One could hardly ask for a better illustration of seeming futility of action than that of a pendulum. Standing in front of the old family clock on the mantel, one watches the pendulum swing to and fro; left to right, right to left, one step forward, one step backward, apparently never getting anywhere, making no progress. Yet the pendulum is a pregnant symbol of life and progress. It is a visible demonstration of the universal laws of motion, vibration, rhythm, periodicity and balance by which the universe is ruled.

When we raise our line of vision to the face of the clock and look at the hands we see them slowly but constantly moving from left to right around the dial, marking the progress of time. As long as the pendulum swings the hands move on their endless circuit. When the pendulum stops, the hands stop. The clock stops, but Time and events go on.

If the Great Pendulum should ever cease its oscillation the clock of the universe would stop and the mighty angel of Revelation, "come down from heaven, clothed with a cloud and a rainbow upon his head," would again lift up his hand and say, as he said to John in his vision: "Time shall be no longer."

But the Cosmic Clock never runs down, never comes to a stop; for note that the same mighty messenger "sware by *Him that liveth forever and ever*, who created heaven and earth, and the seas and all things that therein are."

In affirming that the Supreme Being, the Creator, "lives forever," he affirms that His works will continue forever, since His

works are the manifestation of His being. Time is shown to be merely a phase of eternity, and all energy, force and motion, as declared by science, in all their manifestations through matter, are indestructible.

The clock on the mantel runs by the force derived from the power of the mainspring (or its weights), which we have to wind up every Saturday night. But the cosmic clock is a "self-winding clock," deriving its force from the power of the Great Mainspring of the universe, which is the infinite and eternal power and principle of life.

The Spirit of God is forever "moving upon the face of the waters," bringing a new universe into existence. God is always saying to "the darkness which is upon the face of the deep," "Let there be light," and there is light. Yet always there is also darkness, for light and darkness are vibratory phenomena. That which is without form and void is always taking form—and again being resolved into formlessness. Out of being there is always a becoming—and a going back again. "It is extinction that makes creation possible." These actions and reactions are all periodic and rhythmic, but continuous. *The pendulum is always swinging.*

Everything in nature is continually dying and being reborn. The old, the outgrown, the outworn, the obsolete, are constantly decaying, disintegrating and being scattered to become the material out of which the new is as constantly being created. There is no loss, no waste, but only transformation. There is no "death," but only dying, which is merely one of the periodic processes of conversion and transformation through which every organization passes. Life is continuous and transformation ceaseless. This is the Law of the Conservation of Energy, the Law of Periodicity, the Law of Progress.

"Birth and death," said Samuel Butler in his Note Books, "are functions one of the other and if you get rid of one you must get rid of the other also. There is birth in death and death in birth. We are always dying and being born again.

"Life is the gathering of waves to a head, at death they break into a million fragments each one of which, however, is absorbed

at once into the sea of life and helps to form a later generation which comes rolling on until it too breaks."

We do not know (perhaps we know but cannot remember) what happens to us when we are being born. We know part of what happens to us when we are dying, and some have been able to describe the experience up to a certain point. But at the critical moment when the soul is passing over the threshold, in either case we are mercifully unconscious. We do know, however, that we have Life, and that Life is continuous, since we are daily and momentarily experiencing its continuity. This is the important thing for us to know. Physiology tells us this and explains it in part. We do know that we are dying. Pathology tells us this and explains it in part. Every pang, every pain, every sensation of distress, every action of elimination, proclaims it.

"I die daily," said St. Paul. In saying this the great apostle expressed a profound biological truth. It is literally and physiologically true. It identifies the process and correlates it to life. By this we know that dying is no different from living, that every step of the metabolic process going on within us is an oscillation between living and dying. It is all one, all in the daily experience of every one of us. Literal dying, the actual passing, is no more to be dreaded or feared than living, nor even as much, for in living we make mistakes and bring suffering upon ourselves and others. In the final process of dying we can make no mistake, for the process is as unchangeable as it is inevitable; and it is far easier, since we have nothing to do with it—no more than we have to do with being born. Both are merely episodes in the life of the soul.

We may have scientific assurance (that is, knowledge gained by reflecting upon the fundamental laws of nature and their relations as established by science), that the soul of man is immortal. The demonstration is in daily experience.

The profoundest and most comprehensive formulations of modern physical and biological science corroborate, and correlate with, the fundamental teachings of religion and theology when viewed without prejudice.

The unification of the ideas underlying the broadest generalizations of physical science with the ideas underlying the fundamental statements of theology and religion in regard to God, life and immortality, clears the intellectual atmosphere and solves a thousand problems which have vexed the mind of man since he began to think on these things.

When we come to the point where we see that energy, force and motion, in the last analysis, are identical with life, mind and thought; that matter and force are but modes of manifestation of the one primal power and substance which we call God or Spirit; that reason, intelligence, purpose and volition (which are the attributes of spirit), rule and guide every purpose and operation in nature; then we have reached a plane of thought, from which the mental eye can discern the realities of existence.

Man then sees himself to be a personality, an individualized embodiment and expression of a portion of the Infinite and Universal Spirit—a child of God. He sees that the human reason is a part of the indestructible force with which Spirit is endowed; that under the scientific laws of Conformity to Type and Conservation of Energy, his life, his individuality and his personality, are indestructible and, therefore, that he is immortal.

Reason teaches and experience proves that the relative is dependent upon the absolute, the finite upon the infinite, the creature upon the creator. The soul knows and is conscious of its own identity and separateness as an individual; but it knows at the same time that it is limited in its activities by the form and character of its embodiment and by its environment; that it is dependent for its existence and continuance as a finite individual upon the Infinite Being from which it sprang, with which it is inseparably united and of which it is a part. We are each complete *in ourselves*, but we are only parts of the larger self, the whole infinite of the Universal Spirit, which is expressing itself in countless other individuals. There is a constant action and reaction between the infinite and the individual, like the actions and reactions which constantly go on in the living body—in fact these latter represent the former, since they are all rhythmic phenomena of Life, whose Great Pendulum swings on forever.

Limitation by physical embodiment and environment involves liability to change, decay and degeneration. It involves pain and

suffering and dying. It involves penalty and retribution. It involves destruction of the unfit, the unworthy, the inefficient. It involves sacrifice. But, on the other hand, all this involves equally regeneration, growth, reconstruction and continued existence. It means elimination and purification. It means growing more and more into the likeness of the complete, the perfect and the divine. To this growth no limits are set for the soul that is united with The Highest in conscious realization, working in harmony with the Divine Purpose and obedient to the Divine Will. The processes and changes, all of them rhythmic and periodic, go on simultaneously and continuously like the action of a pendulum.

Progress is the work of that force in nature out of which souls were first born; of that Power "in which we live and move and have our being." It is a work of the spirit. In other words, progress is from within. Whether it be an organism, an organization or an era, it is a development, literally or metaphorically, of a preëxistent living germ or primitive cell, by the processes of metabolism and the conservation of forces.

Metabolism, be it remembered, is destruction as well as construction. There must be progressive elimination of the old, the effete, the unfit and the waste if new growth and development are to progress. Progress is seen to be a continuous process marked, or apparently interrupted, by the rhythmic periods of varying duration, and oscillations of varying rates, which characterise all the works and forms of nature. The biologist sees the working of this principle of rhythm or periodicity in animate nature. The geologist sees it as he studies the changes and transformations which have been going on in the earth for millions of years. The historian and the statesman see it in the evolution of society. The archeologist with his spade uncovers the material relics of bygone eras and extinct civilizations that lived and grew for their allotted period and then passed away to make room for others on the next stage of progress. The pendulum swings on forever.

For the student and observer of the homœopathic situation, and especially those who are anxious or pessimistic about the

future of the homœopathic system, it is only necessary to suggest the thoughtful application of the principles very inadequately set forth in the foregoing paragraphs. They are applicable in all realms of nature; to man and all his institutions as well as to the external world; especially to Homœopathy at the present juncture.

The Cosmos is an incomprehensibly vast, living organism, through which the spiritual currents of life are continually circulating, carrying in "infinite solution" the elements and forces with which nature works, building up and tearing down the successive structures through which its innate life manifests itself.

It is the same with man, the "microcosmos," and all the structures which he continuously and periodically rears and razes in the processes by which he expresses himself. Every institution of man is to be viewed in this light—through man himself. His institutions are the counterpart of himself and subject to the same laws.

Homœopathy is a living, spiritual principle, embodied in an organism which is subject to all the laws and limitations that govern all other finite bodies. In its development as an organism it is purging itself of every unclean and useless thing; of every worn out and obsolete structure; of every disloyal member; of everyone "that worketh abomination or maketh a lie." Homœopathy, like Christianity, is "dying daily," but by the same token it is "alive forevermore."

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 656 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Eczema in Infancy and Childhood.—Eczema may be described briefly as an inflammatory acute or chronic disease of the skin characterized by erythema, papules, vesicles or pustules, and their modification, frequently in combination, accompanied by infiltration, itching and burning. It is one of the most common of skin diseases and although it may run an acute course is eminently chronic in character. Having once appeared upon the skin it is very much inclined to spread.

It is not our purpose to enter into the pathology, course and varieties of this disease, but to consider in brief its treatment by the homœopathically indicated remedy alone. It is doubtless true that diseases sometimes disappear of themselves and while there are instances of such disappearance in the disease under discussion, it is believed that the cases to be presently reported cannot be so classed. As to the causes of eczema we are told that these are of two kinds, constitutional and local. Under the former we have the gouty and the rheumatic diathesis, disorders of the digestive tract, scrofulosis, etc., forgetting that after all these conditions themselves are but the results of a disturbed and perverted vital force which it is folly to suppose any outward applications can correct. As to the local or external causes they are merely mechanical or exciting and cannot of their own accord establish a chronic disease in an otherwise healthy body. The suppression of eczema is denied by many, but nevertheless is supported by such men as Brooke, Gaucher and others. To quote from Dühring's "Cutaneous Medicine," Brocq records a case in which grave cerebral disorders followed the rapid disappearance of a chronic eczema. Gaucher, after calling attention to the statement made by the distinguished French dermatologist Rayer in his work on

diseases of the skin many years ago, that "sometimes it is dangerous to cure eczema too rapidly in the case of infants and old persons," gives his own experience. In a period of two years he has seen in young infants the rapid cure of eczema by mild applications of oil of cade followed by very grave consequences. One of these infants died in convulsions; another died of broncho-pneumonia at the time when the eruption disappeared completely; a third was attacked by a dangerous form of enteritis. And after citing a case of his own, Duhring says: "Cases of this kind, it should be stated, are very rare."

Chronic diseases tend from centre to circumference, from within outwards unless suppressed, when this order is reversed and one by one the nobler organs are attacked and health destroyed. The manifestation of a chronic disease upon the skin is the safety valve of that disease, no matter what form the local skin affection may take. Eczema being one of the most common forms of skin disease is no exception to this rule. In the "Organon," paragraph 203, we read: "Many kinds of external treatment are in vogue for the removal of local symptoms from the surface of the body, without curing the inner miasmatic disease. It is customary, for instance, to remove the itch from the skin by all kinds of ointments; to destroy chancres externally by cauterization; and locally to exterminate sycotic excrescences by excision, ligature or the actual cautery. This method of external treatment hitherto so common, is pernicious in its results, and is the most general source of innumerable chronic diseases with and without names, under the burden of which the human race suffers; although one of the most culpable habits of the medical profession, it was hitherto generally introduced, and is proclaimed by professors as the only reliable method of practice."

These words of Hahnemann have their full weight today and we, as homœopathists, see many examples of this suppression. In his work on "Pædiatrics," referring to eczema, Rotch says, "It is so difficult to cure that it must always be looked upon as a grave disease," which strong statement, being interpreted, means that the vital force is sometimes able to resist the attacks made upon it by ointments, salves, etc., and maintain the skin eruption to the chagrin of the physician. Unfortunately, however, this is not always the result, for very frequently our old school brother does succeed in dissipating the skin disease, and in these cases it is

that numerous maladies, the result of this so-called cure but more properly named, suppression, arise to torture the innocent patient. As an example, the following case will serve. An infant was suffering from marasmus but under the action of *Calcarea carbonica* was progressing rapidly until suddenly the case came to a standstill and refused to improve. Another dose of the same remedy was given and with a like result. On careful investigation it was learned that the infant had had an eczematous eruption, which the nurse on her own responsibility had treated with zinc ointment. Thereupon the nurse was discharged, the eruption allowed to remain, the marasmus soon was cured and the eczema disappeared shortly after.

In dealing with cases in which the symptoms may be traced back to an old suppressed eruption, if we can get a good symptom-picture of the child's condition at that time, a remedy based upon this picture will often remove the present trouble and bring back the old skin disease, which in turn will disappear without further medication. This process of going back to the starting-point is often long and tedious and old symptoms which may return should be looked upon as long lost friends and not disturbed. In this manner we may unravel the skein of morbid processes and finally uproot them. Our aim should always be to treat the patient and not the disease, by prescribing that remedy whose symptoms are most similar to those of the totality of the case in question. The following cases are illustrative of what homœopathy and the single remedy can do:

Case I. Female, æt. two years. Has had eczema universale since birth. Mother and grandmother have always had a rough red, at times scaly complexion. The skin is dry and scaly and very red on the knees, wrists, buttocks and thighs, also face. Here and there over the general surface red papules, scabby and torn from scratching. The eruption itches intensely, especially at night when in bed, or when she is very warmly dressed. She scratches constantly, until the skin bleeds, which seems to relieve her. Blonde, fine silky hair, and light blue eyes. The child has been treated since birth by the physician who confined the mother, but the trouble not yielding to his external applications, he advised that no meat be given the child and that she would probably outgrow the affliction. This counsel by no means satisfied the

mother. *Sulphur*, 21m Sk. was given in one dose. One week later the itching was less and the skin less inflamed. It appeared to be healing. We did not see the case again until nine weeks later, when the skin was as smooth as velvet, to use the mother's expression, and has remained so since.

Case II. Male, æt. three months. Brother to patient in Case I. The skin of the scalp and face is dry and scaly and has been so since birth, gradually getting worse. Has had no treatment thus far, on account of age. The infant is nursed by the mother. *Arsenicum album.*, cm. sk., one dose each, to mother and baby. We saw this case again after about two months, when the skin was perfectly smooth and free from any eruption. The infant has remained well since.

Case III. Is an unfinished case, but conclusive as far as it has gone. Olive S., æt. eleven weeks, when two weeks old developed an eruption upon the face and scalp, which the mother describes as being moist and vesicular. This eruption was diagnosed by an allopathic physician as eczematous and by him was treated with applications of zinc ointment. The baby was bathed in olive oil instead of water and no soap was used upon the skin at any time. Very soon the eruption disappeared from the scalp and face when the treatment was stopped. The infant, however, was not well, was constipated, seemed to be very sensitive to the air, was troubled with coryza, and sneezing. At this time we saw the case and in answer to the mother's question as to whether the baby could be cured, told her that if the eruption would again appear, we thought the chances favorable. As the mother, who nursed the baby, had been taking various patent medicines for her own health, she was given one dose of *Nux vomica* 1000, and nothing further to the baby. One week later the mother reported that an eruption was showing itself upon the arms and shoulders. The baby was sweating profusely about the head and nape during sleep and when nursing. This was an old symptom. *Calcarca carbonica* 5000, was given, one dose each to mother and baby. Twelve days later the mother reported that the eruption was coming out stronger and had spread to the chest, back of neck and upon the face. One month later the mother reported that the eruption had almost entirely gone, a few spots being still visible here and there. The baby has a better color, the sweating is

much less and the bowel action natural. As *Calcarca* is a deep and long acting antisporic, nothing further has been prescribed. A repetition or perhaps another remedy may be needed later on.

An Alumina Phosphorica Case.—The patient was a male, age forty-three years, who twenty-five years ago had had a fall, striking on his back. Some years later pain in sacral region (spine) began. *Burning* and throbbing with *aching* through hips. Pain < any motion of the spine, < stooping, after which he can't straighten up again. Gonorrhœa many years ago, later local treatment, massage of prostate and of seminal vesicles and application of silver nitrate. At night is physically worn out. Sexual power weakened and premature ejaculation during coitus. *Very irritable*. Hurried feeling when at work. Bowels inclined to be loose, with much gas, move usually after breakfast. The pain is < on commencing to move after sitting, > after limbering up and getting into motion. In the morning has no inclination to rest in bed. Arm gets lame when carrying a bag. Lameness all over. Easy sweat. *Burning* in spine is < by standing with one leg relaxed, > by standing erect with spine straight.

Alumina phos. 200x, a few doses, produced a marked and general improvement. Later, the remedy was repeated in a single dose of the 10m.

Report of a Case of Broncho-pneumonia Illustrating the Fact that Strict Individualization is Always Necessary in the Treatment of Any Disease.—The patient, aged sixty-five, a lawyer, for ten years had been incapacitated from active sustained professional work, owing to a pronounced mitral insufficiency. He had, however, never been confined to the house on account of his cardiac lesion, but was unable to undergo any undue physical or mental exertion. Professional and other cares and worries in the past, together with a chronically sluggish liver, had contributed their share in the causation of present conditions. At one time the state of his heart had elicited a very unfavorable prognosis from his physician, which was not, however, fulfilled under subsequent Hahnemannian treatment.

In the early spring this patient contracted a slight bronchitis; which proved stubborn and soon extended to the smaller

bronchioles, in spite of remedies exhibited. The attack was marked by an absence of distinctive symptoms, thus making prescribing a very difficult and unsatisfactory matter. In this manner the case dragged along until repeated physical examination disclosed crepitant and subcrepitant rales over the bases of the lungs, small areas of dullness on percussion, together with patches of increased vocal fremitus. The upper lobes were clear except for the presence of some sonorous and sibilant rales due to the thickening of the bronchial mucous membrane. The pulse was accelerated and throughout the illness varied from 100 to 140; the temperature hovered between 100.5 and 103, the lips and finger-nails constantly cyanotic. A diagnosis of catarrhal or broncho-pneumonia was made. Indications for remedies were exceedingly vague with the exception of an attack of cardiac syncope late one night, when the entire aspect of the patient, the collapse, weak thready pulse, cold breath and sweat, feeble, husky voice demanding air, called plainly for *Carbo vegetabilis*; which in the thirtieth potency in water, given every ten minutes, rapidly brought a change of scene for the better and averted threatened disaster. But with this exception the case was running along in much the same way day after day and was now well into the second week of the pneumonia. At this time the patient began to complain of what he described as an *acridity* arising from the stomach and invariably causing a racking, exhausting cough, with a *thick yellow* rather lumpy *acid* tasting expectoration. The cough itself seemed to choose the *morning* and *evening* hours as its times of intensification with comparatively little or no cough during the night. The tongue was coated by a thick brownish dry fur, especially at the base and an *acid taste* was complained of. In addition there was slight *nausea*, if anything relieved by taking a little liquid nourishment.

This was the symptom complex now presented, nothing more. Position in bed had no effect upon the cough. A reference to Boenninghausen with considerable bedside reflection, led to the choice of *Sepia* which was given in the 1000th potency at intervals of three hours, until eight doses had been taken. The response was almost immediate, pulse and temperature both falling and the severity of the cough yielding. Rapid uneventful recovery followed, under one more repetition of the remedy ten days later.

Under *Sepia's* symptomatology we find a cough proceeding from or felt in the stomach and evidently this symptom is analogous to the "acridity" sensation of the patient. That *Sepia* is a remedy ordinarily never thought of in the treatment of pneumonia is only too true and its successful use in this case merely serves to emphasize the dictum that we must treat patients only, in order to cure their diseases.

A Comparison of the Skin Symptoms of *Rhus Radicans* With Those of *Rhus Toxicodendron*.—Although Millspaugh in his *American Medicinal Plants* makes no distinction between *Rhus toxicodendron* and *Rhus radicans* botanically, symptomatically there are certain differences, especially in the modalities of these remedies. *Rhus tox.* is the variety commonly known as poison oak and is a shrub from two to four feet in height with stem erect and devoid of rootlets. *Rhus radicans* has a more or less tortuous stem, in short is a vine, growing to a height of from four to thirty feet or more and is thickly studded with dark colored rootlets by which it clings to its chosen support (Millspaugh). Millspaugh advises that in the making of a tincture equal parts by weight of the fresh leaves of each form be used.

Hahnemannians, however, have made careful distinction between the two forms in their therapeutic application, based no doubt largely upon the masterly treatise upon each of these remedies, contained on the *Symptomen-codex* of Jahr.

In a general way it may be stated that the skin effects of *Rhus radicans* are more marked than those of *Rhus tox.* but it must be remembered that the majority of the records of poisonings are said to concern the *radicans* variety. Itching and burning of the skin in various parts is common to both and is temporarily relieved by vigorous rubbing. Likewise are vesicular eruptions found in both. *Rhus radicans* seems to produce greater infiltration of the skin with heat and swelling, also tubercles in the skin which nodular infiltrations if large, sometimes slowly suppurate. Under *Rhus tox.* we frequently find vesicular eruptions with small red points, itching and burning and relieved by holding the affected part in water as hot as can be borne, but worse as soon as exposure to cold air occurs. Rubbing or scratching

although they give momentary ease, are followed by a marked increase of suffering. In *Rhus radicans* we note marked relief to these sensations by washing in cold water, a modality which we have had occasion to verify. Conversely a warm drink aggravates the unpleasant sensations of the *radicans* patient. In both varieties, rubbing the skin will at any time reproduce the itching and burning.

The foregoing represent the differences which a careful comparison of *Rhus radicans* with *Rhus toxicodendron* shows. Such comparison is extremely unsatisfactory for the reason that the original provings as recorded in the *Materia Medica Pura*, Allen's *Encyclopædia* and other works, make scarcely any distinction between these two forms of *rhus*. Indeed in the majority of instances it is not stated whether the *radicans* or the *toxicodendron* is referred to. The *Symptomen-codex*, as before observed, is the only work which makes any differentiation. In "Jahr and Grüner's *Homœopathic Pharmacopœia & Posology*" translated by Hempel and published by Radde in 1850, the botanical differences are briefly alluded to. Hahnemann in "Die *Reine Arzneimittellehre*" makes no distinction, but speaks of "*Rhus radicans* or also called *Rhus toxicodendron*."

The Medicinal and Preventive Treatment of Rachitis.—

These cannot be considered separately, from the Hahnemannian standpoint, since both are interdependent. The prevention of rickets not only implies the knowledge and use of hygienic and dietetic measures, but also, the knowledge and application of medicinal agents at the same time. Medicine here becomes an absolute necessity if the most good is to be obtained from such adjuvant measures, since these in themselves alone, are unable to act curatively in the majority of cases.

Pregnancy is a period in which any dyscratic weakness will show itself, hence offers a golden opportunity for the physician to avert possible disease in the offspring by curing it in the parent. A prospective mother who is suffering from any of the manifestations of psora, sycosis, syphilis or their combinations is sure to beget an infant whose health index is so far below the normal as to render it a likely victim for any disease. In such an infant, constitutionally weakened as it is, what is to prevent malassimilation, malnutrition, and consequent rickets or other nutritional dis-

ease? The most carefully selected food, adjusted to a theoretical nicety, by even a skilled pædiatrist, will here lamentably fail. Nor will the stereotyped pseudo-scientific method of supplying those inorganic salts, supposed to be lacking, do any better. Our old-school friends know this well, being sceptical of the administration of lime salts in this disease.

Although it is perfectly true that rickets is very prone to develop in artificially fed infants, whose diet is low in proteids and fats but high in carbohydrates, nevertheless the disease is often present in breast-fed babies, even where nursing has not been unduly prolonged. It is hardly necessary to mention that pure fresh air in plenty, an abundance of sunshine and hygienically arranged dwellings, are of great importance; the very conditions however, which most frequently are lacking and many times impossible to obtain. Life in the country offers the opportunity, one which unfortunately, cannot often be within the grasp of the luckless patient.

Yet all these measures, important as they assuredly are, will fail unless combined with scientific Hahnemannian prescribing. This latter does not mean the feeding of low triturations of lime or phosphorus combinations. On the contrary it implies the careful analytical study of both mother and child in order to clearly set forth the symptom totality of each, and this once plainly brought out, to be matched by the corresponding remedial genius. Once found, this *simillimum* needs but to be given in single doses, on a dynamic plane of action, at long intervals, each dose allowed to expend its full force, before another is given. Where the remedy has been correctly chosen, improvement will be speedily shown, and this usually first in the profuse head-sweat, which soon diminishes and then ceases entirely, under the beneficent action of the remedy. In order to be successful in averting skeletal deformity, treatment must be begun early. Bone changes of marked degree, as evidenced by gross deformity, once present, their correction is not to be expected of the dynamic remedy, whose sphere of action does not include the realm of mechanics. Neither can we as physicians, prescribe for rickets *per se*, for this means the application of a remedy to a given pathological state. Since homœopathy relates entirely to sick patients, to the individual himself, and not at all to disease entities or pathology, such treatment becomes a medical absurdity, one of which unfortunately, too many physicians are guilty.

The application of the curative remedy, then, means the selection and administration of that drug, whose symptom individuality as expressed in its known pathogenesis corresponds intimately with the individuality, characteristics and peculiarities of the sick subject himself. Hence, theoretically at least, any remedy among those well proven, may be demanded. Practically, we may confine ourselves to the deep-acting constitutional antipsorics, antisycotics and antisiphilitics and these offer a broad field for selection. Of these it is superfluous to recite the so-called typical indications; they are well understood and need not here be rehearsed. Two remedies, perhaps better still three, all nosodes, may be mentioned only—in order to attract attention to their value. They are *Medorrhinum*, the potentized gonorrhœal virus, *Syphilitinum*, that of its own dyscrasia and *Tuberculinum*, the potentized pus from a diseased tuberculous gland. Where the parents, one or both, are burdened with any of these diseases, their offspring frequently are stamped with the dyscratic impress, one which, although usually met by the familiar polychrestic remedies, nevertheless at times fails to yield to any but the nosodic agents. Since these have their own symptom genius, it becomes theoretically conceivable and practically very certain, that their reputation for working cures is well merited, as well as understood. They must be closely studied, however, in order to be best appreciated. In homœopathy, therefore, we have the means, thanks to a fixed and certain law of cure, of correcting, if applied when correction still be possible, all those rachitic manifestations, whose dispersal by dietetic or hygienic means alone, may be impossible of accomplishment. Let here, as elsewhere in the field of medicine, the motto be, "Treat the patient, not his disease."

OBITUARY.

FREDERICK H. LUTZE, M. D.

Born in Germany, August 19, 1838. Died in Brooklyn, November 30, 1924.

Comrade Lutze was born in Bevergern, Province of Westfalen, Prussia, Germany, and enlisted for three years at New York City, November 16, 1861, as private in Company F, First

New York Volunteer Engineers. In 1862 he was promoted to the office of Artificer. He was wounded in left leg at Fort Wagner in 1863, and on the head at Fort Chatfield. The following are the battles and skirmishes in which he participated, concerning each of which a volume could be written: Bombardment and capture of Fort Pulaski, Ga., James Island, S. C., Coosawhatchie, S. C., Morris Island, S. C., Fort Gregg, S. C., Pocotalago, S. C., Bluffton, S. C., Fort Wagner, S. C., Siege of Charleston, Olustee, Fla., Bermuda Hundred, Va., Drewry's Bluff, Va., Petersburg, Va., and Fort Harris, Va. He was discharged at Varina, Va., on November 16th, 1864, on account of expiration of service.

On his return from the war he resumed the practice of medicine in the Eastern District, residing on Ross Street, afterwards on Keap Street, but for the last ten years he has been a resident at 403 Jefferson Avenue.

Comrade Lutze for the past ten years has suffered from glaucoma but bore up bravely, and the proximate cause of death was advanced years. He was at the time of his death a widower and leaves surviving him one son, Edson Lutze, also engaged in the practice of medicine at the above address.

Comrade Lutze came into U. S. Grant Post by transfer from Charles R. Lilley Post No. 303, and was mustered in on July 9, 1895, during the administration of Commander Heman P. Smith, on the recommendation of Comrade Charles F. Wright. He has not been able to attend Post meetings for some time past but has always taken an interest in its affairs. The funeral services were held at his residence and were attended by six Comrades. The Grand Army Ritual was observed by Chaplain Stewart. The remains were cremated and the ashes interred in Greenwood.

After the war he went into business until 1879 when he entered the New York Homœopathic Medical College, graduating in 1882. Since then he has been in the practice of medicine until his failing eyesight compelled him to retire. During his years of practice he published the "Therapeutics of Facial Neuralgia," and "Diseases of the Respiratory Organs." He wrote articles for medical journals and conducted a large correspondence with foreign physicians. He was a member of the Amer-

ican Institute of Homœopathy, International Hahnemannian Association, New York State Hom. Medical Society, King's County Hom. Medical Society, and the Brooklyn Hahnemannian Union. He was a member of U. S. Grant Post, G. A. R., under whose auspices the funeral services were conducted. He died at his residence, 403 Jefferson Avenue, Brooklyn, on Sunday, November 30, 1924, after a lingering illness, aged eighty-six.

BOOK REVIEWS.

MEDICAL RECORD VISITING LIST OR PHYSICIANS' DIARY. Revised. William Wood & Co., medical publishers, New York, 57 Fifth Avenue. Price, \$2.

This useful and handy diary for physicians makes its annual bow, ready for 1925. It is neatly gotten up, fits the inside coat pocket nicely and in addition to its pages for the business side of the busy doctor's work, contains tables of various kinds for ready reference, such as an obstetrical table, treatment of poisoning, contagious disease table, signs of death, hints on the writing of wills, addresses of patients and of nurses, etc. Altogether a *multum in parvo* for busy men.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, FEBRUARY 15, 1925. No. 2.

CANCER OF THE TONGUE—REPERTORIAL ANALYSIS AND THERAPEUTICS.*

Benjamin C. Woodbury, M. D., Boston, Mass.

This remedy list has been compiled from Boenninghausen, Kent, Knerr and Boger, the rubrical study from Douglass's "Repertory of the Tongue," the therapeutic indications and clinical cases from Hering's "Guiding Symptoms," Clarke's "Dictionary," Hale's "New Remedies," and other sources.

The above list might, in all probability, be extended by the addition of more remedies; these might, however, be merely suggestive as to indications and uncertain as to results. It must be borne in mind, in treating cancer of the tongue, that it is the patient who is to be treated as a sick person, not the disease as an entity. In this way better general progress will be made in this dire and seemingly hopeless disease.

Rubrical Analysis.

Alumn., *Apis*, *Ars.*, *Ars. Hyd.*, *Aur.*, *Aur. m.*, *Benz. Ac.*, *Calc.*, *Calc. fl.*, *Carb. an.*, *Carbol. ac.*, *Caust.*, *Chrom. ac.*, *Citrus.*, *Con.*, *Crot. h.*, *Cund.*, *Eosin.*, *Galium.*, *Hoang. nan.*, *Hydr.*, *Kali. chl.*, *Kali. cy.*, *Kali. i.*, *Kali. m.*, *Lach.*, *Mur. ac.*, *Nit. ac.*, *Phos.*, *Phyt.*, *Rad. b.*, *Sang. n.*, *Sempervivum.*, *Sep.*, *Sil.*, *Sul.*, *Tarent.*, *Thuja.*, *Vib. pr.*

Cancerous tumor of the tongue: *Galium*; *Semper*.

Affections of the tongue: *Hydr.*

Epithelioma of the tongue: *Kali. iod.*

Epithelioma and hypertrophy (hard, somewhat elastic places)
Kali. m.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

With tendency to hemorrhage: Crotal.

Pain: Citrus.

Hard lumps on side, growing into a hard, deep, warty ulcer, about size of a bean, presenting a slightly fissured appearance from above downward and before backward, rather toward surface of left side, tongue is hard all around it, so much that speaking and expectoration are difficult: Mur. ac.

Scirrhus: Alumn.

Swelling, with scirrhus-like hardness after biting tongue in sleep: Aur. met.

Ulcer, deep, with black base and inverted edges (cancer of tongue) Mur. ac.

Cancer: Tarent.

Therapeutics.

Alumen—Tongue: dry; (black) burning in evening; sour feeling; stitches worse at the tip. *Scirrhus* of the tongue. "There is a tendency to indurations whenever inflammations occur, hence: Scirrhus indurations; in indurated glands. Bleeding after tooth extraction. Pains are insupportable."—Clarke.

Apis.—Tumors, indurations; Scirrhus, or open cancers, with stinging burning pains. Tongue, dry, swollen, inflamed, with inability to swallow, cracked sore, ulcerated or covered with vesicles. *Cancer of tongue*. Ulcer of left border.

Arsen—Tongue: sides furred, thickly white, with red streak down the middle and redness of tip; or thickly furred, edges red; *whitish*; *yellowish-white*; *brown*. Tongue white as chalk, as if painted white. Tongue bluish or white, ulcerated tongue, with blue color; ulceration of the tongue on anterior edge. "*Arsenic* has cured epithelioma of the lips, and corresponds closely to the cancerous diathesis. Many cures of cancer have been reported under its use both in the crude and in the potencies.

"When the subjective symptoms of *Arsen.* are present, it will cure in the potencies. When the homœopathicity is more crude the lower potencies will be required: in this case the *Arsen.* appears to act directly on the cancerous tissue and cancerous elements in the system."—Clarke.

Ars. Hydr.—Tongue enlarged; deep, irregular ulcer; nodular swelling. Mouth hot and dry; little thirst.—Boericke.

Aurum—Metallic taste in mouth; tongue slightly coated with brownish fur. *Loss of taste, melancholy*. Bitter taste in mouth, sensation of dryness, loss of taste; tongue hard as leather and immovable. Tongue swollen with scirrhus-like hardness; after biting the tongue in sleep. Ulcers on the tongue. Aphthae on the tongue and in the mouth. Sanguine people, with black hair and dark eyes, lively, restless, anxious disposition; disposed to feel anxious about the future. Constitution broken down by the combined influences of syphilis and mercury. Syphilitic and mercurial patients. *Old age. Mind constantly turns toward suicide. Terrible melancholy after abuse of mercury; patient pining away on account bodily and mental anxiety. Hopelessness.* "Agg. from sunset to sunrise is a leading condition of Aurum."—Clarke.

Aur. Mur.—Tongue flat; bad taste in mouth. Taste entirely lost. *Cancer*, tongue as hard as leather, hardly movable. Tongue became stiff and prevented articulation of certain words. *Cancer. Induration remaining* after glossitis. Redness, dryness and excavation of the tongue. Warts on the tongue. Tongue ulcerated in various places. *Cancer on the tongue. Cancerous glands.* Indurations. *Mercurial affections.*

Benz. ac.—Tongue of a slightly bluish color. Velvety coating on tongue, with high colored strong smelling urine. Tongue is spongy on surface, with deep cracks, and with spreading ulcers. Extensive ulceration of tongue, with deeply chapped or fungoid surfaces. Ulcerated tumor L. side of mouth, on soft commissure of jaws, behind last molar.

Calc. carb.—Cracked and fissured tongue. Glossitis after abuse of mercury. Tongue generally white coated; dirty with nasty taste. Tongue, lips and hands become white and cold. Pain beneath tongue when swallowing, on L. side behind hyoid bone—swelling of sublingual glands. Tongue pushed upwards and to left by a globular, semi-transparent, fluctuating tumor, size of a pigeon egg. *Ranula*, cancer or syphilitic tubercle of tongue, abscess, cracks or fissure of tongue. "Semi-lateral swelling of tongue."—Clarke.

Calc. Fluor.—Induration threatening suppuration. * * * Congenital syphilis manifesting itself in ulceration of mouth and throat, caries and necrosis, with boring pains and heat in parts. * * * Cracked appearance of the tongue, with or without pain. Induration of the tongue, hardening after inflammation.

Carbo an..—Burning on tip of tongue, and rawness in mouth. Burning blisters on tips and edges of tongue. Dryness of palate and tongue. *Knotty induration in tongue.* In general: Glands indurated, swollen, inflamed, with lancinating, cutting or burning. *Scirrhus*: Pain in scirrhus indurations. Polypus and carcinoma.

The following resume from Kent under this remedy has its application in the therapeutics of this disease:

"It is not surprising that this remedy has been one of the most suitable for old, stubborn cancerous affections; for cancerous ulcers. They all burn, they are all surrounded by infiltrated, hardened, dark-colored tissue, and they all ooze an acrid ichorous fluid. It has cured these troubles, in old, feeble constitutions with night-sweats and much bleeding. It has relieved incurable cases, and has apparently removed the cancerous conditions for years, even though it comes back afterward and kills. This remedy is often a great palliative for the pains that occur in cancer, the indurations and the stinging, burning pains. Of course we do not want to teach, nor do we wish to have you infer, that a patient with a well-advanced cancerous affection, such as scirrhus, may be restored to perfect health and the cancerous affection removed. We may comfort that patient, and restore order at least temporarily, so that there is freedom from suffering in these malignant affections. Most patients that have cancer are really in such a state of disorder that only a temporary cessation of 'hostilities' can be expected; and anyone who goes around boasting of the cancer cases he has cured ought to be regarded with suspicion. Do not dwell upon the cancer, for it is not the cancer but the patient that you are treating. It is the patient that is sick, and whenever a patient is sick enough to have a cancer his state of order is too much disturbed to be cured.—Kent's "Materia Medica," 2nd edition.

Carbol. ac..—Putrid discharges.—Ulcerated patches on inside of lips and cheeks. Burning in mouth to stomach.—Putrid discharge.—Boericke.

Caut..—Intolerable soreness of tongue as if scalded. Painful vesicles on tip of tongue. *Paralysis of tongue.* Pain in tongue

as if he had bitten it. Pain, as of excoriation and burning in the mouth, in the palate, and at the point of the tongue.

Chrom. ac..—Symptoms come and go suddenly and return periodically. Post-nasal tumors.—Boericke.

Citrus..—Scorbutus. Pain, citric acid was applied with good results to assuage pain in three cases of cancer.—Hering.

Malignant cancer, which commenced some years since as an enlarged sub-maxillary gland, supposed to be caused by a carious tooth, pain at times excessive. Lotion of citric acid, one dram to eight ounces of water and mouth rinsed out as often as pleased, afforded perfect relief from pain.—Hering.

Pain from cancer of tongue: Also affords instantaneous relief in other affections; is, however, not curative. Used as a local application (in one part of citric acid and eight of water) it has relieved the pains of cancer.—Clarke.

Conium..—Speech difficult: distortion of tongue and mouth. Tongue and lips dry and sticky. *Tongue swollen, painful, stiff. Swelling and induration of glands, with tingling and stiches, after contusions and bruises.* Bleeding of ulcers, with secretion of fetid ichor; a portion becomes gangrenous; concealed cancer of bones; cancerous swelling and induration of glands; cancer of lips; spreading ulcers in face; cancer and cancerous ulcers after contusions, burning stiches; stinging in affected parts.

Crot. Horr..—Tongue: red and sore; yellow, stiff and numb. Swelling of tongue till there is no more room in the mouth, with inflammation. Tongue swollen to nearly twice its normal size. *Tongue protruded.* Syphilis; cancer of tongue, with much tendency to hemorrhage.

Cundurango..—Slight pain in L. half of tongue. Small, painful pustule on R. side of tip of tongue in upper surface towards edge. Cancer of tongue, a "painful crack in the right corner of the mouth."—(Burnett). Cundurango has found its chief use as a cancer remedy, especially in causes originating in epithelial structures.—(Clarke). "Strong affinity for the tongue."—(Burnett). "He (Burnett) cured with it a jagged ulcer of the tongue (doubtful whether cancerous or syphilitic); tongue and lips red."—Clarke.

Deep cracks in corners of mouth, warty growths occupying edges, one as large as split pea, and the other as large as a three penny piece, both flat and exuding a dirty juice; tongue very tender.

Increases the growth of granulation and hastens the cicatrization of ulcers. Open cancer and cancerous ulcers; it effectually moderates the severity of the pains; it does not act so well on scirrhus and indurated parts. (Hering). Scirrhus and open carcinoma; open epithelioma; stinging, burning pains. Indolent ulcers, with hard, callous edges, discharges a fetid ichorous smell. Old, indolent ulcers, appearing cancerous.—Hale.

Dr. E. G. Jones emphasizes the *sores* at the *angle* of the mouth, and indigestion causing *cramping pains* in the stomach. According to Dr. E. G. Jones, indicated when there seems to be lump imbedded in the substances of the tongue with a nodular feeling; tender to the touch, very painful, especially at night.

Eosin—In a brief proving made by the writer (International Hahnemannian Association, read at the last annual session at Washington, D. C.) the following symptoms were produced in the mouth: Redness of the mouth and tongue extending to stomach. *Burning of the tongue; redness of the tongue*—as red as a piece of beef. Peculiar, biting, numbing pain in a root of canine tooth (anterior portion of inferior maxilla), numbness of tongue, salivation, with reddish pink saliva; aphthae, inner surface of lips (lower) redness of lips.

In general: *Burning* numbness and itching of the skin relieved after scratching. *Redness* and *burning* of affected parts. Vertigo. Peculiar sensation as if *very tall*, especially: burning under finger nails, toe nails and soles of the feet. Itching and redness of knee caps; *redness of palms of the hands*.

The writer's use of this new preparation is limited to one case of inoperable cancer beginning in the tip of the tongue, following the removal of one-third of the opposite side of the organ, together with involved glands about one year previously. Eosin was used in the 2x (1% sol.) internally and on cane sugar disks internally. The chief result was the checking for a time of metastasis in the cervical glands, but this treatment failed to stay the progress of the disease.

Galium—The writer's experience with this remedy is limited to its use in a case of epithelioma (probably) in a woman fully 80 years of age, who had an indurated ulceration *of the right side of the tongue for some months*. A fluid extract was used in this case, in the proportion of one teaspoonful to a cupful of warm water, used as a mouth wash two or three times daily. There was a decided action from this remedy, the growth actually diminishing slowly in size under its use. The remedy was continued at intervals for about one year, when the patient died of a cerebral apoplexy.

Dr. E. G. Jones in his work on "Cancer, Its Causes, Symptoms and Treatment" gives the following case: A middle-aged man with an indurated tumor of the tongue about the size of a boy's marble. "There was a throbbing, beating pain in the growth and for the past two months it had grown quite rapidly. I gave him Tincture Galium aparine 19hs xx, once in three hours and painted the growth with Tincture Galium by means of a camel's hair brush several times a day. Under this treatment in a month's time, the growth was very much reduced, and he could take solid food without any trouble. The remedies were continued another month until the growth in the tongue had disappeared and it has never returned."

Galium has cured a case of indurated tumor of the tongue diagnosed to be cancer. (See Hale).—Clarke.

Cancerous tumor of tongue—Aphthae (Douglass). Cancerous tumor on the tongue. Hard nodulated tumor of the tongue of a cancerous nature. It favors the production of healthy granulations on the ulcerated surfaces of cancers. (Hale). Scurvy; aphthae, and inveterate cutaneous affections; "constant chilliness."—Hale.

Hoang-nan.—Removes fetor and hemorrhage in cancer; follows Arsenic; revives the healing process. Leprosy.—Boericke.

Hoang-nan.—According to Hansen, prurigo, pustular eczema in parts well supplied with sebaceous glands (face, neck, genitals) boils, carbuncles, constitutional syphilis, cancer of the glands and general malnutrition were also met by the remedy, the dose of which is 5 to 30 drops of the tincture three times a day—Clarke.

Hydrastis.—Tongue and lips parched, red and dry. Tongue as if burned or scalded, later a vesicle on tip. Tongue coated yellowish white; foul; coated with thick white fur; large and flabby; slimy looking; swollen, showing marks of teeth; raw, look red with raised papillæ. Cancerous affections of tongue.

Cancers, hard, adherent, skin mottled, puckered; removes pain, modifies discharge; improves general health. In early stage of scirrhus, and chiefly when its situation is in a gland or in the immediate vicinity of a gland. "Although by no means a specific in all cases of cancer, it is in cancer cases that *Hydrastis* has won its fame; and I think it may safely be said that more cases of cancer have been cured with it than with any other single remedy. In very many cancer cases there is what has been termed a 'pre-cancerous stage,' a period of undefined ill-health without any discernible new growth."—Clarke.

Kali chlor.—Tongue white; in middle; coated at back; with diarrhoea. Two symmetrical ulcers on sides of tongue. Sticking (stinging) burning on tongue (stomatitis); ulcerative and follicular, mucous surface a red and tumid, and grey-based ulcers in cheek: lips, etc. Tanned appearance of mucous membrane of mouth and throat.

Kali cyan.—Lips and mucous membrane pale, slight frothing at the mouth. A peculiar astringent taste in mouth, as of alum or green vitrol. (Cancerous ulceration on R. side of tongue. Tongue has peculiar darkish ground seen through heavy white coating. Power of speech lost, but intelligence preserved. Impediment of speech lasted a long time. Inveterate whiskey drinker—swelling of right side of tongue with deep excavation—had been pronounced cancerous. Could take no solid nutriment and fluids only with great pain. Under *Kali cy.* 1/200 gr. doses he recovered rapidly, was able to talk and to eat dry bread and cooked beef with comparative ease. Persuaded by his former attendants to undergo an operation; he died nineteen days later).

A woman had cancerous ulcer of right side of tongue, involving the root. *Kali cy.* 1/100 one in four days.) In a fortnight the suffering was diminished, the tongue appeared less thick, the speech easier. In another fortnight the patient's countenance had lost its grey hue and drawn features, and she could

eat a crust of bread. The case went on to complete and permanent cure. From Clarke's "Dictionary of Materia Medica."

"In the last stage of cancer of the tongue when the pain is very severe and very little nourishment can be taken, we can give the patient some relief by this remedy."—E. G. Jones, M. D.

Kali iod.—Rancid taste in mouth and throat; tongue white. Impression of teeth on swollen tongue; after mercury. Burning on tip of tongue; vesicles; ulceration of tongue and mouth. Tongue swollen, cracked, fissured, tender, lobulated; fissured. Epithelioma of tongue. *Tertiary syphilis.* "There is a terrible pain at the root of the tongue which is characteristic."—Clarke.

Kali Muriatricum.—Ulceration in mouth which had perforated cheeks, whitish exudation on mucous membrane of mouth. Epithelial degeneration of mucous membrane of mouth; a forerunner of cancer. Epithelioma ulceration had reached face. Tongue swollen, filling cavity of mouth; bears impression of several parts of mouth; ulcerated places deep enough to admit end of little finger; discharge ichorous, terribly offensive; small superficial ulcers, painful on sides; hard, somewhat elastic places on tongue; color deep violet. Epithelioma and hypertrophy. Tongue coated; thin, white, not mucous; dirty yellow in stomach, white, or only in middle; after diarrhoea. White fur on tongue and in pharynx. Burning, stinging blisters on tongue and in buccal cavity. Inflammation of tongue, cannot talk; epithelioma. Mapped tongue, sensation as if a tumor growing on tongue (removed in a patient of mine).—Clarke.

Lachesis.—Sour taste, everything turns sour. Slow, difficult speech, tongue heavy; cannot open mouth wide; cannot pronounce some words. *Puts tongue out with difficulty*; tongue trembles. Difficulty of moving tongue, with impossibility of opening mouth wide. Blisters on inflamed tongue, change into ulcers, threatening suffocation; gangrene of the tongue, on both edges. Canker sores on tip of tongue; aphthae. Glossitis with titillation inducing cough. *Cancer of tongue.*

"The tongue seems to be like a piece of leather in the mouth; it is moved with great difficulty."—Kent.

White, swollen, enlarged papillæ, dry, red cracked at tip; red tip and brown center; mapped dry, black, stiff; heavy, cannot

open mouth inside, laboured speech; trembles when protruded or catches behind the teeth. (Douglass). Stammering.

Muriatic Acid—Everything tastes sweet; taste acrid and putrid, like rotten eggs, with ptyalism; tongue: heavy as lead, hinders talking; feels lame, sore; dwindles, atrophy; sore, bluish; deep ulcers with black bases and vesicles; thick, dark, almost whole mouth and fauces covered with a greyish white membrane; painful blisters with burning.

Edges of ulcer and surrounding parts of a blue color. *Cancer of tongue.*

Tongue sore and bluish; deep ulcer in the black base and inverted edges; atrophy of tongue making him speak in a thick, hoarse voice; hard lump on side of tongue, growing into a hard, deep, warty ulcer, about size of a bean, presenting a slightly fissured appearance from above downwards and from before backwards, rather towards under surface of L. side of tongue; no apparent discharge from it; but tongue is hard all around it, so much so that speaking and expectoration are very difficult. *Cancer of tongue.*

(*Muriatic Acid* has a marked action on the tongue. Cooper cured with it these cases: (1) Man, 52, whose sister had died of cancer, had a deep, warty ulcer, size of a small bean on under surface of tongue, L. side, with much surrounding hardness and little discharge. (2) Tongue swollen, makes him talk thick, much ulcerated, especially R. side is hard, with swelling followed by lupoid ulcer on corresponding side of nose, had been going on ten months.)—Clarke.

Dr. E. G. Jones recommends *Muriatic Acid* in the 3x dilution; fifteen drops in a glass half full of water, one teaspoonful once in two hours. In cases of cancer of the tongue where the pain is very severe. Dr. Jones recommends the use of *Kali Cynamum* 3d decimal trituration tablets night and morning.

Nitric Acid—Taste: bitter after eating; sour, with burning in throat; sweet. Tongue: sensitive to soft food; bites it when chewing; sore pain red like a beet; yellow, white, dry, mornings; green, with ptyalism; dry and fissured; white with sore spots; blistered, with burning pain; small painful pimples on sides; ulceration with tough, ropy mucus; deep, irregular-shaped ulcers on edge (syphilis) glossitis; mercurial cases.

Easily takes cold; the Hydrogenoid constitution; ulceration of the corners of the mouth. (Cund.) Easily bleeding ulcers; looking like raw flesh, with zigzag edges and exuberant granulations on base.

Phos.—Speech: difficult and weak; slow, answers questions with difficulty; stutters when endeavoring to articulate. Taste: bitter; sour after taking milk; saltish; sour; sweetish; better after eating; slimy; of rotten eggs in morning. Burning on tongue extending to palate. Tip of tongue somewhat swollen, with enlargement of its papillæ and feeling as if it had been burnt.

Emaciation; extreme, rapid; is reduced almost to a skeleton. Slight wounds bleed much. *Lax Muscular system*; muscles flabby; fatty degeneration. Scrofulous; glandular swelling. Scirrhus tumors. Open cancers and papilli bleed profusely on slight provocation. Cancer: medullary; fungus hæmatodes; of stomach with coffee-ground vomit.

Phytol—Taste: disagreeable, metallic. Great pain in root of tongue, fauces, etc. Burnt feeling on back part of tongue. Tongue: thickly coated at back; coated yellow and dry; furred; fiery red tip; feels as if scalded; coated greyish-yellowish; hot, rough, tender and smarting at tip; small ulcers like those caused by mercury, thick, protruding. Tongue and lips dry, much pain in fauces when swallowing. "Tongue as if scalded."—Clarke: Loss of fat (animals) emaciation, chlorosis, glands inflamed, swollen, indurated. It hastens suppuration.

E. G. Jones recommends this remedy where there is marked thickening of the tongue,

Radium Bromide—Dr. Dieffenbach's proving of Radium Bromide gives the following symptoms: Pricking sensation on end of tongue, like needles sticking in it; saliva runs into mouth. Peculiar metallic taste between sour and bitter, a little more to the sour than bitter. It warmed the œsophagus on the way down and left a warming sensation in the œsophagus and stomach noticeable for half an hour after taking it. Parched, dry sensation in roof of mouth, better from drinking small amounts of cold water, but parched and dry sensation returns. (In a personal conversation with Dr. Dieffenbach the writer was informed that, if taken in the early stages, cancer of the tongue had sometimes

been averted by the caustic action of Radium Bromide, but in advanced cases, only palliation can be expected.)

Wanted cold drinks to quench parched condition of throat. Tongue bluish white and thick, felt swollen; speech seemed difficult and heavy.

The radium bromide patient is subject to chilliness, which is relieved by warm wraps. There is great exhaustion, weakness and drowsiness; feels tired in the afternoon. The pains are sharp in joints, and muscles, during stormy weather, aggravated by motion, with relief of the pain by heat and by *gradual continued motion*; also better in the open air—hunger, with relief in the open air, yet the pain is dull and there is relief from warmth. Itching all over the body at night. The body feels as if on fire; great restlessness, desire to move about frequently in bed for relief of pain. *Dreams of fire* is a marked feature. All symptoms come and go; relief in the open air, and from walking.

Dr. Dieffenbach states that "of inoperable cancer, a large number of cases were treated, and but few cases showed permanent results"; and in conversation with him recently he affirmed that if radium can be used in material dosage in cancer of the tongue in the *early stages*, definite effects can be obtained; in advanced cases it is of no value. He calls attention to the use of radium bromide in potency as utilized by Dr. R. F. Rabe. A report of its use in such cases is given by Dr. R. F. Rabe, editor of THE HOMŒOPATHIC RECORDER, for June, 1921: "Potencies of radium, from the 60x to the 10,000 and higher, have done some remarkable curative work in chronic rheumatic arthritis. Also in inoperable cancer, potencies have been of undoubted aid in relieving pain. We have at present under treatment an unmarried woman of thirty-seven, who has a carcinoma of the left breast, of six years' duration. This patient refused operation five years ago, when the diagnosis was first made by her physician and when she already plainly showed the typical earmarks of the fatal cancer cachexia; under homœopathic prescribing, for the past five years, the cancer not only has *not* progressed, but the patient herself is in most excellent health. An ulcer three and one-half inches in diameter marks the location of what was once a normal nipple; but the ulcer has a healthy appearance; no odor; discharges greenish pus and bleeds slightly. The edges show a fair degree of healing. A daily dose of radium bromide 1000

keeps this woman from all pain. Her facial appearance is that of a woman in the best of health, with ruddy complexion and clear, bright eyes. Her cachexia is assuredly not in evidence; her appearance belies anæmia."

Sang nit.—Dr. E. G. Jones reports the case of a cancer of the side of the tongue, with soreness and induration, involving nearly the whole length of the tongue. The treatment recommended in this type of cancer is the nitrate of sanguinaria, one grain to one drachm of glycerine; two or three drops of this mixture are placed in a glass plate, and applied to the diseased surface on a glass rod. The ulcerated surface is cleaned carefully with absorbent cotton and the application made three times a day. In more advanced stages of cancer of the tongue with deep perforating ulcers, with a dark base and foul smell breath.

Semp. tect.—"The fresh juice is recommended in chronic aphthæ in grown persons in causal relation to hæmorrhoids, as well as in scirrhus indurations of the tongue." In many countries sempervivum has a popular reputation for indurations and sore on the tongue. The above quotation is from (H. R. X. 473) in which Kallenbach refers to the recommendation of the house leek in Hufeland's "Journal" in scirrhus indurations of the tongue. The following cases treated by Kallenbach are reproduced in Clarke's "Dictionary," Vol. III, pp. 144-145, and are also to be found in Hale's "New Remedies, Symptomatology," p. 577:

(1) Mrs. S., 44, childless, of sickly looks, Kallenbach was consulted for an affection of the tongue. For the previous six months menses had appeared only every eight to ten weeks and were accompanied with pains darting from small of back to uterus and tubes. During the six months she had stitching pain on right rim of tongue about $\frac{3}{4}$ inch from the point at which place, after a few weeks, a swelling formed, the size of a small bean, which bled at times and at night caused a burning sensation as of a small coal, disturbing sleep. Sour food caused pain. The swelling is not hard on the surface, but contains two hard nodules, of size of lentils, one of which is denuded and bleeds on touch. Three enlarged veins cross the swelling and enter the tongue muscle behind it. After over a month of treatment with Aur., Ars., Carb. v. in vain, Kallenbach moistened the swelling

with the fresh juice of *Semp.* thrice a day. Within three days it was smaller and folds appeared. The enlarged veins were contracted, form thin, tense vessels crossing the swelling and seemingly tying it. During the next three days the patient applied the juice too energetically and Kallenbach found the surroundings in inflammatory condition and every sensitive. The application was stopped and *Semp.* 2x given internally. After a week's use the swelling had shrivelled to one-third, and ten days later the menses, which had ceased altogether, reappeared and continued very profusely for five days. The swelling shrivelled to the size of a small pea, was firmer, harder, devoid of sensation and gave no further trouble. The menses continued regular.

(2) Mrs. T., 27, mother of six months old healthy boy, formerly frequently afflicted with swelling of the glands, very sensitive to homœopathic remedies, complained of a pain under her tongue of ten days' duration, interfering with eating and speaking. There was a bluish red elevation on under side of tongue of size of split bean, hard, and along both sides there were enlarged veins. On one side a denuded spot exuded a whitish albuminous matter which could easily be wiped off. *Semp.* 6, one powder every 48 hours. On the second day the swelling was less sensitive and in a week much smaller. Then the menses reappeared (first time since confinement), and in three weeks the whole swelling was gone, leaving only in its place a somewhat enlarged vein.

(3) Kallenbach treated with applications of 1x a general V. B. who had nodules on left rim of his tongue with swollen veins, the nodules disappeared and the sensitiveness was removed, and the patient was so well that he refused to stay for the completion of the cure, and failed to report.

Hale also reports the following: Ulcer on the tongue, three-quarters to one-half inch deep, oval, sharp edges, hard foundation, of a bluish color with four knots, size of lentils, two large veins, sensitive to touch and while eating. Local applications reduced the size in a few days.

Dr. E. G. Jones reports the case of a man suffering from a cancer of the tongue* near the root. The growth had a purple

*"Cancer, Its Causes, Symptoms and Treatment," p. 174.

color, bled easily, there were sharp darting pains and food could be masticated only with great difficulty. The patient was thirty-eight years old and had first noticed the growth about five months previously. *Serpervivum tectorum* 2dx dilution was given, five drops in a little water once in three hours and the mouth was rinsed with a solution of tincture of *sempervivum*, one ounce to eight ounces of glycerine. This treatment in one month resulted in a complete removal of the condition, when examination showed no appearance of the growth of the pain and soreness had disappeared and there were no symptoms of a return of the disease.

Dr. Jones emphasizes its use in *Scirrhus*, cancer of the tongue when the side of the tongue is ulcerated, very sore and painful; the whole mouth tender and sensitive.

Sepia—Taste: bitter; saltish, putrid or offensive; sour in the morning on walking, disagreeably bitter in morning; bitterish sour; unpleasant in morning, mouth dry and slimy; foul, as from an old catarrh; slimy, putrid; food tastes too salt; like manure, metallic; sour after eating. Tongue and cavity of mouth as if scalded. Tip of tongue feels scalded. Soreness of tip of tongue, little blisters, sore edges. Tongue painful as if sore. *Scirrhus* of lip. Swelling of sub-maxillary glands.

Silicia—Taste: of blood, morning; of soap suds; bitter, morning, with thick mucus in throat; of rotten eggs. Loss of taste and appetite. Water tastes badly; vomits after drinking. Tongue feels sore. Sensation as of a hair on tip of tongue; whitish trembling tongue. *Indurations* in tongue. Ulcer on R. border of tongue eating into it and discharging a great deal of pus. *Carcinoma* one sided swelling of tongue. Emaciation with pale, suffering expression. Fungi easily bleeding. *Old ulcers with burning, lancinating pains. Ailments following vaccination, abscesses, etc., even convulsions.* Ulceration constantly extending in depth; edges irregular. Malignant and gangrenous inflammations. Cancer.

Sulphur—Taste: sour, bitter, sweetish bitter or foul, when awaking in morning; bitter, sour after eating; metallic; coppery; pasty; vinegary; sweetish; sour; putrid; sweet, nauseating. Tongue white, with red tip and borders; red and cracked, white or yellow; brown parched, rough; furred in morning, but wears off during day; very dry, particularly in morning. Burning pain

on tongue. On R. anterior border of tongue a hard raised spot size of a lentil; on moving tongue, shooting pain in it. A smarting blister on R. side of tongue, *ulcerated tongue*.

Dry flabby skin. Offensive odor of body despite frequent washing; averse to washing. Bad effects of vaccination, glandular swellings, particularly cervical axillary and inguinal, indurated and suppurating. Discharges in every outlet of body acrid, excoriating skin wherever they come in contact.

Tarentula—Great dryness of mouth and teeth. Painful aphthæ on tongue; with foetid breath. Tongue drawn backward preventing speech. Patch of suspicious cancerous nature in mouth and on fauces. Palate feels scalded. Malignant ulcer, and unhealthy skin; *anthrax and gangrene*. Weakness of all limbs; restlessness; fornications; paralysis; spasmodic paralytic affections; neuralgia, rheumatism; nervous diseases where functions of vagi are more or less disturbed.

Thuja—Taste: sweet, of rotten eggs, mornings; food seems not salty enough; of bread as if dry or bitter. Bites tongue frequently. Burning and redness of tip of tongue, frequently covered with sore points: painfully sore to touch. A painful ulcer on L. margin of tongue, afterward on right; small white blisters on tongue resembling miliary rash. Ulcer of roundish shape under tongue in a child, after vaccination: its edges consist of a number of pointed condylomata, which could be separated by a fine probe. Tongue swollen, worse on R. side. *Varicose veins under tongue, excess of venosity everywhere*, especially in throat. Aphthæ; ulcers in mouth. *Ranula, bluish*, surrounded by varicose veins.

A surplus of producing life; nearly unlimited proliferation of pathological vegetations. Condyloma, warty, sycotic excrescences, spongy tumors and spongy pock exudates organize hastily, all morbid manifestations are excessive but appear quietly so that beginning of diseased state is scarcely known. Dissolution of fluids of body, which become acrid, probably caused by *Thuja* perverting lymphatic secretions, disturb digestion and gangrenification. Bad effects of vaccination. Sycosis; syphilis. Epithelioma. *Bleeding fungus growths. Naevus. Moist, mucous tubercles*. Eruptions only on covered parts; sweat only on uncovered parts; while covered parts were dry and hot; very rest-

less and desponding. Hydrogenoid constitution; strenuous and sycotic persons.

Viburnum Prun.—(Habitual miscarriage after-pains; cancer of the tongue; obstinate hiccup; supposed to be a uterine tonic.)—Boericke.

E. P. Fowler cured two cases of cancer of the tongue with the decoction of Vib. p. bark, used topically.—Clarke.

THE HOMŒOPATHIC REMEDY FOR THE PARTURI- ENT WOMAN AND YOUNG INFANT.*

Julia M. Green, M. D., Washington, D. C.

This small record is not to produce anything startling or new to members of this association who know already what the homœopathic remedy can do in obstetrics and pediatrics. It is to put down these things plainly to show other people what it can do. It is simply a bit more publicity work.

The above title leaves out the marvelous things done to improve the health of the pregnant woman and insure a healthy babe, and goes on to childbirth itself, to show how correct prescribing can rob this of its worst terrors for both physician and patient.

First then for the mother, homœopathy can:

1. Shorten labor.—The woman I am thinking of was a multipara dragging along through the first stage of labor. Pains were frequent but ineffective, seeming to fly all over the abdomen. The cervical os was thinning but not dilating properly and the vagina was rigid and small. The patient was chilly, very nervous, almost hysterical, of an excitable temperament; had had several attacks of rheumatism.

One dose of *Cimicifuga* made this woman go to work in earnest and her baby was born in an hour without laceration.

2. Soften an unyielding cervix and perinæum.—This patient was a primipara in the thirties. She was a vigorous woman with plenty of determination and effective effort, but she seemed fever-

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

ish, the cervix was rigid, hot and undilatable, the strong pains seemed unable to stretch it.

A dose of Belladonna 2c was given; the cervix was perceptibly softened in 20 minutes and soon the second stage of labor was on in earnest. The perinæum was so rigid at first that it seemed impossible to keep it intact, but as soon as the child's head made firm pressure on it, it gave way wonderfully and all was safe.

3. Cause labor pains to become effective.—The Cimic. case just recorded shows this and Gelsemium shows it over and over. When pains go from abdomen to back and extend up the back instead of downward, Gels. will often act like magic.

4. Produce normal position of the child.—Pulsatilla has a reputation for doing this. Yingling says its power has been proved by the best prescribers. I never had a good chance to try it.

5. Quiet nervous excitement.—We have all seen such a patient. She is wildly excited, afraid her baby is dead, knows she cannot stand the pains, knows nobody can help her, is sure she will die. She tosses about and moans and seems to make no progress on account of her feverish excited state.

Also we have seen a dose of Aconite calm her within twenty minutes or half an hour and, at the end of her labor, she cannot see how she could have been so foolish as to behave that way.

6. Stop post partum hemorrhage.—A young primipara with flabby muscles showed so much exhaustion just before labor ended that she nearly fainted. After the birth a hemorrhage continued rather slowly and steadily until it made quite a pool on the floor. Vigorous kneading of the fundus did not stop it, but a dose of China 1m did.

7. Shorten and lessen after-pains.—This patient had had twins lying transversely and had been enormously distended with amniotic fluid. After-pains were extremely severe, centering in the lumbo-sacral region and extending into the buttocks and thighs. She felt as if her back would break. She was a chilly, flabby patient.

Kali carb. soon conquered these pains.

8. Cure any tendency to sepsis.—A patient, over forty when her third child was born, had a fibroid tumor in the uterine wall near the fundus. This caused some trouble from post-partum hemorrhage, which was controlled by Pulsatilla, and several days later the patient developed a septic fever with foul discharges, great

restlessness and generally sick appearance. There was no tenderness in the pelvic region. The trouble seemed wholly due to retained discharges from poor drainage on account of the tumor.

A dose of Pyrogen produced a quick cure of all these undesired symptoms.

9. Produce a good milk supply.—Who of us has not had a Calc. carb. kind of patient who tried to take the food that would nourish her baby and grew fat on it instead of furnishing good milk? Then Calc. c. would straighten out all trouble and the fat would be on the baby.

10. Cure sore nipples and tendency to mammary abscess.—The baby was about ten days old. The mother's nipple was sore and cracked; pain radiated from it all over the body as soon as the child was put to the breast. The breast was hard and caked in several places. The mother was worried and worn.

A dose of Phytolacca righted this condition.

11. Cure puerperal convulsions.—Here homœopathy stands supreme. I cannot cite a case because I never had one, but I have heard others describe the quick action of the correct remedy in these awful conditions, such remedies as Cicuta, Hyoscyamus, Oenanthe, Cuprum, Opium, Moschus, the Veratrums, Stramonium.

Secondly, for the child, homœopathy can:

1. Overcome asphyxia in the newborn.—The baby has been terribly squeezed in the process of birth; he arrives blue and with his head all out of shape; respiration does not begin and the situation becomes strained. A dose of Arnica will help wonderfully. Ant. art., Opium, Lachesis, have a reputation here, too.

2. Cause normal assumption of bladder function.—The first day has gone by and part of the second without urination.

Give this baby a dose of Aconite and generally you need not worry.

3. Quiet oversensitiveness and excitement.—Perhaps it is Aconite or Belladonna or Nux vomica or one of many more remedies that will change baby's habits and produce peace and quiet for mother and nurse.

4. Cure ophthalmia neonatorum.—The case I think of here is a Rhus tox. case with quantities of muco-purulent discharge, and when the eyelids are forced open, lachrymation oozing from

the closed, swollen, reddened lids; tiny blisters on the cheeks below.

Several other remedies have cured it.

5. Correct disordered digestion.—Many and many a young infant cannot assimilate its mother's milk and so wastes instead of gaining. The symptom picture varies much. One baby was large and fat at birth, as lively and fine as one could wish. He lost very little the first week, but did not quite regain it the second. Then followed slow decline in weight without other symptoms except that he did not care to nurse, seemed to have no appetite. There was plenty of milk and no difficulty about nipples. He just did not care, slept all the time, did not cry and gradually wasted. At the end of a month he began vomiting and had a chafing diarrhoea without pain.

About this time a dose of Sulphur converted him into a wide-awake, positive, ravenously hungry baby.

6. Cure inherited tendencies.—Even in the first few weeks of life we learn to know the gonorrhoeal baby with fiery red buttocks and desire to sleep on abdomen with knees drawn up or as near this position as a tiny baby is strong enough to reach. We have seen Medorrhinum work wonders for such a child.

We learn also to know the syphilitic baby with a specific eruption perhaps, foul odors, restlessness, crying all night, excoriations. A dose of Syphilinum will often straighten out a trying situation.

This discussion might go on and on, but here are 17 different uses for the homœopathic remedy in Obstetrics and Pediatrics.

A CHILD AS I FOUND IT.*

Fred L. Juett, M. D.

On April 7 of this year I received a call to come to see a child that the parents were very anxious about its present condition. On arriving the history given was that a physician had called and thoroughly examined the child about 3 P. M. of above date and had pronounced the case one of tuberculosis, and left without making a prescription, but saying he would do everything he could

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

to get the child a bed in the tubercular sanatorium near this city. So one of my patrons suggested to the distracted parents that I be called, and I arrived about 7 P. M. of same date. The mother stated that the child was nine years of age in January, 1924. She had had an attack of pneumonia and had not been well since. She had no appetite, coughed a great deal and expectorated a large amount of mucus, and coughed almost continuously day and night; temp. 103-6, pulse 130. At this point a boy about seven years of age came into the room and the mother informed me that the boy had been sick with measles and was just out of bed. He was taken sick about eleven days before, but was doing fine now. I then proceeded with my physical examination of the little girl, she crying the entire time. I found on percussion that entire lobe of right lung was very dull and on auscultation very little was getting into the lung at all. I made a diagnosis of pneumonia in which there had not been resolution and that it had been entirely overlooked by the physician in attendance in January, although he was one of the best physicians in the city. After thinking of the case for a short while I concluded that my high temperature was caused by an oncoming attack of measles, although I could not find the eruption that night. I allayed the fears of the parents as best I could by telling them that the child did have a bad lung but it was from the pneumonia and that the cause of her acute illness was an infection of measles and that by morning I could be sure. I prescribed Bryonia and by morning the rash was out nicely and she made a splendid recovery from the measles, but I still had the lung congestion. She was very thin and had lost a great deal of weight and looked and felt as if she would weigh about twenty-five pounds. Continued a temp. 100, pulse 110. Cough continued, but not so severe. Appetite began to improve. Obtained some sputum and examined for tubercular bacilli but none could be found. About this time I changed from the Bry. to Phos. 12x as the attack of measles was over and it seemed to me it was better indicated at this stage of the case. Pulse and temp. have both been normal now for a month, but still have some rales in right lung. The child has gained about 15 pounds in weight, has an excellent appetite and the dullness is not over such an extensive area. Eyes bright, and she now takes interest in playing and would do lots more of it if not prevented. I continue to require her to rest at

least two hours each afternoon and to stay in open air as much as possible, and I feel sure that my little patient will, by the end of the summer months, make a complete recovery.

Now I do not report this case for any other reason than for the purpose of demonstrating how so much of the child's trouble could have been avoided had either of the physicians been just a bit more observant of the case. The last physician nearly frightened the parents out of their wits. While I feel sure, after years of observation and practice, that we have the correct law, still it behooves us to use caution always and closely analyze our cases.

CLINICAL CASES.*

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

The following case is one where the effect of the potentized remedy, properly chosen, overcomes seemingly impossible pathological conditions.

Case 1.—G. G., negro female child, four months old. History of one sister having died of tubercular meningitis when about one year old. Family history otherwise good.

Child has a large swelling of gland, the size of a large egg, on the left side of the neck on the line of the jaw angle, extending back as far as directly below the mastoid process. Cannot turn the head but holds it tense. Child cries a great deal. Takes very little milk. Sleep is disturbed, crying out during sleep. Sleeps in short naps. Perspires profusely about head and neck during sleep. Gland is very hard and sensitive to touch. Beginning to show redness of the skin.

The parents had been advised by two surgeons to have the gland excised, but the parents refused and I was called in to see what homœopathy could do. It was very plain to any student of homœopathic medicine that Calc. carb. which was administered in the 200 potency was the remedy. The gland soon lost its redness and gradually grew smaller and in one month's time had disappeared entirely and returned to normal and the child to perfect health.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

The following case is very interesting indeed, for the reason that one symptom is the opposite from provings. The trouble went from left to right whereas the provings show from right to left, although other clinical reports show the left to right direction.

Case: Diphtheria—Child eight years old had been ill four days when first seen, gradually growing worse for three days, losing strength and showing toxic condition which was seemingly uninfluenced by Lachesis. Sunday morning we found the following desperate condition:

Throat very sore, began on left side, now on right. Both tonsils covered with dirty gray deposit extending into the walls of the throat and the pillars of the arch of the tonsils.

Nose very sore and excoriated.

Sensation as if some foreign substance was in the nose.

Sensation as if some skin in the throat rolled up in back of the nose.

Constantly extending feet from under the bed clothes.

Warm drinks relieve the throat.

Patient is aggravated during and after sleep.

Disagreeable dreams whenever he goes to sleep.

Patient is worse during nights.

Voluntary motion is very tremulous, in fact the tremor was present all the time, but on motion it became very marked.

This picture was completely changed and an uneventful recovery took place following the administration of the army mustard gas or the 200 potency of Sabadilla.

STRONTIUM CARB.*

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

Mr. W. F.—Flower Hospital Clinic, Case No. 1028—Salesman. Aged 63.

Well nourished, dark complexioned, medium build, heavy hair and eyebrows, comes from a long-lived family. Came to the clinic March 10, 1924. Scarlet fever as a child. Two attacks of influenza. Operated on for hæmorrhoids eighteen months ago.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

For several months has been treated for high blood pressure and was told that no medicine could help him, but that he must give up work and rest. He reported that his blood pressure had been between 250 and 300. When he came to the clinic his blood pressure was 270/130. Heart was somewhat enlarged, labored and irregular. Moderate sclerosis of the arteries. Trace of albumen in the urine. Wasserman negative.

His symptoms were: Flushes of heat in the face, coming on after lunch and again in the latter part of the day. This sense of heat lasted from five minutes to an hour at a time.

Urinating seven or eight times a day and two or three times at night. Passes about three pints at night.

Palpitation of heart and throbbing in the blood vessels that is felt in the ears and in the occiput.

A sensation of muscular soreness over the precordial region.

Constipated.

Craves sweets.

Very sensitive to cold. So much so, kept warm with difficulty.

Has had a retinal hæmorrhage in the right eye.

The right hand trembles at times so that he cannot write.

Tongue indented at the edges, coated dark in the center.

Memory poor for names.

Irritable, nervous, easily angered.

Several years ago had severe occipital headaches.

An analysis of symptoms shows few characteristics. Great sensitiveness to cold was his strongest modality. Heat in the face was the next most peculiar symptom. He had craving for sweets, but this was not very definite. The fact that he had previously suffered from occipital headaches and that he now had throbbing in the occiput was a possible third symptom.

"Clark's Dictionary," in the preliminary description of Strontium Carb, gives the following: "Among the prominent symptoms of the provings were flushing in the face and violent pulsation of the arteries; congestion to heart, lungs and head; the distinctive feature about these states with Strontium Carb is that they are relieved by warmth and wrapping up, and worse by cold."

Some of the individual symptoms are: As if head were expanded from within. As if tendons of the neck were drawn up. As if all power had left the right arm. External soreness. Her-

ing's "Guiding Symptoms" gives: "Threatening apoplexy with violent congestion of head; hot, red face every time patient walks; exertion increases circulation toward head; some erethism of chest; smothered feeling about heart; better wrapping head up warmly; cannot bear least draught of air.

Strontium covered the case perfectly and his subsequent progress confirms its use. The 200th was given March 10th. All symptoms improved, after an aggravation of symptoms for three or four days. The patient can go about his work and his blood pressure is slowly coming down. On June 8th, registering 230/127. The remedy was repeated May 19th.

"Kent's Repertory," gives Strontium Carb the highest value as a chilly remedy, second value in heat of the face, and second value in pulsations externally. A reading of its symptomatology indicates that it should cover high blood pressure cases, with threatening apoplexy. Probably this patient cannot be cured, but it is very satisfactory to be able to increase his efficiency and give him comfort, for his progress before had been steadily downhill.

Strontium belongs to the calcarea group of elements and can substitute for calcarea in the egg shells of chickens fed on a calcarea free diet.

POST-PNEUMONIA THERAPEUTICS.*

Geo. E. Dienst, M. D., Aurora, Ill.

Why should anyone have pneumonia? Six fishermen, of equal age, physical strength, all wearing similar garments, subsist on the same kind of food, and are subject to like environment, are caught in a squall; they hasten to shore and as they approach it, their boat is swamped, they are thrown into the water, but reach shore, drenched to the skin, in safety. One is soon taken with inflammatory rheumatism, one with nephritis, one with ciliary neuralgia, one with severe digestive disorder, one with pneumonia, and one escapes all sickness and is none the worse for his experience. Why this difference? Because each has his individual pre-disposition to certain forms of disorder—mental or physical or both. We desire, therefore, to present this proposition, which is not hypothetical, but concrete, that, in the thera-

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

peutics of all acute diseases, careful thought must be given to predisposition and heritage before the patient can be restored to normal health. We admit that certain acute attacks of disease, particularly exanthematic fevers, may recover, by confining our therapeutics to the acute stage only; but even here care must be taken to avoid unfortunate if not fatal sequelæ.

This is particularly true in people suffering from, or subject to pulmonary disorder. First: If the patient suffering from pneumonia comes into your hands from a physician who has given coal tar derivatives or digitalis, your task is not an enviable one, for you have not only the abused pulmonary disturbance to deal with, but an additional cardiac weakness which threatens the life of your patient and complicates your generals. Scrupulous care is necessary in directing not only the nursing of this patient, but also in selecting and prescribing a remedy. Care must be exercised to keep the heart in action without over-stimulation, and, after all acute symptoms have disappeared, prolonged physical and mental rest is imperative. Unless other remedies are strongly indicated, one of the venoms will, if the heart is not too severely damaged, be indicated. Careful study should be given to Naja Trip, and Elaps., at lengthened intervals and in ascending potencies. Care must be taken that the lungs are reasonably clear, before this is done.

Second: When called to an individual deeply tainted with Psora—this can be readily ascertained—your acute remedies will aid you through the acute stage. Care must be given to a possible abscess or cavity in the lungs. Take your time and give strict attention to nursing and diet, and when the febrile condition has subsided, and resolution is well under way, Sulf. is the most frequently indicated remedy to clear conditions, avoid relapse, prevent sequelæ and restore your patient to a normal state of health. It is my practice to watch these patients for one or two years and repeat Sulf. when necessary. This will remove all effects of the acute attack, and if the patient has the good judgment to consult you occasionally, you will so effectually restore him that he will not be so very susceptible to colds and coughs in the future as he has been in the past.

Now suppose, such a psoric case has been treated antipathically and has recovered from the acute state, but at the first cool breeze of Autumn he takes cold and is afflicted with a persistent

cough, which annoys him very much. The first thing in order is a very careful examination of the lungs to learn their true condition as to abscesses, cavities, tubercles, or calcareous deposits. These being absent, and the cough predominantly bronchial with or without asthmatic tendencies Kali c. is the leading remedy, and should be continued in ascending potencies until the patient is perfectly free from his cough and is less susceptible to recurrent colds.

Third: Suppose your patient is of the tubercular type, and your fears, doubtless justified, that pulmonary tuberculosis may follow the acute attack, your vigilance should be doubled during the febrile stage, that unfortunate complications do not supervene, and when this stage is reached, and resolution well under way it is good practice to employ anti-tubercular therapeutics. Of course, nothing should take the place of the truly indicated remedy, but usually under the actions of the best selected remedies in these cases, conditions arise which call for one of the tuberculins. In young people I prefer, as a matter of habit, tuberculinum avian; in adults and those in middle life the plain tuberculinum. Suppose, however, convalescence drags along very slow, and you learn that your patient, in addition to his tubercular diathesis has contracted in the past, or has a gonorrhæal inheritance, it may be well to give a course in Medhorrinum.

Fourth: Suppose you have the misfortune to be called to a case of pneumonia in a syphilitic individual; one who has been mercurialized, serumized and salvarsanized, you know at once the task before you—not an enviable one—even if he had had no therapeutic measures whatever, your task is still unenviable. In such cases you will almost invariably have the syphilitic phenomena present—such as aggravation of all symptoms at night, perspiration without relief of symptoms, cough aggravated by turning to the right and a blood streaked mucous soon after the onset of the attack. Knowing this it is well to give some form of potentized mercury—preferably the vivus—at once, and administer it with care, for it is dangerous when overdone. A moderate potency, the 200th or one-thousandth, at lengthened intervals will soon restore order. After the febrile stage is past and convalescence supervenes, cease your mercury and wait. Give nothing so long as improvement is active. Later, you may need a higher potency of Merc. or Nit. ac. or Syphilinum or Tuberculinum to complete your cure and restore normal harmony of the body.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

A CARBUNCLE CASE AND SOME COMMENTS.

A powerfully built stranger was shown into my consulting room one Sunday evening recently. He held his head bent forward, with neck rigid, turning his whole body as he faced me. He was evidently very nervous, and in pain. Before he even announced his name he slipped off his overcoat, coat and vest altogether in one sweep and laid them over a chair. Then he removed the heavy wrapping about his neck and exposed a large swelling on the back of his short, hairy, heavily muscled neck—a neck that sloped away into powerful shoulders and long arms like those of a heavyweight wrestler.

A mere glance was enough for me to perceive not only the beginning of a rapidly developing carbuncle of large size, but several large scars of former attacks.

Having thus "stripped for the bout" (his attitude again reminded me of a wrestler about to come to grips), he turned and stood looking at me expectantly.

I smiled and said, "Don't be in such a hurry, my friend. Sit down and let us talk about this a little. I have something to say to you that may be worth your while."

He looked a little surprised, but took the chair I pointed to.

"Now," I said, "you have a carbuncle and you know it, for it is not the first one you have had. You have been through the mill before and you think you know just what to expect. You thought it was unnecessary for either you or me to say a word about it; that there is only one thing to do for a carbuncle, and that is what you expected me to do—get out my scalpel and lay the thing open. Is that not true?"

"Why, yes," he replied, "of course. There isn't anything else to do, is there?"

"There is, indeed," I assured him. "Now relax, and sit back in your chair as comfortably as you can with that sore neck,

and listen while I describe what you have been through before. Then I will tell you about a better way and the reasons for it."

The man eased himself back into the chair, still looking rather incredulous as if wondering what kind of a "joint" he had gotten into. (Men with his kind of a head, neck and shoulders are apt to be pretty wary of what may be feints leading toward a grapple for a "Half Nelson" or a "strangle hold.")

"Now," I continued, "the scars on your neck tell me that you have already been through at least two 'bouts' with carbuncles. They also tell me that each time you went to some one who promptly used the knife, once for a single free incision and once for a double, or 'crucial' incision."

He nodded and then winced and grinned, partly from the pain which the involuntary movement caused and partly in appreciation of my perspicacity.

"Then they were treated with antiseptics, and the last one was probably curetted or scraped in the attempt to remove the slough. You went through a long period of such painful treatment before healing was finished—probably four to six weeks."

"Humph," he grunted, "two months the last time before I could go back on my job."

"During the first two or three weeks of that time," I continued, "you were a pretty sick man."

"I sure was," he said, "I walked the floor several nights, until the doctor gave me morphine to ease the pain. Then I was sick at my stomach, constipated, and had fever. I wasn't myself for weeks after the damned thing healed."

"Exactly," said I. "That's usually the way. Now did it ever occur to you that there must be a reason—a cause—for carbuncles? Is there not something wrong, out of order, before the carbuncle appears? Something in a man's condition that predisposes to or prepares the way for them? And is not that the condition which should be considered and be treated before slashing into the carbuncle?"

"Why, they told me," he said, "that carbuncles were caused by an infection—perhaps from the barber's clippers or razor, and that the only thing to do was to lay them open at once and kill the infection."

"Well," I replied, "there is a bit of truth in the infection theory perhaps, but what about the many times you went to the same

barber without infection? And what about his other customers at the same time who did not get infected and have carbuncles? Must there not have been something in your condition at the time that made you unnaturally susceptible to the infection—something in the state of your blood, or your nervous system perhaps, which was the real cause of your carbuncle—the real disease?"

He thought a few moments and said that seemed reasonable.

"Did your surgeon or your physician ask you any questions about your habits, or your health, or try to learn anything about your condition before the carbuncles appeared? After they had operated did they give you any advice about your diet, or how to take care of your health? Did they give you any medicine, or show in any way that they thought there was anything in your case besides a carbuncle on the back of your neck?"

To all of these questions he answered "No."

"Now, in view of what I have said and suggested, does it not strike you that perhaps a carbuncle is a medical disease instead of a surgical condition, and that it might be treated medically with better results if your physician knew how to do it?"

By this time the man had entirely lost his incredulous and suspicious look, and was showing signs of an intelligent interest in what I was saying.

I went on to tell him that for more than twenty years I had never used a knife on an abscess or a carbuncle, except in a few cases to make a slight incision in the skin to give vent to pus already formed and ready to break through; that I had never failed to promptly relieve pain, hasten suppuration and promote rapid evacuation and subsequent rapid healing, without scar or disfigurement, by the use of internal remedies alone, with simple aseptic, protective dressings.

Then I told him that if this view of the situation seemed reasonable to him and he wished me to take the case on that basis I should be glad to do so. If not, he might go to a surgeon and follow the usual methods in such cases.

He promptly intimated that he would be only too glad to do so. "You can bet on it I don't want to go through that torture again if there's any way out of it. It's hell. Go ahead, Doctor, and treat it your way. I'll soon see if there's anything in it. This is going to be a bad one if something isn't done quick. I know that."

It certainly looked that way. The present extensive swelling, pain and rigidity had all appeared within forty-eight hours. Beginning three days before in what seemed to be only a small pimple, the swelling now included an area of about three inches vertically and four inches transversely on the back of his neck, and was rapidly spreading up the occiput and down the back. The cervical glands were beginning to swell. Pain had kept him awake most of the preceding night and it was growing more severe. The pain was mostly drawing and aching, with stitches and acute sensitiveness in the central, highly inflamed area, around which were several pimples or pustules. He was nervous, anxious, irritable, sensitive to touch and to cold and wanted his neck warmly wrapped. He perspired easily and was chilly. Naturally, he was of rather a torpid, sluggish constitution.

On these indications, representing his systemic condition, I gave him several powders of Hepar Sulphur 200, applied a simple protective dressing and told him to return the next evening.

He returned at the appointed time to report that within three hours his pain had subsided to such an extent that he went to bed and slept from midnight until seven in the morning. On removing the dressing pus appeared from a small opening in the center and more exuded on gentle pressure. Swelling diminished. Dressing and medicine repeated.

On the following evening the dressing was saturated with bloody pus, and thick, curdy pus flowed on gentle pressure. The areolar swelling had softened and receded about one inch all around. He had slept all night.

On the third evening he reported that he had had more pain and had not slept as well. The pus was becoming thin and bloody and his bowels had not moved. I changed the prescription and gave him Silicia 200 in repeated doses.

Progress then was rapid and pus flowed freely. On the sixth evening the swelling was all gone except in an area of about an inch in diameter at the center, and from the opening I drew with the forceps a perfect empty sack one inch in length and about three-sixteenths of an inch in diameter. A second small opening had formed from which considerable pus came. He was discharged on the eighth day with healing nearly complete.

Thus a carbuncle case which in previous attacks had lasted from six weeks to two months was cured in less than ten days

by internal medication alone, without operation or local treatment of any kind, except simple protective dressings.

In the light of such an experience and hundreds on record like it, how can any physician who knows the facts, much less a homœopathist, continue to regard a carbuncle as a local surgical condition and treat it as such?

Is the itch to use the knife so compelling that all the considerations of an enlightened reason regarding the clinical history, pathology, etiology, habits, predispositions and susceptibility of such a case are to be cast aside as having no bearing on the treatment?

Are the comfort, safety and well-being of the patient and his value as a convinced and often enthusiastic propagandist for homœopathy of no importance to the individual physician and the school?

Why are so many men who are enrolled as homœopathists governed by the thoughtless, empirical routinism of the average would-be surgeon, when so much better results are possible by applying the simple principles of homœotherapeutics as established by more than a century of indubitable experience?

Do they know the literature of homœopathy at all?

The literature of homœopathy is filled with records of innumerable cases, not only of carbuncles and abscesses, but of many other conditions commonly regarded as surgical, treated successfully by internal medication and common sense hygienic measures.

Several reasons suggest themselves as possible answers to these questions:

1. Thoughtlessness; failure through haste or from carelessness, indifference or laziness to stop and think rationally a few moments before resorting to the knife. It is easy to use the knife in such cases—altogether too easy. A butcher could do it. Commonly a "butcher" does do it—and plumes himself on it. The principal difference between the two kinds of butchers is the size of the knife used. Both evince the same lack of philosophy. Both practically consider that they are merely cutting into "meat." The pseudo-surgeon no more than the butcher (who is far more consistent), sees or takes into consideration the vital element, the disordered or perverted life processes and functions in which

the lesion he is about to deal with originated and subsists. He sees and regards only the tangible product of the perverted process. That is "his meat" and forthwith he slips on his long white gown (literally), whets his knife on the resounding steel (metaphorically), and makes "a free incision," quite like his more respectable white-gowned brother behind the cutting block.

2. Ignorance of the theory, principles and technic of homœopathy, and of the literature in which they are contained. Inadequately taught in their college course; hearing only a few—perhaps a half dozen or so—so-called "lectures" on "The Organon"; taught only a smattering of materia medica by rote; witnessing and prejudiced by the superficial, hasty, routine, group prescribing of the ordinary hospital clinic prescriber, and the hasty transfer or unwarranted assignment of medical cases to the surgical wards; entering private practice scantily equipped with books and without any training in habits of literary study or research; having no interest in or love for books as a source of inspiration and knowledge because of the disproportionate emphasis laid upon objective and clinical instruction, and by the gratuitous sneers at "book learning," it is no wonder that so large a proportion of our young physicians follow the line of least resistance and degenerate into mere routinists, with strong allopathic and surgical proclivities. They are easily swept along with the tide of modern skepticism, materialism and commercialism into the ocean of the sawdry, the superficial, the commonplace and the transient in medicine.

3. Skepticism.—A doubtful or incredulous but at the same time judicial state of mind, which leads the inquirer to suspend judgment until he has examined all the evidence for any alleged truth and then decides the case on its merits is not to be criticised. It is a safe and sensible attitude, when judiciously maintained, and it is a pity it is not more cultivated in medicine. We should then see less of the flying off at tangents, less running after every new fad, less silly credulity when questionable new therapeutic means and measures are exploited.

Medical men in their sphere seem to be more credulous of claims for the new and fantastic, and more skeptical of the results reported under the application of old and well tried methods and principles, than men of any other calling.

This is the very essence of skepticism—this exaggerated, antagonistic, hyper-critical, incredulous and contemptuous attitude toward old established truth, which vaunts itself and is at the same time so credulous toward the new and revolutionary as to be actually gullible.

In such men the opening narrative of this article will provoke nothing but a sneer, an insinuation that the writer is fabricating, or a supercilious smile. Nothing else being expected from them no one will be disappointed; but "there are others."

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

*Address communications, books for review, exchanges, etc.,
for the editor, to*

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Medicinal Treatment of Dysmenorrhœa.—The symptom of dysmenorrhœa or painful menstruation is one which claims a large share of attention from the general practitioner. To him the sufferers from this dreaded condition first come, as a rule, and it is only after his failure to cure that the gynecologist is appealed to for relief.

To us as homœopathic gynecologists, specialists or physicians in general practice the ailment in question should not have any difficulties. Our materia medica is rich in agents calculated not only to relieve, but also to cure permanently, the symptom of painful menstruation. The word symptom is used advisedly, for dysmenorrhœa is never found in the perfectly healthy woman, that is, the woman free from all constitutional taint, whether this be sycotic, psoric or a combination of both, or whether we choose to accept these terms in the light of modern nomenclature or not. Even structural changes, such as flexures or versions, stenoses or other deformities, have had their origin in some constitutional vice, for are they not the result, or end-product of a long train of morbid influences and forces? As such they may fail to respond to medicinal measures, measures which should have been applied to those of a preceding generation, the fœtus in utero, or the infant and growing child. But as this ideal, perhaps Utopian, plan of cure can be but seldom applied, our endeavors must be directed at the case in hand as it now presents itself. Mechanical or surgical measures, may therefore be frequently demanded, but more for the end-product, the result of disease, *i. e.*, pathological or structural change; though even here our deeply-acting antipsorics, especially in the high and highest potencies are capable of performing remarkable cures. To many

prescribers, the *symptom* constitutes the only element to be treated and such physicians direct their energies entirely to the relief of the pain, forgetting, in their laudable eagerness to relieve, that it is the patient and not the disease that is to be cured. Treatment on such lines, ranges all the way from the well-chosen acute acting remedy to the alluring combination tablet, anti-spasmodics or even morphine, and in so far as a real and permanent cure is concerned, is doomed to certain failure.

What then, constitutes for us as homœopathic therapists, the proper method of treatment of this very common ailment? Hahnemann, in paragraph 6 of the "Organon," says: "An unbiased observer, though of unequalled sagacity, impressed with the futility of transcendental speculation unsupported by experience, observes in each individual disease only what is outwardly discernible through the senses, *viz.*, changes in the sensorial condition (health) of body and soul—*morbid signs or symptoms*. In other words, he observes deviations from the previous healthy condition of the patient, felt by him, and recognized upon him by his attendants, and observed upon him by the physician. All of these observable signs together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of the disease." And again, in paragraph 7, among other important statements, he says: "Hence, the totality of these symptoms, this outwardly reflected image of the inner nature of the disease, *i. e.*, of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent. In short, the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized and removed by his art, in each case of disease, that it may be cured and converted into health."

With these directions uppermost in our minds the course becomes clear. To *take the case* is the first problem, one alas, which very many prescribers fail to solve. For a case well taken is a case half cured. In the taking of the case nothing that the patient may tell us is to be regarded as too trivial or irrelevant for our notice. The apparently trivial may be the decidedly important when it comes to the selection of the remedy. Particular attention should be paid to the general symptoms, *i. e.*, those symptoms predicated of the patient herself, as opposed to the

particular symptoms or those predicated of the patient's organs. The general symptoms characterize the patient as a sick being and relate to her as an individual, distinctly different from other individuals. Thus a woman with a neuralgic dysmenorrhœa, whose pains are relieved by pressure and heat would naturally cause us to think of Magnesia phos., but if we have taken the whole case and not merely the particular symptoms of the pelvic viscera, we find that this woman habitually has late and scanty menses, preceded by mental depression and sadness and that she is of a timid yielding disposition, with all her complaints, such as headache, vertigo, stomach symptoms, etc., relieved in the cool, open air, then Pulsatilla and not Mag. phos. would be the simillimum. The general symptoms must always decide the choice and they rule out any number of particulars. The generals include, of course, the modalities, the character of, time of, and duration of the menstrual flow and any mental symptoms which may be present. A case or two may, perhaps, better illustrate this idea.

Mrs. M., married several years, but no children. Sterility and dysmenorrhœa. Uterus decidedly anteflexed. Came to us on account of the dysmenorrhœa and the sterility, being anxious to have a child. Menses always seven days late, profuse and last three weeks; before menses, pressure on vertex, aching in head and eyes < from motion of eyes and from heat, > by lying down and in open air. Aching in back and bearing down sensation in pelvis, feels as though she must hold herself up. During menses is very nervous and irritable, has colicky pains somewhat > by doubling over; also a steady continuous pain in right ovarian region and extending down the right anterior crural nerve. Has nausea with the pains, which are < by eating or drinking. Vertigo < from stooping, everything seems to grow black before her eyes. After menses headache and general weakness. Often gets melancholy attacks and feels like crying, can hardly keep the tears back, > from sympathy and consolation, likes to have people about her to talk to. Pork and fat foods produce nausea and headache; fulness and pressure in the stomach come on some little time after her meals. Falls asleep late in the evening, stays wide awake from many thoughts running through her mind. At times, feels chilly and has also burning of the feet and wants them uncovered. Cold feet in winter. Sweats very little, even in hot weather. White, thick bland leu-

orrhœa causing itching of vulva. Burning pains in abdomen and in lower part of back. Feels tired and weak all the time and is < towards evening. Tired, morning on rising. Solitude < her condition, likes company. Brunette, age thirty-three years.

To take this case, avoiding leading questions as much as possible, occupied some time. The bimanual examination required the least part of it. From the particular symptoms several remedies suggest themselves, *Xanthoxylum* and *Sulphur*, for instance. The totality points to but one remedy, although this one is not an antipsoric. Accordingly one dose, dry on the tongue, of *Pulsatilla*, 45m (45 thousandth potency) of Fincke was given, together with the usual powders of saccharum lactis. No local treatment of any kind whatsoever was employed.

Later the patient reported that her menses had appeared with much less pain than usual. She feels > in every way. However, the next menstrual period was very painful. Does not feel so well. *Pulsatilla* mm. (millionth) one dose. The following menstrual period was preceded for two days by pain, but no pain at all during the period. About ten days before menses or thirteen days after receiving the last dose of *Pulsatilla* the following old symptoms, which she had not had in five years, reappeared: Pain as if sore from throat down to stomach < from swallowing any hot food or drink. Pressure sensation in upper part of œsophagus. Rising of acid gas at once after eating, causes burning. Burning pain in stomach, also sensation of pressure > by eating. These symptoms disappeared again and she felt > in every way.

This return of old symptoms was an encouraging sign, for whenever in a chronic case, old, perhaps long forgotten symptoms return, we may be sure that the simillimum has been found and that cure is in sight. These old symptoms must not be interfered with.

Further on the patient reported improvement. Says she gets hungry between meals, feels faint and must eat something, which >. Backache and burning in sacrum. Pain in back is > by motion. Leucorrhœa bland; no medicine. Still further on, no more backache or leucorrhœa. Has never felt > than she does now, even in spite of an acute coryza. Later the menses came two days late, lasted four days, were less profuse, with slight pain during one day only, and still later nausea and bloating, evenings.

Swelling and soreness of both breasts < right one, about two weeks before the menses. Noticed this symptom last month for the first time and has it again this month. Has been taking on flesh and looks much >. Next we had, menses appeared three days late, but free from all pain. Then, continues to feel splendid. No swelling or soreness of breasts this month. Then again menses eleven days late. Yesterday she was taken with pain in back and cramp-like pains in abdomen. This has continued today with constant nausea and slight flowing. *Ipecac.* 200 Jenichen, a few doses in water. The following day pains and nausea gone, but flow continues.

This flow then went on as a rather profuse though otherwise normal menstruation. Undoubtedly the patient had become pregnant and aborted. Nothing further was given and as there were no symptoms left the patient discontinued treatment, became pregnant some few months later and was delivered of a healthy full-term infant. Surely, a triumph for the single remedy and the minimum dose.

This case is sufficient to show what can be done by the potentized single remedy, unaided by any so-called adjuvant treatment. In any case of dysmenorrhœa the problem is simply this: To the genius of which remedy does the patient correspond? If the case is a simple one, without much psoric or constitutional complexion, the selection of the remedy may also be a simple matter, but if the case is undoubtedly psoric or constitutional in its aspects, the remedy must fit the whole patient, even though this very remedy may not stand high in the repertorial rubric for dysmenorrhœa. We must not think of our materia medica as having remedies for dysmenorrhœa, but as possessing many remedies for patients with dysmenorrhœa. This is homœopathy correctly applied.

Repertory of Infant Symptomatology as Related to the Mental Symptoms.—

Affectionate: Acon., anac., bor., carb. an., carbo veg., croc., hura, igt., nux vom., ox. ac., par., phos., plat., puls., senega, veratr.

Anger: Ailments after, with convulsions: Bufo, cham., Kali br., op., plat.

When consoled: Ars., cham., natr. mur.

Cough, before: Asar.
 Cough, from the: Acon., ant. tart., arn., bell., cham.
 Throws things away: Staph.

Anxiety: Bor., calc., calc. phos., gels., Kali C.
 When lifted from the cradle: Calc. phos.
 Cough, before attack of whooping cough: Cupr.
 From coughing: Arund., merc. c., nitr. ac., stram.
 Descending, when: Bor. gels.
 Dreams, on waking from frightful (compare dreams): ars.,
 chin., graph., natr. mur., nicc., puls.
 Micturition, during: Acon., cham.
 Motion, from: Acon., aloe., berb., bor., mag. c., nicc., rheum.
 Ameliorated: Puls. sil.
 Riding, while: Bor., lach., psor.

Anxiety: Riding, down hill: Bor.
 Vomiting, ameliorates: Tabac.

Biting: Convulsions, with: Lyssin.
 Fingers: Arum tri., plb., op.
 Himself: Acon., hura, op. plb., tarent, lyssin.
 Pillow: Lyssin, phos.
 Tumbler: Ars.
 Spoons, etc.: Ars., bell. cupr., lyssin.

Break things, desire to: Apis, hura, stram.

Carried, desires to be: Acon., acet. ac., ars., brom., carb v.,
 cham., cina, igt., lyc. Kali c., puls., rhus t., staph., sulph., veratr.
 In croup: Brom.
 Fast: Bell., brom.
 Slowly: Puls.

Clinging to Persons: Coff., gels., stram.

Child awakens terrified, knows no one, screams, clings to
 those near: Stram.

Croaking: Cina, cupr., cupr. ac.
 In sleep: Bell.

Crying out: (See Shrieking.)

Delirium, during convulsions: Ars., crot. h.
 After: Absin., secale.
 Crying: Bell, caust., cina.

Delirium, crying for help: Canth.

Dark, in: Calc. a., cupr.

Dogs, talks of: Bell.

And cats: Aeth.

Epilepsy, during: Op.

After: Plb.

Leave bed, attempts to: Acon., aesc. agar., alcoh., ars. atrop.,
 bell., bry., chin., cic., gal. ac., hyos., merc., merc. c., op.,
 phos., plb., ran. h., samb. sol. n., stram., sul ac., zinc.

Laughing: Acon., bell., colch., con., hyos., igt., lach., lact.,
 op., plb., secale, sep., stram., sulph., thea, veratr., zinc.

Look fixed on one point, staring: Art. v., bov., camph.,
 canth., cupr., stram., ran. b.

Loquacious: Agar., bapt., bell., bry., camph., crot. h., cupr.,
 gels., hyos., LACH., lachn., lyssin, naja, op., paris, petr., phos.,
 plat. rhus tox., stram., veratr.

Picking at nose or lips, with: *Arum triph.*

Disobedience: Acon. agn. am. c. am. m., arn., canth., caps.,
 caust., chin., dig., guai, lyc., nitr. ac., nux v., phos., spig., sulph.,
 viol tr.

Fear, approaching him, of others: Children cannot bear to
 have anyone come near them: Cina, cupr. ac.

Dark, of the: Acon. bapt., calc. calc. s., camph., cann. ind.,
 carb. an., carb. v., caust., lyc., med. puls. sanic., STRAM. valer.

Downward motion, of: Bor. gels.

Shining objects: Bufo, stram.

Waking, on: Am. c., aster., bell., bism., bor., bufo, cact.,
 carbo an., con., ign., iris v., lept., nat. m. nat. p., nux v. puls.,
 rat., spong. stram.

Water, of: Bell. cann. i., canth., hyos., lyssin, phel. STRAM.

Frightened easily, on waking from sleep: Bell, cact., caps., eupi.,
 hep., lach., led., lyc. nitr. ac., nux v., sulph. iod., veratr., zinc.

Wakens in a fright from least noise: Nux vom.

Terrified, knows no one, screams, clings to those near:
 Stram.

Wakening from a dream: Abrot., bor., chin., cina, con.,
 graph., mag. m., tarent.

Frown, disposed to: Hell. lyc. stram.

Pneumonia, in: Lyc.

Gestures, grasping or reaching at something: Arn., bor., calc. p., cham., cina, cocc., *hyos.*, *lyc.*, mosch., oena., op., phos., *phos. ac.*, plat., *psor.*, rhus tox., *stram.* sulph., *zinc.*

Genitals, during spasms, at: Secale, *stram.*

Mother, at: *Bor.*

Quickly: *Stram.*

Sides of the bed: Nux vom.

Picks at bed-clothes: Acon., ant. c., *arn.*, *ars.*, atrop., bell., cham., chin., cocc., *colch.*, con., dulc., hell., *hepar.*, *hyos.*, Kali br., *iod.*, *lyc.*, mur. ac., *nat. m.*, *op.*, phos., phos. ac., *psor.*, rhus t., sol. n., *STRAM.*, sulph., verat. v., *zinc.*, zinc. mur.

Nose or lips: *Arum tri.*, cina, con., hell.

Plays with his fingers: Bell. calc. *hyos.*

Grimaces: *Cupr.*, plat., *stram.*, verat. v.

Growling like a dog: Alum, bell., hell., *lyc.*

Grunting: Bell., hell., igt., puls.

Sleep, during: Igt.

Hide, desire to: Bell., camph., chlor., cupr., hell., lach., puls., *stram.*, tarent.

On account of fear: *Ars.*

Child thinks all visitors laugh at it and hides behind furniture: *Bar. c.*

Home-sickness, ailments from: *Caps. clem.*

With red cheeks: *Caps.*

Idiocy: Absin., *aeth.*, agar., anac., ananth., ant. cr., *bar. c.*, bar. m., bell., bufo, caps., carb. s., cham., chloral., hell., *hyos.*, merc., nux m., *phos.*, plb., sars., tabac.

Irritability, in children: Abrot., ant. cr., ant. t., *ars.*, benz. ac., bor., cham. *CINA*, graph., *iod.*, *lyc.*, puls., sanic., sep., zinc.

Cough, before the: Asar, bell., cina.

Dentition, during: Calc. calc. ph., cham., cina, *Kreos.*

Diarrhoea, after: Graph.

Epilepsy, before: *Aster.*, lach.

Rocking fast, ameliorates: *Cina.*

Stool, before: Aloe., *bor.*, calc.

After: Graph., natr. c., *nit. ac.*

Waking, on: Ant. t., bell., berb., bufo, caust., cham., chel., chin. s., clem., cupr. ac., *cycl.*, iris, *LYC.*, magn. aus., nat. m., tarent.

Joy, ailments from excessive: Acon., caust., *coff.*, *croc. op.*, puls.

Kicks, when carried: *Cham.*

Child is cross, kicks and scolds on waking: *Lyc.*

Sleep, in: *BELL.*, cina sulph.

Looked at, children cannot bear to be: *Ant. cr.*, ant. t., *ars.*, *cham.*, cina, *iod.*, nat. m., rhus, *stram.*, sulph.

Moaning, during sleep: *Ail.*, aloe, alum, *ars.*, bell., bry., cadm., calad., *cham.*, con., *hyos.*, igt., *ip.*, lach., *lyc.*, mur. ac., nat. m., *nux v.*, *op.*, phos. ac., *pod.*, stann., sulph.

Obstinate: Children, yet cry when kindly spoken to: *Sil.*

Inclined to grow fat: *CALC.*

Playful: Indisposition to play: *Bar. c.*, bar. m., cina, *hepar.*, *lyc.*, *RHEUM.* sulph.

Quieted, cannot be: *CINA.*

Carried, only by being: *CHAM.*

Restlessness: Ant. t., bor., *cham. jalap.*, *rheum.*

Relieved by being carried about: Ant. t., *ars.*, *cham.* cina, Kali c.

Rocking ameliorates: Acon., cham., cina, puls., pyrog., rhus tox.

Sadness: *Ars.*, calc., lach., sulph.

Girls before puberty: *Ars.*, hell., lach.

Masturbation, from: Agar., calad., con. gels., ham., *nat. m.* nat. ph., *PHOS. AC.*, sil., sars., sulph.

Shrieking, brain cry: *APIS*, *arn.*, *ars.*, carb. ac., cic. vir., dig., dulc., *glon.*, hell., *hyos.*, Kali i., *lyc.*, merc. v., phos., rhus t., sol. n., *stram.*, sulph.

Screaming, crying: *Anac.*, *apis*, bell., *BOR. calc. phos.*, *cham.*, cina, *coff.*, cupr. ac., dor., dulc., hell., igt. *ip.*, *jalap.*, *Kreos.*, *lyc.*, *rheum.*, *senna*, *stram.*

When touched: Ant. t.

Convulsions, during: *Amyl, apis*, art. v., camph., *cina*, crot. t., *cupr.*, *op.*, stram.

Epilepsy, with: *Bufo*, CIC. VIR., *Kali br. lyc. oenanthe*, sil.

Pain, with the: ACON., BELL., CACTUS, CHAM., COFF., coloc., plat.

Sleep, during: Am. c., *apis, aur.*, bell., carb. ac., *cham.*, chel., cocc., dulc., euphor., *fluor. ac.*, hepar, *lyc.*, *mag. c.*, mag. m., nitr. ac., PULS. stram, *sulph. zinc.*

Spasms, on going into: *Bufo*, camph., phos., verat. v., zinc.

Urinating, before: BOR., lach., LYC., *nux v.*, sars.

Waking on: *Apis, cham.*, *cina*, con., gels., guai, *hyos.*, *igt.*, *lyc. sulph.*

Somnambulism: ACON., agar., alum., *anac.*, ant. cr., art. v., bell., *bry.*, cic., croc., cyc., *hyos.*, *igt.*, *Kali br.*, *Kali c.*, *Kali ph.*, Kalm., lach., *lyc.*, meph., mosch., NATR. M., *op.*, petr., PHOS., plat., RHEUM, sep., *sil.*, spig., *spong.*, stann., *stram. sulph.*, tenet., veratr., zinc.

Starting, sleep, on falling: Agar., alum., ambra, am. m., *arn.*, ARS., bar. c., BELL., *bry.*, carb. an., carb. v., *caust.*, chin., *coff.*, cor. r., daph., *dulc.*, hep., *ign.*, ip., *Kali bi.*, *Kali c.*, Kreos., *lach.*, *lyc.*, mag. c., merc., merc. c., *nat. c.*, *nat. m.*, *nat. s.*, nitr. ac., *nux v.*, *op.*, paeon., *phos.*, plb., sars., sep., *sil.*, stront., *strych.*, SULPH., *tabac.*

Sleep, during: Acon., agn., alum., ant. c., *apis.*, *arn.*, *ars.*, *ars. h.*, arum t., atrop., *bell. bism.*, brom., *bry.*, calad., *calc.*, calc. ph., camph., canth., cast., *caust.*, *cham.*, colch., crot. h., cur., cycl., guai., graph., iod., *ip.*, iris, hura, *hyos.*, hyper., *Kali b.*, *Kali c.*, *Kali i.*, *Kreos.*, laur., *lyc.*, mag. c., mag. m., merc., merc. c., mez., *morph.*, myrist., natr. c., *nat. m.*, *nux m.*, *nux v.*, *op.*, ox. ac., petr., *phos.*, phos. ac., *puls.*, sars., seneg., sep., *sil.*, spig., stann., stram., *sulph.*, *thuja*, *zinc.*

Striking: CHAM., CINA.

Sulky: ANT. C., *ars.*, *aur.*, canth., carbo an., carl., *caust.*, chel., hura, *Kali br.*, *nux v.*, *op.*, plat.

Talk, slow to learn to: Agar., calc. ph., NAT. M., *nux m.*, sanic.

Talking in sleep: Acon., alum., ambr., ant. t., *apis, arn.*, arg. n., *ars.*, bar. c., BELL., *bry.*, bufo, *cact.*, calc., camph., *cann. i.*, carbo a., carbo v., caust., *cham. cinnab.*, *coff.*, con., *cupr.*, graph., *hyos.*, *ign.*, indg., Kalmia, *Kali bi.*, *Kali c.*, *lyc.*, mag. c., mag. m., merc., mur. ac., *nat. m.*, nitr. ac., *nux v.*, *op.*, phos., phos. ac., plb., *puls.*, raph., *rhus t.*, sab., sel., *sep.*, *sil.*, stann., *sulph.*, *thuja*, zinc.

Timidity: Acon., aloe., alum., ambr., anac., ang., *ars.*, *aur.*, bar. c., bell., *bor.*, *bry.*, CALC., canth., carbo an., *caust.*, *chin.*, cocc., *coff.*, con., croc. crot. h., *cupr.*, daph., GELS., graph., *hyos.*, *ign.*, iod., ip., *Kali bi.*, *Kali c.*, *Kali n.*, laur., lil. t., *lyc.*, mag. c., manc., merc., mur. ac., *nat. c.*, *nat. m.*, nitr. ac., *nux v.*, *op.*, *phos.*, plat., plb., *puls.*, ran. b., *rhus t.*, secale, SEP., *sil.* spig., spong., staph., *stram.*, sulph., sul. ac., *tabac.*, verati., zinc.

About going to bed: *Caust.*

Bashful: Aloe., ambr., *aur.*, bar. c., bell., carbo a., *chin.*, con., *coff.*, *ign.*, iod., *Kali bi.*, manc., merc., *nat. c.*, nitr. ac., *nux v.*, phos., PULS., *stram.*, sulph. tab.

Touched, aversion to being: Acon., agar., ant. c., ant. t., *arn.*, *ars.*, bell., *bry.*, calc., camph., CHAM., *chin.*, *cina*, cocc., *coff.*, colch., *lach. mez.*, *nux v.*, sanic., *sil.*, stram., *thuja*.

Unconsciousness, convulsions, with: Absin., acon., *aeth.*, *ars.*, bell., *cupr.*, glon., hydr. ac., *mosch.*, *stram.*, tanac., verat.

Cough, between attacks of: Ant. t.

Delirium, after: Atrop., *bry.*, phos.

Diarrhoea, after: Ars.

Epilepsy, after: Plb.

Eyes, with fixed: *Aeth.*, *ars.*, bov. camph., canth., *cupr.*, stram.

Fever, during: Acon., *arn.*, *aeth.*, bell., calc., eup. perf., *nat. m.*, *op.*, phos. sol. n.

Interrupted by screaming: Bell.

Suppression of eruptions, after: Zinc.

Walk, slow in learning to: Agar., bell., CALC., *nux v.*, *sil.*, sulph.

Washing, bathing, averse to: Phys., sulph.

Weeping, carried, when: Chel.

Child cries piteously if taken hold of or carried: *Cina.*

Is quiet only when carried: CHAM., cina.

Convulsions, during: Absin., cham., plb.

After: Caust.

Coughing, before: Arn., bell.

During: Ant. t., arn., ars., bell., cainc., chin., cina, HEPAR, ip., lyc., osm., samb., sep., sil., spong., sulph., verat.

After: Arn., bell., caps., cina, hepar, op.

Weeping, in dark: Stram.

Micturition before: Bor., lyc., sars.

During: Erig., sars.

Refused anything, when: Bell., cham., ign.

Remonstrated with, when: Bell., calc., ign., Kali c., nitr. ac., plat.

Sleep, in: All. s., alum., ant. t., ars., aur., bell., bufo, calc., carbo an., caust., cham., chin., chin. s., con., cur., fl. ac., glon., graph., hyos., ign., ip., Kali c., Kali iod., Kreos., lach., lyc., mag. c., mag. m., merc., puls., rheum, rhus t., rob., samb., sarr., sil., spong., stann., sulph., tab., tarent, thuja.

Good during the day, screaming and restless all night: Jalap.

Spasms, after: Caust.

Spoken to, when: Ign., nat. m., plat., sil., staph., thuja.

Stool, before: Phos., puls., rhus t.

During: Aeth., bor., cham., cina, phos., rhus t., sil., sulph.

Touched, when: Ant. cr., ant. t., cina.

Trifle, at the least: Lyc., nitr. ac.

Wakens, arouses from sleep: Alum., cina, Kali iod.

Weeping, waking on: Alum. amm. c., Am. m., bell., bufo, carbo an., chin. s., cina, hyos., ign. Kali i., lach., lyc., merc., nicc., nux. v., op., phos., plan., puls., raph., sil. sulph.

OBITUARY.

Dr. J. P. Cobb.

Dr. Joseph Pettee Cobb, sixty-seven years old, for many years a professor and later president of Hahnemann Medical College in Chicago, died December 23, 1924. Dr. Cobb was nationally known through his medical treatises and also for his activities in American medical circles.

He was born in Massachusetts and was educated at Harvard and Hahnemann Medical College. He was president of the American Institute of Homœopathy in 1903, member of the Southern Homœopathic Medical Society, former president of the Illinois Homœopathic Medical Association, former president of the New England Society of Chicago, and member of the Chicago Athletic Association. The widow, Mrs. Edith Cobb, and a son, Edmond P., survive. Funeral was held from the Kenwood New Church, Forty-sixth Street and Woodlawn Avenue, on December 26th.

A. L. Blackwood, M. D.

Dr. Alexander Leslie Blackwood, of 7820 South Shore Drive, died Tuesday afternoon, December 31st, at the South Chicago Hospital from a general septicemia and terminal diabetes.

Dr. Blackwood was born in Franklin Center, Huntington County, Quebec, Canada, July 28, 1862, was graduated from Hahnemann Medical College, Chicago, and for thirty years was clinical preceptor at this college. He was past president of the Illinois State Homœopathic Society, member of the American Institute of Homœopathy, life member of Chicago Press Club and belonged to the Calumet Commandery, Knights Templar.

He is survived by a wife and two sons. He was engaged in practice with his son, L. W. Blackwood, a surgeon and also a graduate of Hahnemann College, Exchange Avenue and Ninety-second Street, South Chicago.

As an author of homœopathic medical books, Dr. Blackwood was best known for his "Materia Medica," which will be found

in the libraries of most homœopathic physicians. He was the author of "Diseases of the Kidneys and Nervous System," "A Manual of Materia Medica, Therapeutics and Pharmacology," and of "Contagious, Constitutional and Blood Diseases."

The homœopathic profession can ill afford the loss of this able teacher and faithful worker.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, MARCH 15, 1925. No. 3.

ANAPHYLAXIS.*

S. W. Lehman, M. D., Dixon, Ill.

Vaccines cause the vegetative system to take on a lower order of nutrition. That means poorer quality throughout the whole organism.

The anaphylactic change is admitted to be of chemico catalic nature or a physico chemical reaction which remains more or less permanent.

After reaction, the proteins are in a state of amalgamation, and always reduced to a lower order of tissue.

(The idea of production of toxines can be abandoned according to the best physiologists.)

The underlying base being a disturbance of metabolism of the individual cells disturbing the absorption of proteins upon which they rely for the maintenance of their structural integrity.

The structural vibrations have also become changed and the foreign protoplasm has become an alloy with the pure protoplasm of the individual, and a protoplasm of an inferior order is the result.

A hypodermic injection of a vaccine is no more or less than a mild snake bite. For this reason, cell cleavage is poor and in reproduction, the first cleavage is followed by the death of one of the cells. *This results in decreased genetic vitality.*

We have also noticed that after bites of animals, sepsis is quite common. The meaning of the word phylaxis stands for protection. Ana being a privative.

It seems that there is a mistaken notion about the protection of serums and vaccines, without a true realization of the remote effects.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

The symptoms of anaphylaxis may be outlined as follows:

Acidosis.

Low blood pressure.

Cells are saturated with foreign proteins.

Producing tissue of an inferior order.

Laying a base for lactic acid fermentation, or a foundation for uric acid or fatty degeneration.

There is delayed reaction of the tissues to any specific irritant, except it be a repetition of the vaccine as in the case of horse serum, a very dangerous reaction may be set up by a second dose.

Infection is very common. False nutrition which often breaks down as catarrhal fevers.

Low grades of inflammation are set up, the system being unable to remove the deposits, attempts to build them in.

Lymphatic glands become engorged, producing urticaria, erythema, arthralgia, albuminuria, œdema, gastro-intestinal disorders, cardiac collapse, and hemolysis.

Such ailments are caused by vaccines, infections, tetanus, diphtheria, ptomaine poisoning, whooping cough, ailments from alkaloids, strychnine, morphine, caffeine, tobacco, etc.

Remedies Suggested for Relief—Acetic Acid.

Anaphylactic states causing decreased function, the fat lipoids of the cells are decreased, causing abnormal metabolism. Cells become cloudy, and tissues encumbered, with deposits of colloid material. A state of demoralized co-ordination of tissue vegetation with depraved nutrition prevails.

It has the power of cleansing the tissue encumbrances, removing colloid deposits and restoring tissue vegetation.

A wonderful remedy to remove the effects of ether, chloroform, even years afterward.

Anaphylactic states left from over dosing with electricity comes under our observation frequently these days. Morphine acetate 30x up, is a wonderful remedy, and in my experience leads all others. Compare basic acetates of all kinds.

Abrotanum.

Anaphylaxis—boils and abscesses. From tubercular base. A great nutrition remedy.

After injection of tubercular vaccine, tissues become neutral, reaction is destroyed, vegetative nutrition almost annihilated, hectic fever sets in with complications such as pleurisy, peritonitis, tuberculosis of the gastro-intestinal tract, with wasting and emaciation, a most prominent symptom.

Aethusa Cynapium.

Anaphylactic states established by the over use of cow's milk, or where there is already an aversion to it, nutritional acidosis, dropsy, milk is vomited, exhaustion, prolonged sleep, agg. by hot weather and hot nights, causes acidosis vegetative nutrition stops. Coma and death follow.

Improperly fed babies, vomits yellow green curds, milky complexion, agg. by milk, agg. damp, cold weather, usually have the sense of fear over developed, often has an abnormal appetite while being well fed, the patient is starving. Acidosis, nutrition dropsy. Artificial milk fed babies with but few exceptions will be helped by this remedy, no matter what the ailment.

Ammonium Picratum.

Combines the virtues of three great remedies—Carbolic acid, nitric acid, ammonia.

Another wonderful remedy. Chronic anaphylaxis from hydrophobia vaccine. Face pale, ashen gray, bloodless, losing weight, losing endurance, no ambition, no appetite.

Restored to normal nutrition and health by this remedy.

The hormones and enzymes are diminished. Lymph engorgement, hemolytic jaundice, housed up people, too little sunshine, ailments follow zymotic diseases, vaccines of all kinds including vegetable alkaloids as quinine.

It has a strong action on liver. (Mag. mur, aurum mur.)

Apis Mellifica.

A wonderful remedy to use in anaphylactic states following diphtheria and its antitoxin, or from any of the animal proteins.

There is clutching at the throat, collapse, cold sweat, palpi-

tation, urticarial manifestations, swelling and puffiness of the tissues, with irritable heart, it has no reserve power, no endurance.

It also acts as a prophylactic agent against diphtheria, throwing out products that develop diphtheria and erysipelas.

When the condition has existed for some time, the trouble becomes very chronic. There is no endurance, heart palpitates from least over-exertion, climbing stairs, or going faster than a walk.

Inflammatory states based on anaphylactic conditions, no matter what the cause.

The streptococcus sets up an anaphylactic state which apis will cure.

It will cure uric acid troubles, based on anaphylactic states.

Ailments following fright, vexation, jealousy, mental shock from bad news, concussion from injury.

There is usually intolerance of heat. The sore throats left after diphtheria and scarlet fever are amenable to its influence.

Aurum Mur.

Anaphylaxis—bitten by the snake. Used years ago to inject at the site of the bite. More effective than kali permanganate. Ailments from alcoholism, sycosis, or other morbid agents.

At a certain point of its pathology, the patient begins to fatten. The alkalinity of the blood is decreased, causing asthenic states with assimilation of food decreased, follows muriatic acid in reconstruction. Scrofula, syphilis, mercury, alcoholism.

Increases vegetation in highly specialized organs.

Their function promoted toward a normal.

Craves sour, proteins are not assimilated. Increases natural cohesion of tissues.

Stimulates absorption of colloid deposits and cleanses the system of incumbrances, probably the deepest acting remedy on vegetative nutrition we have.

Nervous system exhausted, assimilation decreased, stimulates lacteals, nervous dyspepsia, carbo-nitro-genoid states of metabolism, the skin turns a yellowish brown, clears the system of hereditary syphilitic incumbrances. Fatty tumors, obesity, etc.

Bufo.

Anaphylactic states, following scarlet fever, pneumonia, influenza, vaccines, serums, yeast, alcohol, after tonsil operations, engorgement of lymphatics of chest, abdomen.

The lymph system becomes engorged, tissues become yellow, nutritional dropsy, cells are starved for proteins. There follows in its pathological trail, neurasthenia, Bright's disease, diabetes, bones are sensitive, suppression of fistula by surgical or mechanical means.

After poisoned wounds, the lymph system is depressed.

Bufo will aid in the refinement of the coarse cells back to their normal histology.

Infective granuloma (maland).

Bruised, sore areas with colloid deposits forming localized cancer base. Old operation fields, bruised areas, remember its influence on cells, just outside the true cancer zone.

Carbo Vegetabilis.

Anaphylactic states dating from some acute disease, even though years before. Blood stream has become lifeless, either from some acute disease, putrid meats, etc., or from drugging, causing suppressions.

Vital fluids become engorged in the lymphatics, pale, expressionless, asthenic, sallow, hectic fever, etc.

Vital force diminished, want of susceptibility to remedies, a rich soil for bacteria, sepsis typhoid, tendency to eat too much protein, and too little carbohydrates, or simplest food disagrees.

Epigastric region sensitive, ailments from suppressions, especially colds suppressed by quinine. Dull pain in occiput with vertigo.

This remedy is not appreciated, or it would be more frequently used.

Chromium.

Anaphylactic states, from zymotic infections, scarlet fever, measles, etc.

Marked lymph changes to an inferior order of vital fluid which remains more or less permanent. It reduces the refinement of cells to a more coarse variety, with a tendency to increase

of animal spirits, or if pushed farther malnutrition sets in with gradual deterioration, anæmia, exhaustion and death.

The action is slow and chronic, eating yeast and drinking beer brings about such a state. The nutrition symptoms are not unlike syphilis. Tissues are an easy prey to septic bacteria. Kidneys filled with pus, indicated in focal infections at any point.

Ulcers form on mucous membranes, flesh over bones nearest surface, sore.

Ferrum Muriaticum.

Anaphylactic states—after the absorption of septic matter, it has the power of releasing such poison from the cells.

Diphtheria, erysipelas, milk leg, mediastinal abscess, etc., seems to have power to regulate water in the cells. (Nutritional dropsy) restores alkalinity.

Removes element of shock, to blood making organs, after loss of blood, by hemorrhage or more chronic forms, by decrease of function of blood making organs, etc. (Stron. carb—China).

Absorption of septic matter. Compare—aur. mur., mag., mur., kali mur., berb. mur., hydrast. mur.

In the acute stages of sepsis, with waning vitality of lymph and venous systems, the life of the patient threatened through the constant absorption of large amounts of septic material, give material doses of tincture.

You will be rewarded by the normal healthy reaction of the system, in material doses, it seems to destroy the poison or it makes it harmless to the tissue.

Acute cases—milk leg, pyæmia, septicæmia, erysipelas, scarlet fever, diphtheria, etc.

Chronic cases—cancer. When there is much absorption from macerating tissue, it is indicated.

Anæmia, from chronic septic foci pouring into the system, macerated animal tissue with gradual destruction of red blood corpuscles.

In high potency, it increases vitality of spleen. Increases oxidation powers of red blood corpuscles, and the whole system is strengthened.

Ferr. mur. acts more strongly on spleen.

Mag. mur. acts more strongly on liver.

Hippozaenium.

Anaphylaxis—from the amalgamation of any foreign protein usually forming a type of tissue that suppurates. Pus vents and fistulas are formed as an aid to the excretion of this most unusual metabolic state. (Compare malandrinum which is seemingly greatest in the lymphatic system). (Also Bufo.)

Abscesses are formed in the lymphatic glands and tissues, especially mediastinal and abdominal. Even new lymphatic tissue seems to be formed for the increasing demands of the system.

Reaction is poor, there is no well indicated remedy and the best one selected does not bring about a favorable reaction, tissues bordering on pus formation, lymphatics engorged.

Tonsils enlarged, suppurative appendicitis, mediastinal abscess, rectal fistula. After typhoid vaccine, lymphatics enlarge, with soreness in lymphatic tissue, soft nodules appear in mammary gland and on same side along the spine in the abdomen and pelvic tissues.

(Compare Nat. sul.) Hippozaenium usually begins where Nat. sulph. leaves off. Take cold easily, every injury suppurates. After alcoholism, and the over use of aurum., for its treatment, there appears on the skin, swelling size of a hazel nut, brownish in color. They discharge a yellowish brown ichor.

Purulent inflammation of serous membranes, especially joints, sinuses, ozena, bronchitis, increase of white blood corpuscles, septic states following cow pox vaccination, etc. (Mang. acet.)

Lac Caninum.

Will remove effects of foreign proteins which, through an amalgamation, has caused a deterioration of tissues.

Diphtheria and its antitoxin being the best example of its wonderful work.

I have removed the remote effects of diphtheria with this remedy after twenty-five or thirty years of suffering asthma and throat trouble.

The vital electric force is disturbed, cannot bear one finger to touch the other.

Symptoms frequently change from side to side. Diseased imagination with great fear of disease.

The auto intoxication which indicates this remedy is very foetid.

The sweat and the breath are foetid.

Autointoxication in pregnancy. The reaction power of healing is very poor. Faulty, defective nutrition follows the inhaling of diphtheritic breath or the odors of the sick room.

Ailments often date from some infection. History of septic poisonings. Membranous, exudations. The whole nervous system in a state of irritation, the spine aches from the brain to the coccyx.

Lobelia.

Lobelia Acet. Here is a wonderful remedy. It has the power of relieving anaphylactic states of the tissues, releasing the morbid material from the cells, and from the abundance of clinical experience it does not of itself, create an anaphylaxis of the tissues, which is of great importance.

A grand remedy to follow in mistreated whooping cough. Reaction suppressed, causing an encumbrance on the lungs, especially light hair, poorly nourished, tubercular, with threatened phthisis or asthma.

Diphtheria—a wonderful remedy in the after effects, removing the anaphylactic state.

Consult it in ailments.

From la grippe, anesthetics, tubercular vaccine, ptomaine and many others. Vegetable alkaloids, causing habit base.

Lycopus Virginica.

Anaphylactic states caused by the suppression of morbid excretions. Venomous bites and stings, all kinds of vaccines.

This remedy, like lobelia, has a remarkably good trait. It is difficult to suppress the healing powers by the use of this remedy.

The indication for the remedy is a general somatic incumbrance with a tendency for the heart to give way under the load, beginning fever.

A suppressed reaction settles over the body or in some organ.

Poisoned from pregnancy—a great remedy. It will remove the deposits of colloid material in whatever organ. It acts directly upon the vegetative function of the tissues.

It is probably the greatest among vegetable remedies as an antidote to rattlesnake bite, which indicates its sphere of action.

Thus it becomes a remedy of very high order in all sorts of anaphylactic states produced by vaccines, serums and animal poisons of all kinds.

Patients begin to lose their weight and strength. They have no endurance and likewise no appetite.

Incipient phthisis deposits of colloid in left lung, heart irritable, palpitation least exercise.

In autogenetic intoxication, because some organ in the body is out of harmony both in function and vegetation.

It is, therefore, of great value when some organ is breaking down.

Bitten by the snake is a very apt picture of this remedy.

Any form of dissipation, immoral conduct or thoughts, may bring about a state of deterioration that this remedy will cure.

Magnesium Mur.

Anaphylactic states from ptomaine poisoning from chicken, ailments, pregnancy, ill mating, etc. (Poisoned from celibacy Con).

Agg. meat, or eating too much meat. Agg. too much milk. Mother's milk causes colic. Snake venoms, vaccines, protein digestion altered, acetonaemia sweetish breath.

Mag. mur. acts more powerfully on liver.

Ferr. mur. acts more powerfully on spleen.

Malandrinum.

Anaphylactic states set up by typhoid vaccine or cow pox vaccination.

Almost all the pus forming infections prosper and develop on this base. Internal abscesses of lymphatic system.

Infective granuloma, honeycomb crusts on lips, old injuries refuse to heal.

Occipital headache all day, also backache, breath offensive.

Uric acid, acetone, indican, face pimples and blackheads, brown coating on the tongue.

It is prophylactic for both small pox and vaccination.

Burning at some spot indicating eruption or beginning epithelioma. (Rad brom.)

The complexion is pale, pasty, doughy, skin dry, run arounds on all nails, fistulas.

Malaria Off.

Anaphylaxis derived from the odors of decayed vegetation, or from vegetable alkaloids, veg. vaccines, impure water, etc.

In the chronic state of this condition, the skin becomes yellow, the face is yellow.

Frequent attacks of diarrhoea, no endurance, lips are dry and parched, there is congestion of the venous system especially on right side of the body.

Associated with congestion and engorgement of the liver. The face may become a deep dark brown, general sense of weariness, patient is stupid and sleepy. Bitter taste, and mouth is dry. |

Usually thirsty, frequently a desire for sour things.

Morphine Acetate.

Anaphylaxis produced by electricity, as sudden shocks by contact or by lightning, or from medical application, suppressing reactions. A remedy of great importance in this age.

Sensitive to electricity, agg. by electric storms. The pathological state of this remedy resembles alcoholism acute and chronic.

Girls that eat too much sweets acquire this state of nutrition, cry easily, cannot repress tears, pupils unequal, agg. by electric storm, neurasthenia and sometimes sugar in the urine.

General prostration, emaciation, paleness, pulse becomes small, finally bedfast, expression of complete exhaustion.

It is not a dangerous state and responds readily to treatment and nourishment with rest, sleeplessness, lack of will power, often the back bent forward, kyphosis, amenorrhœa ovulation ceases. Decrease in genetic vitality.

Acidum Muriaticum.

Anaphylaxis following scarlet fever, erysipelas, typhoid fever, diphtheria, with loss of alkaline base, tissues becoming neutral.

Also from opium, morphine, soothing syrups, opium cachexia.

Debility tired, so tired, excessive prostration, asthenic, no reaction, irritability, lost, ferments exhausted, great restlessness and moaning, mouth dry, focal points of infection long chronic conditions, no thirst, septic states, acute or chronic, excessive prostration, low temperature, small, feeble pulse, cheeks dark

reddish brown, predominant, sense of cold, low febrile states, it stops degeneration of fluids and tissues, and restores the power to maintain an alkaline base.

Temperature often subnormal, sleepless, restless nights.

Chronic hepatitis.

Low febrile states and their sequelæ.

Antidote to Mercurius, such patients are often given large doses of calomel by surgeons. (Aur. mur. often follows well.)

Ruta Graveolens.

It is a universal antidote for anaphylactic states of the tissues from various sources.

Individuals are very sensitive to all sorts of proteins, odor from flowers, odor from decayed vegetation or animal life (Sang. nit.).

It is even helpful as a remedy for epilepsy, where the tissues are highly over-sensitive.

It acts strongly on deposits of colloid material with a tendency to hardening, both in the breast and in the vagina.

Muscles are easily overstrained. Prolapse of abdominal organs, the tissues are sore and easily bruised. Facial paralysis from catching cold.

Sensation as if there were pain in the marrow of the bones. (Stron. carb.). It is a protein poison itself, causing an eruption not unlike the reaction to certain vaccines.

It has a great influence over the genetic force. (Scilla. mar.)

The expression of the face looks something similar to one intoxicated, red and expressionless.

Emaciation occurs from the chronic poisoning. It brings on a state resembling typhoid fever, the complexion assumes a yellowish brown hue.

Tendons and fibrous tissues are easily overstrained. The extensors become relaxed and the flexors contracted.

There is a general exhaustion.

Stannum.

Anaphylaxis from the use of tubercular vaccine. (Shots).

Hereditary tubercular base, staphylococcic infection.

It arouses the whole economy into action. If it arouses too much action, pulsatilla will antidote.)

Weakness and exhaustion of body and mind, vegetative nutrition almost annihilated, are peculiar to it. (Must sit down to dress.)

Sputum putrid, salty, musty, or sweetish, yellowish green color. A great remedy where there is chronic focal infection with the staphylococcus, with yellowish, musty excretions.

Cachexia, neuralgia, catarrh, dating back for years, especially if it has developed into chronic bronchitis or laryngeal, phthisis. (Compare Stann. iod.)

Cases where nutrition is on the verge of pernicious anæmia. Wakes up nauseated, food does not digest or pass on but vomited two hours later. This is not unusual in cases of focal infection.

Ailments following influenza or after heroic treatment with strong remedies. (Aloe—Nux—Sul.)

Suprarenalin.

A remedy often indicated but not understood.

When there is acute sepsis within the system septicæmia.

The tissues become anaphylactic, refuse to take up the suprarenal hormone, and therefore do not respond to its substance showing signs of collapse.

Along with other indicated treatment it may be necessary to use this remedy in high potency.

The same conditions often prevail after the use of vaccines, or effects from sudden grief. (Vide art transactions. I. H. A. 1918.)

Thuja.

The whole country has become saturated with vaccine poison, causing an anaphylactic state resembling sycosis. It is prophylactic and curative in smallpox. Also cow pox vaccination.

Tendency to incumbrance of tissue plastic exudation, especially female pelvis, eruption leaves livid spots.

Fluids deteriorate, reproductive fluids have an offensive odor, tendency for teeth to decay at roots or have pus pockets.

Fatty tumors appear here and there, there is perversion of histology, the cells are more coarse, inflammatory. areas do not clear up readily, leaving either plastic exudation or infiltration.

Yeast.

Recommended at 30x and up. Anaphylactic states, caused by vegetable vaccines, gonorrhœa, staphylococcus, tubercular vaccine causing neuralgia, and nutritional disturbances.

Saccharomyces homines circulate in the system.

Reaction weak, slow recovery from flu, useful after shots of tubercular vaccine.

The roots of teeth abscess, pelvic abscess.

Weak, exhausted, depressed, ravenous appetite, but poor nourishment.

Ailments from inhaling odors of the sick room, they become weak, emaciated, depressed, low blood pressure, temperature subnormal, losing weight.

Ailments—Vaccine, alcohol, sycosis, ether, ferments, acetones, crude yeast.

Genetic powers are stimulated. Chronic odor of mouldy yeast. A wonderful anti-sycotic remedy.

CLINICAL CASES.*

Margaret Burgess-Webster, M. D., Philadelphia.

Case 1.—Little girl of six, nocturnal enuresis three and four times a week. Restless, irritable—"When I get angry I slam the door." Sensitive to cold. Calc. carb, 13m. One powder cured without repetition of remedy.

Case 2.—Little boy, *et.* 8, slender, undersize. Has wet the bed all his life, sometimes three nights in succession. Hands and feet cold and moist, frequent attacks of loose, cream colored stools. Calc. carb. 13m, repeated in one month, cured.

Case 3.—Well developed girl of 13, weighing 113 pounds, has always wet the bed several times a week. Menstruated first six months ago normally. No energy—"Wants to sit around and read." Pale, especially in the morning, no appetite for breakfast, becomes faint while standing. Cries easily, irritable, "pouty in the morning." Offensive foot sweat. Sleeps doubled up like a jack knife, dreams of fire and parties. Generally worse in cold weather. Mother and father had both wet the bed until late

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

childhood. I struggled with this case over a period of several months. Sulphur, Sepia, Puls., Silicia were given without success, until Psorinum 500 proved to be the similimum.

Case 4.—Sister of above, *æt.* 10, very large for age, strong, healthy, vigorous, no symptoms except almost nightly bed wetting. After many failures Equisetum 6x was given and improvement began at once. It is too soon yet to report a permanent cure, but the indications are favorable.

Case 5.—Horny wart on palmar surface of right thumb, quarter of an inch in height. Various local measures had been used but without effect. The fair haired little girl of two and a half years presented no symptoms except a decided craving for fats and salt. Nitric acid 1200 caused the wart to shrivel at once and in three days it was gone.

Case 6.—Dorothy, *æt.* 10. One large seed wart and thirty-four small ones on hands and fingers. Pain and swelling in knees and ankles, worse in winter and before a storm, cervical glands swollen. Rhus tox. m was followed by general improvement. In four weeks the warts which she had had for two years had disappeared and the knees and ankles were well.

Case 7.—Mrs. P. had been married seven years, had been pregnant four times, but each time had miscarried at two, three, four and six months respectively. There was a paucity of symptoms, the patient never having been ill. She conceived in July, and progressed well under Ruls, given for digestive disturbances, until October, when she had a sudden gush of blood, water and clots. She was put to bed, Sabina m was given. All threatening symptoms subsided within a few days. In the following April a fine baby girl was born.

PUERPERAL SEPTICÆMIA.*

Dr. M. B. Shattuck.

Mrs. L., January 1st, was delivered 8 lbs. child—normal delivery by regular physician. Nurse said on third day temperature went to 104 degrees and despite purging, bleeding, etc., temperature steadily remained high. Called in after four weeks

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

as their doctor said she could not survive. Found blonde, flabby woman about 30 years of age—who said she had lost about 30 lbs.—who lay stupid and apparently completely septic—skin was yellow with greenish deathly pallor. Tender, painful abdomen—no localized pain—soreness of bed—constipated—hot feet. Sulphur 30 T. I. D. for three days. Then sulphur 200 night and morning. On the seventh day temperature was completely normal but patient had exacerbation of old sick headaches thought to have been cured. Graphites cm relieved these.

March 25th had attack acute gall stone colic. Relieved by high enemas and colocynth cm. May 1st gave Calc Carb cm. Says she is cured.

Ischio Rectal Abscess.

Under treatment four months with regular who had incised, silver nitrated and all the other classical treatment but to no avail.

Examination: Fair, fat, flabby blonde girl 17, weighing 225 lbs. Tuberculous family history. Large ischio rectal abscess oozing pus—urine showed slight trace sugar. Put in plain gauze packing—green soap washing. March 4th Silicea 200 one dose. March 12th Silicea cm. one dose. March 30th Tuberculinum cm. one dose. Patient was put on 1530 calorie diet of skimmed milk, fresh vegetables, one lamb chop every two days, two slices bread each 24 hours.

May 24th patient reported to be weighed. Has lost to 190 lbs. Feels and looks fine, apparently well—gave one dose Calc Carb cm.

D. R., slight red haired girl with f. history of pernicious anæmia. Patient sent for me after having chiropractic and regular treatment for itching of genitals and what was treated for boil but would not head. Examination revealed large fluctuating mass size of normal grape fruit. Incision delivered at least two quarts of foul pus—plain drainage. Silicea 200 night and morning for three weeks; four weeks later girl was teaching school—Tuberc. cm. was given May 30th to hope to improve general health.

Bronchial Pneumonia.

Bronchial pneumonia, asthenic type, was prevalent and regulars losing practically every case. Chas. C., age 85.

Chill three days previous—wife unable to lower temperature by her medication below 102.5—sent for me. Found aged man temperature 102.5, pulse 116, respiration 30. Physical examination revealed patient had complete transposition of all organs, so that heart was on right side, etc. After proven by X-ray—heart was intermittent—pain in rt. chest—painful difficult bright bloody and rust colored sputum alternating—great pressure on chest. Phos 200 brought very thick relief. Fourth night—wife 'phoned me that he had gotten out of bed and had had another chill. Aconite 6x had him much better in the morning but meddlesome relatives called in an allopath, who said his heart needed boosting and insisted on giving him nitroglycerin $\frac{1}{100}$, strychnine, $\frac{1}{100}$ and digitalin $\frac{1}{100}$. After he had gone, patient developed fainting attacks. Wife became so frightened—sent for me and he certainly looked like death had him. However, I gave him Lachesis and not too much hope. Heart seemed to get better but every third day he would have a heart attack but never when I could get symptoms. Finally he said: "Doctor, when I get over my heart attack, would seem as though my head would burst with blood." Glonoin completed this cure and on the 45th day after going to bed he was taking up church collection.

M. T. K., age 90. Asthenic bronchial pneumonia. When arrived could hear her breathing all over the house. Ant. Tart brought up gallons of mucus, which I thought I never could stop. Sulphur 30 apparently put patient on her feet, but after four weeks' freedom her grandchild had measles and she came down with another hard bronchitis not so severe as first, but relieved and cured by Ipecac 30.

Phthisis (Tuberculosis).

J. W. D., age 60. Called because doctors had given him up. Had had fibroid phthisis for years and regulars said gangrene of lungs had set in. Examination revealed emaciated, sweating man with lung full of rales and everything—cavernous breathing was evident. Patient and whole house smelled exactly like a skunk. (I certainly undertook this with sinking heart.) Sputum was

profuse, greenish, odorous and repulsive. Tuberculinum cm.; after one week seemed little better. The odor was so bad nothing seemed to absorb it. Finally I decided to give him mephitism cm. Like story book, in 24 hours the odor was better and in 48 gone. That man is now doing hard labor—after 1½ years of nothing.

Subacute Malignant Endocarditis.

That form of inflammation affecting the lining and valves of the heart of slow, insidious, malignant or ulcerative type, usually due to streptococcus haemolyticus, or viridans, influenza or gonococcus.

Secondary in type—Primary infection may be tonsils, gums, roots of teeth, intestines, gall bladder, uterus or elsewhere.

Morbid anatomy—Yellowish greenish yellow vegetations involving mural and aortic valves but differing from the acute form as vegetations are much smaller. Involvement of mural endocardium more common than valves.

Acute symptoms—Increasing lassitude, anorexia, vague pains, chilly sensations and sweating irregular fever (remittent and intermittent), apyrexia periods 3 to 4 days to 3 to 4 weeks not uncommon. Praecordial pain, dyspnoea, cough or other cardiac symptoms may or may not be present.

Physical signs may or may not be present. Auscultation usually detects a murmur.

Purpuric patches and petechiæ sooner or later appear. Embolism, conspicuous feature, pain or tenderness in joints. Anæmia often profound spleen frequently palpable skin—peculiar yellowish white color.

Gastro intestinal symptoms—Congestion and infarction abdominal organs not uncommon. Blood count negative except for secondary anæmia. Blood culture diagnostic usually.

Prognosis—Almost uniformly fatal. Death from exhaustion, cerebral pulmonary infarction, renal insufficiency or pneumonia.

Differential diagnosis—Hodgkins disease, cirrhosis liver, malaria, syphilis.

Paucity of symptoms, irregular fever petechiæ, embolism, signs of valvular disease.

Blood culture and finding of the haemolytic streptococci. Many cases are only diagnosed by post mortem—Banti and Hodgkins disease, malaria and syphilis can be ruled out by blood examination.

Cirrhosis of Liver—History of Case.

Patient C. le B., age 60—Well-nourished woman, wife of clergyman, who had led an energy-exhausting life. Jan. 24th. History of so-called anæmia since childhood rheumatic fever came for so-called tonic as she was so tired—no pains or aches except arms felt heavy—slowness of speech; physical examination negative except for slightly furred tongue, abnormal pallor of skin. Hæmoglobin 50 per cent., blood pressure 120, temp. subnormal. Nat. Mur. 200th.

Feb. 5th, 5 A. M.—Chill, temp. 105 degrees. When arrived had all appearances of dying. Lungs and heart negative. Chill began at base of neck extending forward and down over body, abdomen slightly distended with gas. Gave Gels. 30th. 9 A. M., temp. normal and remained so for two days. Felt fine interim. Feb. 7, 9 A. M.—Temp. 106. Chill lasted one hour. Chill began in back—no thirst. Followed by profuse sweating. Patient refused to be down in bed. Keeps covered during heat because it is too much exertion to throw off covers. Sleep during sweat, but mind always alert when spoken to. Exhaustion following sleep and desire for beer, English ale, etc., which agreed. China cm. February 10th or three days later next chill appeared. Seemed less severe. Blood examination revealed no parasites. Blood culture negative. No typhoid.

Continued along with irregular chills each second and third day with no degree of regularity. No new symptoms except with each chill instead of depleting the blood the hæmoglobin rose at first. February 19th—Developed aversion to sight and smell of food. Colch. 200 relieved. Following the Colch.—rt. ankle and foot swelled and became exquisitely tender and red. Lasted two days and subsided, then the rt. arm and left wrist. Puls. cm. apparently relieved quite a little and we had a period of ten days without any chill. Patient felt fine and planned trip to England, her old home. March 1st, midnight—Sister telephoned me that she was dying. Rushed up there and she had apparently had a form of epileptiform attack, probably due to embolus. The nervous system, which had been carefully observed, revealed nothing. Patient in stupor but easily aroused, pupils reacted normally to light. K. J. normal—no Kernig nor Babinski.

I gave her opium cm. and awaited results. She roused up after an hour to say she was so tired, and slept again. On the

afternoon of the next day she could not lift her right arm—said it felt heavy. Nothing to see or feel, but on March 3d, two days later, it was quite a little swollen. Diagnosis of occlusive embolism. At this time, nor at any other, were there ever any cardiac sounds of adventitious nature. Three of the best men in Boston, each on the staff of best regular hospitals, saw her but offered nothing in the way of diagnosis. Two of our own best men and prescribers saw her. They all thought she was not desperately ill because everything was negative.

March 4th—Hardest chill of all. Temp. 106 degrees and remained for three hours, then dropped in one hour to 97 degrees. Blueness of face during chill. I gave Lach. during chill.

March 23d—Called on one of our best prescribers in Boston who again reviewed the case with me. Temp. rising at this time a degree about noon of the day preceding chill, then drops to normal. Desire for weak drinks (before). Chill irregular—1 to 3 hours. No thirst. Chilliness up back like gentle draft. Would not know had chill except undue sleepiness and feeling of coolness comes on. Does not feel cold herself, just cool. On touch feet icy cold—otherwise normal. Does not ask for covers, but we applied down puff. Fever comes on suddenly, rise is rapid upward, in one hour will go from 97 to 106, lasts one to three hours, during which patient feels fine and talks of past and formulates plans for future. Set up two glowing red spots in each cheek. Drop in temp. is heralded by quick and sudden stupidity with sweat beginning on head and face—extending all over body. Scanty on face. Drenching entire body. Wants arms out of bed proper away from body but covered with shawl. Stupid but responds when spoken to. Tongue white furred coating. Thirst little and often desires beer after sweating begins, not during sleep—during sweat.

Swelling in arm had disappeared, but could not use arm.

Apyrexia clear and apparently normal. Prescriber advised Nux vom. cm. Then through all its potencies we ran it. Bryonia was next prescribed.

April 5th—Petechiæ began to appear, stupidity became more marked; again gave opium cm. This day I definitely came to the conclusion of subacute ulcerative malignant endocarditis—chills continued every third to fifth day. Patient did not seem to lose much weight or even strength; in her apyrexia she enter-

tained her friends. No new symptoms developed. Cerebral embolism closed the case. After the occluding embolism had lodged the heart continued for six hours valiantly and scarcely flagging.

This is interesting because:

- (1) Paucity of symptoms.
- (2) Absence of physical signs.
- (3) Progressive.
- (4) Well chosen remedies apparently had no effect.

"AN OUNCE OF PREVENTION."*

Geo. E. Dienst, M. D., Aurora, Ill.

This is a common axiom, and contains much of truth. To be effectual, one must know what is to be prevented, and how to prevent the preventable. If a seam in my trousers shows a small rent, my tailor can foresee a badly torn pair of trousers if the rent is not mended. He also sees that, with the diligent use of a needle and good thread, the trousers can be saved.

The axiom postulates, foresight, and present cognizance of urgent procedure. It is this matter of foresight and forethought, with accurate knowledge in making repairs that I desire to apply to a physician's work. For there is no place in life where this matter is more necessary than in its application to life and health.

Present day thought is much given to preventive medicine. This does not apply to drug therapy, so much as to hygiene and sanitation, and this matter we shall leave to our sanitarians. We have, to a certain degree, a more serious problem before us. This problem is to foresee in the child or infant his disease tendencies, the innate, inbred tendencies to disease and death, and how to prevent the one and remove the other in time to prevent a premature demise. We are not in sympathy with the oft-repeated statement that a child will outgrow certain disease tendencies without aid, or with the thought that we let disease tendencies and idiosyncracies proceed until organic changes supervene or pathological growths appear and then remove them surgically. Nor are we in sympathy with the haphazard, empirical manner of prevention so urgently pressed by moral suasion and law. I

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

refer, particularly to modern uses of vaccination by scarification and the various serums so common today. Let us propose this foundation that the most effectual prevention of disease, acute, contagious or chronic, is normal health. No contagion can be effective, except on fertile soil, *i. e.*, on people whose physical and mental condition is such as to furnish a fertile soil for the incubation of contagion. Disease germs cannot work destruction on perfectly healthy soil.

Therefore, the modern procedure of creating a disease by inoculating a child with a morbid product, in order to prevent a disease to which the child may not be susceptible, is barbarous rather than scientific. And a diseased condition produced by injecting into the blood stream a morbid disease element is often more injurious than the disease which it is supposed to prevent. The theory of creating a disease artificially to prevent a similar natural disease is neither logical, scientific or rational, for sickness, artificial or natural, is dangerous, with the danger augmented in the artificially produced miasm. You are aware that the present artificially produced miasm, grafted, without thought of its consequence, on a natural miasm is extremely destructive and most difficult of cure. Such procedure has no place in the scientific world. The greater, the better, the more effectual science is the ability to foresee in a child the morbid tendencies inherent in the child, and the accurate knowledge in the selection of removable measures. To do this, first of all, a most careful study of a child's heritage is absolutely necessary. You cannot hope for a healthy plant from a diseased seed. You cannot hope for a healthy herd or flock from diseased producers. How carefully the farmer guards his Berkshire herd from inbreeding with the so-called razor-back mongrel, nor would he allow a balky and irritable mare to foal. This "ounce of prevention" is worth more than a ton of cure—even where cure is possible—to a farmer. How much more is the prevention of physically or mentally diseased human beings to mankind.

Here is a family, the wife healthy in practically every respect, but the husband is tubercular, the child of tubercular parents. To this couple a child is born. He is apparently quite well, because he has inherited a portion of his mother's vitality, but he soon shows a tendency to grow very fat, the abdomen becomes greatly distended, he seems to have little endurance, the fonta-

nelles close slowly, the bones develop slowly, the teeth are very slow in making their appearance, he is very sensitive to cold air and takes cold easily, and when going to sleep, his head perspires so freely that his pillow is often "soaked" with perspiration. The physician is called, he sees not only the present condition, but with his prophetic eye he sees this child in the period of adolescence, he sees his repeated attacks of coryza and bronchitis, glandular swellings, impaired appetite and later emaciation, want of endurance, the hectic flush, the forenoon chills, the afternoon temperature, the barking cough, growing hoarser with each successive attack, and he says, "pulmonary tuberculosis." The latter is the pound which he is supposed to cure in later years, but he will not let the pound appear, for, with his knowledge of preventive therapy he administers one of the calcareas—"the ounce of prevention"—and prevents the necessity of a pound of cure in later life.

Again, take a very sad, but concrete case, such as occurs practically every day, and note the difference. A mother, large, well nourished, in apparent normal health, but from a family tainted with tuberculosis. Her husband, a healthy farmer, but in whose family there is a taint of psora. This mother brings her four months old baby boy, in very good health except a severe attack of tinea capitis, which extends over the upper part of face, and very promptly demands a cure. A cure is possible with time, care, and the proper remedy. She wants it done immediately. She has no time to care for the child, as her club and missionary work in her small parish demands much time and she will not carry a scabby baby to her meetings. But the element of time is essential to a cure, to which she objects. "Very well, madam, if you refuse a reasonable length of time for a remedy to act curatively, I can do nothing for you." She is greatly incensed at the refusal to employ local measures to accomplish a speedy cure. My forethought forbids, for I can see a fatal attack of nephritis before the child is one year old, if this eruption is suppressed locally, or an attack of tuberculosis when he is about sixteen years of age. But she wants this eruption removed at once, and frankly says she knows where to go to have it done. "Very well, I refuse the responsibility of such procedure." The child is taken elsewhere, the physician promises her a very rapid cure as it is only a mild skin eruption. The child's head improves,

in less than six weeks the eruption is gone, but the child is very pale. He is showing œdematous feet and legs, puffy about the eyes, loss of appetite. The doctor is recalled, looks the child over carefully, analyzes the urine and pronounced it a very severe case of Bright's disease. The mother asks why one so young should have Bright's disease, and the learned doctor tells her it is rare, but these rare cases occur without any known cause, and proceeds to cure the unfortunate child. Instead of a cure, there was a sad funeral in this family (for the little boy died), with the assurance from the doctor that all was done that could be done to save the child's life. Was he truthful? His ounce of prevention became a ton of destruction, and he did not know it.

Such conditions may be multiplied into volumes. The point at issue is to learn to foresee, foretell and forestall the storm. It is lamentable that the profession of medicine has not learned to foresee, in a child and his parents, the stormy future and untimely death, lurking in the already disturbed vitality of that child, and the rational means of preventing the fatality in store. It is mockery to pretend a scientific education and not be able to foresee the disease elements in a child, and know the means necessary to remove these elements and give to that child what heritage failed to give and place him in a physical and mental condition that he may serve his country better than his parents did.

No emphasis too strong can be placed upon this phase of medical knowledge and procedure, if we desire a future generation of healthy and sane people. We should never allow the "ounce of prevention" to pass us and develop into a ton of destruction.

TWO CLINICAL CASES.*

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

Nancy S., age three years—Chronic nephritis with recurrent acute exacerbations. Medium complexion, eyes blue. Marked anxiety, fretful, picking, restless, irritable—agg.—daytime puffy under the eyes, sleeps with one eye half open, aversion to being

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

touched, spoken to; precocious, drowsy, marked obstinacy, fear of being alone, aversion to being rocked, sleeps with legs being drawn up. Hands and feet cold and clammy, aversion to milk, craves meat, cheese, bananas. Vomiting, constipated, stools blood; stringy mucus offensive. Oct. 11, 1923, \mathcal{R} Sulphur 200.

Nov. 2, 1923.—Coryza, thin watery.

Nov. 26, 1923.—Very irritable. \mathcal{R} Sulphur 1m.

Dec. 7, 1923.—Better.

Dec. 14, 1923.—Perspiration in occiput, agg. at night, very fretful; restless, sour vomiting agg. by drinking, swelling of right cheek, thirst, head hot. \mathcal{R} Chamomilla 2x, followed by 200, which was followed by improvement.

Jan. 11, 1924.—Return of symptoms, especially the anxiety. \mathcal{R} Medorrhinum 200.

Jan. 15, 1924.—Better.

March 7, 1924.—Medorrhinum 50m Sk.

March 25, 1924.—Fretful. \mathcal{R} Chamomilla 200 with prompt improvement.

In a further study of this case we find an older sister began to show evidences of nephritis at one and one half years, manifesting symptoms similar to this one and died at 2 yrs. 2 mos. of age, having had the best of old school treatment.

Nancy had a severe attack at 1½ yrs. which lasted three weeks, during which time she was in more or less of a stupor, wanted to be carried, fretful, albuminous urine. At this time she was treated by a homœopath with Chamomilla and Lycopodium in low potencies—a specialist directed a suitable diet. When this case came under my care, the urine was scant and had albumin and a general toxic condition.

Sulphur did something in this case. In fact it brought out more strongly the picture of Chamomilla. Chamomilla 2x brought about a short improvement of the symptoms which was reinforced by the 200.

Not being satisfied with the progress, I made a deeper study from a constitutional standpoint and there appeared to me the picture of sycoosis covered by the nosode medorrhinum. Quickly an improvement from within out and above down manifested itself, often remarked about by the family and others. Recurring attacks are milder each time, while the general improvement steadily continues.

Baby 2½ mos.: March, 1924—Cries at night, restless, whines, desires warm food, desires heat to abdomen, ravenous appetite, constipation, strains at stool, fretful from 3 to 5 P. M. Was given by the father, Calcarea Carb 3x.

Fed from the breast two to three days, then given Maltose two weeks, then Borden's sweetened condensed milk, then cow's milk, 40 per cent. milk, sugar and lime water. \mathcal{R} Silicia 30th and placed on cow's milk, but no lime water. There was a general improvement at once.

On March 27 Silicia 200 was given.

This is a child of a graduate of one of our homœopathic colleges, who is interested in homœopathy, believes in it, yet pathetically professes he never was properly taught how to use it. It has been my good fortune to come in contact with him and we have studied difficult cases together and we have worked out the remedy. This has been a most agreeable and profitable study.

My experience teaches: We need the missionary urge; to be filled with the spirit of homœopathy; to be sure of our convictions; to stand by our principles; hew close to the line and become true and loyal specialists of our *noble art*.

In due time we will receive our compensation.

There never was a time when a person needs to know some particular thing; be sure he knows it, and spends his time in showing others that he can practice it, *than now*.

We find in homœopathy as well as in everything else, the modern spirit of adulteration, causing many to lose sight of the anchorage of *truth*.

Here was a child suffering from malnutrition, miserable and disturbing the quiet and peace of the household, now functioning each day in a more normal manner—a monument to the efficacy of the homœopathic remedy.

It seems to me in this age of doubt, complexity of thought and methods, of dissensions, the single remedy stands out above the inconsistencies in medicine more clearly as a symbol of the truth of the law of similars than ever before. To know how to properly use it becomes an increasing passion, and to pass its knowledge on to the next generation *our mission*.

MIDWINTER NOTES.

Eli G. Jones, M. D., Middletown, Md.

In acute nephritis one of our *best* remedies for that condition is Gelsemium. It reduces the arterial *tension* often at once, and consequently the quantity of albumen. It exercises a permanent *soothing* influence upon nerves of the entire *urinary* apparatus in a most satisfactory manner. The quantity of urine is *increased*, the general nervous symptoms are delayed, the *fever* abates, and any *pain* or *spasms* are *controlled*. Give Tr. Gelsemium 9th x in half a glass of water, give one teaspoonful every hour. Apis mel. is indicated in acute nephritis. When there is absence of *thirst*, very quiet. The urine is *high colored*, rarely bloody, and *loaded with casts*; patient is *drowsy*. Give Tr. Apis mel. 3d x five drops every two hours. In nephritis when there is well marked *sensitiveness to pressure in kidney region*, patient cannot bear to have *back touched*. There is *urging* to urinate, urine *bloody, scanty* and *highly albuminous*; great *restlessness*, and *vomiting* with dark, *watery* stools. The remedy is Calcarea Arsenicosa 6th x three tablets three times a day. In chronic nephritis a *good* remedy is Ethereal Tr. Chloride Iron, eight drops four times a day. The Ethereal Tincture is made by dissolving one ounce of the crystals Ferric Chloride in twelve ounces of Ether, which has been mixed with four times its bulk of alcohol. The above remedy is indicated where there is a large waste of *albumen*, and a *deficiency* of action of all the *vital* organs with *anemia*. In chronic nephritis when *blood boils* appear on any part of the body, it indicates Arsenicum 6thx, three tablets three times a day. For chronic *interstitial* nephritis, the remedy is Plumbum 30th x three tablets three times a day. In *deep-seated* backache that starts from the kidneys. A very common form of backache in our American people, when there is also *soreness* and *stiffness* when rising from a chair, with a *bubbling* over the region of the kidneys. I have cured *many* cases of the above kind of backache with Tr. Berberis vulgaris, five drops every two hours. When there is *suppression* of urine, bladder empty, kidneys do not secrete urine properly, the remedy needed is Stramonium 30th x five drops every fifteen minutes until they void urine. In Bright's

Disease we may have great *pain* in region of kidneys, with a great discharge of *pus* in the urine. The remedy indicated is Calcarea sulph. 12th x three times a day.

When there is well-marked tenesmus of rectum and bladder, urine hot scanty bloody with albuminous urine—the remedy called for is Mercurious corrosivus 6th x three tablets every three hours.

I received an interesting letter from Dr. M. S. Gour, 40 Aminabad Park, Lucknow, India. He writes as follows: "I purchased your Definite Medication and tried the remedies there recommended in different ailments and found them *most efficacious*. It is the *best* book in my opinion a doctor has with him."

I received a letter from a student of mine, Dr. A. I. Berninger, 306 East North Street, Indianapolis, Ind. He writes me: "I have cured three cases of cancer of the stomach, one case of cancer of uterus and one of cancer of the breast, since taking your course. I was always afraid of such cases before, but now I rather like to battle with them. Your teaching has given me confidence." The above is a *splendid* record, and puts the doctor in the front rank of the profession in the Middle States.

In your cases of rheumatism when the *pain* is *very severe* give Colchicum (Merck) one grain in an ounce of alcohol, ten drops every three hours, or you may give Colchicum 3d x three tablets every two hours. In impaction of feces the remedy is Epsom salts and cream tartar fifteen grains of each in half a glass of water, every two hours until it acts upon the bowels. For obstruction of the bowels, give Mercurius Dulcis; Calomel gr. 1-10 every hour or you may give the same remedy in 1st x three tablets every two hours.

There is a *peculiar* skin disease of old people; it has a hard incrustated condition, dusky *red*, or purplish, which *cracks* and *bleeds*, has fissures with a *slimy* exudate at times. You can cure such cases with the following:

℞ Epsom salts ʒi
Carbolic acid ʒth s
Boiling water one pint.

Mix Sig. apply to the affected part every two hours.

403 Moor-Wideman Building,
Toledo, Ohio.

TO THE EDITOR:

Dear Sir:—

After having read Dr. Underhill's admirable pamphlet on anti-toxin, sera, etc., and Dr. Wesselhoeft's tactless criticism thereof, we looked forward to a treat at the appearance of Dr. Wesselhoeft's epoch-making article on "homœopathy's" place in the treatment of diphtheria. We did not have long to wait, for the article, quite lengthy, appeared in the February issue of the *J. A. I. H.*

We were very much surprised to learn that the "Sphere of Homœopathic Treatment in Diphtheria" was so very limited, and glad to know that the homœopathic ranks had at least one man whose diagnostic ability, at least as far as diphtheria goes, was 100 per cent. perfect and therefore in a position to positively define homœopathy's limit in this disease as well as the treatment to be used. The only fly in the ointment is the frank admission that Dr. Conrad Wesselhoeft is not so well versed in homœopathy as he appears to be in either antitoxin or diphtheria.

It is perfectly remarkable that all homœopaths who do not use antitoxin but who cure all their ignorantly diagnosed cases of what they are pleased to term diphtheria, no matter how putrid, how extensive nor how thick the membrane, with the indicated remedy alone should be so ignorant as to not know a case of diphtheria when they see it. Yet this most surely must be the case if Dr. Conrad Wesselhoeft's defining of "The Sphere of Homœopathic Treatment of Diphtheria" is to bear any weight whatever.

Ignoring homœopathy entirely the evidence is preponderantly in favor of Merc. cy. (especially the 30th and higher) over antitoxin, and Merc. cy. has the decided advantage in not producing heart lesions or septic poisoning.

Dr. Wesselhoeft sets aside fifty-six cases for "homœopathic treatment" with Merc. cy. 3x, two of which proved recalcitrant and antitoxin was administered. "Fifty-four of these cases made uneventful recoveries." I think I hold the championship belt for lack of education and medical ignorance, but nothing would induce me to offer to a body of homœopathic physicians an example of that kind to define the sphere of homœopathy in diphtheria.

Let us dissect that example once. There were "fifty-six cases selected for homœopathic treatment." Just on what grounds were those fifty-six cases selected? Certainly not on the indications for Merc. cy. for I have found Merc. cy. a sure shot when indicated. Then again, did the balance of the 308 cases make as clean or cleaner recovery than the fifty-four that received Merc. cy. 3x to the extent of being so far superior to Merc. cy. 3x? It is true that both Hahnemann and Kent assent to the genus epidemicus when each and every case runs true to type, that is symptomatically approximate, but then only in pianissimo, the fortissimo coming in on all occasions is: "When the symptoms agree and if the symptoms agree." Those words you will find especially stressed in caps in Kent's "Lectures on Materia Medica."

To set aside a given number of cases of a disease and apply a crude drug or near crude drug to combat that disease without regard to individualizing symptoms and then lay the failures to homœopathy is indeed a crude if not a curious kind of "homœopathy." I did not join the I. H. A. until last June on account of a full consciousness of my own medical shortcomings, but when I did join I was not aware that its members espoused and practiced that brand of "homœopathy."

George (whose middle name should be Loyal) Royal, M. D., of Des Moines, Iowa, and Charles P. Bryant, M. D., of Seattle, Wash., sent home "a couple of hot shots" for homœopathy in the discussions of the paper, more power to them.

All honest homœopaths will treat the individual and not the disease, give the single indicated remedy with the least repeated and minimum dose and—get the result!

Dr. Wesselhoeft has put the stigma of ignorance on the real homœopath and upon the inefficiency of homœopathy in the treatment of diphtheria through his lengthy article, yet has failed ignominiously to defend his own position. His own statement that "The clinical diagnosis of diphtheria warrants prompt serum treatment *except under particular circumstances recognized by those with ample experience in the disease and its management,*" (italics mine) is sufficient to stamp the serum method of treatment for diphtheria in the minds of rational beings as *dangerous*.

In all Dr. Wesselhoeft's wonderful paper homœopathy has neither been defined, treated squarely nor its sphere in the treatment of diphtheria defined. On the contrary the paper is a booster for that inferior method, but as the late Dr. C. G. Raue expressed about Nux vomica in constipation, "the lazy chap's delight." Did Dr. Wesselhoeft retake the two cases that the non-indicated Merc. cy. 3x failed to cure? He did not; he followed the course of least resistance and fell back on his pet, ever ready antitoxin. He gives the "homœopathic" remedy in diphtheria just as the surgeon gives a dose of Baryta carb., crude, in enlarged tonsils in the fond hope that it will not act, so that he may make a record and get a larger fee for the operation.

In diphtheria, as in all other diseases, it is better to do *nothing* than to do the wrong thing, and *the indiscriminate use* of antitoxin in diphtheria is *the wrong thing*. The sphere of homœopathic treatment in any disease must not be measured by that unspeakably contemptible law of selecting cases by biased judges, treating them by every violation of the homœopathic law and then lay the failure at the door of homœopathy. An honest homœopath in defining the sphere of homœopathy will at least heed Hahnemann's injunction to: "Put it to the test and publish the failures to the world" that others capable of judging may pass upon your own judgment, for none of us is infallible, and none of us is in a position nor capable of defining the sphere of homœopathy any more than one is capable of defining the sphere of any other unfinished product. Things are constantly being done which wiser heads than ours have said could not be done, and wiser heads than Dr. Conrad Wesselhoeft's are curing their cases of diphtheria with the homœopathic remedy alone. To what Dr. Charles P. Bryant, of Seattle, Washington, said in the discussion of Dr. Wesselhoeft's article I can say, "Amen."

Boeninghausen said (and good old Boeninghausen was nobody's fool) that: "*Homœopathy is a natural growth and is independent in its nature and every admixture is but to her detriment.*" (Italics mine.) Dr. Wesselhoeft may be truly grateful that Adolph Lippe and Phineas P. Wells are both dead, or they would either one have made life miserable for anyone who should espouse and put forth the brand of "homœopathy" as contained in Dr. Wesselhoeft's article.

DR. A. PULFORD.

WAS IT EPIDEMIC LETHARGIC ENCEPHALITIS?

Prosper D. White, M. D., Detroit.

Patient, age thirteen, reported dazed and drooling.

Appearance: Dorsal decubitus, masked-like, bewildered expression, marked sialorrhoea, fine tremor of left hand, torpid.

Examination: Babinski reflex doubtful. Kernig's sign marked positive, Chvostek test elicited twitching of muscles about both eyes. Tendon reflex exaggerated, peroneal sign negative; when blindfolded replied promptly and correctly when touched on right hand, but when touched on left hand, after much hesitancy, stated it was the right. Objects were called correctly when placed in either hand.

When told to smile he did not seem to be able. When irritated upon the abdomen and forcibly told to smile his mouth drawn to one side. Had the ability to swallow when told to do so, although when sitting up and turning the head, saliva poured out of his mouth in a stream.

Could not hold a glass in left hand without the assistance of the right. The effort caused much twitching of the left hand.

History: Had been well until a few days ago, when he contracted a "cold." Two days before the attack he had a number of first teeth extracted. After this there had been much finger-ing of the loose shreds of gum.

Mercurius sol. Hahn. 30x, B. & T. with the 60x two days later, produced a well boy in forty-eight hours.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

THE SEEING EYE.

"Having eyes, see ye not? And having ears, hear ye not? And do ye not remember?"

He walked into my office in a quick, nervous manner, came to a stop and gruffly said: "Doctor, I have come here merely to satisfy a friend of mine who knows you. He would give me no peace until I promised to come. I didn't want to come. I have lost all faith in doctors and I don't want to have anything more to do with them. I don't know what's the matter with me and I don't believe the doctors do. But I promised, and here I am. What do you propose to do about it?"

I motioned him to a seat, saying nothing, and sat down at my desk. He seated himself opposite me, hunched down in the chair with his chin on his chest and glared at me pugnaciously from under his eyebrows. For perhaps one minute I gazed steadily at him before I began to reply to his question. During that minute I gathered up my impressions and made a rapid mental analysis of the man's personality. I sensed what was in his memory as the background of his present state of mind which led him to come and address me as he did. I read his physiognomy and general morphological makeup at a glance, and saw that his brusqueness was all a sham. It was clearly the defensive armor put on by a naturally timid, sensitive man after he had been hurt, cheated, misunderstood and imposed upon many times.

Slender, narrow chested, thin waisted, broad hipped, slightly stooping, sandy hair, blue eyes, a well shaped head, long arms with delicate, shapely hands; quick, nervous movements; thin, sallow complexion, drawn features, and rather seedily clothed, he presented the picture of a man who had been a target for the "slings and arrows of outraged fortune"—probably a lawyer or

a hack writer. Such was my summing up, based upon long study of human nature, supplemented by a working knowledge of the science of human morphology.

Presently I began to talk to him, very quietly. I started by expressing sympathy with him. I told him offhand that undoubtedly he had been often misunderstood, imposed upon, bluffed, humbugged and perhaps victimized by men not only in medicine, but in business; that he had had many unpleasant experiences in his contacts with the world, and that I did not blame him for feeling "sore." I amplified the analysis I had already made mentally of his personality and mental traits and described him to himself as he appeared to me. I told him what a man of his temperament and physical make-up must feel as he met the buffets of a selfish and mercenary world.

I told him that unfortunately the medical profession contained probably as large a proportion of selfish and mercenary men as any other profession—just as large a proportion of bluffers and fakers; just as many technical incompetents; just as many who would be ready to take his money and give him three minutes of thoughtless time when his case should have an hour or more of careful examination and hard study. This doubtless had been his experience.

He nodded his assent and looked interested.

Continuing, I said:

"You have probably consulted several specialists. Each one has made a more or less perfunctory examination of the part of your anatomy which he allocated to himself, and each one has treated his part without regard to its relation to your other parts or with the case as a whole. No one has made a general survey. No one has gone into your past history, or made an analysis of your case. Each one has made a partial diagnosis, correct enough, perhaps, as far as it went; but no one has made a general or synthetic diagnosis, including all the local affections, past and present. No one has seen or understood *the man*. It seems to you that each one told you something different and that none of them knew what he was talking about.

"Furthermore, no one has noticed or considered your bodily proportions and constitutional peculiarities and markings—your morphology—with which you were endowed by nature and which de-

termine your natural predispositions and susceptibilities, and hence your diseases and your remedies."

Before I was half through talking the whole attitude and expression of the man changed. He sat up in his chair, leaned forward with a look of eager, intense interest on his face and was visibly restraining himself until I should finish.

When I concluded he exclaimed: "Doctor, that's the finest extemporaneous analysis of a case I ever heard. You have drawn my complaint to a T."

"By the same token," said I, "I know now that you are a lawyer." "I am," said he, laughing. "You're right again."

"And now, let's get down to business," and I got out my blanks. "Tell me your name, age, residence"—and we were off on a mutually pleasant hour and a quarter excursion through his past life, his heredity, his clinical history, his symptoms, ending with morphological measurements and a physical examination. At its close I had several pages of written notes covering the entire case, and was in a position to take up the case intelligently and comprehensively.

I had gained the man's confidence and interest. He was friendly and ready to meet me more than half way and tell me everything I wanted to know. His prejudice against medical men was removed, at least as far as I was concerned. The prestige of the medical profession was restored at least to that extent in his mind, and his general attitude was more favorable to the profession as a whole. He was ready to admit that some men in the profession were trying to live up to its ideals of honesty, sincerity and thoroughness, whereas previously he had been driven to regard them all as delinquents or worse.

Small wonder that this man so regarded the profession after such an experience as his. We talked about this several times afterward as one professional man to another. He related to me many incidents covering a period of more than twenty years of his unfortunate experience with physicians. He told of brief and unsatisfactory interviews, of cursory examinations and hasty prescriptions; of prescriptions without examinations, written off-hand after a five or ten minute interview during which he had been given no opportunity to state his case or tell his symptoms;

of drug mixtures that made him sick; of mistaken diagnoses and evasions of any diagnosis whatever; of refusals or evasions of discussion of his case; of perfunctory, routine, futile advice; about diet and regimen; of being bluffed or jollied or ridiculed by some and terrorized by others—in one instance leading to a costly appendectomy for a non-existent appendicitis; of apparent lack of interest in anything about him except the amount of the fee to be collected. Rarely had he been met and treated as if he were a human being—he seemed usually to be merely "Case number so-and-so"—this highly educated, intelligent, sensitive professional man who was looking for help and sympathy, was willing to pay liberally for them and received neither.

"I paid every fee that was asked of me without protest," he said, "but the Lord knows some of them deserved protest. I got no satisfaction out of any of them."

When he had paid my usual fee for my first examination, prescription and advice, he did so with the remark, "I pay that fee with real satisfaction—the first I have ever had from a physician, and I pay it with pleasure." He became and remains my loyal, devoted friend and patient, and has sent others to me.

This man's experience may be regarded by many as exceptional. Perhaps it is; but I have heard it so often, dealing as I do, mostly, with chronic cases which have passed through the hands of several physicians without benefit, that I am inclined to think such cases are more common than many suppose. One hears on all sides, from intelligent and discriminating persons, unfavorable comments on the manner in which they have been received by physicians, on the scant time and attention given to their cases, on the lack of interest and sympathy displayed, sometimes on the large number of patients in the physician's waiting rooms and the amazing celerity with which they are "run through the mill," and on the inevitable failure to get results from such treatment.

Repeatedly I have heard such persons say that they did not wonder at the loss of confidence in medical men and the drift away from them to Christian Science and the extra-medical cults.

Another subject of complaint not infrequently heard is the arrogance of the attitude and assumptions of another type of phy-

sician—the modern, ultra-scientific laboratory—hospital product, the individual who rushes patients through an elaborate series of costly special examinations and laboratory tests, and ends by ordering them to the hospital for further examination and operation—often without giving them a chance to say anything at all about their experience, how they feel, what they think or what they want. They rightly object to being run through the laboratory and being experimented upon as if they were so many dogs or guinea pigs, with no intelligence, knowledge or will of their own. They prefer to be treated like intelligent human beings, which they mostly are, for the people are not all fools and many are very much awake to the failures, shortcomings and excesses of the medical profession in these respects.

Modern clinical medicine seems to have largely lost its true objective—the treatment and cure of the sick individual—by means which are simple, direct, humane and natural. In its study of the mass it has overlooked the individual. In its study of diseases it has lost sight of patients. In its striving after science it has lost its hold on art. Science without art is a bloodless automaton, a body without a soul, a "Frankenstein" or a "Robot," as ready to turn on its creator as on the people and destroy both. In the hands of selfish, mercenary and unprincipled men it becomes a curse instead of a blessing to the world. In medicine it leads to arbitrary, empirical routinism, to cold blooded and heartless experimentation, animal and human, to aggressiveness and compulsion, to officialism, institutionalism, bureaucracy; and state medicine, to extortion and graft, to the creation of a great body of official and unofficial parasites who are sapping and polluting the blood of the body politic. It is not without reason that some have called the "medical oligarchy" the greatest menace to liberty existent today.

Turn now for a few moments to the consideration of a system of medicine which is the antithesis of the medical system that holds the world in its merciless grip today—to a system which is at the same time true science and true art; which is simple, direct and intelligible; which deals with the individual as a human being with feelings and a mind of his own; which uses no hypo-

dermic needles to inject its remedies; which does not poison him with powerful drugs, pollute his blood with the products of disease, nor mutilate him with unnecessary surgical operations; which treats and cures his disease with single, simple, pure medicines derived from nature, selected under the guidance of the great healing principle in nature—the law of mutual action—and administered by the mouth in doses so small and so finely attenuated as to be incapable of doing harm and yet are capable of curing the patient if skilfully approximated to his disease by similarity of symptoms. Such a system is homœopathy.

"Here is wisdom. Let him who has understanding compute the number of the Beast; for it is a Man's Number"—and a man's job.

Why are so many physicians delinquent or inefficient in this matter of establishing an intimate, confidential, personal, as well as professional relation with their patients by entering sympathetically into the details of their lives—their moods and feelings and experiences when they are well as well as when they are sick—and making these matters a part of their records? Is it because they do not care—are indifferent? Why do they not analyze the minds and personalities of their patients? Is it because they do not know how? Or because they are too lazy?

Every homœopathician knows that to have such records gives him a tremendous advantage in dealing with his patients. Mental symptoms are of the highest importance to the prescriber. But no one can recognize, interpret or rightly understand the morbid phases and phenomena of the mind without knowing something of the normal mental characteristics of the individual—without knowing the man himself. Neither is it possible to successfully treat a serious case from the standpoint of pathology alone. The physician who looks at the case solely from the pathological standpoint always misses something—the most important and significant of all. He sees only the products of disease. He misses the disordered vital processes from which the products have arisen. He misses the organic peculiarities which give form and character to both process and product. For back of the pathology lies the anatomy, the physiology, the psychology and the history of the individual—in one word, his morphology. Here lies the field of

primary causation; for in the man's physical and mental constitution lie his inherited predispositions and tendencies to disease embodied in the organic variations and disproportions which govern their development, only awaiting the incidence of the exciting cause to become morbidly active.

De Giovanni has shown that the special morbidity of organisms resides in their special morphology; in other words, that the character of the organization determines the character of the functions, normal or abnormal. This being true we cannot understand the abnormal without knowing the normal. We need a language of health as well as of disease.

This is where "The Seeing Eye" comes in—the eye which sees something more than appears on the surface; which sees the meaning and relations of the external signs; which distinguishes the endings from the beginnings, the products from the processes, the tangible from the intangible, the curable from the incurable, as Hahnemann long ago enjoined and directed.

Is there any greater pleasure, anything that warms the cockles of a physician's heart more than to have his fee or bill for services paid with the frankly expressed appreciation and confidence of a grateful patient?

Is there any work more interesting and fascinating than the systematic analysis of a difficult case, the searching out of hidden or obscure factors, the identification of peculiar symptoms, traits and characteristic features, the interpretation of the case as a whole in the final, synthetic remedial and pathological diagnosis, and the making of an accurate prescription? If there is, I do not know what it is.

Each new case is an individual problem, a puzzle more interesting and important than any "cross-word puzzle" ever invented. Everybody loves a puzzle—the real doctor included. Witness the intent, absorbed look on the faces of the innumerable cross-word puzzle "fans" working away, pencil and paper in hand, in the street cars, subways, everywhere. Why? *Because it gives them a chance to exercise their mental faculties in a systematic, methodical way.* If they follow the method faithfully through to the end they know they will get the result. If they do not, they

fail. So they work and have their fun in it. So the real doctor works and finds life worth living.

It is difficult to understand how any physician, much less a homœopathist, can deprive himself of the pleasure of doing his work thoroughly and systematically, "according to the rules of the game." To become a mere routinist—and over a very short route at that; to muddle along with "combination tablets," proprietary medicines, cathartics and narcotics, serums, stock serums, autogenous serums and vaccines, glandular extracts, etc., all prescribed on empirical, theoretical grounds and mostly by guesswork, and all failures, when one, with only a modicum of time and study, can do accurate, clean-cut and effective homœopathic prescribing and cure his patient, is the height of folly and absurdity.

"Takes too much time"—"can't afford it"—"too busy"—"it doesn't pay"—and occasionally (from one honest enough to admit it), "I don't know how"—are each and all no answers to the question. The answer to these objectors is "Take the required time and *charge for it* at a definite, schedule rate per hour. Charge enough to *make it pay*. Limit your work to the number of cases you can do justice to. Then you will not be too busy to be honest and efficient. If you don't know how, *learn*. That is no great task, and it is your "bounden duty" as well as your highest privilege.

Cultivate the "Seeing Eye."

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

The Proving of Drugs.—Our German colleagues are at present the only homœopaths who are doing any proving worthy of the name and as usual, they are doing it with characteristic Teutonic thoroughness. We here in the U. S. A. seem to content ourselves with a few guinea pig experiments which, while having some corroborative value, are of no earthly use in advancing the cause of practical homœopathic therapy. For after all, we are treating humans in our daily work and ought to know what effects drugs may have upon them, in order to treat them successfully when sick.

German homœopathic physicians have mapped out for themselves an extensive program of drug proving and their plans and methods of procedure are set forth in detail, in the double, November-December, 1924, issue of the "Deutsche Zeitschrift für Homöopathie." Their aims, as set forth most clearly by Dr. A. Stiegele, of Stuttgart, are worthy of consideration and better still, emulation. In this same issue of the "Zeitschrift" is to be found a full account of the proving by Stuttgart homœopaths, of *Natrum nitricum*, sodium nitrate or Chili Salpêtre. We all are more or less familiar with its agricultural uses, but as a remedy of potential value, we know it hardly at all. "Allen's Encyclopædia," Volume VI, gives an account of its effects, as does the "Cyclopædia of Drug Pathogenesis" in Volume III. "Jahr's Symptomen Codex" gives a very brief account. Allen's account refers to the earlier German provings by Gross, Weidner, Boecker and others. In the "Zeitschrift," Dr. Johanna Haupt, of Dresden, presents the Stuttgart proving in its completeness and then summarizes as follows:

(136)

1. Drowsiness, fatigue and weakness after sleep.
2. Indisposition to bodily or mental exertion, dullness of the head.
3. Hæmorrhages from mucous membranes, particularly from that of the nose.
4. Increased thirst and more frequent urging to urinate.
5. Flatulence, difficult expulsion of stool.
6. Rheumatic and uric acid diathesis.
7. "Perhaps," says Haupt, "Stauffer's indication, *asthma, with urine super saturated with solids*, signifies the proof of anginoid sufferings, which have been found by close examination to be in conformity with the usual signs of stenocardia, as understood in the old school of medicine."

From all of which we see, that *Natrum nitricum* has possibilities of great and useful value in a class of cases which are at best, difficult to manage, much less cure. It is high time for American homœopaths to bestir themselves, if homœopathy is not to disappear altogether from its two remaining strongholds, Philadelphia and New York.

Illustrations.—A woman of thirty, with three children, all born within three years; as a result of overwork, anxiety and fatigue, broke down nervously and presented the following symptom picture: Sensation of faintness in abdomen; flatulence; trembling after passage of flatus. Constipation, especially during the menses; stools lumpy and hard, the first part of stool especially. Dreamful sleep, otherwise good if she has the chance to sleep without interruption from the children. Sadness, nervousness or oversensitiveness before the menses; the latter are profuse, long lasting, painless. During the menses slight pain in left mamma, which had been struck some fourteen years before, and weakness. After the menses is completely exhausted. Sensitive to cold, wet weather. Chest oppressed, when she is nervous, with sensation as though she cannot get air enough. Heart feels oppressed. Lying on the left side causes a sensation of oppression in the cardiac region; nervous before thunderstorms. Sense of

general exhaustion. Looks thin, hollow-eyed, pale and drawn. Anæmic.

Phosphorus 30th was given twice daily for three days, then once daily for a week and brought about a decided improvement in health.

Sepia.—A woman of thirty, with two children, presented this symptom complex: Has felt tired and weak for two months; pains in the occiput and behind the eyes; drawing pains in the lower limbs; is irritable and depressed, often feels like crying and does cry, with relief to her feelings. No appetite for breakfast, the latter is preceded by nausea. Is fond of sour things, pickles, etc. Thirsty, drinks much water and passes large amounts of urine. Bowels regular; menses preceded by irritability, are regular, but intermittent, amount of flow normal; last five to seven days. Headache on vertex and behind the eyes, before the menses. General amelioration during the menses. Sleep good, but unrefreshing. Sensitive to heat in general, to hot weather; no abnormal sweats. Sensitive to cold weather, unless warmly clothed. Frequent urging to urinate, with sensation of pressure on bladder and bearing down sensation, relieved by lying down. Occasional backache. No desire to attend to her ordinary housework, is constantly tired. *Sepia* 30th, three times daily for three days, then once a day for one week, together with the knee-chest position for fifteen minutes daily, brought speedy general improvement. Three weeks later a few doses of the 100th during two days, caused still further improvement. Later, one dose of *Sepia* 10,000, (Skinner) finished the case.

A Neurasthenic Complex.—An unmarried woman of twenty-nine, had three years before presenting herself for treatment, nursed her mother through a long and trying illness of a year and a half's duration and had herself then broken down nervously, complaining of attacks of pressure and bursting in the temples and forehead, together with a general heaviness of the head. She now, through fear that her mother might again be taken ill, began to experience a return of her old symptoms, which are particularly noticeable when she is walking in the open air. She

complains also, of a tightness of the bridge of the nose and while walking she becomes dizzy and feels as though she might fall. The functions in general are normal; sleep is good and both auditory canals are free from wax.

Aconite 200. A single dose each day for one week; then the 1000th once a day for a week, cleared up the symptoms entirely.

Radio Dermatitis.—"Oelze states that there was an old history of eczema of the ears in one woman, and after wearing the radio headpiece, the eczema flared up anew after a long quiescent phase. In another family a boy, aged nine, developed long refractory eczema in and around the ears after wearing the headpiece for fifteen minutes the evening before. A young man in the same family presented a milder form of eczema after wearing the headpiece."

This comes from the *Dermatologische Wochenschrift*, Leipzig, via Chicago, U. S. A. Judging by the aerials on the tenements of New York, there ought to be a great deal of Radio Dermatitis among the 5,000,000 or more of our population. But perhaps we Amerikaner are more given to the use of the loud speaker. However, what surprises us is, that more serious diseases, especially insanities, are not caused by the radio. Surely, much of the jazz, or as the Germans call it, *yass*, which is let loose on the innocent public, is enough to drive anyone *verrückt*.

In eczema behind or about the ears, think of *Petroleum*, *Graphites* and *Psorinum* more especially.

Malaria Treatment of Paralysis.—"Bondy has five years of experience of treatment of progressive paralysis with malaria inoculations. He observed in a few cases improvement of the pupil reaction and of the knee-jerk. The handwriting and speech were more constantly improved."—*J. A. M. A.*

Indiana papers please copy. G. W. Bowen gave *Malaria officinalis* to the homœopathic profession years ago and with it, in potentized form, much good has been accomplished, especially in old, obstinate, functional hepatic diseases with a malarial basis; also in rheumatism and the malarial cachexia.

Tuberculin Treatment.—"Viton has long been the apostle of tuberculin treatment on the principle of restricting its use

to the cases in which it is actually indicated, and restricting it to the doses that exert the maximal beneficial biologic action. He has 1000 case histories traced for years, and here gives brief summaries of 374 to illustrate the benefit possible. He lists further the contraindications, emphasizing in particular that tuberculin should never be given in acute or subacute, febrile cases. Any laryngeal or intestinal lesion is an absolute contraindication to tuberculin treatment, and it should be suspended at the menstrual periods or with a 'cold' or traumatism, depressing the vitality. Pregnancy, in itself, is not a contraindication. The cases best adapted are the torpid forms; the bilateral, slowly progressing, with little if any fever and a good general condition; the forms presenting anemia, dyspepsia, rheumatism or other manifestation of masked, insidious tuberculosis, and in tuberculous pleurisy free from a progressive tendency after resorption or evacuation of the effusion. A tendency to cyanosis, to hemoptysis, abnormally low blood pressure, or to softening or ulceration of the parenchyma, are further contraindications, and also the cases treated with artificial pneumothorax unless they have reached a permanently stationary stage with no signs of an active process for many weeks at least. He uses Koch tuberculin in ten dilutions of the 10 per cent., beginning with one part of this in a thousand million parts of physiologic sodium chlorid solution. The intervals are never less than three or four days and seldom more than a week. Appreciable subjective and objective improvement is usually manifest after fifteen or twenty injections; this represents two series, ten of one dilution and ten of the dilution next above. He suspends the tuberculin when clinical improvement is pronounced and persists. He has found it advisable to give an additional course every year afterward, usually with the dose when treatment was suspended. He warns that we must bear in mind that too small doses, or given at too long intervals, seem to induce allergy, the patient becoming oversensitive to the tuberculin, climatic vicissitudes, and other extraneous morbid influences. The benefit from tuberculin properly given seems to be evident in all of the vital processes, including gestation. The gain in weight is sometimes surprising."

—*Semana Médica via J. A. M. A.*

This comes, like Charley's aunt, from Brazil, where the nuts come from! Great Jupiter, what next? One part of a ten per

cent. dilution of tuberculin, in a thousand million parts of physiologic sodium chlorid solution. After this, we homœopathic high potency nuts must retire to the rear. Yes, indeed, we are discovered! Will some mathematically inclined doctor, please figure the actual potency which Viton uses?

Effect of Diet on Teeth.—"The survey made by Brown of the condition of children's teeth confirms the theory that a coarser diet is associated with good teeth, and a softer diet with bad teeth. It confirms the idea that soft water is prejudicial and hard water beneficial to the development of good teeth. It suggests the importance of sunshine in assisting the growth of strong, healthy teeth. The use of a toothbrush is a hygienic rite which it is desirable to carry out, but Brown is convinced that it is of secondary importance in the prevention of dental disease. What is of prime importance is the character of the diet from early infancy. This should be of a much more detergent character—at any rate, at the end of a meal—so that no residue is left behind to undergo decomposition. Coarser meal for bread, crusts, zwieback, raw fruit or raw vegetables, especially of the fibrous sorts, are effective cleansing agents. In areas where the water supply is soft a greater consumption of calcium-containing foods, such as milk and cabbage, is needed. It would be advantageous probably to add chalk regularly to the diet. The use of small doses of cod liver oil, and the greater exposure of the body surface to the sun's rays during the cooler hours of the day, would enable the body tissues to make full use of available lime in the diet."—*Journal of the A. M. A.*

Add to this advice that of giving, in accordance with indications, *Calcareo phos.*, *Calcareo carb.*, *Kreosotum*, *Staphysagria*, *Thuja*, etc., in highly potentized form and still more good may be accomplished. Then, too, abolish the pernicious American custom of feeding every youngster on cheap candy such as lolly-pops and similar abominations.

Fatal Poisoning From Calomel.—"Burnett and Pestal record the case of a woman who having been somewhat constipated, took eight one-half grain tablets of calomel in two doses. She slept well that night and on arising took one heaping

tablespoonful of salts. Immediately thereafter she became nauseated and took about a half cupful of coffee, which did not stop the nausea, and in about a half hour she had a copious bowel movement and then began vomiting. The next morning blood appeared in the stools and vomitus persisted. Swelling of the gums and suppression of urine appeared, lasting four days. Epistaxis appeared; also uterine hemorrhage which lasted two days. She was given two doses of hemoplastin which effectively checked her hemorrhages, but following the second dose she developed a severe urticarial rash. Her vomiting, however, did not cease. She was given potassium acetate solution per rectum by the drop method, which she retained fairly well, and her kidneys became active so that she passed about thirty ounces of urine in twenty-four hours. In spite of this she declined and died nineteen days after taking the calomel."—*J. A. M. A.*

Sweet little *Mercurius dulcis*, how fatal is thy sting at times! Better stick to agar, chopped dates, raisins and figs, Kellogg's or Post's bran, mineral oil, or other indispensable adjuncts to the great American breakfast. They certainly are safer and usually satisfactorily effective. At the same time, study the indications for Bryonia, Alumina, Carbo veg., Lycopodium, Nux vomica, Sepia, Sulphur, etc.

Vaccination by Mouth Against Dysentery.—Pascal observed two epidemics of dysentery in an insane asylum.

In the second epidemic, in 1924, in which preventive vaccination was applied to 399 subjects, only 0.75 per cent. of the 410 inmates developed dysentery, in contrast to the 22.72 per cent. of 256 inmates in the first epidemic, in 1923. The vaccine was administered by mouth, and the ingestion was not followed by any reaction. Pascal advocates periodical vaccinations by way of the mouth."—*J. A. M. A.*

Now, then, all together! Let us get busy and demonstrate the value of *Variolinum* in potency and by the mouth, as a prophylactic of smallpox. Some naughty allopath will soon be doing it for us and will steal our thunder, if we don't watch out! Apparently, the homœopathic profession of the United States, seems to be suffering from sleeping sickness. Boston papers please copy! By the way, what has become of the Evans Memorial Laboratory?

Is it functioning in behalf of homœopathy, or is it busily engaged in detecting the numerous flora of the justly famous baked bean? *Wer weiss?*

Chlorin Gas Treatment of Respiratory Diseases.—"Jones and Garofalo have treated about 300 patients with chlorin gas. The technic of treatment was the same as that reported by Vedder and Sawyer. Treatments were given only once in some instances, and in others were repeated at intervals of twenty-four hours for several days. The concentration of gas was also varied somewhat. In general, the concentration was increased almost to the limit of tolerance, which proved to be a concentration of 0.015 mg. per liter, as a general rule but on very favorable days somewhat higher. In hay-fever and in all allergy cases, the treatment caused an increase of symptoms with distinct discomfort to the patient, and these patients were unable to stand even the concentration tolerated by the average patient. Tuberculosis is made worse, so far as subjective symptoms are concerned. In suspected tuberculosis there is an attack of coughing induced which easily might disseminate the causative organism, making an active lesion from a quiescent focus. Five patients with whooping cough have been treated. One was definitely unimproved, and four did not return for treatment, having had quite bad paroxysms during the administration of the gas. On follow-up, these patients reported an improved condition; but they could not be induced to return for a second treatment. The authors conclude that chlorinated air has no alleviating effect on patients with free pus in the nose or rhinopharynx. As a sterilization of the field of operation for nose and throat conditions, chlorin is not sufficiently germicidal in the dilution tolerated to be of benefit. As a prophylaxis for acute respiratory epidemics, their experience has been insufficient to permit conclusions."—*J. A. M. A.*

Enterprising manufacturers and dealers in surgical instruments are now offering for sale apparatus for the administration of chlorin gas and the usual percentage of gullible doctors will no doubt be tempted to buy. This is a restless, moving age, which produces something new every minute, no matter whether there is any solid foundation of truth or not, for someone is always wait-

ing just around the corner, ready and eager to be humbugged. If real knowledge of the effects and uses of chlorin is wanted, we commend most highly the reading of the proving of chlorin gas on page 269 of "Allen's Encyclopædia of Pure Maderia Medica," volume III. Its proper sphere of therapeutic application will here be found.

Farrington states, among other things, that chlorin has a special affinity for mucous membranes and is indicated in catarrhs. It produces a watery discharge from the nose, with a thin, excoriating coryza, making the nose sore, both inside and about the alæ. The remedy has never been extensively used by homœopathic physicians, as its sphere of action is small and is probably better covered by the other halogens, such as *Iodin* and *Bromin*.

Clarke calls attention to its use, more especially in asthma and laryngeal spasm and emphasizes the symptom, *inhalation is easy, but cannot exhale*. Kent gives this symptom in his repertory, under "Difficult Respiration," "Expiration almost impossible," and mentions Mephitis in addition. The latter is a most useful remedy in whooping cough.

THE HOMŒOPATHIC RECORDER

VOL. XXXX.

PHILADELPHIA, APRIL 15, 1925.

No. 4.

NATURE'S LAW OF HEALING.*

Dr. G. W. Lehman, Dixon, Ill.

There are some things in the world that in influence outweigh truth and trample scientific principle under foot.

The great heathen temples have within them their images, and their influence has lasted throughout the generations, even centuries.

Ideas and images in men's minds, are the invisible temples that constantly govern their actions and their choice of procedure. To these we often pay respect, even to entire submission.

An interesting headline appeared in a paper some time ago, as follows:

"Two thousand sheep follow their leader over a cliff."

It is the principle of the image in the brute creation.

Allow me to erect in your minds, two images in the form of totem poles, representing ideals which at present enter into and control the minds of the greater part of the science of healing, as represented by the regular school of medicine.

The one may be represented by Aesculapeus, the Grecian God of Surgery.

The other to preventive medicine, the creation of modern science.

These are wonderful and developed to a high degree of perfection.

All honor to those who worship there, but this is not all.

Like the Grecian story, they still feel there may be something more perfect, and while growth development is eagerly sought,

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

there is yet between these two extremities, a middle ground that to their minds, remains undiscovered.

Therefore, we may dedicate this unknown realm to the *Unknown God*.

And, like Paul, the principle of the unknown for which they blindly or ignorantly strive, we publicly declare unto them and the world.

Nature's law of healing, and the only law given for our guide in aiding therapeutically, the law of nature.

Through failure to recognize the principle of the law of healing, physicians have well nigh lost the art of healing and have turned to surgery and preventive medicine.

While between these two extremities exists all the difficulties that arise when there is no recognized law to guide each doing that which is right in his own eyes.

Consequently there is a great struggle continuously as to who is who.

In other words, whose reason is supreme and to be accepted.

It causes strife because such positions of honor are naturally sought after.

It causes confusion because the reasoning of men is always faulty, therefore changing, the result is an evidence of the condition, for it is estimated that 40 to 50 per cent. of the people have abandoned medicine as a therapeutic procedure in the hands of physicians, and have appealed to the non-medical cults, and the patent medicine industry, for relief.

Nature's laws are everywhere manifested. It is not strange that the creator and designer of all nature should put law everywhere except in healing the body with its oft infirmities.

The fault again lies with us. We have failed to discover or recognize this wonderful law, and have set reason in its place, and our reasoning is so inferior to nature's law that it interferes with it and often hinders its working, thus disturbing order and causing confusion.

Evidenced by the rows and rows of shelving filled with patent medicine, which is as worthless as any other prescription not governed by the principle of law.

Drugless healers by the thousand have arisen in response to the people's protest against modern prescribing of medicine or medical nihilism.

In India and China, the healing cults thrive on the errors of the priests and the people.

Error in this land is no different, only we seem to think it is more scientific or refined.

Dr. Osler said, in substance, that the greatness of a physician is evidenced by his faithfulness in medicine.

Exactly so, when the error exists in the mind, a failure to recognize nature's laws of healing, and then use remedies to antagonize nature's efforts.

We are glad to know that the great doctor recognized the error of such methods.

But we are sorry that he, in his teaching, has never recognized the great principles underlying nature's law of healing. While shrewd enough to discover the error of the therapeutics, he did not discover the cause of the error.

Namely, that nature's law of healing is greater than the remedy and the reasoning of men, that no man can become a master in the art of healing without subjecting his reason in obedience to this law.

The recognition of this law and the application of a remedy to work in harmony with it, is a procedure of the highest order in the art of medicine, and lifts one from sectarianism into the nobility of scientific art, because the submission of reason to nature's law is higher than any sectarian system of reasoning and an evidence of the greatness of any man.

And until the science of surgery on the one hand, and the science of preventive medicine on the other hand, shall recognize this law as superior to reason, there will remain confusion and the true art of healing unknown.

Furthermore, we appeal to the clinical world of actual practice.

By the recognition and observation of this law, the mortality of pneumonia has been reduced from 30 per cent. to below 5 per cent.

Influenza death rate last epidemic, ranged about 50 per cent. by those who disregard the natural law of healing, reduced to a death rate below 5 per cent. by those who recognize and work in harmony with the law.

This same ratio obtains throughout the whole catalogue of sicknesses.

Surgery and preventive medicine have done a noble work, and have contributed much to the benefit of ailing humanity.

We would not be without them, but their sphere of treatment should be limited to their sphere of usefulness, and that is all.

But in between these two, we make our appeal, and I say, has the rank and file of the physicians of this country become devoid of sympathy, circumscribed in outlook, weak in moral endeavor, in striving to perpetuate a system of healing that antagonizes nature, that enlarges death lists, and that has been proved worthless by their own testimony with an appeal to have faith in it, and that it should be relegated to the junk heap. *A la carte*, as indeed much of it has been.

(The latest is the chlorine gas house, story insane, the next will be the bug house.)

Surely one cannot honestly defend such a system at the expense of reason and evidence.

We would sooner perish in unsullied truth, than to survive on cowardly equivocations, as the contributing cause to our success in the practice of medicine.

Does not the call of the multitudes ring in our ears, for about 90 per cent. of the diseases are neither amenable to surgery nor to preventive medicine, and here is where all the confusion persists, and here is the great field that is calling for men today.

We need men with rugged honesty, stubborn integrity, with an ambition to be true to God, to humanity, and to himself, where the sick may find a cure for their ills.

The only stimulus we have, as we find ourselves the victim of this unfortunate modern drama, is the sense of fortitude that we gather from the fruits of our labors, and bestow the results upon those who entrust themselves to us.

In the great testing time when men's works shall be tried, these shall come forth as gold, purified by fire.

We have not chosen this path without proper and free consideration as to where it leads.

We would rather be blotted out as followers of the healing art, rather than abandon the law of truth that has been placed in our keeping.

It has become an obligation to humanity, and we propose to acquit ourselves like men, to preserve it, and pass it on.

We can only pity those who have been trained for the sunshine of life only, the fruitage of this world's endeavor picked and handed to them.

Such know not the joy of a victorious battle, and the successful aid to the law of healing within the system to those who are in need.

We are not presumptuous when we say that our labors have been attended by the most remarkable reduction of mortality all along the line.

But the blessing of health has been restored to thousands not subjects for mortality columns.

Furthermore, complications following acute troubles seldom, if ever, occur, and never occur as the result of treatment.

Convalescences are hastened, often by many days.

Anyone whose practice does not correspond with these clinical results, is under obligation for the sake of humanity to investigate.

Being unfamiliar with the law of healing is the only thing that is defeating the practice of medicine today, and the people suffer in consequence.

Men may refuse to let the sun shine upon them, but it will not prevent it from shining.

Men may refuse to recognize the law of healing, but it does not prevent it from being there.

It is nature's method, it is constant and consistent.

Nature made it that way, and it is as it is.

God's wisdom and power are exemplified by the evidence of this healing power.

There is no wisdom that supersedes it successfully.

His law is perfect, men have made it imperfect.

To ignore it is failure, to deny it is questioning the wisdom of the Almighty.

To proclaim doctrines of healing apart from the recognition of the law is in itself an admission of faulty reasoning, and imperfect understanding.

For the law of healing is as inexorable as the law of gravity, and is a saver of life unto life.

Not that we are of this school or that school, but that we are co-laborers with the laws of the great master builder and working with him.

There is greater honor to be gained in this field of service than can be bestowed by any society or school, because of obedience to faulty reasoning.

What Is Rationalism?

Rationalism is an attempt by reason to relate things that are unrelated as to cause and effect, with a total disregard to law.

Reason, therefore, sits upon the throne and becomes nature's dictator, its decrees, therefore, become rational.

It presumes to say what reactions shall be suppressed in order to aid nature, and what reactions shall be set up to aid in healing the system.

If reason assumes that nature's reaction should be suppressed, it introduces a remedy that is antagonistic to the reaction, and is given in amounts large enough to suppress the whole reactionary complex.

Such a procedure is said to be *antipathic* because it opposes nature's efforts.

Again, if reason deems it wise, a new reaction is created within the system with the idea that the artificial reaction is more potent than the natural reaction.

This second reaction is purely artificial and usually supplants nature's reaction by being superior to it.

This procedure is said to be *allopathic* because it supplants nature by creating an artificial reaction of healing.

These two procedures are the result of reasoning. They are rational only so far as based on reason; they are irrational because they are not subservient to law.

They are not scientific because they are empiric.

They are not right because experience has so proven, and their failure has led Dr. Osler to condemn medicine altogether as a therapeutic agent.

Nature's Law of Healing.

The Only Guide to Scientific Therapy.

It always presents, if not hindered, an order of events with a uniformity of sequences.

If we discover the one, we discover the other.

This law of healing in the system is as orderly as the universe,

as majestic as the sun, and as imperishable as the power which guides the planets.

As long as it is undisturbed, it gives us a sense of well being, with comfort, buoyancy and delight.

When disturbed by some foreign agency there is reaction at once.

This is the law of healing manifested by symptoms that are not normally present.

The individual feels disturbed. He is sick. If the reaction is strong enough it will operate until the condition of the part or parts is perfectly set in order, and perfectly adjusted to again work in harmony and co-ordination within the system.

When healing is complete, there is perfect co-ordination and harmony. There are no symptoms.

No one can treat sick people successfully until the meaning of these symptoms can be interpreted correctly as language.

These symptoms are the language of the Almighty. They are like the heavens that day unto day uttereth speech, and night unto night showeth knowledge.

If a man asks for bread, will you give him a stone?

If the law of healing is asking for ferrum phosphate, will the physician prescribe aspirin?

If the law of healing is calling for sulphur, will an iron quinine and strychnine tonic be given instead?

The men who understand this great law, and co-operate with it, have maintained the lowest death rate in all sicknesses and their labors rewarded by the most complete recoveries.

They have likewise produced the greatest literature in medicine.

These facts have gone unchallenged for one hundred years.

Those who have studied this law have been rewarded with a new perspective of the healing art.

No man's work in medicine will last that is not based on this fundamental law of nature.

This law requires the study of its symptoms as its only mode of expression.

They are the evidence of things not seen and by them we enter deeply into the mysteries of the life forces of the individual and by them we understand his need.

We have mentioned two methods of prescribing for the ill-

nesses of men, namely, the antipathic method which suppresses nature's reaction.

The allopathic method which supplants nature's reaction.

Both may be said to be rational, but neither is scientific and the methods have been abandoned by the highest authorities.

But nothing to replace them, leaving the matter of healing largely to individual conscience with the resulting general confusion.

We offer to physicians everywhere what may be called—

The Third Dimension in Medicine.

Namely, the application of the remedy so as to act in harmony with the law of nature.

This is *Reason* in obedience to law.

It is *Rational* because it operates according to law.

It is *Supreme* because it is above reason.

It is *Right* because experience proves it.

It is *Scientific* because it is law in operation.

It is *Homœopathic* in principle because it neither suppresses nor supplants nature's law, but co-operates with nature's law in the sphere of manifested symptoms.

HOMŒOPATHY—1924, A CLEAN RECORD.

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

"The lamb thy riot dooms to bleed today, had he thy reason, would he skip and play? Pleased to the last he crops the flowery food and licks the hand just raised to shed his blood." Just substitute "modern homœopath" for "lamb," "the allopaths" for "thy," and "flattery" for "flowery food" and see how well those lines fit the present status of the modern up-to-date homœopath. What is wrong with the so-called modern homœopath that he continues to lick the allopathic hand just raised to shed his homœopathic blood? Is allopathy's method SO FAR SUPERIOR to homœopathy's? The year 1924 does not convince us of that fact (?), rather it has at least a trinitarian claim to our respect and regard to and for HOMŒOPATHY, inasmuch as it marks the closing of our fortieth year in medicine; it marks, in spite of the fact that we

had to move to larger quarters to accommodate our son and as a consequence many of our old patrons were unable to find us, the largest, best and most successful year in every way we ever had, and it marks the first clean year we ever had in our forty, not having lost a single case by death. Are those good reasons why we should "lick the allopathic hand just raised to shed our homœopathic blood"?

He who boasts of self is indeed ignorant, but he who has something truly *good* to boast of is lucky—that something good is—HOMŒOPATHY. Yes we fail with it, so do others, but others succeed with it in the very cases where we fail and *vice versa*, showing that the fault is NOT with homœopathy but with our failure to grasp it and our failure TO COMPLETE ITS UNFOLDING.

Homœopathy will NOT fail us if we finish the unfolding of it. In spite of the fear of incurring the displeasure of those ultra-modern homœopaths (Pan-Therapists, if you please) who advocate, and who condemn those who do not use, antitoxin, we treated our diphtherias and other throat troubles with the homœopathic remedy and CURED THEM ALL. We treated our cases of pain with the indicated remedy and relieved them in a far superior manner to narcotics. We treated our abscesses, boils and carbuncles without the lance. We treated all our rheumatism and skin diseases without liniments or other external applications. All our dangerous hemorrhages were controlled by the internal remedy. Our appendix cases ALL pulled through most excellently under the homœopathic remedy, something that cannot be said for surgery. Instead of the surgeon condemning the physician in appendix cases it should be the other way around.

Our office boasts of no narcotic license, no combination tablets, no liniments, salves, crude vaccines, sera or antitoxins. We implicitly obey that commandment which states: "Thou shalt not commit adultery," which applies equally to adulterating the human blood stream with animal serums as it does to venereal indiscretions. All our cases were treated with remedies ranging from the 30X UP. We have learned from practical experience that cases which must be treated with the 12X DOWN are NEVER CURED (ERADICATED) no matter how well the patient feels for the time being. These so-called cures either recur later in life or show up in the offspring. It takes something infinitely finer than the 12X to get down to the source of the trouble. We can dam up a

stream and feel fairly comfortable, but what is going to happen after the dam breaks and the stream overflows its banks?

"Why should the spirit of mortal be proud?" HOMŒOPATHY is the answer. How many has modern homœopathy or modern allopathy enabled, having had a busy year treating all the diseases indigenous to their sections of the country, many as serious and as desperate as fall to the lot of any man, to come out of the year with a clean record? Then why so anxious to bury homœopathy? Intelligent men do not blame their own shortcomings on the alleged defects of the system they elect to represent. Be honest, Mr. Modern Homœopath, and put the blame for your failure with homœopathy, where it rightfully belongs.

HOMŒOPATHIC TREATMENT OF ENLARGED TONSILS AND ADENOIDS.*

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

One of the activities undertaken this last winter by the Foundation for Homœopathic Research in New York, has been the study of tonsil and adenoid conditions in children. This work has been going on for only a few months and these remarks will be of a preliminary nature explaining the processes.

First, there was sent out, to physicians and a group of laymen, a circular letter explaining our purpose and saying that we would treat cases of enlarged tonsils or adenoids. We have devoted one afternoon a week to this clinic and, in order not to have more cases than we could handle, have seen patients only by appointment. The preliminary examination has included an anthropological study by Dr. Philip Rice. The purpose of this was to determine the relation of various morphological types to tonsil and adenoid diseases. Routine examinations of the conventional type have been made of all children. A careful history has been taken of each case, and a repertorial analysis made. In addition, special remedy tests have been made in accord with the experimental method that we have developed. There have been engaged in this work, Dr. J. W. S. Powers, Dr. M. Eltinge Gore,

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

Dr. Philip Rice and myself. Thus far we have treated twenty-five cases for a period of three months or less. From the morphological angle, interesting deductions can be made. All of these children showed an over-development of the upper abdomen, which includes over-development of the liver and glandular system and under-development of the upper chest, which means a diminished power of oxidation. This combination favors the increase of glandular structure with a lowered resistance of the same, making it subject to infections. It represents the normal infantile type and can be interpreted as a delayed development. Prophylactic measures would include respiratory exercises and dietary corrections. One measure that suggests itself is to give all babies some form of apparatus which encourages the effort to climb. Dr. George H. Taylor, in his book on "Hernial Therapeutics," mentioned a spontaneous cure of hernia in a baby through the exercise the baby got by constant playing and pulling at a dumb waiter rope. A similar exercise would tend to develop the upper chest and to cause a compensatory diminution of the upper abdomen.

The remedies that have worked out have been very interesting. The endocrins come in rather frequently, and not the ones that would be usually thought of. It is very difficult, from our present knowledge of the physiology of the endocrins, to select the ones that are needed for the cure. We hope, when the number of cases have become large enough and when time enough has elapsed to make cures, to be able to give the indications for various remedies that are curative. At present it is difficult, in many cases, to select the right remedies, because most of the indications are objective. Wherever objective symptoms are plain, they are the most valuable of all in prescribing, but where they do not emerge far beyond the normal physiology, it is very difficult to interpret them. Practically all the cases that have come to us are those which were slated for tonsilectomy.

Thus far, every case has shown some improvement but not enough time has elapsed to complete any cures. In the case of a mentally active boy with large tonsils and adenoids which have affected his hearing, Thyroid 30th and 1m have made a great improvement and have corrected his bed-wetting. Psorinum cm made an equally startling improvement in a similar case. In a case of hyper-plastic tonsils, Aurum has been very helpful. In

the case of an overgrown, active child, with chronically enlarged tonsils, Aconite made a marked change. This child gave a history of frequent sudden attacks of earache. In a case of a child who was always seasick when riding on the street car, Theridion helped. In the case of a young girl who looked and acted like a little grownup woman, Mammary Extract 3x benefited. In a little cry-baby girl, Orchic 6x made a wonderful change. In another very composed, old-fashioned, sedate, little girl, Ovarian helped. All the other cases have fallen under our usual remedies such as Silica, Calc, Sulphur, etc.

This brief outline is a preliminary statement of the work that we are attempting and its scope.

We plan to have, next year, classes organized for systematic physical training directed toward developing the children along normal lines. We hope to have had, in the course of a year or two, a series of 100 or more cases fully worked out, with definite remedy-indications and a rational hygienic procedure.

WHAT WAS IT?*

F. E. Gladwin, M. D.

On Monday evening, May 5th, Bobby's mother 'phoned me that Bobby had been ill since the day before. He felt sick all over, throat was sore, began on left side where it was much swollen. It had now gone to the right side, which was almost as bad as the left. Very painful on swallowing; tongue thickly coated, breath foul. Much prostrated, lay quiet in bed, sleeping much of the time, no interest in anything. Expecterated much stringy mucus, would not swallow if he could help it. The mother said that the throat did not look as bad as it should have with the trouble it was causing. Temperature 101.4.

Bobby was a hundred miles away, so I 'phoned: "Give Lach. rom.

Tuesday morning they 'phoned: "Bobby better." But they would feel much more comfortable if I would come over and diagnose the case.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

I saw Bobby at 5 P. M. He was interested in a story book which his mother was reading to him, but he was too sick to give me his usual smile. I found a swelling under right angle of jaw the size of a hazel nut, but the swelling under left angle of jaw was as large as a bantam egg, both much less swollen than the day before.

Tongue thickly coated, dirty yellowish white. Breath the odor of diphtheria, tonsils much swollen, the left a little larger than the right. Both tonsils were two-thirds covered with dirty white exudation. Beyond the dirty white the tonsil looked covered with a thin pearly white coating through which you could dimly see the tonsil. In the pearly coating were three or four dead white lines. Temperature 101.4. Bobby was less stupid and a little stronger than the day before. My culture tubes were a hundred miles away.

Three P. M. the next day found me again at Bobby's bedside, this time armed with a culture tube.

Swelling right angle of jaw gone, that at left angle was about the size of a hazel nut. Bobby could swallow liquids but not solids. The dirty white exudation was beginning to come off, the white lines and the pearly film were still there. I rubbed the swab over both tonsils and succeeded in getting a piece of the dirty white upon the cotton, then I rubbed the cotton swab all over culture medium, trying to make every place of the swab touch the culture medium so that I would have a fine culture. An accident delayed my train home so the tube could not reach the laboratory until the next morning. The culture was taken about forty-one hours after the Lach. had been given.

The tube remained in my traveling bag nineteen hours before it reached the laboratory. It was then placed in the incubator and watched for twelve hours, then left in the incubator all night. At the end of the twenty-four hours, the technician 'phoned to know what could have happened to kill the bacteria, as only a tiny growth was showing. I explained the care with which I had taken and guarded it and that no spray had been used in the throat. I knew of no explanation unless the remedy given the child had killed them. He answered: "Never heard of such a thing." At the end of three or four hours more he made the microscopical examination which showed Streptococci and Staphylococci, but no Klebs-Loeffler bacilli.

The technician was puzzled and on making the report questioned again as to what could have happened, saying that he had never seen such slow growth. I had only the one explanation, that the remedy given the child had made them too sick to breed. His reply was: "Well, they were very sick."

The child had all of the prostration, the swollen throat and glands, the low fever, the coating on the tonsils and the odor of diphtheria. Could it be that the remedy that apparently killed most of the Streptococci and Staphylococci might have wholly killed the Klebs-Loeffler bacilli before the culture was taken? Who knows?

Bobby was isolated from the first day of his sickness.

A CASE.*

W. A. Yingling, M. D., Emporia, Kansas.

September 4, 1922.—Minnie J., very nervous, sickly, complaining girl. Aged 24. Had severe jaundice five years ago; again five weeks ago. Pain quite severe under right short ribs and above. Nausea and vomiting several times each year, yellow and greenish. Tenderness across lower abdomen and bladder. Urine dark brown, odor strong; sharp pain just before urination. menses come about every four weeks; "keen pain low down", bearing down; rather scant; strong odor. Bowels very costive since operation for appendicitis, first four years ago. Though appendix was healthy it was removed. As old trouble continued a second operation was made four months ago. Very poor appetite. Very little thirst. A numb-like pain begins in occiput and extends upward, scattering over the head; < use of the eyes; wearing glasses for about six years. *Malaria off.* 6m. (G), 6p., 12h.

Sept. 16, 1922.—Is better in some ways. Bowels act daily. Feels >. Menses Sept. 8th, about the usual condition. Sharp pain in nape of neck to occiput and up over head. Pain under right short ribs and abdomen about the same. Pain before urination. *Malaria off.* 6m. (G), 4d., 24h.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

April 27, 1922.—Doing nicely except side in region of liver; a continual numb pain, tender and sore. Sore throat, < left side, painful on swallowing. Usually has trouble all winter. Tonsils swollen with white patches. Aching pains all over, from hips down; some pain in arms. Once in a while urine causes pain, not all the time as before. *Lac can.* 1m. (F), 4p., 2h.

October 2, 1922.—Throat was better, but sore again; pain goes to back of ear; she can hardly hear. Has had same trouble on right side before. Pain under right short ribs only when coughing. Lower abdomen and bladder remain better; but little trouble. Bowels loose today, six stools. Pain in back of head and neck has slightly come back. *Lachesis* 9m. (F), 4p., 12h.

Oct. 20, 1922.—Had tonsils removed ten days ago by nagging advice of neighbors. The doctor was not consulted. Has been feeling pretty well till past couple of days. Little pains come back in right side; had all gone. Occiput gives no trouble. Menses on time; some pain when first starting. *Lachesis* 40m. (F).

January 19, 1923.—Has been doing nicely since the last remedy. Now can eat but little as it "shuts off windpipe" and she cannot breathe. Feels like a lump in stomach; heaviness under short ribs. Pain in right side where the operation was made, < after eating though some pain present all the time. *Lachesis* 40m. (F), 3p., 2h.

Sept. 28, 1923.—Has done so well she took to herself a husband. Now pregnant for six weeks. Nausea and vomiting severe. As she lives in a neighboring city unable to get particulars. *Sepia fresh*, 900 (Y), 6d., 2h, for three doses then when worse.

Oct. 8, 1923.—Nausea and vomiting frequent; very weak. Pain in stomach after eating. Feels like a lump at "end of breastbone." Arms go to sleep. *Nux vom.* 9m. (F), 8p., 2h. for three doses, then as needed.

Oct. 12, 1923.—"Doing fine." Fainting spells not so severe. But little nausea and no vomit. Rests better. Pain in upper stomach better. Arms do not go to sleep as before. Still weak. S. L.

Oct. 16, 1923.—Doing fine and eating more; walks about some. No vomit. Still weak. *Nux vom.* 9m. (F), 6p., 1d. only as needed.

Oct. 18, 1923.—Some nausea and vomiting, about once a day in the early morning from improper food and cooking. Vomit

green and mucus. Slight pain in stomach. *Nux vom.* 9m (F), 6p. *Id.* as needed.

Oct. 21, 1923.—Doing nicely and walks about some. No vomit, but may gag. More cheerful. Repeat *Nux* only as necessary.

Nov. 1923.—Some nausea and green vomit, but not near so much. Some pain in right side and stomach. *Nux vom.* 20m. (F. C.), 6p., *Id.* as needed.

Nov. 24, 1923.—Doing well generally. Couple of times vomited from wrong food. Burning pain before and after urination, quite marked. *Cantharis* 9m. (F), *Id.*

December 4, 1923.—Vomit white foam on arising in the morning. Pain in back running up flanks, < on feet, > sitting. Urinary trouble <. *Bryonia* 9m. (F), 4p. 12h.

Dec. 17, 1923.—Doing well. No vomiting for two weeks. Pain in back much better. Urine troubles very little. *Nux vom.* 20m. (F. C.), *Id.* if worse.

January 21, 1924.—Feels fine in every way except burning pain in left hip and down below knee, < heat, < touch, < rubbing, > cold. *Puls.* 40m. (F), *Id.*

February 4, 1924.—Navel swollen. Lungs pain. Throat sore. "Blue spots in side." *Bell.* 9m. (F), 4p., 2h.

February 7, 1924.—Has been much better. Still a little sore throat and some cough. Full feeling in lungs. Pain on left side. Let *Bell.* continue to act.

February 29, 1924.—Cough from tickling in throat, > morning and evening, most dry. Some vomit in morning from phlegm. *Puls.* 9m. (F), 3p., 2h.

March 9, 1924.—Pain in right side (liver); some swollen. Cough no >. Cough < in house and at night, < walking about, > quiet. *Bryonia* 9m. (F), 4p., 2h.

March 5, 1924.—Vomited one whole night, less yesterday. Is bedfast. Some pain low down in abdomen. *Nux vom.* (F. C.), *Id.* as needed.

March 26, 1924.—Vomit continuous. *Nux vom.* does no good. Pain low in abdomen which goes to hip and back. Lump in throat with pain down to stomach. Miscarriage suspected or feared. *Sepia fresh* 200 (Y) in water, 2h. till better.

March 27, 1924.—*Sepia* promptly relieved lower abdomen and back. Continuous nausea and vomiting of mucus and bile, greenish-yellow, some brownish like coffee. Wants air. Still has lump

in throat impeding swallowing. Bowels moved by enema. *Ipecac.* 9m. (F), in water. (5 P. M.)

9 P. M.—*Ipecac* quieted her and seemed as though it would control matters. Now vomits blood and black bile, nausea every 15 to 20 minutes, with rest between spells instead of continuous as before *Ipecac.* Burning in the stomach. *Ars.* 200 (T) in water.

Ars. did but little if any good. Abortion seemed unavoidable and in the early morning she was delivered of two babies, twins in separate membranes, each child separately inclosed in a distinct sack. The first lived for a couple of hours, but the second was born dead and from appearance had been dead for some time. It looks very much as though the dead foetus was the cause of the miscarriage as each of the remedies given acted so promptly in carrying along till between the seventh and eighth month.

Was the liver trouble the primary cause of the pregnant complications? It would seem so. She was an ignorant, self-indulgent woman and should not have been married at all. The case shows the remedies act in spite of the persistent cause, and even in an incurable state as *Ipecac* acted promptly to > the continuous nausea.

No doubt better prescribing could have been made if personal attention could have been given.

SOME THOUGHTS ON SPECIALITIES IN MEDICINE AND THE GROUND THEY SHOULD COVER.

John Albert Burnett, M. D., Crum Creek, Oklahoma.

At the present time there are various specialities in medical practice. There should be a committee appointed from all the various specialities in order to establish what is a speciality, how many specialities one specialist should or could cover and draw lines as to what each speciality covers. The "American Medical Directory" does not mention but a few specialities and does not have very many combinations of specialities. It revises and changes these specialities occasionally. As some specialities are mentioned in old editions that are not mentioned in the new editions. The "American Medical Directory" recognizes two very broad specialities, namely, internal medicine and surgery.

The term internal medicine means practice of medicine and the word surgery means practice of surgery, if I understand it correctly. If I am correct in my understanding the two specialists, the one on internal medicine and the one on surgery, cover everything in medical and surgical practice. According to this we should be able to get along with three kinds of doctors, one a general practitioner, one a specialist in internal medicine and one a specialist in surgery. I do not consider internal medicine a speciality and do not consider surgery a speciality, as they cover more ground than I believe a specialist can cover. If the term practice of medicine was dropped and the term internal medicine adopted in place of it and textbooks that are written bear the name internal medicine instead of practice of medicine and the textbooks not treat anything on any of the specialities as dermatology, physiotherapy, psychotherapy, urology, etc., then one could be a specialist on internal medicine. If the term practice of surgery was dropped and the term general surgery adopted in its place and the textbooks bear the name general surgery instead of surgery or textbook on surgery and not treat anything on surgery that is covered in any of the various specialities as gynecology, eye, ear, nose, throat, etc., then one could be a specialist on surgery or general surgery.

We need a better name for some of the specialities, as, for instance, urology and genito urinary diseases.

What is urology?

It is genito urinary diseases of men.

Is there any speciality in practice that has a more misleading name than urology?

No.

Should we have a speciality called urology?

Yes.

What should the speciality urology embrace?

It should embrace diseases of the urinary organs of men, women and children, and should not have anything to do with the genital organs of either sex, only the urethra so far as it is diseased by urinary conditions.

Is gonorrhoea in male or female a urinary disease?

It is not a urinary disease and does not belong to urology. It is a venereal disease and belongs to the specialist in venereal disease.

Should we have a speciality in venereal diseases?

Yes.

What should the venereal speciality embrace?

It should embrace all venereal diseases of men, women and children.

What is genito urinary diseases of men?

It is the proper name for the old term genito urinary diseases.

Why is genito urinary diseases of men a better term than genito urinary diseases?

It is not a more correct name. Only genito urinary diseases means diseases of the genital and urinary organs of men, women and children. It covers gynecology diseases of the male sexual organs and diseases of boys' and girls' sexual organs that are not venereal.

The old term genito urinary diseases was misleading because it meant diseases of the genital organs of men and the urinary organs of men.

The term genito urinary diseases is now almost obsolete and the word urology has taken its place, which is still more misleading.

There should not be such a speciality as genito urinary diseases (in its true meaning) as such a speciality would be too broad. It would include urology (in its true meaning as defined above), gynecology and diseases of the male sexual organs.

At the present time the so-called urologist is a specialist in male urology (not female urology), andrology and venereal diseases. So you see the present-day urologist covers two and one-half specialities.

The urologist should be the specialist to whom men, women and children should be sent when in need of a specialist for urinary diseases.

It is not logical to send a man who is in need of a specialist for some urinary disease to an andrologist, a woman with the same complaint to a gynecologist and a child with the same to a pediatricist.

The venereal specialist should be the specialist for all venereal diseases of men, women and children. The venereal specialist should not be an andrologist.

If the bladder of a woman becomes infected with gonorrhoea

it does not belong to the urologist or gynecologist, but to the venereal specialist.

We should have an endocrinology speciality. In fact, many physicians are now specializing in endocrinology.

Organotherapy has proved to be of value in many conditions and will give results that cannot be duplicated by any other form of treatment.

Organotherapy is here to stay regardless of what some say against it and regardless of what extremists claim for it. The two opposite extremists will not be able to destroy the practice of organotherapy. We should have a new speciality called contagiology that should embrace all contagious diseases.

We should have some books published on contagiology.

Such diseases as smallpox do not belong to the dermatologist but to the contagiologist. Smallpox should not be treated in skin diseases. No book on skin diseases should mention smallpox, measles, etc., as it should be in books on contagiology.

Syphilis should not be treated in books on skin diseases, as it is not a skin disease, it is a venereal disease and should be treated in books on venereal diseases.

At the present time syphilis is treated in books on the practice of medicine, practice of surgery, obstetrics, gynecology, dermatology, urology, eye, ear, nose, throat, rectum, mental and nervous diseases, etc. Syphilis belongs to the venereal specialist and not to any other speciality. Some of the authors of some of the specialities who treat syphilis have never treated a dozen cases of syphilis in their speciality and are not competent to write on the treatment of syphilis.

The venereal specialist understands syphilis better and has had more experience than any other specialist. It matters not whether it is syphilis in skin, eye, nose, etc., it is a venereal disease and belongs to the venereal specialist.

We need smaller books as well as better arranged books when the author of a book learns to confine his books to his own speciality, that is, leave anatomy to textbooks on anatomy, physiology to textbooks on physiology, pathology to textbooks on pathology, etc., books can be much smaller.

In my opinion medical book publishers are greatly in favor of large books because there is more money in selling large books than small books.

No physician has time to read a big volume on every speciality and some are in two volumes and some in six and eight or more volumes. Possibly lots of such extensive books have never been read through by a single physician who ever bought them. We certainly do need condensation in at least 98 per cent. of our medical books. In reading the large books a student or physician often loses sight of the essentials by wading through the padding.

I hope we will soon have a better name for some of the specialities and a better line of the range of the specialities as well as a reform in textbooks.

We need a better arrangement as to what a textbook should contain and what it should not contain.

THE BIRTHDAY OF GRANDMA AMBRA GRISEA.

R. del Mas, Ph. D., M. D., Hugo, Minn.

The *Ambra Grisea* family is native of the southern hemisphere and came to life on the waves of the sea. They are nervous, bilious people with a yellow skin and an excitable disposition or exalted fancies. Due undoubtedly to their having been born and raised out of the circle of society, they are bashful and averse to company, or rather the presence of strangers. Accordingly, they visited very little and had but few friends to invite to the celebration. And again, they are averse to laugh. In their souls incessantly roll waves of despair and sadness.

Ten years ago *Ambr., Jr.*, married Miss *Coca*, who has given him two children, a boy and a girl; and the tots were happy. They kissed and hugged Grandma at the sight of the cold meats and drinks, and pastry and fruit that were coming in or being prepared for the occasion. They knew mama would put on their best suits and that the Misses *Asaf., Ign., Mosch.* and *Valer.* would come. What a great time they would have! And they made noise and tried to play a new piece on the piano, but Grandma is exceedingly sensitive to music and noise, and they had to close the piano and go into the back yard. Music makes the *Amb.* tremble from head to feet and fills their heads and faces with blood, while their hearts palpitate violently.

The noon hour struck at the steeple of the parochial church, and soon came home *Amb.*, Jr., with a letter for his wife. It was sent by Mrs. *Cimic.*, who lived ten miles distant, and wrote: "Dear Erythroxyton: I am just recovering from an attack of ciliary neuralgia and left sciatica, but will be with you in the evening, tomorrow. Hope you are all doing well. What a hard time I had lately! I had been nursing the sick of Dr. Galen and grown so weak thereby, that I think it brought on my trouble. I never could lose sleep without having to suffer for it. The weather was damp, and maybe I got chilled. I began to feel a general muscular soreness. My muscles jerked on the side lain on and prevented me from sleeping, and again the soreness did not allow me to find a place to rest upon. I wanted warmth for my body and cold for my head. Dr. *Galen* used massage, electricity and liniments on me that soon cured me of that soreness, but then a diarrhoea started in. He soon checked that also. He is a mighty fine doctor! I thought I was well and could resume nursing, when my left hip began to ache, and I imagined I would soon flow, as my hips pain me always before I menstruate; but, to tell the truth, the pain started in the ankle and extended upward and from within out. Mrs. *Lach.*, my neighbor, who also has the same premonitory symptom, came to see me and told me that she once developed the same pain from her left ankle up, and that it was sciatica. Dr. Galen visited me again and treated the sciatica according to the latest scientific knowledge, as he is up on every progressive line of his profession. And he ordered me to bed, but the acute pain did not allow me to lie down; I had to be sitting up and pressing on the parts for relief. Mrs. *Lach.* was at her wit's end, as lying had relieved her. Three days after the sciatica had set in, labor-like pains commenced and my head ached. I knew then I was going to flow and I did. During the period I was unable to open my eyes and had bearing-down pains, and aching in my back that extended around the body and to the thighs; and all my pains increased as the blood augmented. By the time the menses stopped, the sciatica began to improve, and I soon was able to go out. Yet the end of my trial had not come. One night, in bed, while trying to sleep, my eyes began to ache and stitch whenever I closed them. The stitches extended inward to the top of the head. My sight grew dim with black spots. I got frightened, but Dr. Galen had

me soon out of that. He is going to Amberville tomorrow and will drive me to your door in his auto; were it not for him, I am sure I should deprive myself of the pleasure of seeing you, as whenever I travel in a closed car I fear of being obliged to jump out. My last neuralgia has left me in a peculiar state of mind; I feel that I will become insane and that a heavy black cloud envelops me. At times I see a mouse running from under my chair and rats across the room. I hope I will never be obliged to commit suicide though I fear to be murdered. How would you like to have the sensation as if encaged in wires? Really it is more of an idea (though foolish) than a sensation, but it works upon my nerves. I will see you soon. With kisses, I remain,

Yours affectionately,

BLACK SNAKE-ROOT, alias
CIMICIFUGA RACEMOSA."

This sad letter from an old friend seemed to affect the wife of *Amb.*, Jr., as she is naturally melancholy. Her father had once much money invested in the gold mines of Mexico, where she was born, and his fortune at one time threatened to go to pieces. As she was a bright and kind little woman, she suffered much with her father from mental strain, and since then she grew irritable, gloomy, bashful and retiring, and delighted in solitude and obscurity. Never after that could she climb the mountains again, without losing her breath and feeling faint and dizzy, with a headache and subsequent insomnia, and palpitation of the heart. Even today she has vertigo on ascending stairs. She seems to have lost the sense of discerning right and wrong. Whenever she holds something, she fears to let it fall. Her face flushes at the slightest emotion (*Ferr.*). Withal, she has the ability to exercise without fatigue (*Fl-ac.*, *Kali-r.*). On marrying her husband, she knew she would not be led into society where she is ill at ease, and she took the man of her choice only after her father's death, having previously lost her mother from hæmoptysis while in infancy. Mr. *Coca* had glycosuria with impotence. Those that know Mrs. *Amb.*, Jr., intimately, claim she is deceitful.

The dial of the clock in the parlor of the *Amb.* pointed to 5 p. m., when a twenty-four horse power automobile stopped in front of their house. A pale, tired lady, a widow of forty, alighted,

thanked her chauffeur, a well-dressed gentleman, and walked in. It was Mrs. *Cimic*. How glad she was to see her friends, though, like them, she is averse to company! She gave a box of candy to the little ones who fretted with joy, and their mother was pleased to have a piece of it, as she is very fond of sweets.

Soon arrived Mrs. *Moschus*, a grass widow whose husband, tired of living with a new Proserpine and two little Furies she had raised, went and buried himself for the rest of his life in the *pampas* of the Argentine Republic. Mrs. *Mosch.*, of all the daughters of Eve seems to be the only one whose abusiveness causes her to scold until her lips are blue, her eyes stare and she falls down fainting. Of course, she controls herself among strangers, but even then she will have fits of incontrollable laughter. She is a violent, shameless nymphomaniac, with voluptuous tingling in the genitalia, and her sexual desire always took on an exacerbation in the lying-in and the menstrual period. She is nervous, hurried while walking and talking, and hysterical with fainting. Withal, she may answer confusedly, as though thinking of something else. She has fits of hysteria before menses and faints during menses. She also nods her head frequently (*Nat. m.*). She was telling Grandma *Amb.* about an attack of laryngismus stridulus she had the night before, when Miss *Ignatia* entered the parlor and concurred in with her by expounding upon how painful such attacks are, as she often has them also.

Miss *Ignatia* was born under the Bridge of Sighs, and has remained single for various reasons: she was jilted a few times and she jilted many times, and has grieved much over her misplaced affections and those affections she displaced. She is nick-named the *Lady of Contradiction and Inconstancy*. Her sore throat is > swallowing, her headache > stooping; her inflamed parts > hard pressure; her cough < coughing. She is a museum of contradictory surprises. Whenever the children of Mrs. *Moschus* are feverish or out of order, they have one cheek or one hand cold and red, the other hot and pale; and the *Amb.'s* have a burning face during chill. The face of Miss *Ign.* changes color while at rest, and her mood at any time. She is very sentimental, very affectionate and tearful, but for how long? The opposite is bound to come, and she may hate as much as she loves, and laugh as much as she weeps, and her repentance or cheerfulness equal her anger.

Does she not have a red face and thirst during chill (*Nux v., Sep., Tub.*)? Burning pains may alternate with cold pains, and she may have cold waves proceeding from her fingers and toes toward her body, > tying a string 'round the limbs above the icy wave, that will prevent the cold from going further up. Like the *Amb.* and Mrs. *Amb., Jr.*, she is very bashful. In the evening she has persistent thoughts of music.

The reader should not do Miss *Ign.* the injustice of thinking she is a simpleton, because of the hysterical red strand that runs through her. She was not born hysterical, but her nerves have been over-excited. She feels she has neglected some duty and is in doubt of her salvation, and she sighs and weeps, and keeps her troubles secret within her heaving bosom, while being conscientious about trifles (*Sil.*). One notices distortion of her face, when she speaks. She is very quarrelsome and irascible, yet of an amiable disposition when feeling well.

It was rather amusing to listen to the conversation of those ladies. Grandma *Amb.*, like her family, is loquacious and asked questions without waiting for the answer. Miss *Ign.* did about the same, and with Misses *Mosch.* and *Cimic.*, talked so fast that she would have defied an expert stenographer. It seemed strange that the talking of others did not give Miss *Ign.* a headache. Both company and conversation made Grandma *Amb.* tremble and grow restless and anxious. And again Misses *Cimic.* and *Amb., Sr.*, changed rapidly from one subject to another.

The clock was about to strike 6 P. M., when ladies *Asaf.* and *Valer.* came in, and, after making the compliments of the season, sat down, as they were tired. Mr. *Asaf.* had not been able to come, as some of his old scars had reopened, and his ozcena did not permit him to go into society. Mr. *Valer.* was suffering from sciatica, < sitting, standing, lying, and stretching the leg; > flexing the leg and walking. He also had stayed home, and faithfully drank, at regular intervals, of a tonic he craved, and he rubbed his leg.

Mrs. *Asaf.* is a venous, plethoric, obese and very hysterical woman with a syphilitic taint; her face is purple. She had just recovered from iritis following upon the administration of mercury for her nightly tibial periostitis. She notices that her nervous symptoms have been decreasing lately, since she developed gouty

manifestations. As the room was getting close, she felt faint and got up, begging to be excused. All the other ladies were aggravated from sitting, and they followed Mrs. *Asaf.* into the garden, where they took a little walk, while the table was being set hurriedly by the mistress of the house.

The air was balmy and fresh, the flowers brilliant and perfumed, and here and there, among the leaves of the trees, rang clear and merry the silvery hymn of Robin Red Breast bent with love and joy over his dear and frisky family. He was teaching his young ones the song of praise and gratitude to God, that they might sing it on the return of spring; and his crystal notes, repeated by the echo, vibrated in the souls of our friends.

That music did not seem to affect Mrs. *Amb.*, Sr., who had already vertigo and heartburn from walking in the open air. While walking, Misses *Asaf.* and *Valer.* had a sensation of ascending. Of course, Mrs. *Moschus* went at a faster pace than the others, and, once in a while, her hysterical laugh would drown the melody of the spring songster.

The two young *Amb.* picked up flowers and adorned the ladies' heads and waists. They looked rather old for their age, and lean and shriveled, much like their father and grandmother. Their hollow and carious teeth pain them frequently, > cold water in the mouth, < warm things. Their urine is sourish, brown, burning and cloudy when passed. They lose it sometimes in their sleep while dreaming of urinating. They never can pass a stool in the presence of anyone, and, as for their kin on their father's side, time passes too slowly for them. Whenever they have a complaint, they avoid talking, warmth of any kind and lying down, even walking at times. Their aggravation is very marked after sleep, and to a certain extent while thinking of their pains. It seems like splitting a hair to say the *Amb.* do not want company and are < when alone. They are much like *Lyc.*, who is > when alone, and < when alone in the house.

The little girl was recovering from whooping cough; she still had violent attacks of spasmodic cough, with frequent eructations, and with hoarseness, < talking, music, reading, and after waking in the morning; her coughs were long and deep. When the little *Mosch.* had the whoop, they coughed from noon until midnight with vertigo. Since then, they have remained asthmatic.

Mr. *Amb.*, Jr., had returned from his office, and they all sat at the table with smiling faces. The legs of Mrs. *Valer.* were still feeling as light as feathers, and, while satisfying her increased appetite, she expected the sensation as of a string of thread (due to thick mucus) hanging down her throat would be relieved. She is an hysterical person full of imaginations and moods who can never stand or sit very long, but walks for relief. With her "goneness" of stomach, she is nauseated. She is not particular in her desires and aversions for food, still she likes refreshing things and vomits after taking milk. She still remembers how her children would vomit her milk curdled in large lumps soon after nursing, and pass it in the same state in their diarrhœic stool. As the *Valer.* are chilly, sensitive to the open air and drafts, they are apt to suffer from earache. They sweat a little while eating. Their taste is slimy, often like tallow. With diarrhœa they have a ravenous appetite, and convulsions from suppressed discharges.

Miss *Ign.* is a good eater, but cannot really depend upon her appetite, which frequently puts on a very capricious jowl, and knows not what it desires. She has constantly "gone" stomach attended with sighing, and eating relieves her not. Her stomach feels as if hanging down. She likes fruit, bread and butter and cold food. Coffee gives her a pain in the stomach and diarrhœa. She even has a pain in her stomach from fright. Her taste is generally sour, and frequently bitter or putrid. Whenever her stomach is out of order, she will say the most indigestible things do not affect her. At the table, she was seated in a draft which had to be closed, and, while eating or talking, she frequently bit her cheek. She had more difficulty to swallow liquids than solids, and, like Mrs. *Asaf.*, often swallowed a lump that arose in her throat. During a headache her mouth is full of saliva (*Merc.*, *Nat. s.*); at times salivation overtakes her suddenly, and she claims she has not found yet another woman having that same peculiarity. Wine never tempted her; beer tasted putrid to her, and the odor of tobacco is something she cannot bear.

Mrs. *Cimic.* eats not much, and likes cold drinks. In her we find constipation alternating with diarrhœa (*Ign.*), and diarrhœa with rheumatism (*Dulc.*). Her stomach is generally empty, < morning. From pressure on the spine and cervical region she is nauseated and vomits. It reminds us of Mrs. *Phos.* having the

same complaint from putting her hands in warm water, while Mrs. *Agar.* starts to laugh if you press on her dorsal spine, and Mrs. *Nat-m.* is nauseated from pressure on any painful spot. Such singularities in the fair sex speak highly of their nervous structure. Can Mrs. *Coc-c.* rinse her mouth, brush her teeth and speak loud without vomiting? Does Mrs. *Mosch.* not vomit after coition? The looseness of the uterine ligaments in Mrs. *Fer-i.* accounts for her feeling as if pushing up something while sitting (*Nat-chl.*), and her sensation of a cord connecting anus and navel with cutting on straightening up when bent forward.

Our widow Mrs. *Cimic.* is satisfied with subinvolution of the uterus following upon abortions in the third month, and gagging when drinking; and this, linked with her mental aberrations, suffices to make her sad. Whenever she meets a friend, she feels her stomach sinks down and after breakfast her stomach trembles. After urination and after menses she feels weak as from sleepiness. She still remembers the time when she had chorea of the left side, or the side lain on. Miss *Ign.* used to have chorea after eating and after grief. Hers was *emotional*, and that of our widow *rheumatic*, chorea. Whenever Grandma *Amb.* was pregnant, her fingers grew numb (*Nat. m.*) and she vomited after rising from bed. Mrs. *Cimic.* has a pain under the left mamma that has to date baffled the science of Dr. Galen. She trembles after urinating (*Phos.*).

The guests were eating merrily, but once in a while Mrs. *Asaf.* had hiccough-like contractions of the diaphragm, with loud belching that smelled like garlic and tasted putrid or rancid. She dares not commit the slightest indiscretion in eating, lest she get a painful, watery diarrhoea, with the most disgusting smell. After eating, her stomach pulsates. One of her children is choreic, with constantly chewing and working frothy slime out of the mouth, and with swollen tongue and unintelligible speech. Another one, a girl of twenty, has milk in her breasts, and during menses bearing down pains in her uterus, < driving. Fear in the *Asaf.* arises from the stomach or abdomen. Mother faints after coition, and father after emission.

Mrs. *Mosch.* likes coffee and beer, but coffee constipates and makes her dizzy, always. She eats sparingly, as she has an aversion to food, and, like all the guests, but the *Amb.*, her emptiness

of stomach is coupled with nausea. In her abdomen we find hysterical cramps, in her skin coldness with trembling (*op.*), and even internal heat with external chill.

The *Amb.* must eat and drink cold, if they want to be well; still they drink very little, as, even with a dry mouth, they are thirstless. Milk gives them heartburn and indigestion. Their stomach is "gone" in the afternoon and evening (11 A. M. *Asaf.*). They retch whenever they hawk mucus from the fauces, and from eructations they get relief if their stomach is deranged. They are chilly during diarrhoea and have a creeping chill after stool. Their abdomen feels cold, < left side. Mrs. *Mosch.* feels as if cold air were blowing on uncovered parts at all times. Grandma *Amb.* cannot eat very fast, as she has a ranula that disturbs her.

It was 9 P. M., and the two little children felt sleepy, taking after their mother who, in spite of herself, was yawning. Mrs. *Mosch.* had to yawn vehemently, though not so much as Miss *Ign.*, but the two ladies were not sleepy. The ears of Mrs. *Asaf.* were hot, < left, as they always are after eating. While sitting, the tearing pains in the calves of Mrs. *Valer.* had become so pronounced that she deemed it advisable for her to go home, as on walking the pains would leave her. So she rose, and bade the company good-night. Naturally the other guests followed her, and, in the silvery light of the moon, all the friends of the *Amb.*, but *Cimic.*, strolled away under the scented acacia that perfumed the solitary streets of Amberville.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

HOW I BECAME A HOMŒOPATHICIAN.

A simple story, but it may be worth the telling. Facing the threatened extinction of our school as an organization by decimation, dry rot and loss of the homœopathic spirit, it may be permissible to recall certain incidents in my career illustrating the old, simple and natural way of recruiting men for the homœopathic ranks and inspiring them with the homœopathic spirit. Conditions are different now, but we can hardly be said to have improved our situation very much as a school.

It was in California nearly fifty years ago (1876) that the "adventure" occurred which I am about to relate. In retrospect it has always loomed rather large with me not only because the experience was a somewhat rare one which might easily have had a tragical ending for me; but because in its favorable outcome it definitely turned my mind toward the study of medicine and the practice of straight homœopathy. Incidentally it illustrates the important part formerly played by a competent preceptor in the selection, testing and preliminary education of a prospective student, a method now, alas, fallen into desuetude.

At the time mentioned I was a country boy in my sixteenth year, but grown to a man's stature. I was physically strong and healthy, mentally alert and a lover of books and reading.

Born and reared on a farm in Wisconsin, educated in the country schools and by omnivorous reading, I had accompanied my father, mother and sisters in 1875 on their migration to California, "the land of sunshine, fruit and flowers," which we had read, heard and talked about until the urge to go became irresistible. So my father sold his little farm and its appurtenances. We packed up a few personal belongings, said good-bye to our friends and shortly found ourselves on board an "Emigrant Train," un-

dergoing new and novel experiences much like those so delightfully described by Robert Louis Stevenson in his "Across the Plains"; for he, too, traveled by "emigrant train" over the same road across the plains and over the Rockies to the same destination—San Francisco—only three years later.

The family remained in San Francisco some three weeks with relatives and then moved to Napa City, a small town about forty-five miles northeast of San Francisco, where they established a home. I remained in San Francisco to try city life and get a little new, and it was hoped useful and broadening experience. I got work and experience of various kinds, some pleasant and some unpleasant, but all useful and valuable later on to an ambitious boy. After about six months I concluded I had had enough of city life for the present, threw up my job and went to Napa to rejoin the family and find work. Arriving in July when "haying" was going on in the valley, I hired out to a farmer to help him cut and get in his hay, and thus began the episode which proved to be a turning point in my life.

The meadow land of my employer lay in a beautiful little valley in the foothills a couple of miles from Napa City, from which it was separated by a partly wooded ridge. There was no house on this tract, only a barn and some sheds. The owner's residence was in the city to which he returned at the end of each day's work. The hired men might do the same if they wished; but as the weather was warm and dry at that season of the year they preferred to bring their blankets and sleep under the trees, or under one of the sheds with plenty of new-mown hay for beds. Meals were cooked and served under a shed which stood among the trees at the edge of the meadow. The cook was a poor fellow in the last stage of consumption who was so weak that I took pity on him and brought his pails of water for him from the well, a few rods distant.

Sleeping in the open was new to me, farmer's boy though I was, but I enjoyed it for two or three nights, as well as the familiar work in the hay field. But then for some reason, perhaps because I was not in good condition after my six months of city life, perhaps from poorly cooked food, or because I had not sufficiently protected myself from the chill night air and heavy morning fogs, I was suddenly taken sick one morning. Chill, nausea

and vomiting, high fever, terrific headache and pain in the back completely prostrated me.

My employer saw that I was seriously ill, hitched up his team at once, had me lifted into the wagon and laid down on a bed of hay, and himself drove me into town. By the time I reached home I was nearly unconscious. While I was being put to bed I had a convulsion and then became delirious. Soon, I was told later, I became unconscious. Afterward I had dim recollections of brief and seemingly endless periods of excruciating pain in my head, neck and spine, mercifully followed by oblivion.

Dr. J. Pitman Dinsmore, an elderly homœopathic physician who had recently retired from a large practice in San Francisco and settled in Napa City, was called to attend me. He pronounced the case cerebro-spinal meningitis, but gave a hopeful prognosis. In about a week under his skilful treatment I was convalescent. In another week I was well and ready to go back to work. It was a typical cure of a malignant disease in its first stage, possible only under expert homœopathic prescribing.

This, however, was not my first experience in homœopathy. I have a vivid recollection of an attack of epidemic dysentery when I was about seven years of age and on the farm near Fond du Lac, Wisconsin. The common people spoke of it as "Bloody Dysentery" and dreaded it. After suffering several days under rather strenuous but unavailing home treatment, which included the administration of a strong infusion of White Oak bark—a very active astringent—my father drove into the city to consult Dr. T. J. Patchen, a pioneer homœopathist who had located in Fond du Lac in 1855, and attained a great reputation by his cures. On my father's description of the case he gave him two remedies for me—Aconite and Merc. cor. I shall never forget the quick relief and perfect cure of the horrible restlessness, tenesmus and bloody discharges. It was in the summer and I can still see myself (before I became too weak and was put to bed) wandering about the door yard and going every little while into the tall corn in the nearby field to relieve myself. From that time on no other than homœopathic treatment was ever employed in our family. But to return to my California experience:

When I learned what I had been through and that the disease had a very high mortality under "regular" treatment, I was again

greatly impressed by the efficacy of homœopathic treatment in malignant diseases. I talked with the doctor and asked many questions. I determined tentatively that if opportunity offered and the way ever opened I would study medicine and practice homœopathy when I was old enough.

The way did not open for several years, but I never forgot my experience with homœopathy nor lost sight of my aim to study medicine, although my attention and efforts were turned in other directions as I engaged in various occupations to support myself. After a time, I entered the office of R. H. Willey, a brilliant young lawyer of Napa City, whose father was a prominent allopathic physician of San Francisco—consulted and referred to, by the way, by Robert Louis Stevenson in one of his books. It was understood that I was to "read law" while I took charge of Mr. Willey's bill collecting department, which had grown until it required more attention than his increasing law practice would allow. This brought me into relations, among others, with several physicians for whom Mr. Willey did business. I read some law books—"Blackstone's Commentaries" and "Parsons on Contracts," principally—but I found medicine much more interesting as I discussed it occasionally with the doctors with whom I was now frequently thrown in contact. Business increased and my law reading grew less and less until it was dropped entirely. After about a year I took over the collecting business and opened an office of my own on Main Street. The leading physician and surgeon of the city, who had been a client of Mr. Willey, engaged me to take entire charge of his books and collect his bills. This gave me the "inside" of a rather important phase of medicine—the financial side—which naturally increased my interest in it as it brought me into connection with patients who sometimes discussed their troubles with me, or required explanations of bills rendered for medical or surgical services. I was getting more and more deeply involved with medicine, patients and doctors all the time, almost without realizing it. Gradually these accumulating suggestions had their influence and my mind turned once more toward my original purpose to study medicine, which had at times been almost forgotten. Eventually I began to "read medicine" with my good friend, Dr. Dinsmore, who had always encouraged me in my purpose. Subsequently he married my widowed mother and thus became my stepfather as well as my preceptor.

The first book he gave me to read was Hahnemann's "Organon," in the old Stratton translation, a keepsake which I still cherish, with his autograph on the flyleaf.

"Read it through first," he said to me, "and see how you like it. Then come to me and we will talk about it."

I took the book home and read it. It was one of the most interesting books I had ever read. I was fascinated, inspired by it. Homœopathy as expounded by Hahnemann seemed to me quite simple and understandable. I saw in it the fulfilment of all my aims and aspirations. When I went back to the doctor and told him how I felt, he said:

"Very well. Now, *study* it, a few paragraphs at a time. There is more in it than you now perceive. When you think you have mastered ten or a dozen paragraphs come and discuss them with me. I will go over them with you and explain their meaning and connections."

So began a series of delightful, never-to-be-forgotten lessons which were continued until the book was finished and I was thoroughly imbued with the spirit and doctrine of homœopathy. About the same time he set me to work on Gray's "Anatomy," which I found much less interesting than the "Organon." I plugged away at it, however, as well as I could and made some progress. Occasionally the doctor took me with him on his drives into the surrounding country, allowed me to go into the sick room with him in some cases and watch him examine and prescribe for the patients. Later he would describe and explain the cases more fully, tell me his diagnosis, what medicine he gave and why, and permit me to follow the case up and see the results.

To my knowledge of anatomy and the "Organon" I gradually added a little materia medica, partly from my preceptor's lips and partly from the books which he commonly used and permitted me to study. This was continued during my odds and ends of spare time, evenings and Sundays for about two years. Then came the offer of a scholarship in the University which was at the disposal of the pastor of the church of which I was a member. This brought me to a quick decision and I accepted it. In 1882 I sold my business and matriculated in the medical department of the University of the Pacific, in San

Francisco. During my two years in this allopathic college I fostered my interest in homœopathy by cultivating the acquaintance and friendship of our ever-beloved Dr. William Boericke (then a rising young physician in San Francisco) and one or two of his colleagues, and by reading in the homœopathic books which I was beginning to acquire. Raue's "Special Pathology and Diagnosis with Therapeutic Hints," Guernsey's "Obstetrics," Dunham's "Science of Therapeutics," and his "Lectures on Materia Medica," and Farrington's "Clinical Materia Medica" were purchased one by one, ranged on the shelf beside my "Organon" and eagerly dipped into as I had time and opportunity. In such company, living and literary, my interest in homœopathy constantly increased. I read *con amore*. I learned what I could about the authors themselves and the history of homœopathy and came to feel as if I knew many of the heroes and masters of the homœopathic healing art. They, with my preceptor, were my "guides, philosophers and friends," my daily companions, to whom I turned in every emergency. They never failed me, and they are with me to this day.

Toward the close of my second year in the San Francisco college an opportunity presented, for me to go to New York to finish my medical course. Accepting it, I took my examinations, passed them and received certificates to that effect. These in due season I presented to the Dean of the New York Homœopathic Medical College, who accepted them and permitted me to matriculate for the junior and senior courses and graduate in 1885.

It was not long before I became aware that something was lacking in the student body which the faculty did not seem to recognize or be able to supply. Many of the students did not react as they should to the influence of those who taught materia medica and therapeutics. Some were indifferent, others were frankly skeptical or inclined to ridicule homœopathic treatment when it was discussed among us. Only a minority showed any interest in or enthusiasm for distinctively homœopathic subjects, and these, myself among them, were soon singled out for more or less good-natured gibes and jests whenever we felt called upon to show our colors.

I did not understand it. Being now in a "homœopathic college," and intensely interested myself, I expected in my innocence to find my new classmates at least as much interested in homœopathy as I was. In this I was soon disillusioned. Making due allowance for differences of personality and temperament, I could only account for their lack of interest by the supposition that, unlike myself, they had never seen expert prescribers at work or witnessed the wonderful results of following strictly the teachings of Hahnemann in the treatment of disease. This I found to be true of a good many. But my greatest surprise, and that which afforded me the best explanation of the situation which puzzled me, was to learn that many of my classmates had never even read the "Organon," much less been systematically instructed in it as I had been. Their ideas about homœopathy were as hazy as those of the man in the street.

Some, I found, were prejudiced against certain phases of Hahnemann's teaching which I had no difficulty in accepting. It seemed to me that something must have been wrong with the instruction they received before they entered college—that their preceptors must either themselves have been prejudiced or neglectful of their duty. I conjectured that some, if not all of the preceptors had assumed that instruction in the "Organon"—the sole original and authoritative textbook of homœopathy—would be systematically given by the faculty, and had shirked the duty which devolved naturally upon them.

Unfortunately for all concerned, things did not work out that way. No such instruction being provided I wondered if the faculty had mistakenly assumed that the students had read the "Organon" and been duly instructed in it by their preceptors before matriculation, this being generally regarded as the proper course to pursue. I did not see how homœopathy could be taught without reference to the "Organon" and I can not see it now.

Clearly there was misunderstanding and lack of adjustment somewhere. Nothing was done about it, nor did anyone seem to be aware that something was wrong. There was no systematic instruction in the theory and principles or philosophy of homœopathy during the two years while I was in college, with one

small exception. I recall that in 1884 Professor Allen announced that he would deliver a course of lectures on the "Organon" in connection with his lectures on materia medica. Two, or possibly three of these lectures were given and that ended them. I heard no explanation of why the course was dropped.

No systematic instruction or training was given in the technic of homœopathy, *viz.*, homœopathic case-taking, record making, grading, classifying and interpreting symptoms, use of the repertory and selection of the remedy and potency, and management of the remedy when selected.

For me this was to come later, after my graduation, for I soon decided what I would do then to acquire the knowledge I lacked. For the college it was not to come until many years later, when the Department of Materia Medica was organized to include instruction in the subjects mentioned and competent men were engaged to give it.

In my time the only knowledge to be gained of these subjects in college was what some of us could pick up by watching the men who conducted hospital or dispensary clinics (when we could get off to attend them), or from "therapeutic hints" dropped by the lecturers on materia medica and practice.

Naturally, then as now, the conditions of ordinary dispensary or even hospital work were not favorable to the development of a good homœopathic technic, *necessary* to accurate scientific prescribing. The clinics were crowded, the workers were hurried and there was much confusion. The educational result of such hit-or-miss work—hurried, "snap-shot" prescribing of routine remedies—was of no value to the student. The main thing to be learned by attending such clinics was "how not to do it."

This, however, could only be appreciated or realized by those who already knew, at least theoretically, what really good homœopathic prescribing is. Lacking this preliminary knowledge and experience others would think they were seeing "the real thing" and model their ideas and subsequent practice accordingly, to their future complete perversion as competent homœopaths.

After I had seen and comprehended the situation in which I found myself, I was more than ever thankful that I had been blessed with a good preceptor who had led me directly to the fountain-head of homœopathy and had seen to it not only that I drank

deeply of its pure waters but that I filled my canteen before I started out on my long tramp over the medical trail. He had taught me, at least, how to recognize and read aright the "blazes" on the trail so that I should not wander off into by-paths and get lost in the woods as "tenderfeet" are prone to do, and he had given me a compass by which to steer my course.

My preceptor's teaching stood me in good stead. It gave me a distinct advantage over those of my fellows who had not been properly instructed before entering college. It aroused my interest in homœopathy, stimulated my endeavors and held me firmly in my course. It enabled me not only to understand better what my teachers were driving at, but protected me against false teaching and perversions of the truth, whenever and wherever I met them. Looking back over more than forty years in medicine as student and practitioner, I am profoundly thankful to my preceptor and to the Divine Providence which encompassed me continually, opening up ways and providing means, often in a most surprising and unforeseen manner.

Shortly after I had graduated, and had married the girl who had been waiting for me since my San Francisco days and we had found a little home in Brooklyn, I sought the acquaintance of two of the greatest homœopaths then living—Dr. P. P. Wells and Dr. Bernhardt Fincke, both, fortunately for me, residents of Brooklyn. To them I frankly stated my situation and my desire to take up and continue my studies in homœopathy under their guidance and instruction. Both promptly signified their willingness to aid me and proved it by setting me to work at once. They directed my reading, instructed me in the observation and analysis of cases, taught me how to use the repertory, how to keep records, and how to select and manage the indicated remedy. In one word, they instructed me in the technic of homœopathic practice. They discussed principles and theories with me and inducted me into the higher realms of homœopathic science and philosophy. Best of all, they became my honored friends and remained as such until they passed on into the larger life.

Thus it appears that I, like many others, became a homœopathician and have remained one first, through simply reading the "Organon" of Hahnemann exactly as I would read any other book, and later by studying it systematically under an intelligent and con-

scientious preceptor; second, by reading other standard homœopathic books; third, by associating myself with the ablest and most conscientious followers of Hahnemann I could find; and, fourth, by diligently practicing to improve my technic.

It further appears—and this is the significant point of this chapter of "ancient history"—that it was not my college that made me a homœopathician. I doubt that any college, primarily, ever made a homœopathician. I was a thoroughly convinced Hahnemannian before I entered any medical college. I was "caught young and branded early." My homœopathic college took up and completed my course in general medicine begun in an "allopathic" college. It merely added some general and rather indefinite instruction in homœopathy. It eventually documented and certified me as a legally qualified physician, as the allopathic college might have done had I continued with it.

My convictions of the truth of homœopathy as I had experienced its results in my own person and witnessed them in others, carried me safely through my allopathic college course and remained with me during my homœopathic college life where, I feel freely to say, I met more obstacles, trials and opposing influences than I ever did in my allopathic college.

While I thrived on such opposition, it is doubtful whether the highest function of a college is to furnish it. Perhaps in a normal system of medical education such conditions would not exist. The normal function of a medical college is to educate its students in general medicine and surgery, not to make specialists. Specializing comes later in the true order of development. The super-education of a specialist in any department is properly the function of a post-graduate institution employing intensive methods and requiring the full time of the student while it continues.

Homœopathy as the science of therapeutic medication is properly a department of general medicine, the general principles and methods of which may be taught in every college of general medicine—as they probably will be eventually. But the homœopathician (by which I mean an internist who devotes himself exclusively to the homœopathic treatment of medical diseases), is a specialist. His education must necessarily extend far beyond the general curriculum and include much that cannot, for lack of time and the existence of distracting conditions, be taught in any college of

general medicine. If that education cannot be acquired by intensive private study alone or under individual tutors and experts, it must be acquired in a post-graduate school organized and manned by experts for that special purpose. And this, it seems to me, is the only solution of the problem of how to keep the homœopathic organization intact for future generations.

In the last analysis, it appears that the perpetuation and extension of homœopathy in its purity and integrity rests always with certain specially qualified or gifted individuals, who may or may not organize themselves into teaching bodies. Whether they do so or not, depends upon contemporary circumstances and conditions. What these will be in the future cannot now be clearly discerned. Of one thing we may be sure; in one way or another, homœopathy as a method and a system will survive in spite of all the opposing agencies and influences which have long threatened it, even if its two remaining colleges go out of existence.

I have never ceased to study the "Organon." I have read it many times and studied it from many angles. I have talked and written and lectured about it. I have criticized some parts of it, and amplified, reconstructed or reinterpreted other parts of it for special purposes in the light of experience and the later developments of science and philosophy. I have practiced according to its precepts. But in all my dealings with it I have never lost my interest and faith in it nor my profound respect for it. It is the greatest medical book of all time. It has been translated into many languages. It has made its way and exercised its beneficent influence in every civilized country in the world. In its essentials it is understandable by the youthful as well as the mature mind if the student has the medical instinct. The longer it is studied the more clearly are its profound truths revealed and comprehended. It will stand as a beacon for many medical mariners as long as the art and the need of medicine exists. The "Organon" and its author are numbered among the Immortals.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 565 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Homœopathy and Propaganda.—The *Atlantic Monthly* for March, contains an article by Arthur B. Green, entitled, "An Engineer Talks on Medicine." The article is well written, logical, moderate in tone, convincing to any mind intelligent and willing enough to be convinced and is likely to turn such minds toward serious thinking concerning medicine in general and homœopathic medicine in particular. There is nothing in the article calculated to arouse the opposition of orthodoxy, even though established medicine may not agree with Green's exposition of homœopathic philosophy. For the matter of that and more's the pity, many alleged homœopaths will not agree; a fact incidentally, which reflects itself in the present-day rapid decadence of the so-called homœopathic school, in spite of the frantic, though laudable efforts of the *American Institute* to save it.

Green evidently understands the homœopathic situation and, being an outsider, can appraise dispassionately, the status of the school. He has no doubt obtained much of his inside information from his gifted and talented sister, Dr. Julia Minerva Green, of Washington, D. C., who, as virtual head of the Foundation for Homœopathy, is waging a vigorous though quiet fight for the cause and against all that is spurious in it; for Dr. Green is a Hahnemannian to the core and with the zeal and devotion, which women alone can continuously exhibit, pursues the course which she and her co-workers have marked out for themselves. The great and cheering thought which the reader of Green's article takes with him is, that homœopathy is not dead, but is in fact, at the morning of a new day. Green, the engineer, deserves the plaudits of all thinking homœopaths for this real contribution to the cause and to his modest but determined sister, our congratulations and thanks go out. May more such propaganda be seen, in our monthly magazines and periodicals!

Metabolism of Obesity.—"The literature on obesity is reviewed by Strouse and Dye to prove the existence of a clinical entity, which for want of a better name is called constitutional obesity. Persons showing this predisposition show no interdependence between food intake, energy expense and weight. Dietary studies of some new cases are given; and a clinical study of a healthy, very thin man is reported. The data thus accumulated prove that certain types of obese persons maintain their weight without regard to the usually accepted caloric balance."

Basal Metabolism Studies.—"Sixty-one observations on basal metabolism were made by Strouse, Wang and Dye on persons of different weight and build. These observations include eleven observations on six normal persons, seventeen on nine underweight and thirty-three on seventeen overweight subjects. It is stated that neither excessive underweight nor excessive overweight is associated with a constant change in basal metabolism. The conclusion is reached that obesity cannot be caused by changes in the basal metabolism."

These abstracts from *Jama* are of interest to physicians and confirm the opinion of many of us, that some patients "just naturally won't get thin," no matter what we try to do for them. All the dieting in the world, all the hair-splitting mathematical calculations of calories, avail us nothing in certain cases of obesity. Common sense dietary regulation, the elimination of much of the starches and sugars, does about as much as the ultra scientific theatricals of the high-priced metabolic specialist.

Undoubtedly endocrine imbalance, pituitary, thyroidal or both, is at the bottom of these thankless cases and as our knowledge of the ductless glands increases, we will become more efficient in our therapy. Where symptoms of the patient are present, reflecting the man himself, much may be hoped for and it is in such cases that good results may be obtained from the administration of such remedies as *Calcareo carb.*, *Graphites*, *Lycopodium*, *Sulphur*, etc. These remedies, by virtue of their similarity to the constitutional bias, tendencies and symptoms of the individual, so change his constitution that the resultant, more normal physiology of his organs, brings about an oxidation of his excess fat.

There are, however, those cases in which, from the Hahnemannian standpoint, we have nothing to tie to. Perhaps, to be sure,

this fact is more apparent than real and depends upon our ignorance and inability to see what lies before us. It is for this reason that some prescribers of greater acumen and wisdom succeed where their less gifted confreres fail. However this may be, in the obese individual we are confronted with a fact and not an abstruse theory. We must make him reasonably thin, if it is possible to do so safely and with reasonable speed. Failing in our efforts he goes to someone else, often to our chagrin and the wounding of professional pride. Tangible doses of Thyroid, desiccated extract, in amounts of two and one-half to five grains, twice daily, are frequently very successful. The administration of Thyroid, however, should be carefully watched and at the first sign of functional cardiac disturbance, or upon the appearance of drawing pains in the limbs, especially lower, the drug should be stopped, or its dosage at least much modified. This method of treatment, combined with reasonable dietary injunctions is often productive of happy results as we, from experience, can testify, though it must be admitted that such cases do exhibit an annoying tendency to revert to type, when treatment is discontinued, thus emphasizing the observations contained in the remarks by Strouse and Dye.

Heart-Burn and Yawning.—"Crämer admits that heart-burn is hereditary. He assumes that it is caused by some endocrine disturbance, and has found guaiacol carbonate effectual after failure of other measures. His observation of 100 patients proved that a tendency to morbid yawning may be produced by an insufficient evacuation of stools and gas, and consequent excessive increase of gas-forming bacteria. It is a manifestation of a disturbed sympathetic system due to bacterial intoxication."

This comes to us, via the Windy City, from the *Archiv fuer Verdauungs-Krankheiten, Berlin*. Dear old city, we have spent many delightful hours there, but never, thanks to good German cooking, have we had any "Verdauungs Krankheiten," which seem to belong more to the United States, with its gastronomic abominations and absurdities. Possibly it was the excellent Münchener beer or the Moselle wine, which prevented ill effects of too much good food. Restaurant *Kempinski* on the Leipzigerstrasse, never seemed so alluring to us as at the present moment, seated as we are, in the editorial sanctum, with thoughts of foamy Seidels and

graceful Römergläser flitting about in the editorial brain. Life in America is more and more coming to be a sort of penance, a dreary existence, with the sign *Verboten*, now so well known and roundly detested, thrust before us wherever we go. We formerly were wont to poke fun at Germany and other Old World countries, for their bureaucratic absurdities, their red tape, ceremony and *Verbotens*, but since the World War, we in the United States have come to find out that the American brand of red tape can outdistance any other; and with it, unfortunately, is inextricably interwoven hypocrisy of the rankest growth. Witness the great Prohibition farce as daily enacted in any American city, particularly New York and Philadelphia.

Crämer's observation, that morbid yawning may be produced by insufficient evacuation of stools and gas, is of interest, especially his reference to gas, for is it not true, that hot-air emanations from many a self-styled orator, have caused irrepressible yawning in the helpless audience at his feet? Only in this case, too much gas has been the causative agency. In yawning during the daytime, think of *Natrum carb.*, *NUX VOM.* and *Sulphur*. Yawning before the chill, in intermittent fever, is indicative of *Eupat. perf.* and others of lesser importance. Yawning during the chill, suggests particularly *EUPAT. PERF.* and *NATRUM MUR.*, also *ELATERIUM*. Yawning after coughing is found in *ANT. TART.*, *Ipecac.* and *KREOSOTUM*. Yawning before the menses, occurs in *PULSATILLA*. Yawning without sleepiness, suggests *Ignatia*, *PLATINA*, *RHUS TOX.* and *Sepia*.

Spasmodic yawning, we find in *Cina*, *Cor. r.*, *Hepar*, *Ignatia*, *Mag. phos.*, *Natrum mur.*, *PLATINA*, *RHUS TOX.* and *Staphysagria*.

And finally, "yawning during the headache" occurs in *Menispermum canadense*, the Canadian Moonseed. We finish with a yawn and a lingering look to the East across the broad and enticing Atlantic.

Carcinoma of Breast.—"Lee and Cornell made a study of eighty-seven presumably primary operable cases of carcinoma of the breast, seventy-five of which have been followed through sufficiently to furnish accurate data concerning the five-year results obtained. The results are: *alive and with no evidence of recurrence, ten patients*; died without recurrence more than five years after operation, one patient; *died with recurrence, fifty-four pa-*

tients, and, recurrence, but not completely traced, ten patients. Of the entire eighty-seven cases a positive or negative statement concerning a definite history of trauma was made by fifty-five patients. It was positive in fifteen of these cases. The traumatizing agent varied from blows or falls on the breast to corset pressure, and one patient made the statement that she had been accustomed for years to stick pins into the part of the breast which subsequently became the seat of cancerous disease. Five women had previously suffered from abscess of the breast. No statement concerning previous lactation was made in fifteen instances. Of the remaining seventy-two patients, exactly one-half had a history of previous lactation. It seems reasonable to conclude that prior lactation is not an important factor in the development of mammary cancer. In eighty-one cases, the left breast was involved in forty-three instances and the right breast in thirty-eight. The scirrhus type of carcinoma predominated."—*J. A. M. A.*

The italics are ours, serving to emphasize serious thoughts, concerning the cancer problem. The physician who dares to oppose the prevalent opinion, that cancer means immediate operation, is likely to find himself ostracized and condemned by his professional brothers. Yet here we have the admission, that of seventy-five cases, but ten are alive after five years, with no recurrence of cancer, while fifty-four have died with recurrence. Surely, here is indeed something to think about! What homœopathic physician has not seen the beneficial effects upon suspicious breast tumors for example, of *Conium*, *Carbo animalis*, *Calcarea fluorica*, *Phytolacca*, etc., and if his well-chosen remedies have not always cured, have they not at least prolonged life and made it more comfortable? Who has not seen the very furies of Hell let loose upon the poor soul who, yielding to the commands of insistent surgical meddlers and the entreaties of misguided, ignorant friends, has undergone the complete removal of her breast, with all the scintillating brilliancy of the surgical amphitheatre, only to find herself in the maddening clutches of an outraged and vengeful Nature? The punishment is terrible indeed and even morphin in heroic doses, is unable to modify its violence.

The cancer problem is still very far from a solution, but let those who are giving their thought and energy to cancer research, remember always, that the removal of pathologic end-products is by no means equivalent to cure; and in surgery alone, brilliant though it be, the last word has by no means been said!

Tobacco and Angina Pectoris.—"Gallavardin relates that of 200 men with angina pectoris, but no signs of syphilis, 27 per cent. had never smoked tobacco and an additional 4 per cent. had given up smoking years before the first attack of angina pectoris. Only 18.5 per cent. were immoderate smokers among the 137 others, 38 per cent. of them were mild smokers. Including the nonsmoking women, in fully 50 per cent. of his total cases of angina pectoris, tobacco cannot be incriminated."

We breathe again and breathing, inhale the soothing smoke of a seductive cigarette! It is fortunate that Gallavardin found 50 per cent. of his angina cases not due to tobacco; had he found otherwise, already would be set in motion by some of our fanatical American reformers, a constitutional amendment, to forbid the use of tobacco. And indeed, unless we are on our guard, the attempt will be made, *sure as shootin'*. Your professional reformer lurks in every corner and sees evil in everything and in everyone who is not in agreement with him.

Abuse of tobacco, as in anything else, may demand remedies and so, let us not forget, that the ill effects of chewing tobacco may need *Arsenicum*, *Plantago* and *Veratrum*, while the ill effects in general, are likely to require *IGNATIA*, *NUX VOM.*, *PLANTAGO*, *PULSATILLA*, *SPIGELIA* and *STAPHYSAGRIA*. *Arsenicum* will meet the anxiety, uneasiness, restless apprehension and weakness following the withdrawal of tobacco. *Plantago* is said to be useful in breaking off the tobacco habit. *Spigelia* will relieve the palpitation and other manifestations of tobacco heart, while *Tabacum* itself, high, is likely to be antidotal to many of the enervating symptoms of tobacco poisoning. The terrible sinking sensation, or goneness is, of course, found under *Tabacum*, likewise a sensation of coldness and cold sweat.

Please hand me a cigarette! Thank you!

Pharmacology of Phosphorus Treatment.—"Engel reviews the history and pharmacology of phosphorus treatment. He believes that it has an important influence on the metabolism, blood formation, and action of organs, including the heart. He attributes the therapeutic failures to overdosage, and recommends the use 5-10 drops of a 0.001 per cent. alcoholic solution, on the tongue."

To all of which we say Amen! Slowly but surely, the small dose is coming into its own; its power will be recognized and the

recognition of the homœopathic law will follow. Only, it won't be called homœopathy. But mankind will be the gainer when the transition takes place. "Ja, die Milde Macht ist wahrhaftig gross!" as Hahnemann said.

Treatment of Ivy Poisoning.—"Strickler's method of treatment of ivy poisoning by the internal administration of tincture of rhus and the intramuscular injection of an antigen prepared from the plant was used by Williams and MacGregor in twenty-six cases. Fifteen patients showed definite improvement after the first dose; in five, the inflammation seemed to be checked by the first dose, and definite recession of symptoms occurred after the second; in five cases, improvement began after the second dose; while in only one was no improvement observed until after the third dose. The most striking feature was the rapid improvement, usually after a single dose, which was observed in early and in late cases, in mild and especially in severe cases, some of which had been treated without success by other methods."—*J. A. M. A.*

Why not give credit to the law of similars? An interesting observation is the fact, that the internal administration of *Rhus tincture* is efficacious. Some of us have held that only a very high potency would be successful. This, of course, is not so, as Strickler shows. Schamberg, of Philadelphia, has shown the same thing. The treatment as above outlined demonstrates a method of *desensitization* and can be applied to other similar disturbances. Here is a fertile field for homœopathic research, to link up homœopathy with modern therapeutic methods which have the law of similars as a basis. If homœopathy can be simplified, so that the busy doctor can select his remedies with less study and greater speed and exactness, it will indeed be a blessing to all concerned and will remove the great and often fatal handicap, under which homœopathy now labors. Many a physician gets discouraged by the seeming hopelessness of selecting the right remedy, in many of his cases. He must do *something* for the patient and must do that *something* quickly. Failing in this, he naturally resorts to un-homœopathic measures; polypharmacy and "dope" administration follow and so another good homœopathic doctor goes wrong forever and walks the primrose path of allopathic enticements. Timothy Field Allen used to say, "The old school is the great school of

palliation," and his sage pronouncement holds good today. Real cures are only possible when homœopathy is employed. But it must be admitted that the world in our age cares little for real cures; it too often wants palliative and temporary effects, regardless of results.

OBITUARY.

William David Foster, M. D.

Dr. William Davis Foster passed into eternity February 5, 1925, at the ripe age of eighty-three years. He practiced medicine and surgery in Kansas City since 1880. At the age of twenty-one he entered the Civil War and for five years was assistant surgeon. After the war he studied at the St. Louis Homœopathic Medical College. He practiced his profession at Hannibal, Missouri, until he came to Kansas City. He followed Dr. W. H. Jenney in the practice here and soon built up a large business which he held to his death.

The homœopathic physicians of Kansas City want the world to know that they greatly respected him as a fine gentleman, a scholar and a great physician and surgeon. When the annual meeting of the American Institute of Homœopathy was held in Kansas City in 1908 he was elected President.

He was one of the original organizers of the Missouri Institute of Homœopathy and he faithfully supported it from year to year. He was the Dean of the Kansas City Homœopathic Medical College and Professor of Surgery from 1892 to 1900.

We feel that we were indebted to him for many kindnesses to us and will not forget him. He was a sincere friend of all physicians—especially the younger members of the profession.

When they were in trouble of any kind he was always anxious to help them. He did not hesitate to give financial help when it was needed. We feel deeply the loss of a true friend—such men are rare.

But we will fail to do justice to this great and generous soul if we do not mention one thing that characterizes his entire professional career, his devotion to Hahnemann's Natural Law of Cure, the single remedy and the minimum dose. He practiced homœopathy religiously and fought for it to the end of his life.

THE HOMŒOPATHIC RECORDER

VOL. XXXX.

PHILADELPHIA, MAY 15, 1925.

No. 5.

THE TOXÆMIAS OF PREGNANCY.*

Philip T. MacGown, M. D., Mystic, Conn.

This paper will not be a technical one. It seems to the writer better to view the subject from the standpoint of the general practitioner, perhaps the country doctor, as he is one himself, rather than from that of his more modernly scientific brother of the city, skilled in histology and pathology, and in close daily touch with the hospitals and laboratories to be found in the larger centers of population.

To the medical man who specializes in some other line of work than obstetrics, this subject might be of little comparative interest. To the general practitioner, however, and especially to the man who does not consider it necessary, either for his patients' good or for his own credit, to send at once to the hospital every case presenting a little more than the ordinary difficulties, it would seem that a brief consideration of the toxæmias of pregnancy might be not only of interest, but perhaps of value.

We shall sketch briefly the different varieties of toxæmia met with in pregnancy and the lying-in period, with an illustrative case or two, showing how the conditions were dealt with and what results attained. Also, as far as possible, emphasizing the role played by the homœopathic remedy, as this is, I am sure, a matter of interest to all true homœopaths.

Fortunately for the human race as well as for the doctor, the great majority of cases of gestation are unmarked by unusual symptoms, but pursue a physiological course.

The general metabolism of the expectant mother is considerably modified by her condition. Nitrogen and water are stored up to

* Read before the 74th Semi-annual Meeting of the Connecticut Homœopathic Medical Society, Derby, Conn., October 21, 1924.

a greater extent than usual, and a far greater burden is placed upon the excretory organs at this time, as they must eliminate the waste products of both mother and foetus. Therefore, during pregnancy, many women suffer from metabolic disturbances, who are perfectly free from such troubles at other times.

Vomiting.

Probably the commonest symptom for which the expectant mother consults her physician, is vomiting, which occurs in approximately fifty per cent. of all cases of pregnancy. It usually appears at about the fifth or sixth week, and in the ordinary type of vomiting, is likely to spontaneously disappear by the twelfth or fourteenth week. As this time corresponds with the rising of the uterine fundus out of the pelvic cavity, it may be that the increased freedom of circulation through the pelvic vessels has something to do with the amelioration of symptoms.

Such nausea and vomiting may be troublesome only shortly after arising. The patient may lose her breakfast, but retain her other meals, in which case, as nutrition is not greatly affected, the patient may make little complaint, but consider that nausea and vomiting are a usual accompaniment of pregnancy.

The majority of patients, however, wish relief, and in these milder cases it is usually not difficult to afford it.

Many of these patients are constipated, and the common-sense measure of securing a free evacuation of the bowels, preferably by means of a saline, gives them a good start. Careful inquiry into eating habits sometimes reveals faults which should be corrected.

Suggestions regarding diet often do good. Where the nausea is mostly a morning affair, a light breakfast in bed may be retained.

Unfortunately, many of the suggestions which are appropriate for patients so situated as to be able to carry them out, are wasted upon the mother of a large family, whose chance of taking breakfast, or any other meal, in bed, is of the slightest.

Nux vomica and *Antimonium crudum* are the two remedies which the writer has found most often useful, though there are many others whose indications may be met with. One patient was benefited by *Uranium nitricum* 3x, but in my hands this drug has given but meager results.

In addition to the above, the patient's mode of life should be carefully looked into, and proper exercise, occupation, amusement and rest should be emphasized. Here again, we are confronted by the stern fact, that the mother of a large family, in poor circumstances, is usually unable to follow out the carefully chosen advice.

Taking it all in all, these ordinary cases of nausea and vomiting respond fairly well to treatment, suggestive, dietary and hygienic, and both patient and physician are cheered by the prospect of a spontaneous amelioration of symptoms later on.

Pernicious Vomiting.

Now and then, vomiting becomes much more severe, so much so, that all nourishment, even water, is rejected. To these cases the term pernicious vomiting is applied. And they are indeed pernicious, and grave in the extreme, sometimes resulting in death, no matter how treated. The average physician in private practice, will probably meet with few cases of this type, as it usually occurs only once in several hundred pregnancies, according to some authors only once in a thousand.

The causes producing this serious condition are not perfectly understood, but evidence seems to point to a toxæmic element underlying all types of serious vomiting, although in the neurotic and reflex types it may play the role of a predisposing cause, since the removal of the anatomical lesion, or the betterment of the neurotic state, may result in the complete cessation of the menacing symptoms.

Having just referred to the neurotic and reflex types of vomiting, we should here state that the severe type of this affection is usually classified under three general heads, namely:

The Reflex; The Neurotic; The Toxæmic types of vomiting.

The reflex variety results from some structural abnormality in the body, particularly in the generative tract.

Relief may follow the reposition of a retro-flexed uterus, the removal of an ovarian tumor, or the correction of some other abnormal condition. We should not, however, lose sight of the part which suggestion may play in the results which seem to follow these measures.

Kaltenbach stated in 1891, that the vomiting of pregnancy is

usually a manifestation of neurosis, and is usually amenable to treatment by suggestion. Clinical experience seems to largely bear out this assertion, as shown by the fact that women apparently on the verge of death by starvation, have spontaneously improved under threat of induced abortion, or anæsthetization in preparation for operation, for some reason postponed.

In the true toxæmic type, the reflex and neurotic elements are lacking, or are overshadowed by the grave metabolic disturbances, manifested by changes in the structure of liver and kidneys, consisting of necrosis of either of these organs, or by atrophy or fatty degeneration of the liver.

These types, as formerly stated, will fortunately be seldom met by the general practitioner. The writer has had but two cases of pernicious vomiting to deal with, each a primipara.

The first, a woman of 24 years, miscarried at the fifth month, but died three days later.

The second, 19 years of age, was sent to the hospital at the sixth month, and was delivered of a dead child by Cæsarian section, the woman making a good recovery.

In both cases, before extreme measures were resorted to, all remedial measures known to the attendants, were tried, homœopathic remedies failing, as did everything else, to give relief.

Acute Yellow Atrophy of the Liver.

Another rare affection to which pregnant women are subject, is Acute Yellow Atrophy of the Liver.

The writer cannot claim, so far, to have met this condition in his practice, so will have to depend for description upon the writings of those of a wider experience than his own.

In these cases, the liver rapidly decreases in weight, which may soon become less than half the normal. The capsule assumes a wrinkled appearance and the entire organ becomes softened. On section it varies from dark red to chrome yellow in color, and each lobule shows a reddish center surrounded by a yellow periphery. In mild cases the center of the lobule is necrosed, while the peripheral cells may be but slightly affected. In other more severe conditions, the entire parenchyma is destroyed.

The kidneys show signs of acute nephritis.

This disease may occur at any stage of pregnancy, usually,

however, appearing during the later months or in the first few days of the puerperium.

The symptoms come on suddenly with severe abdominal pain, intense headache and possibly vomiting and purging. This is soon followed by torpidity or delirium, passing into coma, with occasional convulsions, which, after a few days, usually terminates in death.

The vomitus is usually bloodstained, sometimes of coffee-ground appearance. The urine is scanty, high-colored and contains casts and albumin, also frequently large quantities of blood.

The symptoms, especially if convulsions are present, must often be mistaken for those of Eclampsia. Slight jaundice is, however, usually a symptom, and if the attending physician is skilled in percussion, the diminution in the size of the liver can be made out.

As to treatment, probably time spent in administering drugs would be wasted. The homœopathic remedies to be thought of would be, Arsenicum, and especially, Phosphorus.

The consensus of opinion seems to be, that inasmuch as this morbid condition is associated with such definite organic changes in the vital organs, the only safe course for the patient is to empty the uterus as soon as possible, when, if the organic changes have not progressed too far, there is a chance for the mother's recovery.

Nephritic Toxæmia.

This condition occurs in women who were suffering from primary kidney lesions before becoming pregnant, or in whom an acute process originates during that state.

The condition may appear at any period of pregnancy, but is more frequent in its later months.

The symptoms are: Lassitude, general malaise, headache, marked edema, ocular disturbances and high blood pressure.

The urine may be normal in amount, but contains albumin and casts in large quantities. The patient may not appear very ill, but suddenly may pass into coma with convulsions, from which she may or may not recover. Both red and white infarcts are often found in the placenta, which may seriously interfere with the nutrition of the fœtus, so that the premature birth of a dead child can often be traced to this condition.

Williams believes that chronic maternal nephritis is the commonest cause of premature, intra-uterine death, with the possible exception of syphilis.

The writer had, a few months ago, a case of this type of toxæmia.

Mrs. M., 36 years, a primipara. Married two years. Pregnancy progressed normally up to the seventh month.

Bi-weekly urinary tests showed nothing unusual. At the middle of the seventh month a specimen of urine was received, so loaded with albumin, that, after boiling, it could not be poured from the test tube. A visit to the patient found her very edematous, and she complained of headache, disturbed vision, loss of appetite and great weakness. She was put to bed, and a strict milk diet ordered.

Eliminative measures were instituted. Daily tests showed little change in the urine, and the patient's general condition remained about the same. Systolic blood pressure 160. Sending her to the hospital was discussed, but she strongly objected, so we held on, though the attending physician expected at any moment to get a hurry call saying that Mrs. M. was in convulsions. Early one morning, about two weeks after the beginning of the unpleasant symptoms, a call came from the nurse saying that the patient had been having labor pains for about two hours, and that she was flowing quite badly.

Examination showed dilatation well under way, with quite a profuse discharge of bright blood, evidently from a loosened placenta.

After four hours of rather easy labor, a living child, weighing four and a half pounds, was born.

The mother made a slow recovery. Albumin still persisted in the urine, though the blood pressure fell nearly to normal, and most of the toxæmic symptoms disappeared. Milk diet, with slight variations, was still kept up.

The attending physician was puzzled how to remove the cause of the albuminous urine. Among other things he tried Nephritin (Reed & Carnrick) on the advice of an old school man of his acquaintance, but without result. Strangely, he neglected Terebinthina, which was evidently the indicated remedy, for in the third decimal, it cleared up the urine nicely within ten days after being employed.

Pre-eclamptic Toxæmia.

The most frequent variety of toxæmia of pregnancy, being met with several times in every hundred pregnancies. It appears usually in the latter part of pregnancy. Its presence should be suspected if the patient complains of lassitude, headache, edema, has high blood pressure, and especially if urine is scanty and contains albumin. The symptoms vary in intensity, from slight malaise to those of severe auto-intoxication; consisting of severe headache, violent epigastric pain, vertigo and visual disturbances. The total amount of urine is usually diminished and contains albumin, casts, and sometimes blood cells. In severe cases the nitrogenous output is subnormal.

As the differential diagnosis between this variety of toxæmia and Nephritic toxæmia is sometimes not easy, it may be pointed out that in this type the urine is diminished, while in the other it is normal or increased. For other points of difference, one must use the ophthalmoscope and laboratory methods. But as the treatment would be the same for both varieties, namely, dietetic and eliminative, an accurate differential diagnosis is not especially important.

The induction of premature labor is the last resort when other treatment fails and the gravity of the case continues.

The clearing up of unpleasant symptoms after child birth is well illustrated by the following case: Mrs. Q., aged 19, primipara. Pregnancy normal and no urinary symptoms until about two weeks before date of expected confinement. Then the urine quite suddenly diminished in quantity and the patient became quite rapidly edematous. Milk diet and eliminative measures caused some betterment of all the symptoms, and it was hoped that all would be well. Labor set in, for a wonder, in the morning of the very day planned, and normal progress was noted. The patient had been in reasonably hard labor for about seven hours, the os was dilated to the size of a fifty-cent piece and was quite patulous, when suddenly a violent convulsion seized the patient. She was immediately anæsthetized, the os dilated by the Harris method, and a living child delivered with forceps. Patient made a good recovery, but remembered nothing of her seven hours of labor, although she had conversed rapidly during

that period. The albumin disappeared from the urine by the tenth day. Here, too, Terebinthina 3x was used, and appeared to help in clearing up the urine.

Eclampsia.

As an entire paper could be written on eclampsia the writer will have to deal very briefly with this disease. Apparently, in spite of much experimentation, we are still at a loss in assigning a definite cause to eclampsia. Instead of reviewing at length the conclusions of different experimenters, it will perhaps be better to take it for granted that in dealing with eclampsia we are dealing with a toxæmia from causes little known. The condition occurs approximately once in about five hundred labors.

Eclamptic convulsions, usually clonic in character, may come upon the patient without warning, though more commonly they are preceded by premonitory symptoms indicative of pro-eclamptic toxæmia. The first symptoms of onset, if patient is awake, is a fixed expression of the eyes which soon begin to roll. Pupils usually dilated. The muscles about the mouth begin to twitch, and the mouth is drawn to one side, the whole face becoming distorted. The convulsive movements extend to the arms, trunk and finally to the legs. Breathing is stertorous, face congested. The patient foams at the mouth and often bites the tongue. The duration of the seizure is from a few seconds to a couple of minutes or so, the patient then passing into coma of a longer or shorter duration. If the convulsions are infrequent the patient may recover consciousness between attacks. In severe cases the coma may persist from one convulsion to another and patient die without recovering consciousness. Rarely a single convulsion may be followed by profound coma, followed by death.

The immediate cause of death is usually edema of the lungs or apoplexy; but if the end does not come for several days, it may be attributable to aspiration pneumonia or puerperal infection. Temperature is normal or may run very high before death.

Autopsy reveals changes in the kidneys in quite a large proportion of cases. These lesions are those of acute nephritis, with degeneration and necrosis of the tubule epithelium. The liver shows much more constant and characteristic lesions, consisting of

thrombosis of the portal vessels and necrosis of the periphery of the individual lobules and portal spaces.

Eclampsia may occur before, during or after the birth of the child. When occurring postpartum, the outlook is considered more favorable. It is a serious condition in any case, with a maternal mortality of 20 to 25 per cent., and up to 50 per cent. in the foetus.

Treatment is dietary and eliminative, and prophylaxis is most important, though not always successful. When an attack occurs, venesection is recommended and often is productive of good results. If not, the proper procedure is to empty the uterus, as this is apt to be followed by good results. If in a hospital, the uterus can be emptied regardless of the condition of the cervix, or whether labor has begun or not by Cæsarian section or vaginal hysterotomy. In other situations and in the absence of a skilled surgeon, the doctor must do what he can. If the cervix is fully dilated, either forceps or version may be employed. If the cervix is partially dilated and not too rigid, either manual dilation, or if the os will admit the forceps blade, the application of those instruments, and repeated, moderate traction may be successful in completing dilatation and the delivery of the child. Usually, the birth of the child, with the loss of blood incident to it, will result in a cessation of the convulsions.

Case of Mrs. B., age 22, Italian, Primipara. As often happens among foreigners, no medical attendant was engaged. The writer was summoned about six o'clock in the morning, the husband saying brokenly that his wife wanted to "make baby," and that she was "forny all night." On arrival the doctor found the patient in the midst of a severe convulsion, and from the appearance of her tongue, which was badly chewed, could well believe that she had been "forny all night." Examination showed the os dilated to the size of a fifty-cent piece and not very rigid. Another physician was sent for, the patient anæsthetized and manual dilatation resorted to until the os would admit the forcep blades. Moderate repeated tractions completed dilatation and a dead child of six pounds was brought into the world. A full twenty minutes was allowed to elapse before the placenta was expelled. This patient made a good recovery on a milk diet with daily doses of salines.

She has since been attended by the writer twice for child birth and once for an abortion at the third month. The fact that the cervix could be easily dilated was probably responsible for this woman's recovery.

In addition to the types of toxæmia touched upon, there are other conditions, presumably toxæmic, which may occasionally be met with during pregnancy and the puerperium. We are as yet uncertain as to the exact nature and origin of these conditions, but presume them to be forms of auto-intoxication. Examples are certain psychoses, peripheral neuritis, certain skin diseases, some cases of excessive salivation and asthma. It is usually impossible to demonstrate the exact lesion, if any, causing these phenomena, but many of them yield to rest in bed and a milk diet, though resisting all other forms of treatment. The urine may contain findings which are enlightening, or may be negative. As few of these cases fail to recover, it is impossible usually to assign a positive cause. This paper does not claim to present anything novel in regard to the subject, but to briefly sketch the forms of toxæmia which may be met by any practitioner of medicine. And where so many men of vastly wider experience than the writer confess occasional ignorance, he is not ashamed to admit that he too, frequently does not know.

A FEW CURABLE CASES.*

R. G. Reed, M. D., Cincinnati.

On reflecting over some of the events of my medical career of thirty-eight years, I have felt humiliated, resentful, and then a pity, that I should have been so long in apprehending the great possibilities of our system of therapeutics. Humiliated, because so much time was spent in misdirected effort; resentful, because I had placed confidence in those teachers who should have been able to direct me in right ways; and then a real pity for those who were open to the truth but never had it impressed on them.

On entering medical college I was imbued with the idea that the medical student went to college to learn how to study, but

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

in later years I found that he went to college to procure the privilege of practicing medicine, and had to devote much time afterwards, *unlearning* what he had been taught.

This being the case, it is scarcely to be wondered at, if he did not have any definite idea of the difference between acute and chronic diseases. Nor is it any great wonder if he staggered before walking, and occasionally cured a case by accident. The following may illustrate. It occurred over thirty years ago, so there is no doubt of the permanency of the cure: A little girl, about eight years of age, was afflicted with a spasmodic squint which I could not control with glasses. Her mother complained of her crying out in her sleep at night. I examined her spinal column and found a decided curvative; and while I could elicit no pain on pressure, she suffered with severe pain in right knee at night. No pain during day. Measurement showed right leg longer than left, by one inch. With patient lying on back, slight tapping on bottom of right heel caused pain in right knee. Mother was told that her child had hip joint disease and must be put at rest. In order to be certain as to the diagnosis, the child was taken to a distant city and examined by two competent men, one an allopath, the other a homœopath, who unhesitatingly confirmed the diagnosis; and she was placed under my care. She could not endure a plaster cast, nor even an extension, so was placed in bed and remedies given. I say remedies, for in those days I knew nothing of the "Organon" or the "Philosophy of Homœopathy," and after floundering about for a short time I gave her Calc. phos. 30 every 3 hrs. and Bacillinum 200 once a week. As she seemed to improve, this treatment was kept up for twenty-three weeks, when recovery was complete. She grew to womanhood and, I understand, married and is now the mother of four healthy children, and has no blemish of any kind due to her former affliction. The cure I consider accidental and not due to any particular skill on the part of the physician, but I considered the experience useful as food for thought.

Another experience along the way was one of constipation with definite Nux vom. symptoms. Patient had been under allopathic treatment for three months without benefit. She was given Nux v. 3x and 2x, over a period of three months without benefit; then she returned to allopathy for another three months, after which she discontinued all treatment for about four

months, and then returned to me. No remedy but Nux seemed to fit the case, and she was again given Nux 3x every two hours without benefit. Wondering what else to do I saturated a two dram vial of No. 30 pellets with Nux 12x and bestowed them upon her with the result that I lost a patient, as she returned saying: "Dr. I don't want you ever to forget what you gave me last, as the first dose helped me and I am quite well now. Why didn't you give me that before?"

April 29, 1919, Mrs. C. S. came to my office in a very nervous and excited state of mind. She had come directly from the X-ray artist, with plates which showed the bones of her right forearm in a tuberculous condition, or at least so interpreted by one of our ablest roentgenologists. She was positive that the beginning of the end was at hand, but being a believer in homœopathy, she was easily persuaded to try its power, and was given a few powders of Tuberc. 50m (Kent) which my record shows was not repeated until Aug. 3, 1921—an interval of two years and three months; with the exception of a support to keep the arm quiet while it was so painful, this was all that was done. She reported at intervals that she was improving, and a few months after the last prescription she reported that she was quite well.

August 24, 1918, a young lady of twenty-two years presented herself for examination of her eyes, on account of an uncomfortable twitching of the muscles surrounding the right eye. She was refracted under a cyclopegic in the usual way, and the error of refraction corrected; but the twitching continued, extending into the right cheek and right side of the tongue. She was given Agaricus Tr. three drops, three times a day for about two weeks, which brought complete relief, lasting about one year. At the end of this time the twitching began again, accompanied by twinges of pain, and both increased in extent and severity, developing a well marked Tic Doloireux or facial neuralgia. She betook herself to a nerve specialist, and to at least three other physicians, who exhausted their scientific resources in the way of X-ray and other treatments, and then pronounced the case incurable, with no hope of relief except in having the ganglion removed. She then returned to me, Feb. 1, 1920 and received one dose of Ignatia cm. March 9, not so well, \mathcal{R} Ignatia M. March 24, no better, \mathcal{R} Nat. mur. 2c. April 19, no better, \mathcal{R}

Nat. mur. cm. April 22, no better. \mathcal{R} Ignatia cm. At this point the patient took to her bed, becoming very cross and irritable, and on April 26 was given Cham. 15 with no benefit. April 29, \mathcal{R} Agaricus 3x in repeated doses with no benefit. May 1, after much study, she received one dose Kali carb. cm. which was followed by marked improvement. One more dose of the same was given about twelve weeks later, which completed the cure.

These cases may serve to illustrate the groping of one who seeks the light, but who lacks the fundamentals upon which to work. There are very few present-day practitioners who have started out with any better understanding of the great principles of homœopathy, than did the writer. Many graduates of the homœopathic colleges have never been instructed in the teachings of the "Organon." Many have never so much as read it. They have been taught, just as I was, that the principle of *Similia Similibus Curantur* is all that there is in homœopathy, without any reference to the value of symptoms, the dosage, the repetition of the dose, or the relation of remedies; and would as soon base a prescription on a few common symptoms, as on the best array of general symptoms that could be presented.

No wonder the school today has to depend on organization rather than on principle for its existence. A college where pure homœopathy is taught would indeed be a dream, and in this materialistic age it could scarcely be hoped for. It appears to me that the greatest hope we can have for the propagation of the great law taught by the immortal Hahnemann is to be found in the American Foundation for Homœopathy, with its devotion to the truth, both for the physician and the laity, and that it deserves the support of the profession to its fullest extent.

THE SYMPTOMS AND THE SIMILLIMUM.*

C. A. Dixon, M. D., Akron, Ohio.

In my first paper, which bids fair to be a series of talks, or lessons on Materia Medica, I want to outline briefly the relative values and classification of symptoms. They are:

*The first of a series of monthly lectures, given before the Summit County Homœopathic Clinical Society, Akron, Ohio.

General
Common
Particular

Each of which is subdivided into three grades; or first, second and third degree. Now, get this classification and don't forget it, because it is vital, if we are ever going to be able to take a case and by our analysis of its symptoms, determine which remedy is the simillimum.

A *General Symptom* is one that belongs to the whole patient, a symptom that predicates the patient himself. As for instance, the patient says "I am tired of living—I want to die."

A *Common Symptom* is one that we would naturally expect to find in the majority of the sick patients of any given disease, as, for example, the eruption in case of scarlet fever, or again, it is a symptom that appears in the provings of many different drugs; *e. g.*, Constipation.

A *Particular Symptom* is one that stands out as unusual, either in the patient or his malady. As for instance, the 1 to 3 A. M. < of Arsenicum, or the 4 to 7 P. M. < of Lycopodium, or the 10 A. M. chill of Nat. Mur.; but be careful, as there is an exception to these particulars. They can become symptoms in general. We will take for illustration, *burning*. The patient has a *burning* in his stomach, but upon further examination, we find he has other burning symptoms, burning when voiding urine, burning Coryza, burning around the Anus, etc. Now that would make his burning a symptom in general.

I might go on still further and show you where symptomatology is a matter of "give and take" all the way through. That to be a good symptomatologist, one must also know etiology, and pathology and many other ologies, in order to properly classify the patient's symptoms.

I said early in the paper, that symptoms were *general*, *common* and *particular*, and that each of these was classified as a symptom of the first, second and third degree. This degree is given to them so that we may give a definite value to them in determining the strongest drug for the given case.

In Kent's Repertory they are classified thus:

- (1) Recorded
- (2) Confirmed by reprovings
- (3) Verified upon the sick.

To elucidate further, I would say that a symptom which appears in all, or nearly all, the provers, which has been verified clinically at the bedside, is a 3d degree symptom.

A 2d degree symptom is one which has been brought out in a proving, or several provings, but has not been confirmed clinically, or it is a symptom which has been cleared up at the bedside by several observers but which has not been recorded in the provings of the drug.

A 1st degree symptom is one which has been recorded in the drug proving without any clinical backing.

Now, all these definitions could be elaborated and many more points brought out to illustrate the different divisions, and I will be referring to them in my future talks many times, but I think that I had best take up a remedy for the rest of this paper, because you are not all interested in these philosophical talks as much as you are in the materia medica itself.

Now, in this matter, I am going to follow along the lines of the man who I think was the best teacher I ever heard.

I refer to Frank Kraft, who for years was the editor of the *American Homœopathist*, and who taught materia medica in Cleveland during the last few years of his teaching career.

His idea was to teach you the personality of the drug, or study it as you would a sick patient. I cannot claim any originality for the scheme, nor can I hope to equal the brilliancy with which he put his lessons across. All I hope to do, is to describe a patient to you, that you will know that PLUMBUM is what he needs to cure him. This remedy was not proven by Hahnemann. The first proving we have, was given us by Hartlaub.

I am not going to give you the symptoms from the reports of poisoning from the drug, other than to say that they give you an idea as to the type of cases for which you will find it the simillimum. Usually *violent* in all its manifestations, even to spasms. This violence runs all through the patient. In the head, *violent* delirium, or even epilepsy. In the teeth, *violent* pain, or *violent* decay of the teeth. *Violent* inflammation of the eyes, face bloated and red; (*violent*) *violent* odor from the nose; *violent* thirst;

violent vomitings, violent colic, violent diarrhoea or violent urge to stool in the constipation. Violent urge to urinate, even strangury, suppression or retention. Violent erections in the male; nymphomania and abortions in the female.

Now, PLUMBUM has some strong and peculiar symptoms, so-called "keynote" symptoms. One is the blue margin on the gums. Don't wait until you get the blue margin on the gums before you prescribe PLUMBUM, as that is only seen in your lead poisoning cases.

Another strong characteristic well worth remembering is the *collapsed abdomen, retracted* clear back to the spine, during the colic pains. Sensation of a string pulling back from the umbilicus; same sensation of a string drawing up from the rectum, in the diarrhoea of this remedy. Sensation of drawing up of the testicles. Still another characteristic is the thick, sticky nasal discharge, which has to be drawn back into the throat; can't clear the nose by blowing. Erysipelas of the nose, swelling of the face, one-sided. Emaciated with dropsical swellings. Think of this remedy in Bright's Disease, paralysis, epilepsy, anæmia, atrophy of affected parts, hernias, intussusception and obstinate constipation with impaction.

Alcohol is an antidote in poisoning cases. Also dilute *Sulphuric acid* in five-drop doses, in the severe cases of lead colic.

The antidotes for the remedy when given homœopathically are: Alumen, Arsenicum, Alum, Ant. Crud., Bell., Cocc., Hepar, Kreos., Nux Vom., Opium, Petrol, Platina, Sulph. ac., Zincum.

Dr. Allen reports a case of locomotor ataxia, patient suffering acute pains due to an acute exacerbation of the disease, in which PLUMBUM Iod. gave prompt relief after his failure to relieve with PLUMBUM.

This is a remedy which is not given often enough by the homœopathic profession and I believe a careful study of its symptomatology will repay us many times.

I never give it lower than the 200th, but I won't quarrel with you if you go lower, only give it *singly* and don't embarrass its action by various adjuvants.

February, 1925.

LYCOPODIUM IN A SUSPECTED CASE OF BLACK-FEVER.

Babu H. S. S., the Superintendent of a H. E. School of this town, was as healthy a man of sixty as is possible. He was in the habit of bathing thrice daily, in the morning, midday and night in all the seasons of the year. He used to take lemon juice and curd daily along with his meal. He never suffered from any prolonged attack of fever but the occasional short ones. During those attacks he would take no medicine and would bathe and take his usual meal after the remission of the same. He had a friend—homœopath who convinced him the efficacy of our remedies and was entrusted with all the cases of his family. But since the death of that poor soul he would believe in no other homœopath.

This man, for his frequency to a malarious village, was attacked with malaria at the very beginning of the last year and was placed under the treatment of an experienced allopath. This physician tried all possible measures to effect a cure, but that was of no avail. He met with frequent relapses and suffered for eight months. His spleen and liver enlarged to a great extent. At last being disgusted with our old school remedies, he gave up taking them. He began to take the decoction of a few indigenous herbs and his usual meal and one bath at disposal.

Then his fever assumed a remittent type with aggravation after twelve o'clock. He felt loss of strength with poor appetite, pain in the left chest, pain in the liver and spleen.

In this stage he was examined by two allopaths, one, the assistant surgeon of a hospital in the neighborhood of Howrah, and the other, a local doctor. Both of them after examining him concluded his case to be one of Black-fever to all possibility and requested him to get his blood examined. This declaration, in spite of the patient's strong will-power, made him grow worse than ever and within a week after, he was bed-ridden for two days.

This was the state of the patient when I was called for on the 13th September last year. On my arrival there he asked me if such a disease could be cured by homœopathic medicines. He also lamented the loss of his friend-doctor at the time and added that he could cure such ones. I answered in the positive and after examining him added that I could not conform to the diagnosis of

Black-fever of the aforesaid doctors but took his case as one of tender liver. I also assured him not to be hopeless but to believe a cure under our medicines within a short time.

This being granted, and provided that I should allow his taking lemon juice and curd daily (as he would not give that up), I took up his case and sent a powder of Sulphur 200 on the 14th September to be taken in the early morning of the day after. This direction was taken into action. Then I visited him in the afternoon of the 16th September and on my arrival learnt of a perfect remission of fever at about 8.30 A. M. with sweating, *i. e.*, about three hours after his taking the powder. I left him to report after three days.

On the 18th September the report was, that the throbbing pain in spleen and liver and pain in the left chest disappeared after a day he took the medicine, that he was passing one natural stool daily, that he was feeling uneasiness towards afternoon, that his taste improved to a low degree, but his limbs were felt to be heavy as may be heard from one affected with cold, that he had no desire for drink which used to feel during his healthy and febrile stages, that his extremities felt very weak, that milk was disagreeing with him, causing flatulence in the abdomen. From this report I prescribed a powder of Calcareo carb. 500 to be taken in the morning of the 21st September.

After this I visited my patient again on the 22d afternoon and heard that he felt better than before in all respects but his old complaint, aggravation in the afternoon, after the second dose. And added that, that was not fever as he could feel that himself, but a kind of feverishness and flatulence continued to some extent. I examined his spleen and liver and found them reduced to a great extent. Then he told me that he would be away to a healthy place, a day's journey, as it was urgently required. He would stay there for two or three days. I told him to be careful of his health and withdrew.

He went there and after his return on the 24th September called for me in the afternoon. When I met him he intimated that he passed his days bathing and washing his body twice daily and taking rich food, that his blood was examined by an expert and three specimens were taken, but no germ of any kind was marked. And that expert's diagnosis was tender liver. Then for a few

days he began to feel uneasiness and heat and flatulence again towards evening. Again I was called for on the 2d October. I examined his pulse, liver and spleen. This time no further change in the size of the liver towards its normal shape was marked. At this I wished for an aggravation of the case. So I prescribed a powder of Lycopodium 1000 to be taken in the next morning, as the Lycopodium symptoms were present to a great extent. He took the medicine and passed the day without any change whatsoever.

On the 4th October at about eleven o'clock after his bath he felt very unwell and would take no meal and met with a violent attack of fever preceded by chilliness. I was called for at about 3 P. M. with the report of such an abrupt high fever. On entering his room I found him in a senseless condition with his eyes closed, with a quilt covered over him. He was called on by his son but he did not respond except talking a few delirious talks. Then I called him aloud and asked him how he felt. To this he opened his eyes and I found them red. Only a few things that he could tell were that he felt an intense burning in the head, that his fever was very intense with flatulence in the abdomen and he did not know what he was speaking of. The temperature was reported to be 105.2 degrees. I then instructed his son to apply cold-water pad on his forehead and told that that was only medicinal aggravation and would pass off in a few hours. With the assurance to visit him at 8 P. M. I left him. I did this and saw that his temperature lowered to 102 degrees, that his sense improved. He spoke a few words and on my asking him if he wished cold sponging replied in the negative. Then I returned and visited him the next morning and found my patient on foot with perfect remission of fever. Since that day he has been attacked with no fever except two short attacks of gastric fever from taking much sour things. In case of the first attack I gave him a dose of Lycopodium 30 and in subsequent one three powders of Pulsatilla 12 to close the case. Since November last he has been regaining his health steadily and with the exception of slight defects of age he is now quite fit for all active services.

THE CHOLERAIC COMPLEX.*

C. M. Boger, M. D.

A sudden and violent emptying of the digestive canal by vomiting and purging at the same time, and mainly seen in cholera, cholera morbus and cholera infantum, but may occur as a prodrome to pneumonia or apoplexy or during migraine, strangulated hernia, uræmia, etc., etc. It seems to be an effort of the vital forces to get rid of an overload of one kind or another, mostly, but not always of digestive origin.

Its premier aspect is that of a violence great enough to raise the suspicion of the presence of some really serious disorder. It was formerly more common during the heated period. More sanitary methods of handling foodstuffs have very materially changed this for the better.

Remedially the syndrome points to a certain small group of very active remedies whose pure effects combine suddenness of onset and violence with vomiting and purging. The first of these is *Aethusa* and one sometimes wonders how the early homœopaths got along without its help in cholera infantum, for those dangerous cases in which the child suddenly vomits up a tough or hard curd of milk, purges, turns deathly pale about the mouth and then sinks back in utter exhaustion. Only the correctly chosen remedy, promptly given, will save this kind.

Then we have the drowsy patient who vomits and purges moderately, has a little cool general sweat with a suspicious rattle in the throat, so that we can't just say whether it is really cholera infantum or the onset of a capillary bronchitis. A single dose of *Antimonium tart.* very high will cure the patient so quickly that our doubt will always remain. Such an action belongs to the nature of tartar emetic.

It is not necessary to here point out the Arsenicum, Colchicum, Cuprum, Podophyllum or Veratrum alb. type of case, but what I want to say is, that, faced by such an admittedly serious complex, even a moderately good homœopath stands head and shoulders above his allopathic brother in his power to save the situation.

*Read before The International Hahnemannian Association, Cleveland, Ohio, June, 1924.

I might speak a long time of the things which you know and feel are perfectly true, and yet be helping the cause but little did I not point out the fact that the things which hold us back are largely of a fundamental nature. The patient who comes to know correct homœopathic prescribing will rarely ever take strong doses of medicine at all, even preferring drugless healing to being always in the shadow of dope or measures of violence. Most sensible persons still hold with Montaigne that they "see no race of people so soon sick and so long before they are well as those who take much physic." Today the victims of 'surgery may well be added to this class. Both are dupes of a mighty poor opportunism.

What can we say for ourselves after denouncing old physic and castigating short sighted surgery? Is our need self glorification, boastfulness of the law, which we occasionally observe, or an exclusive and bigoted regularity? Such things did and do still belong to low grade homœopathy, rich in everything but the self-sacrificing devotion which finally emancipates the searcher after truth; he who finally comes to see that efficient and complete reaction only follows an initial impact of a like kind. No one can predicate the final results of a force thus converted or released into its own proper channels.

One more thought. All measures intended to thus convert or turn latent energy into its normal channels, which stop short of doing it by virtue of the law of similars, fall just that much short of making genuine cures. Much help may be gained by various mechanical or material acts, surgery, manipulation, etc., etc., but every one of them lacks the power to tune back into natural expression, the innate vitality of the patient. Only the potentized remedy can do this; all other methods are inherently more or less palliative; it can not be, nor is it otherwise. How, then, may this knowledge be obtained? Let me tell you: "Seek this wisdom by doing service, by strong search, by questions and by humility; the wise who see the truth will communicate it unto thee."

CLINICAL CASES.*

Margaret Burgess-Webster, M. D., Philadelphia, Pa.

Case 1.—Mrs. M. has had three cerebral hemorrhages, the last one occurred in November, 1923, the initial symptoms being right sided hemianopsia and deafness, followed by complete coma and later as the coma cleared, by a wild Hyos. mental state and finally symptoms of cerebral softening. Under the action of Arn. and various remedies prescribed as the case demanded, the return to health was almost complete with the exception of aphasia from time to time and more or less emotional disturbance. In May, 1924, while walking on the street, she suddenly became blind and deaf, her legs became powerless, she rapidly went into a profound coma and had three convulsive seizures during the next hour. She had been voiding urine in normal amount, and although for many years she has shown albumen, the percentage of late had been reduced to a trace. During the coma she protruded her tongue as far as possible, yawned, and hiccoughed. Her pupils reacted to light, but that was the only reaction. Opium 200, two doses, one hour apart. After the second dose the coma became less complete. In two hours she recognized those about her, in twelve hours she was nearly as well as she had been before the attack, in two weeks she was better than she had been in months. Did Opium bring about this marvelous change, or did an embolus cause the temporary pressure and the resultant cerebral symptoms?

Case 2. Mentally dull, inability to collect thoughts, slow in answering questions. Lack of power in legs, cannot stand alone, soles insensible to pin prick. Tongue fissured, catches behind the teeth when protruded. This condition had been steadily progressing for six weeks. Lach. 4m was given. During the twenty-four hours following the remedy she became much more confused mentally and at times irrational, saw objects flying in the air, and a comatose state seemed imminent. In another twenty-four hours marked improvement was noted, the mind slowly cleared, her legs regained their power, in less than two weeks she was able to walk alone. Her recovery was complete.

* Read before the Annual Meeting of the I. H. A., Cleveland, Ohio, June, 1924.

Case 3.—Dry cracked eruptions in bends of elbows. Radium 30 cured after the failure of several other remedies.

Case 4.—Persistent vertigo, worse on first lying down, worse stooping, worse looking up, whirling sensation on turning over in bed. Sensation of violent motion in lower abdomen. Thuja 3m cured at once.

Case 5.—Infected foot—red, swollen, throbbing, acute pain. Chilly, temperature 101, pulse 90. Restless, tossing about, walks the floor for hours at night. Mouth dry as parchment, great thirst. Pyrogen 50m brought about instant relief and prompt cure after the failure of Ars.

Case 6.—Plantar abscess, foot swollen, red, shining, burning and throbbing, worse at night. Restless. Ars. and Pyrogen failed. Hepar-Sul 1200 produced a violent aggravation, vehement irritability and desperation almost to suicide, then prompt relief and cure.

Case 7.—Pain in left abdomen with gnawing sensation in epigastrium, "must eat something or the pain and gnawing become unbearable," a cracker is sufficient. The symptom has appeared daily for years, the hour varies. Anac. 200 gave such marked relief, even before she left the office, that she forgot to eat her luncheon, which was long overdue. There has been no recurrence in six months. For several days after taking the Anac. she noticed a constant taste and smell of peppermint.

Case 8.—Bloody discharge from right nipple for five years. The breast is soft, there being no palpable induration, but in damp weather there is a constant dull ache with occasional sharp pains. The discharge and the pains are worse in cold weather. Feet cold, offensive sweat and rawness between the toes. Very sensitive to cold air, must always have back of neck protected. History of occipital headaches. Silicea 5m in June, 1923, was followed by general improvement. The remedy was repeated in one month, since which time the breast symptoms have subsided, the patient having gone through the winter without pain or discharge. The nipple is much less retracted.

Case 9.—Violently acute attack of influenza, great prostration, severe backache, pain centering in the back and radiating in all directions, into the abdomen, up the back, into the hips and thighs. Urine almost suppressed and albuminous. Vision blurred, eyes

smart and burn. *Berberis Vulg.* 200 brought about an early and complete recovery.

Case 10.—Backache across the hips, worse when on her feet, relieved by hard pressure, wants to put a pillow to her back, "the harder the better." Profuse greenish yellow leucorrhœa, at times bloody. Uterus large, cervix badly eroded. Leucorrhœa and menstrual flow both worse at night. Sulphur and Sepia were given without permanent benefit. *Ruta* 200 cured promptly. There has been no recurrence of backache or leucorrhœa after three years.

CASE REPORTS.

Herbert McConathy, M. D., Miami, Fla.

Case 1.—Miss Frances B. Age 29. General health good; indeed, she had consulted a physician only two or three times in her life, and these consultations were for measles and influenza, which were not severe.

Was attacked by sharp pain in the abdomen, worse in the lower right quadrant. Had some fever. A surgeon pronounced it appendicitis and urged immediate operation. As she and her friends were very averse to this, they kept an ice bag on her for four days and nights. Finding that it gave little relief they sent for me.

Temperature, 102; pulse rapid, moderately full, not particularly hard. The skin was dry; there had been no perspiration. She was quite anxious about her condition but had to keep still, because moving "even half an inch" gave her great pain. She was constipated; had tried one enema but it produced little result.

On palpation I found the abdomen distended and all muscles tense. There was tenderness in pressure, a little greater on the right side, but not much.

My diagnosis was general peritonitis; a rather mild, sub-acute attack.

Left her a few doses of aconite, low, one dose to be taken each hour until she perspired. This occurred after the second dose.

I did not consider it a perfectly typical bryonia case, for there

was no apparent relief from pressure, although she did not complain of the weight of the ice bag. But it was apparently an inflammation of serous membrane, with pain from the least motion. So I gave her bryonia, one dose of the 200th.

That night she slept ten hours, the first rest she had had in five days, and I had hard work to convince her and the attendants that the little dose of bryonia was not an opiate. But she felt refreshed and the pain was notably diminished.

Did not give any more medicine except a placebo; kept her on a very low diet. Her improvement was steady, and on the ninth day I dismissed her as cured.

Case 2.—Mr. J. T. Age 59. Case of acute coryza which had resisted all household remedies for several days. The discharge was watery and very profuse, ran only in the daytime. Lachrymation also profuse, watery. Both discharges quite bland, no soreness of nostrils nor of conjunctiva. No stoppage of nose. No cough. A good deal of sneezing. Patient very sensitive to drafts of air.

I first thought of *natrum mur.*, but on consulting the repertory I concluded that *natrum carb.* covered the symptoms more completely.

Gave one dose of *natrum carb.* 30x.

The following day he was greatly relieved, and on the second day quite recovered.

Case 3.—Mrs. G. H. G. Age 50. Married. This was a chronic case of what I took to be a passive congestion of the uterus. The organ was enlarged and flabby with some mucous discharge. She was comfortable when lying down, sitting too long tired her, and she was able to do very little standing or walking. The uterus became heavy and began to sag down, producing hysterical symptoms. She was a large, well nourished woman, with a florid complexion, quite sensitive to cold weather.

Gave her *calcareo flu.* 12x, a dose every night and morning. The result was astonishingly good; in six weeks she was practically well.

Of course I have had many failures. Some of these had gone beyond the possibility of cure when I first saw them, but the successes have convinced me that most of the failures were the result of my own ignorance, and were by no means the fault of the system.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

THE NEW "WAR" AGAINST TUBERCULOSIS.

The World, in the publication on March 30 of a long, authorized article (the first of a series of five) on the new "war" against tuberculosis, accomplished what newspaper men fondly call a "scoop" over its rivals, and unblushingly took unto itself the glory therefor which it felt justly entitled to. Incidentally, it lauded by name a long list of medical men in terms of such extravagance that they should have blushed for shame if their vaso-motor systems were functioning normally. However, one never can tell nowadays. The modern medical man has been tutored out of the "shrinking violet stage." He no longer need feel that he was "born to blush unseen." He may now blush in public and feel that he is in the best of company.

The World assigned the top of the four right-hand columns of its first page to display headlines and a three-column cut picturing the five physicians who are named and described as "The men who have the task of defeating the enemy," otherwise the "White Plague"—tuberculosis. Four columns on the second page describe their organization and its work. Using the military phraseology which is carried through the entire article, these men are presented as "commanding officers of the forces mobilized by the research committee (of the National Tuberculosis Association) to prepare for the annihilation of the White Plague germ and save countless lives," as "mobilizing the brains and pooling the ability of its (science's) greatest men," as "master minds of medical research who have joined hands in a concerted finish fight against the disease," as "the world's best in their branches of science," as "these generals," etc.

"In itself," we are informed, "the committee comprises only five men, but from time to time the *ablest scientists* have been brought under its wing as associates, or fellows, until now there are "more than a dozen who form a *veritable mountain of medical brain power.*" In this last sentence hyperbole, it seems, can go no further, even with the adventitious aid of a rhetorical solecism.

To this medical "mountain," according to the account, have flocked all the medical "Mahomets" of the United States, each one bringing his contribution of special wisdom, skill and experience, and each one as "canny," doubtless, as the original Mahomet, who pretended to fear—but the old story is worth a few words of retelling just here.

When the Arabs demanded supernatural proofs of his divine commission, Mahomet replied, "It would be tempting God to do so, and bring down his anger, as in the case of Pharaoh." As they were not satisfied with this answer, he commanded Mount Safa to come to him. When it did not stir at his bidding, he exclaimed, "God is merciful. Had it obeyed my words, it would have fallen on us to our destruction. *I will, therefore, go to the mountain, and thank God that He had mercy on a stiff-necked generation.*"

So these medical and scientific Mahomets have come to the mountain from all parts of Uncle Sam's broad domain. Even Uncle Sam himself, we are informed, joined the procession. "The Government itself has become a *part of the campaign* (sic) through making available its laboratories in the Public Health Service." The Universities of Yale, Johns Hopkins, Chicago, Wisconsin, Pennsylvania and Princeton, and the Phipps Institute in Philadelphia, are all represented by their greatest experts in this vast aggregation of medical, chemical, biological, pathological and X-ray experts who turn their faces toward the "veritable mountain of medical brain power" which functions officially from Washington, D. C., in the person of Dr. William Charles White, its "Director General." He "checks generally the work of all" we are told.

Standing afar off, in imagination, like the children of Israel at Mount Sinai, we join the throng and gaze at the "thick cloud" that encircles the top of this modern Mount Sinai. We shade

our eyes from the glare of its "lightnings." We listen to the "thunders" that reverberate from its heights while we reverently wait for the "tables of the law" which will undoubtedly be brought down by our "Moses"—the Director General of the Committee of the National Tuberculosis Association.

Let us meditate a little while upon this great modern wonder. The *World* announces that "Secret Labors Now Revealed to the World in the First Description to the Laity" have progressed so far that "many scientists now believe that at last a real groundwork is being laid for a cure that will be certain."

Upon what has this organization, this colossal aggregation of super-scientists, been concentrating its vast powers in the attempt to find a cure for tuberculosis? What is the philosophical basis of its work?

Is it studying anew the great problem and mystery of *Life* which underlies all other problems?

Is it seeking a new concept and the formulation of a new definition of Vitality, the principle which governs all the functionings of the living organism, normal and abnormal?

Is it seeking a new and broader conception of the relations of the life principle to growth, reproduction, repair, resistance and immunity to disease?

Is it even seeking to determine precisely what it is that makes the difference between "health" and "disease," and what turns the scale in one direction or the other in the living organism?

Is it investigating anew and more exactly the influence of heredity and environment in establishing the predisposition and tendency to tuberculosis?

Is it attempting to define more clearly the relation between tuberculosis, the great typical protean disease of all diseases, and other diseases known to be related to it?

Will it try to ascertain why tuberculosis manifests itself in the respiratory organs in one, in the glandular system in another, in the bones in another, in the brain or nervous system of yet another, or in the intestines of still another?

Will it try to find out why it attacks one victim in infancy, another at puberty, another at twenty-one, another at twenty-eight or thirty-five and still another not until old age?

It does not appear that the committee is doing any of these things, or that it has changed or modified in any way the philosophical foundation upon which the modern medical edifice rests so insecurely that it threatens to collapse. Instead of tearing down and rebuilding their crumbling foundations, they are striving to prop up, reinforce and repair their tottering superstructure. Their philosophical point of view and method of approach do not differ materially from those of their predecessors.

What then? Knowing the methods and habits of thought of modern medical men, knowing the materialistic philosophical basis of their so-called "science," and knowing the character and form of the vast pathologico-therapeutic edifice which they have built, any one could have foretold the direction and form their research would take.

Their philosophy is materialistic. They are governed primarily by the principles of bacteriology. Their methods are those of the laboratory. To fortify and bolster up the germ theory they enlist the aid of the bacteriologist, the chemist, the pathologist and the X-ray expert. All departments of their research into tuberculosis actually or virtually revolve around *the tubercular bacillus of Koch*.

"Great commercial laboratories," we are told, "have been enlisted to raise tuberculosis germs for study and their rooms where they are grown in bottles might almost be called bacteria farms. These bacilli are sent to various laboratories, *sometimes in thirty-pound lots*—trillions of bacilli—enough to wipe out all human life in the world."

By *analysis of the tubercle bacillus* and its surroundings, by penetrating its "wax-like envelope" and working down through its layers into its inmost center, they hope, even expect, to solve the mystery of the White Plague and find its cure. By obtaining "*knowledge of its component parts*" they hope to find the secret of its power, if power it has. Will they succeed?

Has the soul of man ever been discovered by the knife of the anatomist or the surgeon, or the experiments of the chemist? Has the secret of the rose been revealed by the manipulations of the botanist? Has the malignancy of the rattlesnake's venom been disclosed by chemical or microscopical analysis? Has the mystery of its song been solved by dissecting the throat of a bird?

These, and a thousand similar questions, will find their answer only when we understand what Life is. The mystery of life will never be solved by a study of death, and we shall never understand health by confining our attention to the study of disease or its products.

Let *The World* by the hand of its authorized special writer answer these questions, in brief quotations. (Italics by the editor.)

In 1920 the "chieftains" (of the National Tuberculosis Association) took up in conference the subject of a cure." "They compared notes and found they were trying to *kill a germ*, when they knew *virtually nothing of the makeup of the germ itself*. They were seeking to wipe out an enemy when they knew little of the enemy's method of combat. They virtually were fighting an *unknown 'death ray'*. All they knew was that over the hill lay the enemy. But how he would attack, what the strength of *any of his components was*, what could be used to block him—of these things they *knew nothing*."

Baffled since the first announcement of the discovery of the germ in all their attempts to cure tuberculosis by killing the germ; unable to kill the germ in the living body without killing the patient; forced by necessity and the logic of events to adopt measures of treatment which have no necessary relation to nor dependence upon germs or the germ theory and refusing to admit their logical inconsistency, they obstinately persisted in forcing their disproved theories upon the profession and upon the people. Heretofore, they have haughtily refused to listen to all who differed with them, and kept on aggressively extending the network of laws, ordinances and institutions which were designed to draw the people more and more completely into their power to do with them as they willed. Invasion of homes, breaking up of families,

segregation of patients in so-called sanitarium, forcible inoculation of tuberculin and other serums in men and animals, condemnation of property, destruction of vast numbers of cattle at an expense to the State of millions of dollars annually, demoralization of the whole community by their propaganda of terror—these are some of the incidents and by-products of a campaign which is now publicly admitted to have been *based on ignorance*. Public opinion and rebellion have at last forced them to re-examine their position "from the ground up" and realign their forces.

"They knew," says *The World*, "that the tuberculosis bacillus, or germ, was the *most difficult germ to kill*. Dr. K. had dried the germ over acids until he thought they certainly were dead, only to find them *alive eighteen months later*."

What if the germ were not "alive" at all, in the ordinary sense of the word? What if it were merely an inanimate by-product, an excretion resulting from disordered vital processes, as Gregg and others long ago stoutly maintained—an effect, not a cause? The committee will reconsider this question.

"The scientists knew that the germ was protected from attack first of all by the wax-like substance that could be dissolved in the open but could not be penetrated within the body, and which even the powerful body acids could not affect."

But what if the highly resistant "wax-like substance" was cunningly built about the germ, not for its protection but for the protection of the body? Misguided medical men, blundering around in their ignorance of the true philosophy of disease, have long been breaking down nature's walls of defense and turning loose the demons of death and destruction. But competent surgeons now, at last, after centuries of disastrous, precipitate incisions and intrusions, wait in certain cases until nature has "walled off" the products of purulent or septic inflammations before they operate. The committee, therefore, will now reconsider this question.

Let us hear further what is being done.

"Every conceivable angle is being gone into in the belief that *only by learning every detail of the disease can a cure be found*." (A fallacious belief. A cure will be found only through knowl-

edge of the law of cure—Nature's healing principle—applicable alike to all diseases.)

"The greatest chemists, anatomists, biologists, X-ray experts, food experts, immunologists and investigators have joined hands against the tiny tuberculosis germ."

(Modern Don Quixotes tilting against windmills.)

One group is "analyzing and reanalyzing the tubercle bacillus." Another is "experimenting on growth of various substances which appear in the body during the course of the disease so as to learn whether this growth is helpful or harmful, and whether science should help or retard their growth." One is "working on arrest of the disease and immunizing the human being from attack by it." Another is "tracing the course of the disease from its appearance in children on through life and even after the victim has succumbed." Another "has found how to grow absolutely pure bacilli that will in no way contain any of the foreign substances on which they were raised."

"A pioneer in therapy is making independent researches and the results are being used by the committee as guides in the general attack."

"Thus, every avenue of possible approach to a cure has been filled with shock troops, making a never ceasing attack."

The foregoing quotations should make it clear that in the opinion of this committee the bacillus of Koch, the tubercle bacillus, is the real enemy, and that this theory controls (and prejudices) all their work.

This extensive, ambitious and highly organized campaign against tuberculosis is based upon a fundamental error—the same philosophical error that underlies the greater part of all modern medical research. It is based upon a theory which falsely assumes that *disease is an entity*, having an objective, tangible existence, represented in modern medical thought by a germ or micro-organism. To the research men composing the committee the tubercle bacillus is the primary, essential element of tuberculosis—*is, practically, tuberculosis itself*. Hence, all their work in every department revolves around, is subordinate to and prejudiced by this fallacious central idea. All the phenomena of the disease

are interpreted from the standpoint of bacteriology. All measures of cure or relief are designed primarily for the purpose of destroying the supposed cause—the bacillus.

In this illogical, narrow, one-sided view of disease the victim, the individual, the patient, is entirely overlooked. His heredity, his physical and mental constitution, his morphological makeup (which controls his predispositions and tendencies to health or disease), his occupation and mode of life, his habits, his social, moral and industrial relations in life—everything which goes to make up his environment, external and internal, are viewed from the standpoint of bacteriology. The impression is conveyed, is, in fact, constantly forced to the front, as in the present campaign—that the bacillus is the key to the situation, the real enemy; that if some means can be found to destroy the bacilli, all will be well.

Never was there a greater delusion nor a more mischievous one; never a more tragical one; never a campaign more certainly foredoomed to failure so far as discovery of the real cure or prevention of tuberculosis is concerned.

When will medical men learn that disease is not an entity, not a tangible thing, be it germ, microbe or bacillus, to be discovered, named, rounded up, labelled, classified and set apart; or pursued, fought, driven into a corner and killed like a wolf?

When will they learn that disease is primarily and essentially a morbid vital *process*; a morbid state or condition of the living organism; a vital-dynamical plus or minus, a matter of degrees; a state of imbalance in the bodily organs and functions, a loss of equilibrium; the discord that arises in attempting to play upon an instrument out of tune?

When will they learn that in the very nature of things the tangible evidences and accompaniments of disease are merely *products* of perverted dynamical processes, and that in the creation of these morbid states many agencies and influences play their part? The tubercle bacillus is at most only one of the many causes, only one of the many conditions which enter into the production of tuberculosis.

Tuberculosis, like cancer, is a *disease of civilization*, almost unknown among primitive tribes. Its causes are coextensive with

the innumerable perversions and infractions of the laws of life which arise in a complicated and artificial civilization. Its cure depends upon creating simpler, more natural, more normal conditions of life, and the adoption of an efficient system of therapeutic medication based upon Nature's great healing principle—the law of Reciprocal Action, known in medicine as the Law of Similars.

There is a principle of logic which teaches that every event is the consequence of a whole chain of causes reaching back into infinity, and that no one of them, certainly not the last, proximate, so-called "efficient cause," is the real or sole cause or the most important factor of any event. No greater mistake can be made than to base the treatment of a case or a disease upon the theory that the proximate cause, the bacillus of tuberculosis, for example, is the sole principle, or even the most important factor.

The individual patient is a sick person long before the bacillus makes its appearance. The bacillus has no power, is not an important factor and does not even appear in the case until the vital resistance of the organism has been reduced by many depressing agencies and influences to a degree far below the normal. This lowered resistance, this disordered, perverted or subnormal functioning—the real disease—is revealed in the clinical history and present state of every case by many signs and symptoms easily discernible by the careful observer. These individual signs and symptoms as a whole, in their totality, together with their modalities or conditions, constitute the only logical basis of diagnosis and treatment. The physician who knows how rightly to observe, classify and interpret these individual symptoms, and who is at the same time a master of homœopathics, will be able to cure his patients—the tubercular included—not only in the early, but often in the more advanced stages of their disease. It has been done in thousands of cases ever since Hahnemann's day and is being done now.

Many of the statements in the series of articles in *The World*, might be taken up for discussion and criticism, but it is doubtful if any good would result. The work of the committee will

go on as planned. Without doubt, large additions have been made and will be made to technical knowledge in the various departments of science in which it is operating, but they have very little to do with the cure of tuberculosis.

Much of its work is highly interesting. Some of it is fascinating to the inquiring mind. The able writer of the articles in his enthusiasm has developed the "romantic" side of the work and set forth in eloquent phrases the charm which it has for those who are concerned—and who is not concerned in the tremendous problem of tuberculosis?

The World writer emphasizes the fact that the investigation has brought out facts which show that many of the former diagnostic conclusions were false. This we are to regard as comforting to the victims of past mistakes and reassuring to those who are to come!

"Thousands of families," he says, "have been saved untold mental anguish and financial expense through discoveries that many such simple ailments as coughs and colds caused X-ray plates to take on an appearance of those taken in real tuberculosis cases. In the past these victims were immediately diagnosed as tubercular and sent to sanitariums. Now science really knows tuberculosis when it sees it."

What a pity that science did not know long ago how to cure "coughs and colds!" It would have immensely simplified the whole problem, because the mastery of a principle and a method of therapeutic medication that will enable one actually to cure a cold will enable one to cure tuberculosis, if it is not too far advanced. Ignorance of the homœopathic principle and method led to the treatment of coughs and colds by violent and repressive measures that tended to and actually did bring about the very organic and systemic conditions that constitute the first stages of tuberculosis and favor the production and growth of tubercle bacilli in those who were predisposed to it.

What a pity that "science" today, even though it "knows tuberculosis when it sees it" is still unable to cure even the "coughs and colds" which it can at last differentiate from it, much less cure tuberculosis itself. The fact is that "science" today, in spite of all its vaunted "progress," confesses that it knows no more

about curing a cold than it does about curing tuberculosis—which means that it knows just nothing at all about curing either.

One other point remains to be touched upon before this article is brought to a close. It is a highly significant one, involving many important subjects—too numerous to be more than hinted at here.

The second article of *The World* series “describes some of the actual experiments made, showing their results and value, and explains how the tuberculosis germ gets its life (within the body) from the same chemical substances that helped give us life.”

This statement alone, with what it involves, should be enough to demolish forever the theory that the tubercle bacillus is the real cause of tuberculosis. Is a thing the cause of itself?

Are chemical substances the source of life? It is an axiom of science that *life arises only from preceding life*. Life is the intelligent, primary, formative power and principle of the universe. Life is from God and in God is the Life Absolute, which becomes individualized in man and animate nature.

By the most elaborate analyses (which need not here be quoted) it was found that the tubercle bacillus was reducible at last to precisely the same elements that make up all living substance. Nothing was found which may not be found in every living body. But the chemical elements of which living matter is composed are not life, nor the source of life. They are only the materials which life uses. Under one set of conditions life produces a red blood cell. Under another set of conditions life produces a tubercle bacillus. Life, the intelligent, animating power and principle of the organism, uses the same elements in different combinations to produce both, giving to each its special form according to circumstances and conditions. But life itself always eludes laboratory research. It is revealed only by intuition and reasoning.

We cannot change the elements nor their forms. We can change only the conditions. If we permit or bring about conditions favorable to the development of tuberculosis, then tubercle bacilli will appear; but the bacilli are not the cause of tubercu-

losis. If we were able in an instant to kill all the bacilli in the body we should still have the “tuberculosis” unless we were able at the same instant to change the condition under which they were produced and maintained. We should still have all the organic lesions and functional derangements which characterize the tuberculous individual, and the bacilli would immediately reappear, since the materials for their construction, as reported by the committee, are all present constantly in the body, and the body is constantly renewing its supply of these elements from the outside world. The use it makes of these elements depends altogether upon existing conditions.

What, then, becomes of the theory that the tubercle bacilli are the cause of tuberculosis? What will become of the fondly cherished hopes and expectations of this committee of finding a cure for tuberculosis by analyzing the bacillus and its surroundings?

Let the event—the final conclusion drawn from experience after they have put their theories to the test in practice—supply the answer, if it has not already been made clear.

HOMŒOPATHIC RECORDER.

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

*Address communications, books for review, exchanges, etc.,
for the editor, to*

R. F. RABE, M. D., Editor, 556 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Homœopathy in New York—With but two homœopathic medical colleges left in the United States, to further the cause of homœopathy and with no prospect of its teaching by any old school medical college, the outlook for the homœopathic profession is indeed dubious. There are not enough homœopathic physicians to fill the demands which constantly come in, from cities and towns throughout the country and whenever a homœopathic physician retires or dies, there is as a rule, no one to fill his place. There are not enough graduates in homœopathy to fill the interne requirements of our homœopathic hospitals. Organized homœopathy and the homœopathic profession at large are in danger of extinction. That this danger is real, no one who knows the facts, will for one moment question.

Hahnemann Medical College of Philadelphia, financially in a much better position than the New York Homœopathic Medical College, has a strong association of loyal alumni to support it and a splendid body of students. Its faculty is well organized and equipped to give the teaching required of a Class A institution. But this college cannot possibly graduate a sufficient number of men to fill our dwindling ranks. The New York College, owing to lack of necessary funds, is rated as a Class B institution and this, because it does not possess the proper laboratory equipment required of Class A institutions. It costs much money to keep a modern medical college going, very much more than is paid by the students in tuition fees, which are already as high as they can possibly be placed. A Class B college is sadly handicapped by

(230)

reason of the fact that its graduates are not accepted in Class A hospitals, as rated by the American College of Surgeons and that at least thirteen states will not permit graduates of such a college to take their examinations for license to practice medicine. Very few, therefore, of the graduates of the New York College, can practice beyond the boundaries of the State of New York. Hence in this manner, also, is the furtherance of homœopathy impeded. The faculty of the New York Homœopathic Medical College and Flower Hospital consists of able physicians, surgeons and teachers generally, but is crippled in its work by lack of laboratory and other essential equipment. Money alone can secure this; money alone can insure the continued teaching of homœopathy which, unless an ample endowment fund is raised, must soon be sharply circumscribed until it is finally given up altogether. To abandon the teaching of homœopathy in this great city of New York would be a backward step indeed and a calamity, the ultimate effects of which would be fatal to homœopathy throughout the country. Should New York be lost, it is very doubtful whether even Hahnemann Medical College of Philadelphia, strong though this institution is, could long survive the debacle.

It becomes, therefore, the urgent duty of the patrons of homœopathy everywhere and of homœopathic physicians throughout the country, to support to their utmost, the New York college. If homœopathy is to survive, its believers and those who have profited by its beneficence, must come to its rescue by aiding financially as well as morally, the New York institution. A campaign is now under way with Dr. William H. Dieffenbach, of 50 Central Park West, New York City, as its indefatigable chairman. To him aid can be sent or inquiries directed; a strong board of trustees of the college will safeguard the endowment fund, the interest of which will be used for college purposes only. An endowment fund of one million dollars is needed. A goodly portion of this sum has already been subscribed. May those who as yet have taken no part in this noble work for the cause, now put their shoulders to the wheel!

The Important Indications for a Few Remedies in Subacute and Chronic Rheumatism.—Rheumatism, employing this title in

a broad sense, covers a multitude of diagnostic sins, both of omission and commission. As physicians we are in duty bound to seek, first of all, the causes of rheumatism and having found them, to remove them if and when possible. It is here that the question of focal or other infections arises; teeth and tonsils have to be considered; the question of suitable diet, clothing, housing and perhaps climate, will press for solution; in short, many factors must be dealt with before we come to the matter of drug therapy; the latter offers a wide and usually enticing field of choice, to judge by the truly enormous amount of literature which is sent us, dealing with the alleviation and cure of rheumatism. Palliation is one thing and a field in which orthodox medicine excels. Homœopathy cannot compete in this respect. Cure is quite another thing and one in which homœopathy is supreme; but, and this is the unfortunate side of the question, many, if not most patients, will not wait for cure and so are all too often lost to the homœopathic prescriber. It is only after a confirmed rheumatic has passed through the mill of kaleidoscopic, orthodox and heterodox rheumatic therapy that he is submissive enough to permit the homœopathic physician to study his case and to proceed along really curative lines.

In these brief comments we will present the indications for a few remedies, not usually thought of or prescribed by physicians. The remedies commonly employed, such as *Rhus tox.* and *Causticum*, for example, we shall omit altogether. Finally it must be said that, theoretically at least, any remedy in the materia medica may be useful, if indicated. In other words, there is no specific homœopathic remedy for rheumatism.

Tuberculinum or *Bacillinum*, whichever name is used, but that potentized preparation made from the diseased and tuberculous glands of the cow, has given us excellent results in occasional cases marked by obstinate chronicity and tenaciousness. This remedy is in many respects a chronic of *Pulsatilla*, having the general amelioration of the latter in cold open air, provided this be dry. It also has an aggravation on commencing motion, as well as an aggravation during rest, as is found in both *Pulsatilla* and *Rhus tox.* Dampness in general, aggravates the *Tuberculinum* patient. Stiffness of the joints is a feature. A tuberculous

family history is significant, as is the presence of enlarged cervical glands or tonsils. Mentally, the *Tuberculinum* patient is uneasy, restless and desirous of change and distraction. Local applications of heat are agreeable, unlike *Ledum*, *Lac caninum* and *Pulsatilla*, which are relieved by cold applications. General relief from motion.

Radium bromide in potentized form we have frequently called to the attention of the profession. The Dieffenbach proving showed its homœopathicity to subacute and chronic rheumatism. In a sense it is, so far as indications go, a combined *Pulsatilla* and *Rhus tox.*, having severe aching pains which are aggravated on commencing motion, relieved by continued motion and in the open air. But heat, locally applied, relieves. Lameness and stiffness on waking from sleep. Exercise relieves the pains.

Formica rufa is at times of importance when the rheumatic pains are worse from motion, better from pressure and from warmth, and are accompanied by sweat which does not relieve. The right side is most affected. Rubbing also relieves the pains.

Lac caninum should be thought of when, as in *Pulsatilla*, the pains are erratic, but with this difference, that whereas in the latter remedy the pains wander about, in the former they shift from side to side. Thus, the right knee may be affected today and the left one tomorrow, with the disappearance of all pain from the knee first affected. Hence alternation of sides is the characteristic symptom. Cold applications relieve.

Viola odorata has a particular affinity for the right wrist and cures rheumatism which manifests itself in this joint alone.

Medorrhinum, or the potentized virus of gonorrhœa, should always be kept in mind along with *Thuja*, in gonorrhœal rheumatism. Restlessness at night is marked, soreness of the soles of the feet, as though stepping on the raw flesh; burning of the hands and feet, wants to uncover them. This is, of course, similar to *Sulphur*. The general aggravation is in dry weather; as with *Causticum* there is an amelioration in wet weather. Mentally the patient is apt to be irritable and depressed and suffers from a pronounced weakness of memory. Whenever, in any chronic case of rheumatism, there is a history of gonorrhœa, especially when this has been checked by urethral injections or irriga-

tions, Medorrhinum should be thought of. It will often repay study and give happy results.

Ranunculus bulbosus, the innocent little buttercup of Pinafore fame, is of signal use in intercostal rheumatism and should often be prescribed when Bryonia is wrongfully given. The pains are sore as from ulceration and bruised in character, worse when turning in bed from one side to the other, worse lying upon the affected side, from touch, pressure and in wet weather. These symptoms will readily differentiate *Ranunculus* from *Bryonia*. Of course, its value in herpes zoster is known to all.

A remedy which is deserving of study and verification is *Gettysburg Salt*, from the mineral spring at Gettysburg, Pa. We drew attention to this remedy in the HOMEOPATHIC RECORDER for March, 1923, and have had some favorable experience with it. Among its most important characteristics is the symptom of rigidity of the joints, not painful nor causing distress when the patient is at rest, but felt during slow movement. Rapid walking is not interfered with. The location of the rigidity is at the insertion of the muscles and in the ligaments, but not in the bellies of the muscles. The rigidity is most marked in the morning, but is not apparent when lying quietly; but on rising from a seat or from the recumbent position, the various muscles which are affected, can be easily indicated. The modalities are *aggravation of the stiffness of the muscles on moving and amelioration of the muscles, by rest*. These symptoms will easily distinguish Gettysburg from *Rhus tox*.

The few remedies mentioned will serve to emphasize the fact that in our homœopathic materia medica we have a vast storehouse of valuable remedies, which should be brought forward, studied and tested at the bedside. Rheumatism surely, in its intractable nature, offers a large field for clinical research and experiment.

Homœopathy and Pharmacology.—"Heubner deploras the recent publication of a paper by a homœopath in a reputable pharmaceutical journal, the *Pharmazeutische Zeitung*."

This extract by *J. A. M. A.* from the Berlin *Klinische Wochenschrift*, shows that intolerance and bigotry still hold sway in the

minds of many. Heubner's insinuation, that the publication in a reputable journal of an article by a homœopath, is to be deplored, implies that the author of the paper was not reputable. Why not reputable? Is it because of the character of his article, or because he is a homœopath? We suspect that it is for the latter reason, since it is most unlikely that the *Pharmazeutische Zeitung* would publish a poor article of any kind, especially by a homœopath. Why not, Professor Heubner, be big enough to judge the article on its merits, rather than to condemn it on the ground of its origin?

Treatment of Leukorrhœa.—"In treatment of vaginal leukorrhœa, Rösch deposits in the fornix 0.5 gm. of boric acid, at first daily, and then three times a week. The course of treatment lasts from one to three weeks."—*J. A. M. A.*

As an illustration of *how not to do it*, the above abstract from the *Münchener Medizinische Wochenschrift* is a splendid example. Never mind the cause of the leucorrhœa or its point of origin, suppress it by all means, regardless of consequences. Homœopaths have a better and a safer way, by prescribing for the patient such remedies as *Natrum mur.*, *Pulsatilla*, *Sepia*, or two dozen others, according to the symptoms of the patient. Prescribe for the patient, not merely for her leucorrhœa; incidentally examine the discharge carefully, to determine the presence or absence of the gonococcus.

The responsibility of the Hahnemannian Physician in Advising for or Against the Employment of Surgery.—The greatest strides in modern medicine have undoubtedly been made in the realm of surgery, a realm which is constantly widening and is daily including diseases which formerly were regarded as purely medical. The wonderful development of surgical technique has been made possible through the rigid enforcement of the principles of asepsis as well as through the specialization of the work of the anæsthetist. The mortality rate from surgical operations is in consequence undergoing a yearly reduction so that many operations which were formerly regarded as extremely hazard-

ous are now entered upon with a quiet assurance of complete success that is most gratifying.

Hence, these advances are to be hailed with great satisfaction and pleasure since they tend to the increase of human happiness and welfare. All honor, then, to the modern surgeon. In the old school, where dissatisfaction with medicinal therapeutics is rife, often to the point of nihilism, it is therefore quite logical that the field of therapeutic endeavor has been left to the surgeon in so many instances. This condition of affairs has been to a very large extent reflected in our own school, so that today many diseases which were in former years treated by the internal remedy alone are now at once and almost without question turned over to the surgeon. That such a change of method is often not only justifiable, but also demanded, is in the light of present-day knowledge of pathology and diagnosis, not to be questioned. But on the other hand there is great danger that the line between the strictly dynamic and the obviously mechanical may not always be carefully drawn. Hahnemann's philosophy teaches us that it is at all times the patient who is to be prescribed for and not his disease and to this teaching we subscribe, with a firm conviction of its correctness based upon the experience of daily practice. That there is a large part, perhaps even a majority in our school who do not so practice or even believe, makes little difference. Where, indeed, these physicians lean to immediate surgical intervention in disease, strict Hahnemannians, on the other hand, may sometimes be accused of holding out too long and to the decided disadvantage of their patients. As in everything else in life, it is too often the extreme to which we are apt to go. But what constitutes the extreme, is frequently a matter of very widely varying interpretation, hence almost irreconcilable differences of opinion and belief have arisen in our ranks and jar upon the otherwise harmonious thought of an advanced science.

No homœopathic physician of whatever shade of opinion or practice, would for a moment contend, that his therapy must in order to be successful, be based upon diagnosis, yet almost all will readily grant that diagnosis of disease, with all that this implies, is most essential to the proper conduct of any case. Prescriptions of remedies are not based upon diagnostic or pathologic

findings, but the totality of the subjective and objective symptoms of a case must form the basis for remedial selection. It is here that the danger of misinterpretation of the sphere and scope of homœopathy lies. To some prescribers, no matter how or in what the case may eventuate, the repeated application of a similar remedy, to meet the various phases of the changing case, is all that is required. Such a philosophy arrogates to homœopathic practice an omnipotence with which its founder himself never invested it. It is true that an appendicitis, for example, which has in spite of prescribing, probably faulty, however, ultimated in abscess formation, may spare the life of its victim by following the path of least resistance and discharging into the lower bowel. But that such a fortunate outcome is certain to occur as the result of prescribing, in even a small number of cases, is to advance a supposition so absurd as to be unworthy of further argument. Yet there are those in our ranks who contend that such treatment is Hahnemannian, hence correct, and who evince an amazing shyness of anything which suggests the employment of surgery. On them the responsibility is indeed a great one and one which they cannot shirk. The burden of proof in a disaster rests upon them and any harm which may come to the interests of true homœopathy must be charged to their account.

A knowledge of the natural history of disease is therefore of great aid in determining where medicine ends and surgery begins. To know the endings of disease is to know how much may logically be expected of medicinal agents. To know that a pleurisy naturally leads to an effusion which frequently produces none but pressure and reflex symptoms, is to know that the realm of surgery is at least likely to be entered, for although it is freely admitted that internal remedies do disperse such effusions, particularly when serous in character, it must in justice be admitted that such internal remedial therapy is often a mere waste of time. For the Hahnemannian to recognize this fact is to preclude his blind adherence to a principle which is not related, but which he with childlike faith, is vainly struggling to apply. Hence his great responsibility not only to his patient, but also to the great scientific truth, of which he should be a rational and skillful exponent.

The conclusion to be drawn is a simple one. Let the Hahne-

mannian physician at all times be mindful of the teachings of the *Organon*, which cautions the physician to know those things which are curable in disease and those which are curative in medicines. Let him recognize the difference between disease and results of disease, between the beginnings and the endings, between symptoms peculiar to diseases and those peculiar to patients, between the technique of prescribing and that of diagnosis. With these facts in mind, he will be fully prepared to meet any abnormal condition and apply the proper methods of procedure without ever placing in jeopardy the principle of similars to which he has subscribed.

Homesickness in Young Children.—Schwab presents a study of the homesickness reactions in children, aged two to four, in the hospital, with description of nine cases. He emphasizes the practical significance in the mental and physical effect on the child, and the treatment of the homesick child."—*J. A. M. A.*

The *Jahrbuch für Kinderheilkunde*, of Berlin, furnishes this observation. Homœopaths, in the treatment of nostalgia, which may indeed prove at times to be serious, have such remedies as *Capsicum* and *Phosphoric acid* to fall back upon. *Ignatia* and *Natrum mur.* may likewise be of importance, the choice of any remedy depending upon the indications present in the entire case.

The *Capsicum* child is likely to be over-fat, light-haired and blue-eyed, sensitive to cold and displaying unusually red cheeks. *Phosphoric acid* presents, night-sweat, dullness and lethargy, inclination to weep, emaciation and diarrhœa.

Ignatia is introspective, grieves in silence, has dark hair, is apt to be hysterical, tears alternate with laughter; sighing respiration. Inclination to be alone.

Natrum mur. often follows *Ignatia* and is, in fact, its chronic. Irritability and sadness, intolerance of well-intentioned sympathy, continued loss of weight, commencing about the neck, in spite of good or even ravenous appetite; craving for salt and increased thirst, are a few of its cardinal indications. In older girls delayed, painful and scanty menses, amenorrhœa or, on the other hand, early and too copious menstruation. Albuminous, acrid leucorrhœa.

Cases of nostalgia should not be lightly dismissed, but should be prescribed for most carefully.

Cancer and Heredity.—Three cases cited by Lockhart-Mummery are said to prove that adenomatosis of the large bowel is a condition which tends to develop in succeeding generations in the same family. One patient, aged thirty-one, had a vast number of simple adenomatous polypi throughout the visible part of the rectum and colon. The patient is one of a family of four, and on her mother's side had nine uncles and aunts. Seven of these and her mother have died of cancer of the bowel at between thirty and fifty-four, and her maternal grandfather also died of cancer of the bowel. The second patient had an extreme degree of multiple adenomatosis of the entire large bowel. The brother of this patient was treated for multiple adenomata of the rectum and colon in 1913, and died from cancer of the rectum in 1919, at the age of thirty-six. The patient's father died from cancer of the sigmoid flexure, and several of his brothers and sisters are said to have died from cancer of the bowel. Both the grandfather and grandmother are said to have died from cancer of the bowel. The third patient had multiple adenomatosis of the large bowel. Her brother also has multiple adenomatosis. This patient's father died from cancer of the rectum in 1922, at the age of forty-six. The grandfather's brother died of cancer of the rectum, and the grandfather on the mother's side died of cancer of the throat at the age of fifty."—*J. A. M. A.*

The above is from the London *Lancet* and shows that the pendulum of medical opinion is swinging back to former ideas upon the importance of heredity. After all, in spite of environment, we do not get very far from the moulding and determining influence of heredity.

OBITUARY.

Dr. A. E. Horton, of Poultney, Vermont, a subscriber to THE HOMŒOPATHIC RECORDER for forty years, died at eighty-nine years on March 24, as the result of a fractured hip. He graduated June 9, 1858, from medical college, on his twenty-third

birthday and at the time of his death was the oldest graduate. After practicing for six years in Shrewsbury, he moved to Poultony and there continued the practice of homœopathic medicine until his death. He was a loyal follower of Samuel Hahnemann, an intensive student and retained his faculties until the end. A life usefully spent for the benefit of mankind.

Benjamin Warren Severance, M. D., 1855-1925, Phoenix, N. Y.; Cleveland University of Medicine and Surgery, 1882; New York State Medical College of New York, on diseases of the eye and ear; member of Homœopathic Society of New York; thirty-second degree Mason, York Rite Masonry, and Shriner; extensive general practice, also specialist on eye, ear and throat; member American Institute of Homœopathy; died suddenly, February 18.

THE HOMŒOPATHIC RECORDER

VOL. XXXX.

PHILADELPHIA, JUNE 15, 1925.

No. 6.

THE VALUE OF SNAKE VENOM IN SERIOUS DISEASE WHEN HOMŒOPATHICALLY INDICATED.

Wallace McGeorge, M. D., Camden, N. J.

Read Before the New Jersey State Homœopathic Medical Society,
in Newark, N. J., May 14, 1925.

In Hahnemann's *Materia Medica Pura* we find provings of snakes or vipers.

To Constantine Hering, my grand old teacher, homœopathy is indebted for the first proving of *Lachesis*, in 1827; to him are we also indebted for the first proving of *Crotalus Horridus*, the rattlesnake, in 1837. To Mure, and later to Lippe, we owe the provings of *Elaps corallinus*, the Brazilian coral snake. To Drs. Stokes and Russell, English physicians, are due the credit for the provings of *Naja Tripudians*, the Cobra de Capello, or hooded snake of Hindustan.

Of all the ophidian family, *Lachesis* is oftener used, many have prescribed *Lachesis* and seen wonderful, aye, marvelous results from its use. Yet a few doctors will not use it, because they can't procure it in the first or second potency. Many use the 30th and 200th potency. The higher the potency, the longer time will good results follow its exhibition.

In 1867, when I was a student in the Homœopathic College on Filbert Street, Philadelphia, I was given three powders of *Lachesis*, C M, by my preceptor, the late Professor J. H. P. Frost, to take home to my mother in Hudson County. She was sixty years old, and suffering greatly from varicose veins in her left leg. The reason he gave *Lachesis* was because of the bluish color of the limb where the diseased veins were. Her attending physician had given a gloomy prognosis, and said nothing could be done to relieve her. But I was young then, and hopeful, and gave her

the first powder dry on the tongue. She had a more comfortable night. The next day I gave her the second powder. She rested well that night also, told me she was going to get well, and so I returned to college to pursue my studies. Professor Frost had told me if she improved, to hold the third powder. I left it with her, with my preceptor's direction, not to take it unless she had a return of the pain. Two doses of *Lachesis* 100,000th potency cured her, and she lived twenty-five years after that visit. Nowadays it is considered the proper thing to call these cases phlebitis. As most of the cases I have heard of die, the high sounding name does not help to cure them.

For diphtheria on the left side of the throat, *Lachesis* works quickly. Back in the seventies when we had no anti-toxin, and had to rely on the homœopathic remedy, I always gave the 200th potency. Professor Lippe told us to give *Lachesis* when the trouble was on the left side, *Lycopodium* on the right side. I have stopped the growth of the membrane, and often cleared the patches from the fauces, in three or four days with *Lachesis* 200. But it always took one or two days longer to remove the exudate, when *Lycopodium* was used.

Lachesis is a wonderful throat remedy and is fine for tickling cough. In cancer of the left breast, and cancer in the stomach, with this guiding symptom, the pain is always relieved after eating, we see excellent results from its use.

Crotalus is called for in diphtheria when the case is complicated with profuse epistaxis. It is particularly indicated in those cases where there is hemorrhage of black, fluid blood from every outlet in the body, even the sweat is bloody. It is the best remedy in purpura hemorrhagica of the lower limbs, in elderly people, especially if they have cardiac complications. I only have the sixth potency of this remedy, but I prolonged one man's life eight years, after a prominent Philadelphia specialist gave him up, by administering *Crotalus*. In cancer of the tongue, with tendency to hemorrhage, also in cancer of the stomach with much vomiting of bloody, slimy mucus, *Crotalus* is helpful.

Elaps corallinus, the coral viper, is to be considered in short, thick-set bull-necked people, who complain of fullness in the head as if all the blood in the body was collected there, with fear of apoplexy. The patient complains of large, red, fiery spots

before the eyes. It is good for bleeding from the ear, and discharge of serous, greenish yellow liquid from the left ear, and has continual buzzing in the ear.

The contraction in the throat is more in the œsophagus than in any of the vipers. The passage of fluids is arrested as by a spasmodic contraction of the œsophagus, after which they fall heavily in the stomach. Drinks chill the stomach. *Elaps* effects the right side of the body, and is good in phthisis and pneumonia, with dark bloody sputa. It is also good when the patient complains of squeezing of the heart.

Naja tripudians is to be thought of in diphtheria, when there is impending heart failure, or when there is great prostration and dyspnoea. The patient is blue; he awakes from sleep choking, with thready pulse.

Good in laryngeal cases when the patient grasps the throat, with raw feeling in upper part of trachea. In a case of carcinoma of the right side of cricoid cartilage, in a man forty-six years old, *Naja* 6th helped wonderfully when *Lachesis* and *Trifolium pratense*, the red clover, absolutely failed. For over one year the improvement has continued, the man has gained in weight and color, and he has lost that worried, anxious look he used to wear.

In conclusion, let us leave the vipers and close this paper with some reference to a remedy that takes the place of the fountain of youth. It will not be necessary to travel to San Augustine, Florida, to partake of the water from Ponce de Leon's Fountain. Just turn to your case, and pick out *Sumbul* (*Muskroot*) and thank God he has given us so sweet a root, to make so grand a remedy, when properly prepared. It is the remedy, par excellence, to help your arterio-sclerotic patients. Twenty years ago, in my heart and kidney clinic in the West Jersey Dispensary, in Camden, I had many opportunities to observe its action. In drop doses of the tincture, the effect would last one hour. In drop doses of the first potency, four hours, in drop doses of the second potency, *Sumbul* would continue to act for sixteen hours.

But for several years I have looked on it as a food or tissue remedy for the sclerosed arteries, and have found by giving two disks moistened with the second dilution, every three hours, I get more lasting effects.

It is not a quick acting remedy, like Aconite, but considering the sclerosed condition of the arteries, it is steady and long-lasting in its curative action. In ten days or two weeks the patient walks better, can go upstairs easier, feels better, has more vim, tells you he is better and wants that medicine renewed. In one case a man seventy years old who was breaking down, and had to give up his business from hardening of the arteries, the effect was remarkable. He could do more, walk farther, breathe better and felt like he used to feel years ago, ten days after he received Sumbul 2. The effect was continuous while he took his medicine regularly, but when he found he was much better than he ever expected to feel, like a good many other patients, he forgot to take it as directed, and some of the dyspnoea returned. Regularity in taking his medicine soon made him feel good again.

In young old men, forty-five to fifty-five years of age, Sumbul acts quicker, because their arteries more readily yield to regular treatment and as one grateful patient expressed it, "That medicine, Doctor, is renewing my youth." When the radial arteries are hard, crooked, and wiry in spots, we get lasting results. When the temporal arteries are hard, wiry, crooked, and have a bead here and there, it takes longer to get relief. I judge of the progress my patients are making, by gentle pressure on the radial arteries, and gentle touch along the temporal arteries.

I have some Sumbul, 30, but I will be honest and say, that as the second potency has always worked satisfactorily, I do not use any other preparation. I prepare my potencies myself, from the mother tincture, prepared by Boericke & Tafel.

THE SYMPTOMS AND THE SIMILLIMUM.

Second Paper.

C. A. Dixon, M. D., Akron, Ohio.

In my talk at the last meeting, I classified symptoms as General, Common and Particular.

These I classified as symptoms of the first, second and third degree, and I told you that they were subject to further classifications, one of which I want to speak of tonight.

The Generals—These symptoms which predicate the patient are always the first to be considered. *A General of the first grade*, would be a STRONG mental symptom, and in repertoring a mental symptom, be sure you have the right rubric. There are so many that are nearly the same yet the remedies differ in a slight degree (like < in the dark, and fear of darkness). Perhaps you will have to combine two rubrics, or you will be likely to rule out the very remedy needed. *A General of the second grade* would be those which are < or > by heat, cold, season, storm, touch, etc. These have to be considered, as such, they must be in large type in the patient, as well as in the repertory, and watch carefully to get the right rubric. *Third grade Generals* are the cravings and desires.

Next in importance comes in woman the menstrual state, that is < of symptoms before, during and after. Then next lower, menses early, late, excessive or scant.

The sexual impulse in the male and female may often be a strong General, and if you are careful in getting it straight, it will be valuable, but remember, a patient is prone to lying and evasion when under direct questioning regarding his sexual life, and great care must be exercised in building up this part of your record.

Now For the Particulars.

They are the symptoms which the patient thinks are of the most importance, in fact, those symptoms are what brought him to a doctor.

In using the repertory we use them last, because they always pertain to a part of the patient, while a General predicates the whole. The WHOLE is ALWAYS greater than a part.

A good way to drive this truth home to you is to compare the patient to a great railway system. Where, for instance, a strike that raises the price of fuel for a few weeks; an accident on the line which means compensation to the injured, replacement of rolling stock, repairs to the track, any of these are less vital to the system than would be an incompetent general manager.

Make the manager efficient and he will deal with all details and straighten all the ills of which the system is troubled.

Likewise, if the head of the system is bad, or unsound, you

deal with lax discipline here, with speculations there, with incompetence and disorder.

The core is rotten and you find that while you clean up one mess it breaks out in another part.

Go to the management. Put that right, and LET IT ACT.

And so with your work. Start treating an eczema locally, and about the time it has cleared up, be confronted with an asthma. Prescribe for that and the patient comes back with another condition, rheumatism, perhaps. Tinker with that, and the heart gives out. Go to the executive—for the patient himself. The patient who all along was capable of eczema, asthma, rheumatism—go for the patient as a live entity, revealed by his generals. Deal with him according to the law of Similars and he will do the rest.

Never juggle with Particulars at the expense of the Generals.

The WHOLE is greater than the part.

Now don't discard as unimportant the Particulars; they are very important. What we especially look for in the Particulars is the UNUSUAL or UNACCOUNTABLE, the PECULIAR.

Perhaps a reference to a few notable Particulars will guide us to the remedy, especially in acute diseases, and will help you in placing them. As for instance, a boy lies on the sore part because it is < by motion. Ars. is < by cold, yet the headache of Ars. is > by cold. Lyco. is a warm remedy; can't stand heat, yet it is < by cold food and drinks. He wants his food and drinks hot.

Phosphorus is a very cold patient, but he craves cold drinks, which are vomited as soon as they become warm in the stomach.

It is in a condition like this mentioned in the last two remedies where the Generals would have to decide whether the patient should have Lyco. or Phos. One is an intensely cold patient and the other just as intensely hot. Yet they both have a burning pain in the stomach.

See how important it is to get the Generals and the Particulars right, because if we fail, we are apt to blame homœopathy instead of our own lack of skill.

There is food for so much thought in this last sentence that I will close this discussion right here. I can't finish all I want to say about repertoring in this paper, so let's stop here with that last big thought. If we don't get the symptoms all classified

rightly, we shall fail and blame homœopathy for it instead of our own lack of skill. I leave this last BIG thought with you, and if I have created a lasting impression, this paper on philosophy will not have been in vain.

Now, let us study one drug briefly, that will perhaps start some of you using it who have neglected it in the past, because you did not know it to be such a valuable remedy. I was given this remedy last summer, when I took the six weeks' course in Washington, at the Foundation for Homœopathy, and although I had this remedy in my case and used it occasionally, I find that since I had that lecture on it and was introduced to its wide field of action, I am using it much oftener, and as is always the case, where your remedy is well chosen the results are bound to be satisfactory.

Benzoic Acid is the remedy C6, H5, CO, OH.

Now to get our drug picture.

Sycotic, Gouty, Asthmatic.

Just remember these *three* when you think of Benz. Ac. *Mentally*, the patients are prone to dwell on unpleasant things—things in the past. (Here you want to compare it with Nat. Mur.) The child is cross, wants to be nursed in the arms. Patient omits words when writing. *Vertigo*, inclination to fall sideways. Pain and sensation of heat in region of organs of reverence and firmness < from mental emotions and a draft of air.

Wens on the head or about the body. Ganglion of the wrist. The skin chafes, dry and cracked on all exposed surfaces. Bunchions. Tumors of the eyes. Enlarged tonsils. Cracks in the tongue. Ulcers in the mouth. Lump in the throat. Low down sensation of constriction > by eating. Chill before stool or urinating. Urine strong smelling, staining brown. Rheumatic pains. Left-sided, going to right. Shifting. Rheumatism alternating with asthma but never together. Dry cough long continued, following badly treated gonorrhœa. Enuresis in children. Dribbling of urine in old men with prostatic irritation—an old suppressed gonorrhœa again. Sensation of warmth across the stomach and abdomen. Stitching pains in the liver. Warty elevations around

anus with sensations of ant or bug crawling about the rectum. Urinary calculus from suppressed gonorrhœa. Prolapsus of uterus with long-lasting, foul-smelling lochia.

Rheumatic heart—feels the pulsation in the ears. Worse from 12 to 2 A. M. Node in the joints, both upper and lower extremities, with cracking on motion.

< Pressure. < Touch.

Pains shift about quickly. Soreness all over. Gout going from left to right, follows Colchicum in gouty conditions, gouty diathesis, rheumatic diathesis in syphilitics and gonorrhœal patients.

This is what might be called a thumb-nail sketch of the symptoms manifest where this wonderful remedy can be used. I have left out much that could be usefully exploited in making you familiar with the remedy but in explanation, would say that I am only trying to get you well enough acquainted with the drug so that you will go to your materia medica and give this remedy a careful study. *It is worth it*—and you will find it indicated for use in both acute and chronic cases.

April 10, 1925.

Toledo, Ohio, May 11, 1925.

Editor, THE HOMŒOPATHIC RECORDER,
New York City.

Dear Doctor Rabe:

May I be permitted through your courtesy and the RECORDER to openly extend my sincere thanks and congratulations to that indefatigable and successful advocate of homœopathy, Dr. C. F. Ellis, of Eureka Springs, Arkansas, and also to his staunch standby, Dr. George Agnew Henning, of Dell, Arkansas, for the splendid victory in being allowed to retain their separate board of state medical examiners?

Every red-blooded homœopath should write these two men a letter of congratulation and encouragement, for they are honest,

consistent and courageous, the very kind of men that homœopathy must have to defend and represent it.

Our state charters granted us the power to organize, erect colleges and hospitals, to teach and practice what—emasculated homœopathy, pan-therapy, or a beclouded phase of modern allopathy—wasn't it rather HOMŒOPATHY?

Perhaps some time we will send to our legislatures and place upon our legal benches—BRAINS and not politicians, as we are now doing. When this occurs a state charter will mean what it says.

We have little respect for a state which grants a charter to any profession and then puts that profession on the defensive, until it gets tired and has to relinquish its charter in sheer disgust.

One hundred men with the vim, consistency and temerity of these two men, could put homœopathy on its proper pedestal.

If there are that many in the United States, let us get together, organize and get busy and let the pussy-footers who fear and cater to the A. M. A. go to his Satanic majesty's domain, for they are apt to get there anyway; all traitors eventually do!

What we need are societies that represent *homœopathy*; that will stand back of every member who is fighting for the common cause, not the kind whose treasurers send out such idiotic replies as this—"Beg pardon, I did not know that the society was organized for *your* special benefit"—when appealed to to lend its moral support to the furtherance of homœopathy. These societies are very willing to take and expend your money—for what? Personally, I'm tired of paying for the other fellow's game. I am willing to pay twenty-five dollars a year dues for a membership in a real aggressive homœopathic society. Aside from the I. H. A. the others are dear at twenty-five cents a year.

Fraternally yours,

DR. A. PULFORD.

THE PRESENT STATUS AND TREND OF MEDICAL PROGRESS.*

Eugene Underhill, M. D., Philadelphia.

In the beginning man believed his diseases were due to the mischievous operations of evil spirits. His medical armamentarium consisted of incantations, prayers, anathemas, penance.

It will be observed that the practice of medicine had a comparatively easy and harmless start but it has traveled a rough road since.

In later times gross materialists appeared whose successors, lineal descendants and heirs are still with us and fully entitled to all the "discoveries" and crude forms of ignorance and brutality now resorted to in the name of Science. These conceived disease to be a palpable, material entity—something that could be sweated out, bled out, clubbed out, or cut out. Then began the gun-shot preparations of all conceivable substances—leaves, dirt, weeds, animal excrement, human hair, mashed bugs, dogs' ears, cats' tails. These mixtures were administered *ad lib*.

A little later they conceived the body to be a chemical retort or test tube, and disease as something gone awry in respect to chemical unities. Then began the pouring in of various reagents—alkalies, acids, antacids and other substances supposed to supplement or unite with the chemical forces at work in the body.

It is a common practice to this day for their successors to administer a substance to control the bowels, another to regulate the circulation, another to quiet the nervous system, another to tone up the muscular system, another to stimulate digestion. They never imagine that these powerful substances can have any effect upon each other, or that they would be subject to any change from the vital forces of the body.

A drug intended to regulate the liver will never monkey with the nervous system. It goes straight to the place ordered, and hits the bull's-eye every time. However, many of these infernal mixtures, after they are well started on their junketing trips, forget their destination, but they are not disconcerted by a little thing

*President's address, read before the International Hahnemannian Association, Cleveland, Ohio, June, 1924.

like that; they regurgitate—back up to read the label to make sure they are headed in the right direction.

Such child-like reasoning seems incredible, and yet they proceed with such calm assurance in hatchet-and-saw, hammer-and-tongs methods. They say they want results. They raise the digestive powers, they raise circulation, they raise muscle tone—they raise hell; anyway, not long after, many of the victims are either knocking at the Golden Gate, or taking a swim in the Sulphur Sea.

These practitioners declare of themselves: "We only represent scientific and rational medicine; we practice medicine and surgery to get results"—and be it remembered, they get them. Howbeit, they keep but one step ahead of the grave-digger and the undertaker.

Studying the human body as it appears at the autopsy and in the dissecting room, with its matchless mechanism destroyed, its spirit-like powers gone beyond recall, and all conceivable disintegrating and putrefactive processes in active operation, these materialists have conceived the cause and curative medical measures to be discoverable in this charnel house of Death. "Why seek ye the living (healing forces) among the dead?" The answer comes back—"We are hunting the cause." As a matter of fact, they do not find a *cause*, but a *result*.

Amidst the never-ending search for the cause and the never-ending failure to find it, there has gone forth the cry, "Treat the cause; treat the cause." But alas! the *cause* is not sick. It will always be found that the cause is a very well-conditioned, active, full-of-pep and energetic force. It has the strength of ten men and has often killed a thousand. Never mind treating the cause; it neither needs a reconstructive, nor a tonic. Treat the patient.

We read the other day that a certain New York scientist (*sic*) had found a way to treat cancer by letting loose 250,000 volts of electricity in the room with the patient. In this case we don't know whether they were treating the cause or the patient—anyway, the scientists (?) very thoughtfully added that when the 250,000 volts of electricity were let loose it was very dangerous for anyone to stay in the room except the patient. Those who advocate such measures contend that it is the "last word" in scientific

treatment. It certainly sounds like it—the “last word” for the patient.

Here's another “last word” in the treatment of syphilis. This last word seems so incredible, and lest we be accused of drawing upon our imagination we quote the letter of transmission as well as the methods of treatment and cure:

“UNITED STATES PUBLIC HEALTH SERVICE
Co-operating with the
PENNSYLVANIA DEPARTMENT OF HEALTH
Division of Venereal Diseases.

Harrisburg, Pa.,

March 26, 1924.

Dear Doctor Underhill:

Under separate cover, there is being forwarded to you our treatise on syphilis. This indicates the latest information we have on this disease and I trust it will be of some service to you.

Very truly yours,
EDGAR S. EVERHART, M. D.,
Director.”

Now, then, we quote verbatim:

“The State Department of Health centres its activities upon the control of venereal disease by the active treatment of those who have developed symptoms—continued until they are cured.”

Please keep these words in mind—“continued until they are cured.”

“The drugs used are arsenic, mercury and in the later stages, at times, potassium iodide.

“Arsenic is given in the form of Arsphenamine or Neo Arsphenamine; mercury by inunction, vaporization or mouth.

“Arsphenamine, given intravenously, implies both immediate and remote risk. The immediate risk is that which is indicated by the term ‘anaphylactoid’ shock, simulating as it does the phenomena incident to the injection of foreign proteins.

“IMMEDIATE SYMPTOMS: Flushing of the face, metallic taste, nausea and vomiting, cough, heart hurry, distress in breathing, cyanosis, syncope.

“These symptoms, one or all, may develop in a few minutes. If observed so promptly that the injection is stopped before a full dosage is given, a favorable reaction takes place usually within a short time; expedited by the subcutaneous injection of Adrenalin Chloride (10 to 20 minims of a 1 to 1000 solution) or atropine sulphate.

“Since the symptoms can never be predicted and may develop during the second or third injection in those who have shown no reaction against the preceding ones, the arsenical injection should be given slowly (two minutes for each decigram of arsphenamine used).

“DELAYED SYMPTOMS: The patient loses ‘pep,’ strength, weight and appetite. Often has headache.

“Erythema and dermatitis may develop. Exfoliative dermatitis of the entire body, with a severe nephritis may occur.

“Bile may appear first in the blood (capillary tube test); afterwards it may show itself in the urine. Jaundice, slight or severe, may occur.

“Hemorrhagic encephalitis rare, but serious, beginning in two to six days after the administration of the drug, may be inaugurated by mental confusion and dull headache, followed by convulsions, coma and death.”

Notice the patient is being cured.

“Some individuals do not tolerate arsenic even in the minimum dosage.

TREATMENT IN PRIMARY STAGE.

“First Course: Arsenic and mercury are both used. Arsenic in the form of Arsphenamine or Neo Arsphenamine given intravenously. Mercury by inunction. Eight doses of Arsphenamine or Neo Arsphenamine at intervals of seven days constitute the first course.

“Simultaneously with arsenic, mercury is administered. It is administered every third or fourth day for a total of nine doses. This constitutes a course. A rest of one month is given before starting another course.

“At the conclusion of the third course the patient is instructed to return every three months during three years for observation and Wassermann Test. If test is positive he is given a course of four doses of arsenic together with mercury.

TREATMENT IN SECOND STAGE.

"The intervals between treatments are the same as in the primary stage. The first course consists of 16 doses of arsenic instead of 8, the number used in the first course of the primary stage. The second and third courses are the same as the corresponding ones in the first stage. Additional courses of 4 doses each are given as indicated by a positive Wassermann or other symptoms. Mercury always in conjunction with arsenic.

"A Wassermann is taken every 3 months for 3 years. If positive, a course of arsenic and mercury is given.

"Blood and Spinal Fluid Wassermanns are taken every year thereafter during life.

"During the remainder of his life a syphilitic patient should take 2 or 3 courses of mercury of 6 treatments each, twice a year."

And lo! he is cured! Wonderful! Wonderful! Marvelous treatment—matchless cure!

How do they ever get away with it? If the prospective victims only knew the facts; if they could only look once into these jaws of death, into this mouth of hell, they would run so fast and go so far as to be beyond recall.

However, an effort is being made to throw out an inquisitorial drag-net to round up every suspected victim and force him by legal enactment to pass through these Molochian fires.

An untreated case of syphilis takes a more benign course, and does less damage to the centres of life than is accomplished by these destructive measures.

Here is a case where the remedies and treatment are worse than the disease.

And this in the face of the well-established fact that there is a more excellent way, that as Hahnemann said—this is one of the easiest of human ills to treat and cure.

Listen to the "Scientific" treatment of pneumonia. The *Atlantic Medical Journal* for January, 1924, pages 247-48: (We omit most of the names of the distinguished physicians, all of whom are regarded as among the foremost internists of the country).

"Treatment of Pneumonia by Antibodies with the anti-pneumococcic serum of Huntoon.

"This serum is made by injecting into horses types 1, 2 and 3, adding to the resulting serum living pneumococci of the three types, emulsifying, washing, introducing sodium bicarbonate and saline solution, heating at 55 C. for one hour and filtering. The serum contains antibodies and an indifferent protein.

"The treatment must be begun early in the disease, with the injection of 50 to 100 cc. intravenously, or (preferably) 100 cc. subcutaneously every 8 to 12 hours until the temperature is normal or below 100 F. Large amounts are often necessary.

"In Bellevue, N. Y., of those treated in this manner 21.4% died. At Blockley last winter there were 32 cases of true lobar Pneumonia with 20% mortality among those treated with the anti-pneumococcic serum."

Hurrah for our side! Wonderful success! Great excitement among the wild animals!

By other methods they confess to a mortality of 28.3 per cent. to 40 per cent.

Another leader outlines the "Treatment of Pneumonia by Chemotherapeutic Methods."

"Chemotherapy is produced by synthesis of a substance parasitocidal and scarcely organotropic, the method depends on trial" (that is, you guess at it) "and results vary. Ethylhydrocuprein has been over-urged, since the dangers counterbalance the benefits. While it renders the serum germicidal to the pneumococcus it is toxic, and may impair the vision or cause death." (But why be disturbed by a little thing like that?)

"Mercurochrome, 1%, may be given intravenously, 5 cc. per 20 pounds of body weight. This causes a reaction which is not dangerous and which lasts for 24 hours (vomiting, diarrhoea and an elevation of temperature).

It's a fine thing that it's not dangerous, but just consider turning your stomach wrong side out and trying to puke up your boots for twenty-four hours to the tune of a business-like diarrhoea.

A Boston physician makes a confession which must be good for the soul. He says:

"No specific remedy stands the test in pneumonia, nor have there been accurately controlled observations or scientific investigations."

And he goes on to say:

"Of the cases of type 1 lobar pneumonia treated with serum in various hospitals, the mortality figures ranged from 9.2 to 20%. The figures in the cases not treated in this way ranged about the same."

He marched his soldiers up the hill, and then he marched them down again.

Another distinguished practitioner dwells upon "The Use of Drugs in the Treatment of Pneumonia":

"Something in the quinin molecule opposes in some way some of the pneumonic poisons. Clinically, in the normal person large doses of quinin produce the familiar syndrome of cinchonism or possibly death, while in pneumonia this drug is well borne. In certain cases of highly virulent type 4 cinchonism may be present and death invariably results. In type 1 the following drugs are effective in the order named:

- "1. Ethylhydrocuprein (too toxic for use)
- "2. Quinin hydrobromide
- "3. Mercurochrome
- "4. Quinin and urea hydrochloride
- "5. Quinin hydrochloride.

"The effect of a drug must be adjuvant, substitutional, imitative or supplementary." (Profound wisdom!)

"Digitalis to sustain the heart, pressor agents, sedatives, eliminants all play a part in pneumonia."

Yes, they play a part—they play funeral marches to the grave.

"Dr. (Blank) stressed the importance of the subcutaneous injection of antibody serum, and said that death in pneumonia is frequently due to some condition previously existing."

That is, death is not due to pneumonia, and, of course, not due to anything they do for the patient, but to some previously existing "tissick."

"Dr. John Kolmer deplored the great ignorance on this subject."

It's a wonder they didn't kill him—he "spilled the beans." Therein he laid emphasis upon the truth, the whole truth and nothing but the truth, and summed up their pneumonic therapeusis in two words—"great ignorance." Mark you—we didn't say it. We are quoting.

In view of all the things they do for pneumonia patients, they can not understand why any of them die, while we can not understand why any of them live.

How is it, with our wonderful armamentarium and a record of scarcely one per cent. of fatalities in pneumonia, the benefits of our methods may not be widely utilized in behalf of humanity?

There is one paramount reason—Medical students in the colleges are taught well-nigh everything under the sun except how to cure disease.

Medical educators, denying the existence of a law of cure, without chart or compass, floundering in the shifting sands of speculation have become easy victims of far-flung commercial enterprises which are exploiting the doctors, and through them hammering the sufferings of humanity into dollars and cents.

How many doctors with great names, sit in their offices holding medical circulars in their hands prepared by advertising word-twisters, and are persuaded to try this, and try that?

And the things they are urged to try are concocted by half-educated, half-baked dope mixers who know next to nothing of the potential powers of the elements they are dealing with, and who know less of the human organisms that are to absorb them.

You don't need any medical education to practise "scientific" medicine. All you need is ability to read the circulars and the labels on the dope bottles.

Take the treatment of hay fever. One of the biggest commercial houses will send you a thirty cutaneous-test pocket case, and along with it a nicely worded letter with this sentence prominently

set forth—"Doctor, consider the additional revenue this will bring to your practice."

Now, then, find your hay fever patient. Get the poor devil in a corner and they will tell you just where to scratch his hide, and how many dollars per scratch.

Now, this is diagnosis, and this pocket case loads you up for thirty tries or tests. Certainly you might expect to hit something in thirty shots. You will, too, but you are warned that you may not hit the nigger in the woodpile with this amount of ammunition. However, you are advised that for a sufficient consideration you can be supplied with the testing material for all the plants that grow between the Sulphur Sea and the Golden Gate. So keep on with the diagnosis until the thing happens that they say should happen. Then you can buy from them the material for treatment, and they will tell you just how much to soak the patient—both in dope and dollars.

But you are warned again that only a few patients are benefited, for the reason that "in many instances the onset of pollinosis favors the development of secondary bacterial invaders, and many patients will be benefited by the use of bacterial vaccines in conjunction with pollen extracts."

We started to count up the number of bacterial vaccines that should, or may be used, but we got dizzy and had to quit.

You are to hook up the pollen extracts and vaccines and drive them tandem. However, you are cautioned that you may not get anywhere, even then. You may just come to a dead-end road. But they are loaded for such an emergency. If that happens this is what you are to do: Give, or use on the patient, in the order named, Thyrocal, Calcium lactate, Adrin, Cargentos, Lubroline, Blandine, Elixir pepsinized glycerophosphates, Somnos. This last is a hypnotic—it puts him to sleep. If he ever comes out of that hit him on the head with an axe.

We have scarcely touched the margins of this stupendous tommy-rot.

We have not referred to the desensitization in respect to cat fur, dog hair, horse hair, cow hair and all other kinds of hair.

We have not mentioned the introduction of numerous foreign proteins to ascertain food tolerance so that a man may have a

printed list of things to steer clear of, and another list with which to play the glutton.

We have not dwelt upon the well-nigh innumerable, disgusting and death-dealing serums which are to be pumped into humanity.

We have not called attention to the medico-political threat that just now hangs over the child life of the nation, whereby every child is to be forced to receive into its body one foreign element for alleged immunity against diphtheria, another for scarlet fever, another for measles, another for whooping cough, and on through a long list of diseases.

The advocates of these measures and the manufacturers of the products say that these elements when introduced into the child's body can have no possible influence upon each other, and can only do to the victim what is intended. May God defend the children!

Official medicine contains in it a threat of irreparable disaster. As a force for healing it is a failure. Witness the formation of well-nigh innumerable "cults" and the refusal of more than 90 per cent. of the laity to enter their medical and surgical shambles. The most enlightened and thoughtful of humanity have turned away.

One thing, however, we must concede, and that is they control the major portion of the politico-medical machinery of the nation, and lest they be disturbed in that exercise of power, every adverse thought, criticism or discovery is promptly condemned or suppressed.

No notice will be taken of any treatment or research work that is not along the lines of the accepted fallacies, and not then unless it is first submitted to a Board of Censors who decide whether it is sufficiently tied up to all the stupidities of the past, has nothing in it to disturb the present, and will in no wise jeopardize their control of the future.

They pass upon remedies that shall be used, calling certain preparations "ethical" and others "unethical." The ethical ones are always admitted to the advertising columns of the official journal. When the makers of the unethical preparations get enough money to pay for a sufficient amount of advertising they may also go into the "ethical" class.

Patent medicines are condemned (and doubtless everyone ought to condemn them)—but wait, what is the difference between a patent medicine prepared and sold directly to the laity, and one prepared and offered to the doctor with the request that he recommend it to the laity? The difference usually represents so many dollars per inch of advertising space, and the catspaw co-operation of subservient doctors.

They talk much about the "safety of the public." But have they not taken a leaf out of the book of that railroad manipulator who said, "The public be damned, what I want is power, real power."

The laity more or less continuously have flashed in their faces the "discoveries and advances of medical and surgical science." They point to the lowered death rate, and ascribe it to official medicine and surgery.

Fortunately, there is a lowered death rate, but it is not due to official medicine nor to surgery, but to other methods of treatment and to sanitation—sanitation which has been put in force by public opinion, and chiefly by leaders among the laity.

We have given cardinal examples of "official" medicine. See what it is:

Examine "official" surgery and hear the parrot-song, "The operation was successful, but the patient died." There is no reason why the laity should bow down and worship at that shrine. As much deftness and skill in wielding the knife can be seen in any well-regulated slaughter house; butchering time among the farmers discloses similar skill.

"Official" medicine is called "regular," "reputable," "recognized"—dust-accumulating, sand-throwing words. It is just as reputable and recognized as it is regular. Something regular suggests something fixed, something immobile, something dead. When life has gone out of a man, see how regular he is, how fixed he is, how dead he is.

The regular, recognized and reputable cloud of past blunders and present stupidity is rising; the laity see it, and thousands of their own doctors see it and have hung a new sign over the portals of self-conceit, "Weighed in the balance and found wanting."

But recourse is now had to political control. That which could

not succeed in the light of reason is to be attempted by force of law.

Such is the present status and trend of medical progress as they relate to so-called official medicine. As a matter of fact, progress in this connection is a misnomer. The trend is in the direction of speculative doubts, experimental absurdities, threatened disasters and something far worse than even taking the back track.

Meanwhile, this organization, the International Hahnemannian Association, is the custodian of a far-reaching and beneficent truth.

The hope of the nation and of the race lies in the exercise and development of this truth.

The International Hahnemannian Association stands for progress—real progress.

It does not hesitate to investigate new or old theories.

Its findings are submitted to the test of time, experience and results.

If not great in numbers, it is great in truth and accomplishment.

In the presence of medical speculators, quibblers and the foamy criticism of shallow minds, it stands unmoved—like a rock, having in it something of the abiding character and immutability of the Rock of Ages.

Some thought that the Old Masters in ceasing from their labors would find the truths which they represented diminishing in force and power, and constantly vanishing from the earth. Those of us who have taken up their burdens may not have carried them so nobly nor so well, but we shall pass on our indestructible inheritance to our successors, and whether our successors are few or many need not unduly concern us. Results speak for themselves.

Whether our numbers, therefore, be large or small, whether they speedily increase or quickly diminish, we need not be concerned. Truth does not enlarge itself, truth does not diminish, truth abides.

Be admonished. "Keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so called."

WHOOPING COUGH.

S. W. Lehman, Dixon, Ill.

Whooping cough is said to be the cause of the death of 6000 children annually, in this country. Statistics show a mortality of 81.8 per cent. in the cases followed by pneumonia as a complication or sequelac.

As there is no specific, it is left to the art of the individual doctor to handle the cases according to their merits.

All kinds of empiric treatment have been put forward from time to time, but there seems to be a variety of opinion regarding their effectiveness.

Perhaps the best testimony regarding their value is the fact that too many complications occur and altogether too many deaths.

I have been treating this disease for over twenty years. I have never had a complication following my treatment, nor a death that could in anywise be attributed to the disease or its treatment.

I will give twenty-five reasons why this disease can be wiped out in twenty-one days, as a total average, without suppression or complications. Many cases are cured in seven to fourteen days.

Coqueluchin.

The first remedy I wish to call your attention to is the nosode of the disease.

It should not be given below the thirty X potency, better 2c or 1m. When there are no underlying symptoms except the epidemic cough, it is of great value and will often cut the disease short at once.

The effects of it can often be realized by the third day. It is also of great value in chronic cases and complications that come from mistreatment of the disease by empiric methods that are so commonly resorted to, to relieve the distressing symptoms.

If one should supply himself with the remedies that I am suggesting, and follow correctly their indications, the treatment of whooping cough would become a pleasure.

Anyone can get the specific indications of this remedy by studying the uncomplicated symptoms of whooping cough.

A valuable little book has been published on the treatment of

this disease, with its own nosode, by Dr. J. H. Clarke, of London.

Every case, therefore, is in effect, a proving of the ineffective principle.

The nosode has never been proven. I will give Dr. Clarke's symptoms:

A hacking cough.

A deep sounding, croupy cough.

A cough provoked or followed by intense tickling in throat.

Fauces or trachea.

Cough with difficulty of getting breath.

Cough with frequently repeated paroxysms.

A sensation of nausea at the end of coughing period.

In my hands, the remedy if given in the acute stage, seems to complete its action at the end of seven days.

When other remedies are needed to wipe out the base if there be one, upon which the virus was implanted.

It is quite valuable in the chronic effects of mistreated whooping cough or chronic bronchitis, as the result of either whooping cough or some intractable cold which has been suppressed.

These patients are usually pale, no appetite, begin to lose weight, the glands of the neck begin to enlarge, or the glands in the mediastinum begin to enlarge, threatening abscess.

They often keep picking or digging in the nose, sweat easily, they are pale, anæmic, weak, nervous, they do not care to play, complain of being cold all the time, hectic fever every day or every other day. Tongue usually coated white, showing sub-acute catarrh of the tissues, while they have a desire for sour, fruit acids, etc., showing deterioration in protein metabolism.

The urine is turbid, the bowel movements are constipated, due to scanty stool.

As more symptoms would only tend to confuse one, I will leave these two pictures with you:

The acute symptoms of the disease itself.

The chronic sub-acute complications.

Corallium Rubrum.

Perhaps this remedy follows coqueluchin more closely than any other remedy because of its relation to syphilis and psora.

Its cough is spasmodic, violent, teasing, children lose their

breath, get blue in the face, aggravated at night, take little food and drink. They have a longing for acids and for salt.

It is related to the nervous temperament, and nervous cough.

Therefore, after the infectious principle has been alleviated by the nosode, its indications become very apparent.

It is associated also with rapid loss of flesh, and great weakness.

Other symptoms of its cough are:

Minute gun paroxysms.

Smothering before starting to cough.

Exhaustion afterward.

Crowing inspiration.

Sensation as though the air was cold.

Aggravated during night sleep.

Aggravated after waking.

Attacks come rapidly and follow each other closely.

Aggravation is often noticed at about 2 A. M.

Sensation as though the patient would choke up.

Gasp for breath.

Often sweats about the head.

You will get the best results with the higher potencies.

It is also an antidote to mercury and indicated when children have been accustomed to periodical use of calomel.

It is indicated in children having light hair, poorly nourished, having a tubercular base, flat chest, prominent eyes, poor appetite, lassitude, weakness and exhaustion.

They are sensitive to cold, are more apt to have bronchitis than the two preceding remedies.

There is more or less engorgement of the lymphatic system, with more or less copious discharge of mucus.

The remedy acts from the center to the periphery.

It is indicated where the disease seems to be at a standstill, and there is no reaction and permanent lung trouble is to be feared.

It is a wonderful remedy, and the whole vital economy begins to partake of its influence and tissues begin to respond and take on a more healthy activity in a very short time.

It simply aids the vegetative forces to function and there is no comeback to its effects. (Compare lobelia inflata aceticum.)

Drosera.

It has very violent paroxysms of coughing which follow each other rapidly.

The patient is scarcely able to get his breath. Aggravated after midnight, during or after measles. Spasmodic cough with gagging, retching and vomiting.

Hahnemann says that in a certain epidemic, a single dose was sufficient to cure a case in seven or eight days.

Other symptoms are constant titillating cough in children begins as soon as the head touches the pillow.

Cough is aggravated by warmth, by drinking, singing, laughing, lying down, and after midnight.

During cough, mucus, often bleeding at nose and mouth, vomiting of water.

Those who have had most experience, advise against giving the second dose.

Sanguinaria Canadensis.

One can scarcely be successful in treating whooping cough without this remedy.

Its place in whooping cough comes largely at the end of the disease. The patient seems never to have gotten over his whooping cough. The cough returns every time the patient takes a cold.

It may be used also in the very early beginning before it has really gotten a start, and after the protein of the system has become anaphylactic or permanently sensitised by the infectious principle, the nitrate of the alkaloid is very effective in desensitizing the tissues and restoring them to a normal equilibrium.

The cough of this remedy proceeds from a tickling in the throat aggravated after lying down, crawling sensation behind the sternum, spasmodic cough, dry cough, tickling in the throat pit, dry cough awakens him from sleep.

If this remedy does not work as speedily as it ought to, give a dose of calcarea carb.

Ipecac.

Adapted to cases where the gastric symptoms predominate.

The child loses its breath, turns blue, strangling with gagging and vomiting of mucus, bleeding from the nose or mouth.

Cough with much rattling of mucus when inspiring, threatened suffocation from the abundance of mucus.

Cuprum Metallicum.

The cough of this remedy is long lasting, suffocative, spasmodic, patient gets breathless, blue, rigid and stiff.

There are often three attacks successively. Vomiting of solid food after regaining consciousness. Cataleptic spasm with each paroxysm of coughing.

(Ambergris has violent cough in spasmodic paroxysms, with eructation and hoarseness.) Worse talking or reading aloud.

Evening without and morning with expectoration.

Whooping cough without crowing inspiration, is adapted to children with dark hair, cross, irritable, ill-humored, wants to be carried, carrying gives no relief, does not want to be touched, cannot bear you to come near them, desires many things, but rejects them all, often follows Drosera, which has relieved the severe symptoms.

Coccus Cacti.

Cough begins 6 to 7 A. M., on waking or on first rising. A dry, racking, barking cough, with remissions of one or two minutes until vomiting and expectoration of a large quantity of thick, viscid, ropy, mucus which would extend in strings to the floor.

Carbo. Veg.

Paroxysms of violent croupy cough with whooping aggravated at night, better from rising up or expectorating. Blueness about the eyes. The symptoms being such as to cause anxiety because of poor vitality.

Prophylaxis.

These remedies are said to be prophylactic: *Allium Sativum*, and *Pulsatilla*.

Mephitis.

The nervous system is very much over-sensitized, vomited food, seems as though each cough would terminate life, aggravated when lying down, causes a suffocative sensation, he cannot exhale.

It is indicated where there are signs of nervous exhaustion, alcoholic and tubercular cases. Ill humor about trifles.

It increases sugar metabolism within the organism. Cough and vomit, seems worse at night.

Antimonium Crudum.

Excessive depression and exhaustion.

In children with unhealthy skin—sore crusts behind ears.

Vegetative nutrition decreased. Stomach trouble, eyelids sore.

Lymphatic system engorged, tongue heavily loaded, decreased oxidation, foulness, deterioration of vital fluids, pale ashen gray, urine decreased.

Ill humored, fretful, peevish, appetite abnormal or disgust for food, bitter taste, craves sour things, thirsty, especially nights. Obesity, but losing weight, post tonsil operations.

Symptoms Characteristic.

Cough comes from deep in the abdomen.

Evening no expectoration.

Morning expectoration of tenacious, bloody mucus.

First attacks in morning, most severe, each subsequent ones grow weaker and weaker.

Whooping cough following measles.

Decreased when becoming overheated.

Antimonium Tartaricum.

Base.—Hereditary, alcoholic base. History of vaccination trouble, lymphatics deteriorated causing engorgement. Agg. hot weather.

When there is associated much gastrointestinal trouble, and threatened pneumonia.

Whooping cough associated with asthma. Thirst for cold water. Agg. after eating or drinking or getting warm in bed.

Cough preceded by the child crying, gastric catarrh, craves sour, poor reaction, oedema and impending paralysis of lungs.

Compels patient to sit up, moist rattling, no expectoration.

Weakened and exhausted, falls into a sort of coma, can scarcely be awakened, except by new attack.

*Whooping Cough***Crotalus Horridus.**

Base.—Alcoholic, zymotic, or septic. Yellow, pale, bloodless. Fluid tissues becoming disorganized.

Characteristic Symptoms.

Great debility, asthenia, cardiac weakness, pallor after an attack, tardy return to normal. Epistaxis, blood fluid, dark or red, liquid, non-coagulable, offensive.

Purple lips, eyes bloodshot, frothy, stringy, or bloody expectoration, threatened paralysis or oedema of lungs.

Squilla Maritima.

Anaphylaxis whooping cough following measles, or loss of blood, spleen has become deteriorated, and the system does not react well to a new virus.

Heart often weakened, trophic disturbances. There is usually considerable bronchitis remaining, wheezing, shortness of breath, longing for acids, thirst for cold water.

Ganglia deteriorated, purpuric erythema or hemorrhages appear due to the worn out state of the tissues, and the endocrine system. (Supr. Ren.)

Characteristic Symptoms.

Bronchitis, tickling throat, wheezing, eyes water, morning expectoration frequently reddish, evening none, sputum sweetish, offensive odor. Involuntary urination with absolute lack of sweat.

Phosphorus.

Base.—Face pale, sickly, sallow, waxy, yellow, swollen oedemations, brain and ganglionic system deteriorated, weak since childhood, nervous exhaustion, adynamia.

Acid metabolism. Ammonia increased in the urine. Thirst for cold water, mouth dry, blood dark, even black and fluid.

Venous stagnation, congestion of the portal system, fatty degeneration causing hemorrhages. (Blood loses its coagulability, septic states, wonderful remedy, distaste for meat and fats, bitter taste.

Characteristic Symptoms.

After starting, the disease threatens an unfavorable course. The virus is so poison, that fatty degeneration occurs, the severe hemorrhages from nose or lungs take place, frothy blood appears in expectoration.

The cough is tickling at the bifurcation of bronchi.

Sepia.

Anti-sycotic—acid diathesis. Decreased protein nutrition, mouth dry, slimy, putrid, dry as if scalded, taste salt, metallic, putrid, offensive. Tongue dirty yellow, aversion to food.

Dark complexion—brunette—rigid fiber. Agg. wet, sensitive to cold, snowy air. Chills easily, lack of vital heat.

Base.—Venous congestion of portal system. Great tendency of taking cold. Urine, uric ac., reddish, B. D. sed't, offensive, easy dislocation and spraining of limbs, easily fatigued, want of energy.

Symptoms.—Cough both day and night, retching. Complete loss of breath, then gagging and vomiting of mucus. Expectoration increased during night. Salty taste, cough seems to come from the stomach.

Spongia Tosta.

Base.—Weak, pale, lean, do not thrive, tubercular base, bel-lows murmur, rheumatic endocarditis, scrofula. Endocrine system becoming exhausted after long chronic ailments or slow convalescence.

Easily exhausted, neurasthenia. The great vegetative system function decreased, reaction poor, convalescence prolonged

Symptoms.—Special or sporadic cases. Deep, dry, spasmodic bark, caused by tickling sensation in larynx which is very irritable. Agg. talking or lying down.

Hyoscyamus.

Base.—Following mumps. Typhoid state of nutrition.

Hyosc. Mono. Bromate.—Typhoid state of nutrition. Ereth-ism, not a tissue that is quiet or at rest. Agg. talking, exhaus-tion, debilitating diseases, prolonged convalescence.

Loss of co-ordination between psychic and somatic.

Brom. Base.

Decreased protein nutrition. Decrease in alkaline earths. Acid state of tissues, light hair, blue eyes, weakness, exhaustion, scrofulous, endocrine system exhausted. Taste sweet, salty, bitter, sour, mouth dry.

Symptoms.—Spasmodic cough, frequent, rapidly succeeding, excited by tickling, expectoration salty mucus. Agg. lying down, violent thirst.

Cough begins 6 or 7 A. M., or on waking or just rising. Dry, racking, barking cough, with several minutes' remission.

Coccus Cacti—Characteristic Symptoms.

Suffocative cough expectoration, tough ropy white mucus. Difficult to raise, causing strangulation and vomiting of food.

Agg. going to bed, during night, after remaining long in one position, coming into a heated room, from cold air. Cough agg. on first awaking, racks the system all over.

Head pains as if it would split, purple face. Protracted bronchial catarrh, remaining after whooping cough.

Base.—Uric acid base. Colitis. Fauces are irritable, spasmodic cough, its cough corresponds to whooping cough type. Agg. in the morning, awakes and is immediately seized with a paroxysm of coughing ending in vomit of clear, ropy mucus, hanging in long strings.

Passes large quantity of uric acid, chronic catarrh of colon, much mucus, great aversion to butchers' meat.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

**DISCUSSIONS OF THE THEORY AND PRINCIPLES OF
HOMŒOTHERAPEUTICS AND RELATED
MEDICAL TOPICS.****COMPENSATING CORRESPONDENCE.**

For nearly six years now I have been writing the articles which appear monthly in this Department of THE HOMŒOPATHIC RECORDER. On rare occasions I have filled my space with articles by other writers. That I might have done so oftener to the advantage of our readers may be freely admitted. I confess I have been tempted more than once to do so when temporarily at a loss for a subject, or when "the stream of thought" flowed sluggishly. But being somewhat obstinate by nature, I usually hung on till the tide turned.

It has not always been easy under the pressure of other work to get this monthly article ready in time. There have been occasions when I felt like quitting the job. But often, just at such times, would come a letter from some thoughtful and appreciative reader telling me how much he had enjoyed or profited by something I had written and asking for more—perhaps suggesting a topic which he wanted to discuss. Such letters are real "foot warmers." They keep me trudging along what is commonly regarded as a rather cold and lonely path, for mine winds about mostly in the hills and crags of philosophy, where few seem to care to stroll by themselves nowadays.

It is cheering to get such letters from readers and I have had a good many of them. Even Dr. Rabe, hard-worked and "hard-boiled" editor that he is, occasionally takes the time to call me on the telephone or write me a note to tell me how much he thinks of the article I have sent in; and once—(whoever heard tell of the like?)—"B. & T.," ancient, remote, misty, almost mythical beings (to the average practitioner, by reason of their modesty and the three-quarters of a century of publishing history behind them), surprised me with a big package containing a thousand reprints

of an article of mine, "free gratis for nothing," with a nice little note to the effect that it was a concrete expression of their belief in its value and importance. I had to put my hat on with a shoe horn the next day. Had I not known from delightful personal experience that the real "B. & T." are not only two modest, but modern, middle-aged men, warm of heart and "given to hospitality," I might have thought that I was a "holdover" receiving a belated legacy from a former generation when the relations of writers with their publishers were more personal and intimate than they commonly are in this cold-blooded, commercial age.

And now, having broken a self-imposed silence on the subject of my own writings, I have decided, lest our readers should think that Dr. Eli G. Jones is the only writer among us who gets a bouquet handed to him occasionally, to fill the remaining space this month and next with some of the letters and extracts from letters I have received recently.

If the letters were merely complimentary and were not interesting in themselves—if they were not enlightening in their bearing on certain important phases of the homœopathic situation—I believe I would not present them. But yet, who knows? Perhaps I might after all. As the matter stands I do not feel called upon to delete the incidental complimentary references to myself or my writings, and I dare Dr. Rabe to do it. If I formerly suffered from suppressed vanity or an "inferiority complex," I believe Dr. Eli G. Jones has completely cured me. And again, who knows? To him, however, may be given at least a part of the credit for the appearance of this article. I hope he will enjoy it with the rest of our readers, and give me his blessing.

First, because it is the last one received ("The last shall be first and the first last"), shall be placed a letter from Dr. George Royal, of Des Moines, Iowa, who needs no other introduction than the mention of his name.

"My dear Dr. Close: I am writing to tell you that I am a constant reader of the RECORDER and enjoy your articles. I especially enjoyed your 'How I Became a Homœopathician,' because your experience has been my own to a great degree. This is true in more ways than one.

"My attention was first called to homœopathy by being cured of a catarrhal condition of the mucous membrane of the stomach

and eyes with Kali bich. 3x. (This is not in accord with what my good friend Pulford says in the April RECORDER, as it was below the 12th.) I then went to a homœopathist and asked him to be my preceptor. (Dr. Wood who cured me was not willing to be my preceptor.) Dr. Charles Beach, then of Rockville, Connecticut, agreed to act as preceptor and told me to buy a copy of the Organon, read it through and then come to him with any ten questions I wished on the first five sections. I read it through not only once but three times, and at the end of the week went to his office with ten questions on the third section.

"I was principal of a school at the time and the questions called for answers to things I did not understand. But, oh! the disappointment that awaited me. I was told that I must learn to recognize diseases, *e. g.*, pneumonia, so that I could tell which forms were curable and which forms not. This I had already learned from my allopathic preceptor, who had been trying to cure me.

"The two hours came to an end by my new preceptor saying: 'I see you have as clear a conception of the Organon as I have, and that you are ready for the study of Materia Medica.' He advised me to get Hering's Condensed and that my first lesson would be on Rhus tox., which I was to study for a week and come in and recite, *i. e.*, repeat from memory symptoms found under the different sections. I bought Hering's Condensed, I looked at its hundreds of symptoms presented without grouping or any relation to each other, and I gave up homœopathy.

"This was the last of June. In September I went back to my school, and related my experience to Dr. Wood, who said: 'I see your trouble. You need something to connect up your allopathy to homœopathy. Get Hughes' "Pharmaco-Dynamics" and study that. That will straighten you out.' I got it and stuck to homœopathy, but I was not satisfied. About this time Dr. Erastus E. Case, of Hartford, Connecticut, was called to treat a patient in the neighborhood. To him I related my troubles. He laughed and said: 'Preston (my old school preceptor), Wood, Beach, and Wood again. I don't wonder that you see Hughes and Hering as through a mist.' As Case had a few hours to wait between trains each day, I had about twenty hours elucidation on the third section of the Organon and enough in addition so that I could get some glimpses of the truth found in other sections. I read the Organon

through at least twice yearly now, after trying to teach it for thirty years, and find something new every time I read it, for I realize that I know but little about it yet.

"In 1880 I went to New York and found the same conditions you did four years later. I also found a cause for some of the defects in teaching *Materia Medica* and the omission to teach the *Organon*. Because T. F. Allen was an Amherst graduate, and because I had taken my pre-medic course at Amherst and for other reasons, Allen often invited me to his office, told me many things about college faculties and college courses which I afterwards, in my thirty years at the State University of Iowa, found to be true but deplorable. I found that Allen, Lilienthal and others had formerly been allopaths and had taken up homœopathy because they had seen its superiority to allopathy. Allen told and taught me many things privately which he never taught in his classes, because he said that the majority of the faculty would not permit it and most did not understand it.

"As you say, the clinics did not amount to much in those days and Allen did not hold any. The only one who ever helped me in 'taking the case' was Dr. E. E. Case, and he only a little of it. When I began at Iowa City the surgeon was the only one to hold clinics. I asked Dean W. H. Dickerson to permit me to have one hour out of four for a clinic. He at first hesitated but having been instrumental in getting me to accept the position, he finally yielded. He had been professor of theory and practice for years and had never held a clinic; but after I had run one for one term he held one for an hour a week until he died. At his death I became dean, and not only increased my clinic time from one-fourth to one-half, but insisted on all the other professors holding a clinic. It was here that I demonstrated Allen's contentions to be true. The surgeons and other specialists ridiculed the *Organon* and my teaching of it.

"They did not know how to take a case properly and as there were always more patients than there was time to take care of at the clinics, they did not do as well as they knew how to do. As the majority of the professors were alternators, etc., and taught alternation in their clinics, it was very difficult for the chair of *materia medica* to teach even what he knew of homœopathy. I tried to teach that by the proper use of the indicated remedy many

patients could avoid pathological conditions and be spared the surgeon's knife.

"I cited *Lachesis* for carbuncle as you did recently, and *Lapis alba* for fibrosis of the glands and muscles of the neck and presented the patients as proof of the truth of my statements. The professor of surgery replied by holding up his knife and saying, 'I can agree with our professor of *materia medica* as to the use of the single remedy, the remedy being *Ferrum* in this preparation.' My knowledge of homœopathic medical colleges prior to 1904 was obtained from the New York and the Iowa colleges.

"During the fifteen years I was chairman of the Council of Medical Education in the A. I. H. I visited all our colleges some two or three times. I found the same conditions in all of them varying to some extent in degree, only most of them laughed when I urged them to have the *Organon* taught as the most important subject. Hering College under H. C. Allen was the only exception. In the University of Ohio, A. E. Hinsdale, who was a year under me at Iowa City, begged me to talk to the dean, whose position as dean I secured for him, and have him permit him (Hinsdale) to run a clinic in his department of *materia medica*. He consented but never heartily supported it. Hahnemann of Chicago was the worst of all, due to the fact that it had the largest number of specialists on its faculty roll. Hahnemann of Philadelphia was next to Hering. I pleaded with, coaxed and threatened the dean of our alma mater, but in his impatience he told me to go —! It was my sad experience before 1905 that led me in my presidential address to urge the establishment of a post-graduate college of homœopathy. As you know, they turned me down on that point but granted my request for an institute journal.

"I am still of the belief that unless a post-graduate college is organized the truth of homœopathy will be dormant for half a century longer than it will if such a college is established this year.

"This brings me to another statement or confession, *viz.*, that I had written an article on Post-Graduate College for the *Journal of the A. I. H.* in its June number. (I usually send in my manuscript about the tenth of the month before it appears.) When I read your article yesterday I was surprised and pleased to find so much in line with what I had written. The committee on post-graduate college named last June was instructed to keep the mem-

bers of the A. I. H. posted on the progress of their work so that we could have some idea of what was to be presented next June and vote intelligently on it. I am sorry to say that I do not know what, if anything, has been done. But as this letter is already four times as long as I intended, I must close though I have not said one-fourth of what I would like to say."

And that's that. Dr. Royal has thrown a flood of light on the primary cause of the extinction of our homœopathic (?) colleges and hospitals. If their destroyers are now writhing under the lash of conscience they can blame nobody but themselves. They are reaping what they have sown. *But homœopathy still lives.*

Next I will present a letter from E. B. Dean, M. D., Miamisburg, O., bearing upon the same general subject. He writes:

"Seldom do I get up sufficient courage to write anything commendatory or otherwise concerning a book or magazine article, but 'A Carbuncle Case and Some Comments' in the February issue of the HOMŒOPATHIC RECORDER is such an unusually fine presentation of certain phases of homœopathic practice that I feel I must at least thank you for that most excellent article.

"The seeming decline of our homœopathic school has been a rather sad swan song to me. Whatever may be the cause or rather causes, I am of the opinion that one of them is the poor teaching of homœopathic fundamentals in some of our colleges in the past. Some of us graduated about a quarter of a century ago. I got very little real homœopathy during my college days. I have had to acquire my homœopathy very largely since then. True, the college did give lectures on homœopathic materia medica and the students acquired some workable knowledge of homœopathic prescribing, but the true philosophy of homœopathy was an unknown tongue to most of us.

"We were given plenty of surgery, so much that I well remember how helpless I felt after graduation when I was so fortunate as to have a medical case to deal with and it took no little digging into the principles and fundamentals of homœopathy before I lost in part this sense of helplessness in studying patients.

"In all these years I have never turned to the study of homœopathy in vain. Whether I devote five minutes or as many hours to the subject the returns are invaluable.

"Permit me to call your attention to an article entitled 'An Engineer Talks on Medicine' which appears in the February number of the *Atlantic Monthly*. The article will doubtless cause some comment, favorable or otherwise to homœopathy. It should be read by every homœopathic physician in the country and should be commented upon by our journals.

"The HOMŒOPATHIC RECORDER is not standing still. It moves forward. It is well worth while."

Here I will insert portions of a letter from Dr. James C. Wood, surgeon and author, of Cleveland, Ohio, received sometime before the publication of my book, "The Genius of Homœopathy." Dr. Wood wrote:

"I have read your articles on 'Homœopathic Philosophy' in THE RECORDER with a great deal of interest, and I feel that they will prove of service to the cause. As perhaps you have noted, it has during the last ten or fifteen years of my life been my effort in pretty much all I have written to place homœopathy upon a thoroughly explainable and scientific basis. In your articles you have reached a class of readers unavailable to me because you represent the medical, and particularly the more exclusive side of homœopathic therapeutics.

"It is only through such articles as you have written that we are ever going to get anywhere in the way of scientific recognition of the homœopathic law. It was particularly interested in your article on 'Susceptibility, Reaction and Immunity . . .'

"I sincerely hope that Boericke and Tafel have kept your articles in print and that they will appear in book form. There is so much that does appear in homœopathic literature that is so utterly unscientific and unreasonable that I sometimes become discouraged."

Dr. Guy Beckly Stearns, of New York, founder of the Foundation for Homœopathic Research, wrote:

"I had more pleasure from reading your book than from any other homœopathic publication since Nash's 'Leaders.' I hope now that you have started you will keep on. There are too few men who have any understanding of underlying principles."

Dr. John Hutchinson, of New York, wrote:

"It seems to me THE book to put into the hands of a mature seeker of what is true in medicine."

S. Parkes Cadman, D. D., S. T. D., D. H. L., etc., clergyman, author, lecturer and publicist, affectionately dubbed "The Radio Pastor of America," wrote:

"I am reading your volume with the greatest interest and pleasure. I expect to take it away with me this week for a good steady read on the train. Thank you for your kindness to me."

Space forbids the presentation of more extracts of this kind, but there remains one letter, recently received, that gave me an electric thrill which I think will be passed on through the living circle of RECORDER readers. It is from faraway Africa, from Liberia, in the depths of the primeval jungle. The writer is a Negro, a well educated man, graduated from Jackson College, Jackson, Mississippi; a homœopathic physician graduate of Hering College of Chicago; a missionary and a pioneer, who for more than fifteen years, with his devoted wife—an intelligent, educated and attractive mulatto woman—has labored successfully among his benighted people in Africa under the most primitive conditions.

The story of this man, if I had space to print it, would stir the imagination, thrill the sympathy and excite the admiration of every reader. It is a romance of real life—of a type that few of us know anything about by experience.

Dr. Jones was in the United States trying among the people of his own race to raise money for his work several months during 1924—unfortunately, with but little success. Through his wife, first, who spent some time with friends in Brooklyn, and who came to me for treatment for herself and one of their adopted children, I learned of their work. Later, Dr. Jones himself called upon me and I came to know him. I have the highest respect and admiration for him, and wish that I might lead others to his support in his effort to build a little hospital of which he and his people are sadly in need.

It is not only his personal character and his self-sacrificing devotion to a high ideal that interests me in Dr. Jones; but his originality and independence, his practical, common sense ideas and methods, and his tact and ingenuity in dealing with his problems.

"Africa," he says, "will never be redeemed by talking, singing and praying. To redeem Africa it takes *altogether*, a Bible, a hymn book, a pick and a shovel. Teach a man how to live and dying will take care of itself."

His accomplishment is a concrete illustration of his theory that all missions should be self-supporting. He first teaches his people the rudiments of hygiene, sanitation, agriculture and the simple crafts necessary to civilized home life. Like his Master, he teaches spiritual truths objectively by meeting them, as he says, on the material plane and then making the spiritual application. He finds that one of the easiest ways to reach the African is through medicine. In therapeutics he is governed strictly by homœopathic principles, as one would expect of a graduate of Hering College under H. C. Allen and his colleagues has many stories to tell of how he does it.

(To be Continued.)

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

*Address communications, books for review, exchanges, etc.,
for the editor, to*

R. F. RABE, M. D., Editor, 565 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

PRESIDENT'S ADDRESS.*

SEVENTY-SECOND ANNUAL MEETING OF THE NEW JERSEY STATE
HOMŒOPATHIC MEDICAL SOCIETY.

Newark, New Jersey, May 14, 1925.

Fellow Members of the New Jersey State Homœopathic Medical
Society, Ladies and Gentlemen:

In accordance with the Constitution and By-Laws of this society, it is obligatory upon the president to deliver an address at the annual meeting. It would be easy to indulge in a few commonplace remarks at this time, calculated to be pleasing to the ear and harmless in character, causing no comment favorable or otherwise, yet altogether meeting the requirements of the occasion. Yet such an address would be entirely negative and not productive of any thought, comment or criticism. It has always been the custom of your president, in his writings as well as upon many other occasions, to speak his mind freely, in harmony with the dictates of his conscience, yet always without ulterior motive, bitterness or animosity. It is in this spirit, therefore, that he addresses you today, having in mind the welfare of the great cause which this society represents and for which it was founded so many years ago.

The homœopathic school today finds itself in a truly critical condition. I need only remind you that but two homœopathic med-

*Published at the request of the New Jersey State Homœopathic Medical Society.

ical colleges are left in the United States, out of some twenty odd colleges originally in existence. It is true that most of these medical schools were extremely crude, especially when compared with the high grade Class A institutions of the present day, to be found in the orthodox school of medicine; it is also true, that most of these pioneer schools, with their wretchedly meager laboratory facilities for imparting a proper training to their students, deserved to go out of existence, yet it must not be forgotten, that they did nevertheless, in spite of all their shortcomings, graduate men whose names have added luster to the homœopathic profession. The enormous strides in medical teaching within the past fifteen years especially, have emphasized the great importance of the fundamental medical sciences but which, so far as an immediate relationship to the cure of disease is concerned, seem at least far removed from the practical calling of the busy physician. The scientific character of medical study and knowledge has been increasingly evident; the cultural side as it were, has been expanded at the expense of the practical. Subjects such as pathology, bacteriology and diagnosis have been given positions of such great importance, that materia medica and therapeutics have been almost completely overshadowed. I am thinking more particularly of our friends in the old school, who with their therapeutic agnosticism have been drifting further and further away from principle and truth and nearer to the alluring, though barren islands of materialism. Disease has come to be regarded as a tangible entity, something foreign as well as abhorrent, to be cast out by material means or purely mechanical devices. Today, medical men pursue the bacillus and exorcise him if possible, remove by surgical measures the pathology which they have been powerless to prevent and in their pursuit of further knowledge, study the dead rather than the living.

In so doing, medical men of necessity have been compelled to specialize in their work, with a degree of expertness and dexterity that is often truly marvelous, yet their efforts are nevertheless directed at the ultimates of disease rather than at the earliest beginnings and causes; pathologic end-products are the objects of their quest, but disease, that intangible disturbance of the life force, marches on unhindered; for it must be remembered that much of the alleged progress in the prevention of disease,

has been due to the application of the principles of hygiene and sanitation, rather than to the purely medical efforts of physicians. Aside from the great part played by these two principles, the advances made in the direction of artificial immunity to disease, have been the result of the application often unconscious or not admitted, of the law of similars, as we see in the frequent successes of vaccine and serum therapy, as well as of the well-known methods of desensitization. Medical colleges today, are turning out scientists, often half-baked, it is true, rather than doctors who with the simple remedies of our homœopathic forefathers, can successfully treat the sick. As homœopaths we have entirely forgotten the teachings of the *Organon*, in our feverish endeavor to checkmate, drive in or suppress disease, whenever or wherever it may show its head, and in our eagerness to adopt the modern methods of the Old School. Suppression and palliation are more often employed than cure and hence it has come to pass, that we homœopaths, so far as our use of therapeutic devices is concerned, are scarcely distinguishable from our brothers of the other persuasion. To a large degree we are sailing under false colors and I very much question our right to a sectarian name, to which we are so frequently untrue.

The result is, that our cohesion as a school of medicine with a well understood and distinctive object, has been largely destroyed. Our organizations, national and state, continue in a more or less futile way, to uphold the historic traditions, while our institutions are slowly but surely changing from the chrysalis of homœopathy, to the gay butterfly of allopathic therapeutic nihilism or are instead, passing out of existence altogether. Many of our members look with undisguised scorn upon the efforts of those of us who still endeavor to maintain the traditions of homœopathy and by their aloofness have given ample notice that the continued existence of homœopathy is no concern of theirs; they boast of their superior wisdom and breadth of mind, their freedom from the shackles of a narrow sectarianism. With this last boast I am in complete accord, provided that the great truths of homœopathy shall be forever safeguarded and advanced. I have never contended that homœopathy is the *all* of medicine, but I do most stoutly affirm, that in its proper and legitimate sphere, it is supreme and should not therefore, be permitted to sink into oblivion.

Yet this is what we homœopaths are permitting it to do, forgetting that ultimately our birthright will be taken from us and that homœopathy will be born again, though in an altered form.

There is a way in which this rapid decadence of our profession can be brought to an end; that way lies along the road of scientific drug proving and research, as well as the establishment of one or more post-graduate schools of homœopathy, with all the necessary departments that the creation of such schools implies. It also means the strengthening of the two remaining undergraduate schools still in existence and the establishment of others, in distant parts of the country. I am not now concerned with the details of such establishment, these may be left to others at the proper time and place; but I do want to have this *New Jersey State Homœopathic Medical Society* put itself on record, as favoring the firm establishment of the platform of the law of similars, in the manner which I have just outlined. I would like this society to memorialize, through its accredited delegates, the *American Institute of Homœopathy* at its annual meeting in New York in June, to the effect, that the New Jersey profession, in meeting assembled, urges upon our national organization the wisdom and crying need for such measures as shall make certain the perpetuation of the principles in which we profess to believe. The time for action is here, either we must go forward or sink, we cannot stand still; if we believe that the time has come to scrap homœopathy, let us be courageous enough to say so; let us be honest with ourselves and with the world at large; if we believe that sectarian medicine should be abolished, let us so give notice; but if we believe, that the truths of homœopathy are worth saving, amplifying and perfecting, by all means let us so testify, in a manner which admits of no uncertainty.

Finally, my fellow members, let me assure you, that I deeply appreciate the honor which you have bestowed upon me, in choosing me your president and that, so far as lies in the power of one man, I shall continue in the future, as I have done for many years in the past, to exercise whatever strength and talents I may possess, in the cause to which, without hope or thought of personal or selfish gain, I have dedicated my professional life.

Lycopodium in a Case of Suspected Blackwater Fever.—
Owing to an oversight, the name of the author of the article

bearing the above title, and which appeared on page 209 of the May issue, was inadvertently omitted. Dr. K. Chatterji, of Chinsurah, Bengal, India, wrote this case-report; our apologies are due him.

A Phosphorus Case.—The following report of a case of pulmonary tuberculosis will be of interest. The patient made excellent progress under the action of Phosphorus, which was repeated in ascending potencies at increasingly long intervals. Although the patient became practically well, she must be regarded as an "arrested," rather than as a cured case. The report of the examination of the sputum and the repertory analysis are appended.

Miss B. W., age twenty-three.

Took cold three months ago while sea-bathing. Domestic treatment did not >. For past month under O. S. treatment without result. Sputum examined for t. b. but reported negative. Cough is loose < lying down at night, < after eating. During cough feels a sticking pain in left upper chest, extending through to back. Must hold her breath on account of the pain. Raises thick yellow lumps of phlegm, without taste. Appetite good; bowels normal; normal thirst. Cough < cold drinks. Sleep is normal, after she once gets to sleep. No weather modalities. No abnormal sweats. Menses every twenty-eight days, last three days, normal in amount; before the menses has a headache in both temples. Coughing during the menses < the flow. Involuntary spurt-ing of urine during the cough.

Physical examination shows an area of localized dulness (slight) over the left upper lobe; vocal fremitus increased and crepitant rales on deep inspiration. Apex negative. Temperature, 99.8 degrees; pulse 110.

August 29, 1922.—*Phosphorus 200*; s. l. pil. q. 3 hours.

September 6, 1922.—Cough is less frequent; the sticking pain in the upper left chest is gone and she can again breathe deeply. The sputa are not as thick, are less in amount and more watery. The involuntary spurting of urine during cough is gone. Feels > in general. s. l. q. 24 hours.

September 13.—Coughs very much less; clears her throat to bring up thin yellow sputa. Chest no longer feels "choked" and has no pain. Pulse 92; temperature 98 degrees. Crepitant rales

over l. upper lobe still audible; but less loud and drier. Feels > in general. *Phosphorus 1000*; s. l. q. 24 hours.

September 18, 1922.—Fainted this morning while standing in one position. Feels badly and has been raising small blood clots in sputum morning. Temperature 100.4. No pains. s. l. q. 2 hours and rest in bed.

October 6, 1922.—Occasional cough; tightness of chest under sternum; raises yellow sputa. Eats and sleeps well; bowels normal. No pains in chest or elsewhere. Feels strong and like working. *Phosphorus 35m. F.*; s. l. pil. q. 4 hours.

October 24.—A little cough during the day, on and off; no cough at night. Feels good in general. Sputum analysis shows the presence of a large number of tubercle bacilli. s. l. pil. q. 4 hours.

October 24.—A little cough during the day, on or off; no cough at night; sleep, appetite, bowels O. K. Slight choking sensation in chest. Has had two attacks of mild epistaxis. The physical signs in the left side of the chest are less pronounced. s. l. pil. q. 4 hours.

November 6, 1922.—Cough much less; also sputum and this is more watery; chest feels lighter. General state is fine. Physical signs in l. chest still present, but less pronounced. *Phosphorus cm. SK*; s. l. pil. t. i. d.

December 8, 1922.—Little cough and none at night. Feels good in general; coughs after eating and then brings up a little watery sputum. Sleeps well; appetite good; no pains in the chest. Over the affected lung area the breath sounds are now normal. *Phosphorus mmF.*; s. l. pil. b. i. d.

January 18, 1923.—Continues as at last report. Laughing excites cough. Has gained in weight. *Phosphorus 2mm. F.*, s. l. q. 24 hours.

February 9, 1923.—Continues in good general condition; coughs a little after eating, but no longer to any extent on laughing; coughs mostly in the morning and then raises a little thick yellow phlegm. Sleep and appetite are good. Physical examination of chest shows no abnormal physical signs. Is menstruating at present.

February 12, 1923.—*Bacillinum 10m. LK.* (cow), s. l. q. 24 hours.

Examination of Sputum.—October 11, 1922. Received a moderate amount of thick, purulomucoid secretion.

Leucocytes	Many pus cells	Elastic Fibres	Negative
Blood	Occasional red blood cell	Mucus	In moderate amount
Epithelium	Few superficial large flat		

BACTERIA

Tubercle Bacilli	Present, in large numbers.
Other Forms	Very few diplococci.

WM. MCK. HIGGINS, M. D.

Repertory Analysis.—Cough < cold drinks—Am. m., Ant. c., ars., bar. c., calc., carbo. v., dig., hep., Kali c., lyc., phos., rhus t., sil., spong., squil., staph., stram., sul. ac., thuj., verat.

Cough < after eating—am. h., ars., bar. c., calc., carb. v., dig., hep., Kali c., lyc., phos., sil., squil., staph., thuj., verat.

Cough < lying—am. m., ars., calc., carb. v., lyc., phos., sil., staph., thuj.

Stitching pain in chest on coughing—am. m., ars., calc., carb. v., lyc., phos., sil.

Involuntary urination during cough—PHOS.

Left side—PHOS.

Dioscorea in Abdominal Pain.—Mr. H. B.—, age 38.—For past five years has been subject to occasional attacks of severe abdominal pain in the region of the ascending colon; these attacks may occur either before or after meals, with anorexia during an attack. Chronic constipation of long standing, takes a weekly cathartic. Appetite good; dislikes meat and sweets; fond of sour things, salads and vegetables; no fondness for fruit or special desire for salt; no marked thirst. Bowels move once in forty-eight hours, on the average; stools dark brown in color, of normal shape and consistency. No normal inclination for stool, desire seems to be felt in abdomen which is often bloated and he passes much flatus with little odor. The attacks of abdominal pain are > by a stool or by displacement of the flatus. Sleep is good as a rule,

unless disturbed by an attack of pain; lies on right side by habit. During attacks he has most relief from lying flat on back, never doubled up. No mental depression or irritability. Sensitive to cold in general; stands heat best. Exercise > abdominal symptoms. During the attacks of pain he breaks out in sweat. Tongue furred and light brown in color. Examination shows normal gall bladder, spleen and liver and apparently no appendical sensitiveness.

October 16, 1923.—*Dios. 200*, q. 24 hours, 7 doses.

No painful attacks; took mineral oil q. 12 hours for four days, with easy stools, occurring daily or even twice daily. Is taking oil once a day only now. On bending over, he feels an unnatural fullness in the right side of the abdomen as though there were not enough room. No new symptoms. Tongue is much cleaner now. Takes last powder tonight.

October 22, 1923.—*S. l.* q. 24 hours.

No attacks and feels and looks well. Bowels moving twice daily, stools soft and of light brown color. Is taking one tablespoonful of mineral oil each night on retiring. Seldom feels the fulness in the right side of the abdomen on bending over. No new symptoms. The tongue is still lightly coated yellowish-brown at the base.

October 30, 1923.—*Podo. 10m. 5k.*, s. l. q. 24 hours.

December 10, 1923.—Remains well.

OBITUARY.

Dr. Putnam Francis Peet died March 28th, 1925, at Franklinville, New York, at the age of seventy-seven years. He graduated from the Kansas City Homœopathic Medical College in 1892, since which time he practiced medicine and surgery in Kansas City, Missouri. He made a specialty of genito-urinary diseases in his Alma Mater for fifteen years.

He joined the Missouri Institute of Homœopathy immediately after his graduation and became a member of the American Institute of Homœopathy in 1908.

The medical profession of Kansas City recognized Dr. P. F. Peet as well informed in his specialty. He built up a very large

practice, and had a reputation among the people not only as a skillful and successful practitioner, but as a high-class citizen and a most worthy and generous friend of the poor and unfortunate.

The homœopathic physicians of Kansas City remember Dr. Peet as their true and very dependable companion for thirty-three years. They extend to the bereaved relatives their sincere sympathy.

MOSES T. RUNNELS, M. D.,
A. H. STARCKE, M. D.,
Committee.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, JULY 15, 1925. No. 7.

THE SYMPTOMS AND THE SIMILLIMUM—HOW THE REMEDY ACTS.

Third Paper.

C. A. Dixon, M. D.

In my preceding papers I have endeavored to show you how to pick and put the proper valuation on the symptoms that will lead you to a right selection of the homœopathic simillimum.

In this paper, which will be the last because of the recess through the summer months, I want to give you the philosophy of how the remedy acts in a curative way.

Nature's laws work from within out, therefore, a cure which has to follow the natural laws, must come from within outward and from above downward; from the center to the circumference, and the symptoms should disappear in a reverse order of their coming.

It is very necessary to understand these laws if we are treating serious chronic illnesses, or we would not recognize the way the proper remedy is working, as the curative remedy will often aggravate the very condition for which the patient came to us for relief. This is especially true if any pathology is present.

I think right here I had best speak of pathology more fully. According to the theory of the miasms as a causative factor of disease, all pathology must be classified as a result, not a cause. In other words, if a tonsil takes on an inflammation, slough, or hypertrophy, there is a systemic reason back of it, that has been insidiously working a long time before the pathology appeared, a period of incubation, which you are all perfectly willing to admit takes place between the time of the exposure to smallpox and the time of the initial fever, etc.

Another illustration I might give you is the period between the

initial chancre of syphilis and the time when secondary symptoms appear in the buccal cavity.

Surgery, therefore, cannot cure, because it does not deal with anything but end-products. It removes the effects but does nothing for causes.

Therefore, be cautious if called to a case which has developed real pathology. A very good illustration would be one of lung involvement, an old pneumonia which had failed to clear up completely and had, perhaps, taken on a colony of tubercles.

In a case of that kind the proper curative remedy if given high, might cause so severe a reaction that the patient could not survive. This is especially true of *Sulphur* (which is very likely to be the indicated remedy) as *Sulphur* would start up such an active inflammation and suppuration, that the patient's life would be in jeopardy.

The safe procedure in a case of this sort is to give *Sulphur* low, one dose of about the twelfth or thirtieth and carefully wait until it had fully expended its force.

And this leads us right up to the next thing I want to talk about—*when* shall we repeat the dose? The fundamental rule in treating chronic diseases is this—to let the carefully selected remedy act as long as it is capable of exercising influence, and there is a visible improvement going on in the system. This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy.

I will close this subject here, by stating, that in all three of these papers I have followed the teachings of Hahnemann, and the philosophy of Kent, as closely and lucidly as I am capable of doing, taking most of my illustrations from various authors, who like myself, have felt the urge to interest those who are more or less indifferent to the "how and why."

In my association with other homœopathic doctors, locally, in the state and national societies, I have arrived at the conclusion that most of them are not sufficiently interested in pure homœopathy, in fact, *they* are just as I was before *my interest* was aroused by a series of short talks on *Materia Medica*. There was nothing new or startling about them, but they were so frankly and outspokenly homœopathic, that I just reasoned between the lines, that man's evident sincerity and devotion to a cause that had never meant much to me, aroused me out of my smug satisfaction with

the violation of all and every law laid down for our guidance in the *Organon*. I have tried to make these little talks take on that same simple sincerity, and if anything in them may make you say to yourself, "Well, I don't believe it, but I believe C. A. does," I will feel amply repaid.

Now, just an outline of another remedy, often overlooked, but very useful when well known. And a word again about giving such a brief review of these remedies.

My object is to arouse your interest in the remedy. I have nothing new to give you, but perhaps by touching on the salient features of its most prominent spheres of action, I can induce you to go to your books for a little review work.

The remedy I want to talk about tonight is *Carbolic Acid*, and like *Benz. Ac.* of last month, I studied about it last summer at the *American Foundation for Homœopathy* during its summer study course. I want to tell you, that at this institution, it is still possible to get instruction in pure homœopathy.

Allen's *Encyclopedia of Pure Materia Medica* has classified the symptoms of forty-seven provings of the drug, some among them are poison cases, and as is the case with all the remedies in which we have had a chance to note the effect on human beings of lethal doses, it gives us a fine picture of the cases after pathology is present.

Carbolic Acid is a powerful poison. It destroys life by producing paralysis of the heart and respiration. Early symptoms are: vertigo, profuse perspiration, roaring in the ears, pupils contracted, collapse, black urine (hæmoglobinuria).

The remedy has this tendency to destructive tissue changes all through it. Malignant types, putrid discharges; think of it in your diphtherias, in your cancers, either stomach, rectum or uterine. The pains are stinging and pricking, sudden onset. Sensation of anaesthesia or numbness, with various pains. It is a very good prophylactic in the sex for diphtheria. The headaches are frontal and have the sensation of a cord around the head, > by pressure; offensive leucorrhœa with sub-involution. Nervous indigestion with intense burning pain. Vomiting of pregnancy and of drunkards, accompanied by much flatulence and desire for stimulants.

The action of the remedy is said to last thirty days, and the best antidote is vinegar.

THREE CLINICAL CASES.

Dr. J. Sweasey Powers.

Two of the three cases presented have been chosen, outside of their clinical interest, chiefly to illustrate the therapeutic methods used and taught to students in the Medical Clinic of the New York Homœopathic Medical College and Flower Hospital.

The first two cases were taken and analyzed by students—two to each case—under supervision, according to the "Schema for Case Taking and Repertory Analysis," published by Dr. Guy Beckley Stearns. The cases were then followed and handled according to the homœopathic maxim of a single dose of the indicated drug, repeated or changed only if that is indicated after due consideration.

The two student cases were analyzed by the junior section and in consequence they were followed by the students through their senior year, thus giving them a practical first hand knowledge of the slow but sure working of homœopathy in chronic cases.

By observing several cases, the students are impressed with the importance of the fallacy of too frequent repetition and change of drug in such cases of stubborn chronicity.

Mr. D., Russian, age 49 years, married, came to the clinic on December 8, 1921.

In giving his testimony, he reports that during his years of suffering he has undergone various forms of treatment and that recently one of New York's prominent clinics subjected him to various tests—laboratory and X-ray—and finally told him that he was suffering from angina pectoris, but gave him no relief. He was quite frank in saying that he came to the homœopathic clinic as a last resort.

Mr. D. complains that for the last fifteen years he has suffered from burning pain in the epigastrium after his meals—any food would cause the pain. The pains would extend upward behind sternum to throat. His condition has gradually grown worse. Since 1917 he has been having sore, burning pains upon walking. These pains would ascend behind sternum and extend into right arm and hand where he describes them as electrical. They would come at first only when ascending or walking fast and would

be so severe that he had to stop and rest. For the last eight weeks this condition has grown worse. He has pain now even while walking on the level. After walking two blocks he must rest as the pain becomes very severe. Patient has fainted from weakness, pain and severe dyspnoea on ascending a short flight of stairs, so that he can now only ascend very slowly.

Recently he had a very severe attack. About two hours after eating supper the pain came and he lost consciousness, his hands became balled and he jerked his arms and hands, there was a chewing motion of his jaws. His face became blue and his arms and hands became blue. He was unconscious for about ten minutes. Was very restless afterwards and could not sleep. Now he must walk very slowly even on the level and must rest often. Any rapid motion or ascending causes the pain to come on. The pain is a soreness and burning which extends from epigastrium behind sternum up to throat and in both arms but more severely in right arm.

Pains in epigastrium are brought on by any food or drink, but especially by milk.

Likes ventilated room—sleeps with window open in all weather.

Aversion to fats.

Likes hot bath. Change of weather does not affect him.

Patient is peevish and irritable; makes trouble at home and is annoyed by questions of examiner.

Physical Examination.

Well developed, well nourished man. Eyes O. K. Tongue coated and shows sl. impress of teeth. Lungs free, abdomen soft and free. Heart O. K. Pulse 94 full and regular but shows slight discrepancy in radial rythm. X-ray of thorax showed no aneurism. Pulse pressure 25. Urine free. Bowels regular every day. Gonorrhœa at age of 25, cured by injections. Typhoid in boyhood. Carbo veg. 200—1 dose.

June 9, 1922.—Gradual improvement. Very rarely pain in chest or right arm. Has occasional indigestion which has been about the same for last three weeks. Carbo. veg. 200—1 dose.

November 3, 1922.—Burning sensation has been increasing. Comes chiefly after meals and sometimes so severe he must stop

and rest. He feels much better than he did when he first came to us; but recently sees no change in his condition. Carbo veg. 500—1 dose.

January 12, 1923.—Pain on walking worse than one month ago. Burning pain from mid sternum up to throat. General condition much better than when he first came. Carbo veg. 10m—1 dose.

January 26, 1923.—Can't walk even on the level very far without feeling very tired and so sore in all chest bones that he must rest. Has constant dull pain in left shoulder and scapula. Occasionally has burning behind sternum, comes only after eating but not after every meal. Has dyspnoea when walking outside, so severe at times must stop for breath; not bothered inside the house. Lyc. 200—1 dose.

March 30, 1923.—Feeling much better. Can walk without difficulty. Recently walked thirty blocks without difficulty. Sac. lac.

February 29, 1924.—Feeling pretty fair. Yesterday had a big dinner and took too much fat, etc., and had a little gas. Occasionally has pain on walking, but not nearly so severe as before. He occasionally must stop for breath. Lyc. 200—1 dose.

We have heard from patient occasionally through relatives, and he is reported as well and without complaint.

Case II:

Mrs. D., Russian, married, 41 years of age, came to the clinic June 9, 1922.

She complained of severe, constant headache.

In 1917 she was in a very nervous, rundown condition and suffered much from headaches. She was relieved by treatment and has remained free until the present.

Recently she has been suffering from constant headache. The pain is sharp, sticking in character and located in the forehead and parietal regions. The pain is accompanied by pressure in the vertex. Headache begins in the morning and continues all day; sometimes continuing until next day.

Weeping and sleep ameliorate.

Heat and sunshine aggravate.

Noises aggravate. Lying quietly in a dark room ameliorates. Company, work and emotional excitement make the headache worse. She likes to be in a room with fresh, cool air.

During and after menstruation, she feels better than before the period. During the first day she feels drawing pain in body which disappears as flow develops. Menstruation lasts six days; is profuse and a dark red fluid.

No thirst; very sensitive to odors.

Measles at five years of age. No other illness in life.

Physical Examination.

Well developed and well nourished woman. Heart and lungs free. Abdomen free; liver normal. Thyroid gland size of small orange. Pulse 39 x 2 regular and easily compressible. Marked pyorrhoea. Sepia 200—1 dose.

June 27.—Patient reported much improved in every way. Headache not so often nor so severe. Sac. lac.

July 7.—One severe attack of headache. Otherwise feels well. Sac. lac.

July 25.—Last two weeks headache every day just as severe as formerly. Sepia 200—1 dose.

August 8.—Reports no change. Headache almost every day. Sac. lac.

October 3.—Still has headache. Attacks do not come so often but are just as severe as formerly. Between attacks has dull heavy feeling in fore part of head when she stoops forward. Also gets dizzy. Has no ambition. Sunshine aggravates. Seashore ameliorates. Advised to have X-ray picture made of teeth. Sepia 1m—1 dose.

November 20.—Complains of same continuous headache, all day long and worse in severity than before. When she bends down or coughs gets severe pain in temple. Patient cries while relating symptoms, says tears make her feel better. Never thirsty. Wants to be left alone—dislikes sympathy. Head feels heavy "as though clogged up." Pressing pain in temple. Report on X-ray of teeth is negative. Diagnosis made by X-ray operator and dentist. Nat. mur. 200—1 dose.

Jan. 29, 1923.—Has been feeling very well up to week of January 8, when she had a very severe headache. At this visit complains of severe cold on chest with cough. Cough causes pain in head. Bry. 200—1 dose.

February 12.—Cold has disappeared but headache has returned. Headache almost every day. Nat. mur. 200—1 dose.

June 14.—Had had only occasional headache, but lately they have been coming more frequent. Nat. mur. 200—1 dose.

August 1.—Has been having headaches every day but much less severe. Complains of neuralgia on left side of face. For last three weeks had had pressing pain in left cheek and temples. When pain comes, *teeth hurt*. Pain usually comes during afternoon. This particular pain began one month ago after sleeping in draft. Advised to see another dentist. Nux. V. 200—1 dose.

August 8.—Feels better in every way. Neuralgia is much better. Had only one or two slight attacks. Sac. lac.

September 17.—Since last visit patient went to another dentist, who said the X-ray showed nothing, but careful examination of teeth caused him to be suspicious of one molar in upper left jaw. He pulled same and found a small tumor on the root that had begun to degenerate. Patient has had no headaches of the old type since then.

February 11, 1924.—Patient reports never having had a headache of the old type since her tooth was extracted in August. She now complains of swelling of feet and ankles toward the late afternoon and evening. In the morning her feet have the sensation of tingling when she first puts her weight upon them, which is very disagreeable. This disappears upon walking. The upper lids swell also, left more than right. She is thirstless. Has sensation of easy satiety. Urinary examination shows a slight trace of albumen only. Apis 200—1 dose.

March 10, 1924.—Patient reports feeling much better in every way. No pain in feet; swelling in lids much less. She had a headache March 9, but different in character than formerly.

This case is instructive in showing how important it is to seek for local infection in cases of pain of indefinite origin. Here we have seen how the treatment gave intervals of relief, but just as soon as the patient's resistance was lowered, the pain returned. For this reason we were insistent on further dental examination as patient had several gold caps in her mouth which caused us to worry, although the tooth finally pulled had not been capped.

Case III:

Mrs. J., a Russian housewife, 28 years of age, came to me on March 30, 1923.

Her complaint was as follows: Three years ago (1920) she suddenly began to vomit and then fainted, remaining unconscious for one hour. Afterward she felt very weak, and was very sensitive in abdomen. She continued to vomit everything taken into stomach. She has been treated by various specialists in gastrointestinal troubles without relief. In one sanatorium, after three weeks' treatment, she lost eighty pounds in weight, and her husband removed her for fear she would die. She went into a well-known hospital for diagnosis and after chemical and X-ray examinations they told her that they could not make a diagnosis. She has been to many other doctors but has gradually grown worse and has become disgusted. She has come to her first homœopath because a friend is so sure that homœopathy can help her that she has given her the money to pay the fee.

She complains of drawing pain in epigastrium and hypogastrium with burning. All food swallowed gives sensation of passing over sore in stomach—lasts about two hours and is accompanied by vertigo. When she doesn't eat gets sensation of drawing and weakness in stomach. Belches much gas with relief. Has eructations of sour water two or three times in day. Has sensation of distention in stomach two or three times during week. Has sense of pressure in cardiac region and of choking in larynx right after eating.

Has ten to twelve stools during day which are very watery. Cramps in abdomen just before bowels begin to move and during movement, while after movement is finished has cramps and feeling of great weakness, so that she must lie in bed five or ten minutes. During and after stools there is severe burning in rectum.

Often has sensation of weakness, accompanied by sticking pains in knees; sometimes falls to the ground and often must lie down for a few minutes, which relieves her.

Has almost constant headache in forehead above eyes, more on left. Pain is sticking in character and is accompanied by vertigo. Comes usually after eating.

Nostrils feel always dry but has constant dropping back of throat secretion very yellow and thick—worse in mornings. Has

sensation of terrible weakness in heart region—"like as if it was empty"—palpitation when lies on left side, when walking, and especially when ascending.

Appetite not good.

Passes urine four or five times during day and twice during night. Has burning and sticking sensation in right inguinal region before and while passing urine; after passing urine feels relief. Urine burns region between thighs.

Coitus is intensely painful—sensation of burning.

Menses regular. Cramps during day before; these disappear on third day. Menses last five to seven days, flow very little, is fluid with small clots. All symptoms are aggravated during menses—must lie in bed during first day.

Sleep is poor. Is troubled by constant jerking throughout body and dreams continually of dead people.

Appetite is poor.

Hands and feet always cold; must use hot water to feet.

Feels generally very weak.

Feels generally better in open air. Lying down ameliorates all conditions.

During first pregnancy had a miscarriage in third month—was very nervous at this time. One and one-half years later gave birth to a dead child in ninth month. Later gave birth to two living children who are well.

Has always been inclined to be nervous but since her present illness began has become much more so. She is very irritable. She has periods of depression and feeling of fear, especially when the discomfort in abdomen becomes intense. At these times she often creates such a disturbance that the neighbors come running in and a doctor is called. She has frequent feeling of trembling through whole body. Feels she must hurry through everything.

Feels husband and children are great burden and also feels that husband has become desperate and despairs of any improvement in herself.

Had measles in second year. Scarlet fever in third year.

Severe eczema as child and at various times—last time in eighteenth year which was very severe—was in bed for two or three weeks. Always treated with external applications of salves, etc.

Was vaccinated when a baby—no trouble.

Physical Examination.

Physical examination shows well developed, poorly nourished woman.

Lungs and heart O. K.

Tongue shows a white thick coating with transverse cracks in center and on edges. Indentation of teeth well marked. Tonsils normal.

Abdomen very sensitive to slightest pressure in all parts—no rigidity.

Vagina extremely sensitive to examining finger. Clitoris very large and extremely sensitive to pressure.

Rectum very sensitive to pressure. Anal border has three very small fissures.

Urine analysis negative.

Stool analysis shows a strong culture of colon bacilli. Iodine 200—1 dose.

April 12, 1923.—Burning in left abdomen much less. Drawing in epigastrium less. Sleep better—now can sleep any time.

More burning on urination and more itching in rectum.

Bowels move only three or four times when formerly ten to twelve times; pains as severe. Sac. lac.

The patient was continued on saccharum lactis except on the following dates:

May 17, 1923.—Iodine 200—1 dose.

June 14, 1923.—Iodine 1m—1 dose.

August 15, 1923.—Iodine 1m—1 dose.

The case of Mrs. J. is of interest in the way it progressed. Under the iodine the nervous aspect ameliorated immediately—the hysterical attacks ceased and the number of stools decreased from twelve to three; the character of stool also changed—the first stool was formed soft and without discomfort—the second and third more watery and accompanied by crampy pains in abdomen and severe burning sensation in rectum. It will be noted that there was an intense burning sensation in vagina upon coitus.

In June, 1923, while still under iodine, she began to complain of an occasional sensation of lump in throat when swallowing accompanied by burning sensation. Also an indefinite itching sensation over whole body with occasional isolated papules which came

to a head with pus formation. I decided to watch development of this new phase.

In August-September, while the menses were easier and the general nervous condition of patient was improved (she had gained in weight and had good color), the burning sensation in rectum and vagina became intensified, as also did the burning in urethra while urination and urine caused burning between thighs. Also a white leucorrhœa developed. To this condition was added a very weak, empty sensation before meals. Also there was a frequent burning sensation in head with soreness. "Feels as though my brain turned in head." There were frequent attacks of vertigo with stars before eyes. Feet always feel ice cold. Sulphur 200—1 dose was given on October 25.

On November 1 she complained of pressing pain or drawing sensation at base of nose. Right eye has been very red and burns; the lids stick together. Last two days feels very drowsy and sleepy. Rectum and vagina much better; no burning with urination; only two stools a day with much less discomfort. Sac. lac.

November 20.—After last visit developed a severe "sore throat." Cold swallowing aggravates; warm ameliorates. Feel stiffness in nape of neck; difficulty in turning head. When wakes in morning tongue feels stiff, neck is stiff, mouth and throat very dry. Palpitation especially when lying down or sitting still; "like as though my heart would fall out." Doesn't feel heart so much when moves about.

Feels like lump in throat which she swallows, but it comes back again. Nose feels stuffed.

Bowels move five or six times a day. Rectum burns like fire after stools. Drawing sensation in epigastrium after second stool which increases with each further stool.

Breathing cold air aggravates throat, which feels better in house; but generally she feels better in open air.

Physical examination revealed pharynx and tonsils very red and dry, tonsils slightly enlarged, tongue very red with transverse cracks and small, very sensitive areas on edges. Ars. alb. rom—1 dose was administered.

November 27.—Reported throat and head much better up to November 26, when began to feel bad again.

November 25 developed a burning sensation in ovarian regions.

Stool only two or three times during day, but same discomfort after stool. Has been more nervous, children aggravate her more. Has periods of palpitation, fear of death, and severe abdominal pains which are relieved by a "good cry."

Stomach draws up when empty—relieved by eating. Sac. lac.

December 17.—Menstrual period on December 9. No pains, lasted only four days, usually seven days, flow much less. Hasn't experienced such an easy period for years. No burning in ovarian regions.

On December 10 had severe attack of sore throat; fever 101 degrees F. Blisters on throat and tongue—terrific pain on swallowing anything, even empty swallowing.

Patient went to a clinic for advice. She was examined by five or six physicians called in by the first doctor. They told her that her whole trouble was due to diseased tonsils and very serious; that she must have the tonsils removed that afternoon. She told them that her homœopathic adviser said that her throat condition resulted from her intestinal trouble. They laughed at her and declared that theory to be absurd. However, she decided not to let them treat her and the throat condition disappeared entirely two days later without treatment.

At the present visit, December 17, the tongue is slightly coated and cracked transversely; pharynx and tonsils slightly red and not dry. Right tonsils slightly larger than left.

Two or three stools a day but discomfort in rectum not nearly so severe. Drawing pain in abdomen only after third stool; no discomfort after first two stools. Sac. lac.

January 15.—Has periods, which come and go, when her throat gets sore; begins on right side, crosses to left; sometimes so severe that she can swallow nothing, not even spittle, without severe pain. Pain extends to ears, especially when she blows nose. When she has these periods of sore throat she has severe burning sensation in spine and is very irritable and wants to be alone. These attacks come suddenly and go gradually. Ars. cm. (Skinner)—1 dose.

January 22.—Throat condition very much better—no more attacks but throat gets painful if talks any length of time when throat feels sore. Still has pain in ears if blows nose. Sac. lac.

February 14.—Throat bothers her only when emotionally ex-

cited or when she talks very much. Pain in ears less noticeable when she blows nose.

Children excite her very easily but she can control herself much easier.

Two stools during day. First is formed and comfortable, second watery but much less pain. Sac. lac.

March 6.—Since last visit has had much domestic trouble. She and husband have had severe "falling out."

Frequent palpitation of heart and cardialgia. Occasionally everything becomes black before eyes.

Stomach much "upset," frequently cannot even retain water. Feels very nervous. Can't sleep.

Four or five bowel movements during day but all soft and formed. Cramps before bowel movement. Ignatia 200—1 dose.

March 25.—Very much better in every way. One stool during day and is formed; no pain. Burning in rectum only occasionally and very slight. No burning in vagina. Patient is gaining in weight and her color is very good.

I was very much interested in following the case to observe how gradually the effect of the iodine waned and with the waning of the influence of iodine, how the picture changed.

The increase of the burning sensation in intensity, the new symptoms of burning and discomfort in the head, with congestion of right eye and the ice-cold feet, the sensation of uncomfortable emptiness before meals, all led one to believe that here was a case where sulphur would serve to straighten out the symptom complex, so that we would be able to select the next constitutional drug.

It was impressive to observe how this was done. After the administration of sulphur the patient, while improving in many of the old symptoms, developed tremendous congestion of the pharynx, tonsils, nasal and oral mucous membranes. The patient felt very weak and ill, desired warm drinks, wanted to be protected from cold but desired fresh air; the appetite was lost, and she was very restless and showed much less restraint toward the small irritations of family life. It was at this stage that our allopathic friends were so agitated and anxious to remove the patient's tonsils—a beautiful example of the fallacious reasoning of laying the blame for our constitutional ailments on the

tonsils instead of realizing that the sick tonsil is only an expression of the disordered constitution.

The case presented such a clear picture of arsenic alb. that this was given in the 1m potency—the effect was very beautiful. Under arsenic the case has progressed so well that I feel that the patient is now "out of the woods," and on the great high road to complete recovery.

SCHEMA FOR TAKING THE CASE.

Compiled for Foundation for Homœopathic Research by
Guy Beckley Stearns, M. D.

This schema is a natural grouping of the factors to be investigated in a fully taken case. This is not to be used as a mechanical form over which to fit the patient's history; it is just a guide for the physician, so that he may know whether all points have been covered.

Let the patient commence his story in his own way and tell it without interruption in language that means the same to everyone, that is to say, in everyday language. Begin with the equivalent of "What is the matter?" When he stops, "What else?" The same question with each pause, until he says, "That is all." Then, fill in the details by questioning. Do not put direct questions which can be answered by "Yes" or "No." Put your questions indirectly, so that the patient is obliged to think of the symptoms that he is describing.

I. Patient's and Attendant's Story.

All of this comes under five heads:

1. **CONDITIONS:** (Objective symptoms.) Inflammation, swelling, induration, eruptions, ulcerations, varicosities, discharges, etc. Colour, hardness, softness, pitting, etc., of affected part. Colour, odour, consistency and other characteristics of discharges.
2. **SENSATIONS:** Obtain exact character of sensations and pains. If constant, intermitting, wandering. If the pains come or go quickly or slowly, if they cover large or small areas, or radiate, or extend to other parts, etc. Some of the primary sensations are: Burning, cramping, cutting, bursting, soreness, throbbing, etc.

3. LOCATION: Part of the body affected. Organs, tissues. Whether predominantly on one side or upper and lower side oppositely affected.
4. MODALITIES: The modalities are the soul of the symptoms. "They are the natural modifiers of illness" (Boger), and should be obtained for every symptom. The principal ones have to do with time of day or night, season, periodicity, temperature, weather, open air, position, motion, touch, pressure, jarring, light, noise, sleep, eating, drinking. Special modalities for special organs in accord with their functions, *e. g.*, in the throat, effects of swallowing, liquid, solid, or empty, etc. In the eye, effects of light, etc.
5. CAUSE AND HISTORY: Cause and duration of the illness. Manner of onset. Sequence and direction of symptoms. Changeableness of symptoms. Concomitants. Keep in mind when, how and why.

II. Generalities.

Generalities are constitutional expressions: the modalities that affect the patient as a whole. A good lead is "You have told me what makes your various symptoms better or worse. Now, tell me what makes you, as a whole, better or worse." There are four types:

1. TIME: Time of day or night, season, periodicity.
2. TEMPERATURE, WEATHER, ETC.: Cold, heat, wet or dry, storms (before or after), thunder-storms, windy weather, sun, out-of-doors, warm room, draughts, change of weather, bathing. Takes cold easily.
3. POSITION, MOTION, ETC.: Motion, positions, lying on painless or painful side, mental exertion.
4. SENSITIVENESS TO EXTERNAL IMPRESSIONS: Sensitive to light, to noise, to music, to odours, to touch, to conversation.

III. Functions.

1. DIGESTIVE ORGANS: Alterations of taste; appetite, ravenous or lacking; capricious appetite; quick satiety; loathing of food; good appetite, but losing flesh; cravings and aversions, for salt, sweet, sour, fatty foods, etc. Ag-

gravations from special articles of food. Eructation, its character; whether amelioration or not after eructation; nausea; vomiting, and character of ejecta. Thirst, for large or small amounts. Thirstlessness, with dry or moist mouth. Desire for cold or warm food or drink. General aggravation or amelioration after eating or drinking.

Constipation, with urging, or with no desire. With soft stool, or alternating with diarrhoea. Character of stool. Hæmorrhoids.

2. SEXUAL ORGANS: Any disturbance of the sexual function. Desire increased, decreased; perversions, excess, aggravation from coition. Menstruation, early, late, irregular, profuse, scanty, of short duration, character of the discharge.

General aggravation or amelioration, before, during, or after menstruation. Leucorrhœa, its character and modalities.

3. SLEEP: Sleepless from active thoughts; sleepy, but can't sleep; restless sleep; jerking, or crying out in sleep; position in sleep; wakes frightened; sleepiness; stupour; dreams and their character; general aggravations or ameliorations after sleep.
4. SKIN: Colour and appearance. Oiliness, dryness, inability to perspire; sweating from slight exertion, local sweat (hands, feet, axillæ, head, etc.); character of sweat; aggravation or amelioration after sweat. Local coldness or heat, cold or hot hands, cold or hot feet, heat in face, heat in head, or hot head and cold extremities. Eruptions, easy suppuration, chill, fever and sweat, whether in normal sequence or occurring independently or irregularly. Concomitants and modalities with each stage.
5. MIND: The mentality expresses the individual as a whole. Judge less from what the patient says than from how he says it. His expression and unconscious actions tell the story. There are two special classes of mental symptoms, those of the emotions and those of the intellect. Both may be exalted or depressed.

Exalted types: Loves, hates, aversion or desires for

company or consolation. Impulsive, restless, hurried, jealous, suspicious, loquacious, stubborn, abusive, delusions, delirium, shrieking, etc.

Depressed types: Fear, anxiety, melancholy, indifference, sensitiveness, stupefaction, suicide, etc.

Condition of memory, aversion to mental effort, effects from mental exertion, emotional excitement, fright, anger, grief, shock, mortification, etc. Symptoms that express the emotions are the most important.

IV. Miscellaneous.

1. **ANATOMICAL SURVEY:** From hair to nails. Pick up all points that relate to respiratory, cardiovascular, renal and liver functions, such as asthma, short breath, palpitation, ascites, oedema, etc.

2. **PERSONAL HISTORY:** In seven-year periods, and in sequence. Diseases, injuries, operations, pregnancies, miscarriages. Get the high points of all former diseases and of state of health afterward.

Habits: Tea, coffee, alcohol, drugs such as cathartics, quinine, mercury, patent medicines, etc.

Food, occupation, vaccination, immunisations.

3. **FAMILY HISTORY:** Father, mother, brothers, sisters, grandparents, uncles, aunts, children. Find out about tuberculosis, syphilis, cancer, insanity, gout, epilepsy, arthritis, renal and arterial diseases, asthma, hay-fever, alcoholism, etc. Hereditary factors are expressed in all branches of a family, in accordance with the Mendelian law. The organic diseases of related individuals reveal the weak tendencies in all the branches.

4. **OBJECTIVE APPEARANCE:** Habits (morphological characteristics). General behaviour, expression of the face, position, restlessness, twitchings; note eyes, ears, nose, mouth, tongue, throat. All objective symptoms are important, for they cannot lie.

Add Physical and Laboratory Findings.

The above classification can be easily remembered by first fixing in the mind the four general headings, then the sub-headings under each general heading. All details under the sub-headings follow naturally.

CANCER ACTIVATORS.*

S. W. Lehman, M. D., Dixon, III.

I find there are a number of factors that enter into the development and formation of cancer.

It seems that cancer cells are lawless. They no longer are amenable (for growth) to the genetic powers governing the body.

It seems that this genetic power lies largely in the lymphatic system and the spleen.

Tumors may be implanted on mice from a strange species if they have been radiated by the X-ray or radium, or have been given benzol, or an anesthetic.

These seem to lower the resistance of the system to this lawlessness.

There are many forces in the body fluids as hormones, ferments of various kinds, and vital fluids, all working in harmony.

It is stated that cancer cells have a ferment which acts in an acid medium.

Cancers occurring between the ages of eighteen and twenty-seven mostly sarcoma and adenoma, are probably dependent upon the reproductive vital fluids, in some way, not as yet understood.

They grow rapidly, are inoperable, agg. by X-ray and radium radiations, and so far as my experience goes, no remedy has any effect whatever in retarding their growth or changing their biological course.

I am in hopes this is only a lack of clinical experience.

That the reproductive fluids have much to do with these tumors, may be evidenced by the fact that the Abderhalden test can be obtained in the cancer state the same as in pregnancy.

Embryology.

No doubt there is a long time in the pre-cancer stage when living cells are deposited at the weakest points, probably because they were not destroyed by the spleen or leucocytes, and even then they perish locally in the process of mitosis, and cancer tissue is averted.

The cancer tumor is a little government all its own.

* Read at the Annual Meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1924.

It is parasitic in nature because it draws its nourishment from its host, but does not comply with any of its laws.

It develops its own ferments for growth and nutrition. These are genetic in their influence and its excretions are pernicious to its host.

We must understand the mysteries of life far beyond the microscope, in order that we may treat cancer successfully.

Cancer cells enter the blood, but do not produce cancer elsewhere because they are destroyed by the system at once.

The spleen and the leucocytes are the most potent factors in protecting the system from invasion.

And herein lies the reason that after an anesthetic and operation, there is recurrence locally, and often at some other point.

I have already mentioned the fact that the nature of the internal secretion of cancer and its genetic power, may be understood better because of the Abderhalden test.

The serums from cancer of the stomach will digest hypoblastic tissue.

Cancer of the large intestine will digest hypoblastic and mesoblastic tissue, while the kidney digests only the mesoblastic tissue.

I will refer for illustration to a case of diverted reproductive force due to an anaphylactic state of the tissues from the injection of probably mixed vaccines.

The case, one of pregnancy, three weeks before confinement, there was trouble in the left breast, threatening inflammation which after vaccines were given resulted in an abscess in the breast.

She came under my care three weeks after confinement.

There had been no reaction after confinement, and no lochia, and at this time the breast was still discharging great quantities of pus.

After giving the indicated remedy which I remember as high potency yeast, the lochia was restored within twenty-four hours, with after pains; and the breast healed in a short time.

I now have a case under observation. Patient about fifty years of age, married, childless, a very angry lump in the left breast, nodular and adherent to the skin.

The skin looking bluish red for the area of about one inch in diameter.

It refused all therapeutic efforts until I became convinced that the trouble was being maintained and agg. by an irritable ovary.

It was the left one, somewhat tender, slightly enlarged, agg. during menstruation.

I gave her several months' treatment using ustilago, 3x to 1m, until the irritation quieted down.

Since then the lump has been growing smaller under the use of conium 3x, one tablet four times per day.

These two cases illustrate how a diseased reproductive system may act as an activator producing cancer growths.

I will cite another one.

A patient, age sixty-five, yellow, cachectic in appearance, with much pain in right hypochondriac region.

I feared cancer either in the pyloric end of the stomach or the liver.

There was no other clinical evidences except the localization of the pain, and the cancerous condition of nutrition. Cachexia was already quite in evidence.

Under the influence of natrum muriaticum 2c, and other potencies, a leucorrhoea returned.

There was great quantities of a yellowish acrid fluid, discharged from the vagina daily.

She had had this trouble years ago and had it suppressed by local treatment, probably argentum nit.

The whole condition was cleared up with natrum mur., no other remedy being necessary.

This is five years later and the patient is in perfect health, having a clean, healthy looking skin.

The colon becomes a great source of trouble and a great factor in the causation of cancer.

I had one case of cancer of the rectum. The only clue to the cause of the trouble was drinking alkali waters which caused a diarrhea from which he never recovered.

It finally degenerated into cancerous tissue.

The cause evidently too far advanced before I saw it. Nothing seemed to take hold of these conditions to either change or remove them.

I am informed that in western Kansas, where the water is very alkaline, the farmers buy ginger ale by the case. It seems to antidote the effects of the water.

Another factor is nerve strain, central deterioration of vital genetic force, causing a demineralization of the tissues, especially at first of sulphur then alkaline earths and other minerals.

There is then a decrease of metabolism, the suprarenal bodies have become powerless to affect a reaction.

Consequently they, too, deteriorate in function.

Local tissues farthest remote, deteriorate. Colloid material is poured into the point for protection and healing.

But owing to the loss of genetic influence in the fluids, healing is not established. Then rejected free cells which have not been destroyed are gathered here and start a growth, a town of their own.

Thus, the activator in this cause is a decrease in the vitogenetic force.

Such remedies as sulphur, aconite, lobelia, or their acetates, or bothrops lanceolatus, crotalus horridus, may be and often are indicated.

It has been experimentally proven that the growth of cancer in the mouse may be expedited by ether and chloroform.

These agents acting as activators, seemingly hinder the power of the system to destroy cast-off living cells. These are attracted by colloid deposits where they find a favorable medium for growth and development.

Two of the greatest remedies to remove the effects of these two agents, are acetic acid, and the essential oils such as cinnamon, but do not use the synthetic product.

Other remedies, such as stramonium, hyoscyamus hydrobromate, camphor, monobromate, physostigmine, spt. nit. dulc, etc.

The entire organism is also affected by radiation reducing the inhibiting power of the system, augmenting the growth of cancer cells.

Thus, radium applied to the pelvic organs, a plate laid over the heart, lungs, liver, kidney and spleen, even the tibia are blackened.

The X-ray has a similar effect. To alleviate the effects, use radium bromide or radium chloride, very high potency or X-ray likewise.

There are at least thirty filterable viruses that have an effect as activators in producing cancer.

The removal of the spleen makes the animal susceptible to the reception of cancer growth.

These causes must be traced and the proper remedy applied.

Metastasis of cancer in the spleen is very rare.

The cachexia of cancer may simulate disease of the spleen, and diagnosed Banti's disease.

The spleen is an immunizing agent with high genetic power as rapid death follows splenectomy.

Local conditions contributing to the cause or location of cancer. One of the common causes is the deposit of foreign proteins in certain areas and localities, causing local anaphylaxis.

The tissues deteriorate, colloid material is deposited in the area for repair but vital reaction is too low and cancerous growth begins instead.

Bruises cause a local deterioration of the tissues.

Vegetative conditions are decreased. There is the deposit of colloids with increase of ferments in order to aid the depreciated vegetative activity.

I have had some remarkably good results in treating such cases also locally by the aid of electricity, using the cataphoretic method of driving turpentine and copper sulphate into the tissue as an antidote to the supposed excess of phosphorus in the colloid material.

I had one case of advanced tumor of the breast, tumor nodular, adherent to the skin, history of insanity, tuberculosis and alcoholism. The mother was insane, and the father an alcoholic.

This case was treated as an alcoholic base and cured in about a year. Internal medicine only.

Some of the most important remedies are aurum mur., aurum met., eupatorium per., sulphuric acid, bufo, selenium, argentum met., asterias rubens, nat. mur., as well as many others.

Acetic acid and its bases would suggest itself in cases of this kind.

Ferments such as are derived from stings and bites may cause local congestive states followed by cancer. Crotalus horridus.

In connection with local conditions, latent psora spots often determine the location of cancers.

These are often seen in different localities in making eye diagnosis.

We have a potent remedy in *crotalus horridus*.

The symptoms often begin by blood deterioration, cachexia, the skin dry, thin and yellow.

These cases have a history of nervous shock influenza, from which they never fully recovered, a base history of hereditary tuberculosis, or alcoholism.

Their hemorrhages are dark fluid, usually.

When one begins to have a hemorrhage of this kind, it is not the time to operate and take out some organ to prevent cancer, but to give a remedy. *Crotalus horridus* is the one par excellence.

Give the high potency and do not be afraid that two hours is too often if hemorrhage is severe.

This condition is the root and the offspring of lots of trouble.

This remedy will stir the system into action and wipe out the pathology. Some other remedy will complete the cure. Strontium carb. is one of great value, also carbon in carbon cases.

I forgot to mention a local condition that often gives us trouble afterwards and that is scars, the result of burns.

I think the best remedies, in my hands at least, have been causticum, natrum arsenicum, and *crotalus horridus*.

Other medicines suitable for scar tissue are silicea, fluoric acid, and its bases, lapis albus, thiosinamin, and graphites.

Copper sul. has an antidotal action on the phosphorus deposited about cancer tissue.

Kali permanganate will change it into phos. acids.

French oil of turpentine will do likewise.

Phosphorus is phosphorescent and therefore a genetic stimulant to growth.

Under certain conditions phosphorus may destroy histological law as alcohol destroys moral law.

Lac caninum is another great remedy to remove the effects of foreign proteins.

Compare *lycopus virginica*. Especially after using *crotalus horridus*.

Chromium and its bases has a wonderful power in the epithelium of the gastro-intestinal tract.

Old anaphylactic states are removed by this remedy.

Nat. mur. is in the case referred to, where suppression was probably caused by the application of *argentum nit.*

Cina may also be considered under the same circumstances, suppression by *arg. nit.*

I have had a large number of cancers of the breast to handle.

I think I never had one in which all enlargement of the axilla did not disappear under the administration of the indicated remedy, no matter how bad.

I have been able to cure most of them. I have had no experience with *eosin*.

Ferrum As An Activator.

Iron given too freely and too long, causes atrophy of the spleen.

Animals drinking water in which hot iron was dipped had small spleens.

It will cause atrophy of spleen.

As so many are given lots of crude iron in early life, it may become a factor in later life from decreased function of the spleen.

I feel that the genetic power bestowed on the lymphatic system by nature is too little understood by clinicians.

CLINICAL CASES.

Dr. S. K. Basu, Mymensingh, India.

Case I. Barada B., if he went without his breakfast, would vomit any food eaten later in the day; he is a man of short stature, of middle age and without deformities of any kind; he is not obese. All kinds of treatments applied during a period of two years have failed to relieve. *Graphites 200th*, once a week, put an end to the vomiting speedily.

Case II. Upendra Chandra B., *et.* forty-five years, suffered from attacks of colic for eighteen years and was in the habit of taking cathartics from time to time. He passed mucus from the bowels, difficult to remove and requiring manual assistance. There was a burning pain to the left of the epigastrium (splenic flexure of the colon?). Pressure over the abdomen gave little relief to the pain, also leaning the head backward. History of *herpes circinata* suppressed by ointments. *Tuberculinum 1000*, one dose, followed by *sac. lac.* cured.

**ALOE AS RELATED TO LIVER COMPLAINT—
PORTAL STASIS.**

K. Chatterji, M. D., Chinsurah, Bengal, India.

On the 14th of April, afternoon, last year, Babu S. C. M. came to me with his grandson K., a beautiful, flabby, picturesque child of two years. He told me that the boy had been suffering for two or three days from a heat towards the latter part of the day with an uneasiness with his bowels constipated, slightly hot head, poor appetite, and subsidence of heat towards midnight. I examined the patient and found his grandfather true to his statements. On my inquiry if he had any thirst, he replied he had but not so marked. It was then Indian summer as one may easily conjecture from above date. And under the circumstances I prescribed three powders of *Bry. alb.* This was continued for four days, up to the seventeenth inst. with gradual decline of symptoms, to perfect relief.

On the 24th of May he again appeared with the boy and his said complaints except that he had a flushed face and a little more heat of the head this time. I prescribed *Bell. 6*, three powders. This prescription was repeated on the next day. On the twenty-sixth inst. the grandpapa of the boy told that he had had the temperature of the boy several times on the previous day and found it 99 degrees in the afternoon, the heat existed till 9 P. M. and then subsided with slight perspiration; he did not pass any stool for two days and he was used to do so every two or three days and he had been in the habit of passing a hard, large stool till the attack of fever. I felt his liver and found no other derangement except a slight pain under pressure. I prescribed *Lycop. 12* (four powders), and on report of partial relief on the day following, repeated the same on the day and continued it till the twenty-eighth inst. to perfect relief.

On the 2d of May the patient again appeared with his old complaint and this time complained of much thirst and I took recourse to *Bry. 12* (3 powders). This was repeated till the fourth inst. Then I prescribed a dose of *Sulph. 6*, on the fifth inst. On the next day fever appeared at about 4 P. M. with higher temperature. This led me to think of *Lycop.* again and I prescribed it in the twelfth potency on the sixth inst. That day the grandfather

of the boy told me that the boy was growing weaker and asked what might be the cause of the frequency of attack. I told him that that was due to slight derangement of liver-function. The word, liver-derangement terrified the man to the extreme and he told me that he dreaded the disease very much for he had lost his first five issues by that bloody disease, and requested me to have another experienced man for consultation. At this I suggested one residing at French Chandernagare. The said homœopath was called in on the 7th of May. His diagnosis was cutting of molar teeth to all probability and the liver-derangement was a concomitant thing and instructed me to prescribe *Calc. c. 200* every third day and have the patient sponged with tepid water every other day. I did the same that day. But owing to difference of diagnosis the patient left me and was kept under his treatment.

On the August 13, the boy again appeared with his father. His father told me that the boy was under the treatment of the French-Chandernagare man for a month or so. As he found no good with him the patient was transferred to the hand of an eminent physician of Uttarpara, a place about eighteen miles off from this place. The father was familiar to the said physician for his service in the High Court of Calcutta and the physician's son's service with him. He took his boy to him. That physician told the father that though the boy seemed to have no apparent liver-complaint, yet there was some defect in the liver that caused recurrent attack of fever. He tried the patient for a month with no better results. The fever appeared and reappeared after an interval of four, five or seven days. That day the patient indicating *Bryonia* symptoms I prescribed that medicine and repeated it on the day after. On the 15th of August I prescribed a dose of *Sulphur 6*. and on the day following *Lycopodium* symptoms having developed I prescribed it in the 200th potency. The patient continued well from the day after.

On the 1st of October the father again appeared with the boy and informed me that the patient continued well for five days after the prescription of the last dose. After that he was attacked with high fever and so he was left under allopathic treatment. He was under that treatment for a week. After recovery he was kept under the treatment of a Kaviraj (one dealing in indigenous plants). In spite of his best attempts and his prescrib-

ing medicines till the previous day a relapse took place towards evening. During my discourse with the father I received a very good hint from him about the boy's illness. That being, the boy salivates very much but whenever that salivation lacks he had an attack, and he continued well when salivation continued uninterruptedly. This led me to think and examine if there were any Mercurial symptoms, I had but a few. And superstitious or routinist whatever I may be called—I prescribed a dose of Merc. S. 30. The patient was left undisturbed till the fourth inst. And on the 5th of October I prescribed a dose of Acid Nitr. 12 as I found no change as the result of Merc. The case continued as before till the eighth inst. During the period of treating the boy one thing struck my mind that if I could break the condition of constipated bowels and convert the hard stool into a diarrhœic one—as the stool always remained one hard stool passed after an interval of a day or two—then there might be a perfect relief of the slight fever, as indicated by thermometer to be a point or two above or below 99 degrees.

It was the time when I was translating Kent's "Lectures on Materia Medica" into Bengali and this was the day that I finished translation of Aloe. The portal-stasis and flushing of heat described therein led me to think, might not the patient be an Aloe case? Might not the liver complaint be a portal stasis and the fever I was treating of a flushing of heat as described in Aloe? The more I thought the more I believed that to be an Aloe case. On the 9th of October as the patient came I questioned and questioned the father to see if I might have symptoms to corroborate to the symptoms of Aloe.

I took a retrospect of the past. And as its result I got the symptoms that the boy was in the habit of passing ball-like, slightly offensive stools covered with mucus, that he was used to pass offensive gas at night and that he was used to do so even then, that he had occasionally an attack of diarrhœa of a semi-liquid blackish stool with lumps in it, and that he passed stool involuntarily. This was specially at night and about once in a month. The boy spoiled bed clothes by this diarrhœa. Under these facts I prescribed a powder of Aloe 200. This was on the ninth day of October. On the eleventh inst. the report was that he had an attack of diarrhœa of offensive blackish semi-liquid stool with

lumps, and lumps of mucus, passed two stools involuntarily on bed from previous night. I dismissed him instructing to wait. In the next morning the report was that he had no fever on the previous afternoon, the stool continued same except a yellowish tint. I told him to see me next morning. The report on that day was considerable change of stool to a yellow one except the existence of slightly offensive blackish lumps, and no attack of heat. That day I prescribed another dose of Aloe 200. And on favourable reports repeated the same on the 18th of October and 1st of November. On the 15th of November I prescribed the final dose. Since this day the patient has had no further attack of fever or diarrhœa or constipation, that he has been passing one natural stool daily. But the most striking thing is—the salivation that gave much trouble so diminished as to be called a cessation and this has caused no disturbance in the economy whatsoever.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

COMPENSATING CORRESPONDENCE.

(Concluded from the June issue.)

But first the letter from Dr. Jones.

"Liberian Industrial Mission,

"Klay, Liberia, January 31, 1925.

"My dear Dr. Close:

"God bless you! Doubtless you have wondered what has become of us. Well, we have been back in Africa one year the fifth of this month. We have thought and talked of you and your kindness more than often. I have had this envelope addressed to you more than six months, but I have been too busy to write until now.

"First, I want to thank you for the HOMŒOPATHIC RECORDER. It has been full of information. Your articles were great. Surely, you must be a Christian man. I wish all doctors might become as spiritual as you are. If you have any tracts which you have written, if they are free, please send me some. I should love to read anything you have written touching the spirit—life principle.

"We have had to tear down and rebuild, and it has cost us all we had; but, thank God, He has not failed us. Mrs. Jones is not so well at this writing, but has kept in fair health.

"We are back in the midst of the heathen. Our nearest civilized neighbor is about twenty-five miles away. When we first came here elephants walked here, but today we have a little *wood church*, a thatch roof building serving as a little hospital, and a nice large house for living and school teaching purposes. On Sundays our little church is packed.

"Homœopathy is winning the people to God. Of course, prayer is the motor power.

"Last August I waded in water up to my neck to save a woman from death. God and Ipecac 200, worked together O. K.

"Though the mission has been here ten years, the woman in question had never put her foot here; but after she had been cured, she came and was one of the first to give her heart to God in a revival we had last November. The last Sunday of the revival was a cloudburst from heaven; men and women, boys and girls came stepping over chairs to accept Christ. It was my good pleasure to put twenty-nine under the water the first Sunday in this year. Someone has united with the church every Sunday this year. It is nothing less than a miracle, for the Gollah tribe is said to be the hardest tribe in this Republic. I have eleven more to be baptized.

"We are now organized, and are taking collections to buy lumber to make benches for the church. I have worked for this field for twenty-two years *without a salary*, but today I feel more than repaid when I see the results of my labor. I am happiest when I can help some one. We have nine children in our home whom we care for as if they were our own. We find that they learn on an average just as well as the American children do.

"We are trying to make our mission self-supporting. We make our own palm oil; we grow sweet potatoes, plant them every month. Bananas, oranges and pineapples are plentiful at our station. This is a wonderful country. I have watermelons in my yard now. I guess you have snow in yours. I have some films coming and I hope to be able to send you some little photos of the people and buildings soon. Shall be glad to hear from you at any time.

"I shall be very grateful to you to send me *Spitzka on Insanity* and a good bulb syringe. You will be doing a part of the Master's work in Africa. If I had the money I would be glad to send it; but a work like this requires *every cent* as fast as one gets it. I am determined to build a small hospital, for to my mind it is the saddest need in this country and is a wonderful asset in the preaching of the gospel.

"Let me thank you in advance for all you may do. The articles may be sent by parcel post.

"We are in Africa in your stead. Mrs. Jones and Thelma join me in best wishes to you.

"H. H. JONES.

"P. S.—Please send me some remedies of the 200th potency that act especially upon the lymphatic glands. I shall be grateful

to you. Do let me hear from you. The natives are still coming and *building booths* and putting their sick in them for me to do what I can for them. They respond readily to my remedies.

"H. H. J."

From a pamphlet written some years ago by Dr. Jones I select the following description of an incident in his experience which shows us something of the man and his methods better than anything I can write about him.

"I was called one day to sew up a woman who had been gored by a bull. Her intestines were out. When I arrived, the witch doctor who had preceded me, had thrust the intestines back through the jagged wound, put a nasty snail shell on the inside, and with ordinary black thread—without an anæsthetic—he had sewed her up.

"Pus was gathering at every stitch. When the witch doctor had been told that an American doctor had been called to look after the patient, he objected; but I complimented him for what he had done. He smiled, and I asked him how he would overcome the pus gathering at every stitch. He said he didn't know. I told him the thread was causing it. Then I pulled out a tube of catgut and asked him if he had ever seen anything like it. He said, 'No, what is it?' I explained it to him and asked him to let me take his out and put mine in, because mine wouldn't cause that condition. He agreed.

"I cocainized and sterilized the wound and began to sew her up. As I put the needle through, the woman didn't stir; but the witch doctor himself did the jumping. He asked her, 'Don't you feel that needle?' She said, 'No, what is he doing to me?' He said to her, 'He's sticking a needle through you.' She said, 'I don't feel it.'

"Then he leaned toward me and asked very softly, 'What have you done to her?' I said, 'The God that I serve has taught me to put in a medicine that will take away the feeling.' His reply was, 'If your God has given you this knowledge, I want to know your God.' Then I made my text 'Cocaine' and preached to him, 'Jesus.'

"You may have in your mind what became of the snail shell. The old witch doctor wouldn't let me take it out. In sewing the woman I left a vent, for I knew she couldn't get well with the

snail shell inside. I told the witch doctor that the God I served had taught me to give a medicine whose tendencies were to expel foreign bodies. I gave it (Silica, of course) and told him I would tell my God to throw that shell out. In four days it was expelled. In four weeks that woman (about sixty years of age) was well, and going about her duties. This has appealed to them, perhaps, as nothing else, for I show them Christ in everything."

Of the universally dreaded African or "Jungle Fever," for which quinine in doses of almost unbelievable magnitude is supposed to be the only remedy, Dr. Jones says:

"This has been and possibly is the greatest hindrance to people going to Africa. It ought to be the least, as the malaria in Africa presents the same symptoms and yields to medical skill just as it does elsewhere.

"I have found the secret of health in Africa is learning how to live there. I have lived fourteen years in Liberia, but not a day was spent in bed. I was sick enough to almost die, but I would not go to bed.

"I lived there nine years without taking a dose of quinine. (I am a homœopath.) We prescribe on symptoms, not on diagnosis. I have not had (possessed) a grain of quinine in fourteen years. Learning how to live in the tropics is essential to all missionaries who go to that field."

Of sleeping sickness Dr. Jones says:

"This is another bugaboo, but I found that it yields readily to medical skill when the right symptoms could be found and the right remedies given."

On the subject of hospitals, Dr. Jones says:

"Liberia needs at least three good hospitals. Think! One must go to Europe for an operation because there is no hospital in Liberia. Pitiful, but true!

"It has been my pleasure to care for many missionaries, both black and white. I made trips of 300 miles, walking every step, to repair teeth. Often I had to swim to make these trips. I would go fifty-two miles in fourteen hours, wading and swim-

ming, and, mind you, making these trips with very little compensation, which was the least concern. My joy has been always helping someone else.

"Upon one occasion, I took two missionaries one and a half miles on the sea on stretchers. They were white. In a down-pouring rain, I signaled the captain of a vessel. He asked, 'What have you got there?' I replied, 'Two sick missionaries.' He saw them lying in a pouring rain, and replied, 'I can't take them.' I pleaded with him to take them out of that clime, but he pulled up his anchor and left them. If there had been a hospital with doctors and trained nurses, this would have been unnecessary.

"In the meantime another steamer was coming up the harbor. We tossed about on the waves until this steamer cast anchor, and then rowed over to it. This captain refused, but I pleaded with him. He called me on deck and asked me who was in charge. I told him I was in charge. He asked what was the nature of their sickness. After he found it was not contagious, he took them on board at their risk. I lifted them off those stretchers in my arms and put them on board, and they came back to America.

"The different boards are paying thousands of dollars annually to bring missionaries back to America when if there were built on a mountain in the hinterland of Liberia, a small sanitarium and hospital, there would be thousands of dollars and many lives saved annually and the advancement of the Gospel of Christ would take on a new phase."

In a preceding paragraph of this article I have referred approvingly to the practical, commonsense principles and methods adopted many years ago by Dr. Jones in his work among the natives of Africa—principles which at that time were radically different from those adopted by the missionary societies, and which, even now, are not generally accepted. Briefly, these principles were:

First, to endeavor to make each station self-supporting.

Second, to make the work primarily educational and to begin by teaching the natives the simple elements of sanitation, hygiene, agriculture and the simple home handicrafts—in short, to teach them something about themselves, their country and how to live to better advantage in their surroundings.

Third, in religion, following the example of Jesus himself, to let the teaching of the principles of Christianity flow naturally, by precept, illustration and example, from the incidents, events and experiences of daily practical life—teaching the spiritual objectively by means of the material.

Fourth, leading the native African to "work out his own salvation," in his own country, under the guidance of educated members of his own race.

"Only the black man knows the soul of the black man," says Dr. Jones. "I have boundless respect for all men and their teaching, and especially do I love America, for I owe her all I have; but I am sure that if Africa is ever emancipated she must be taught first all *about herself*, that is, what black men have done and are doing, I find that it inspires him to know that black men can do something. . . . Books with a few black faces with an account of their achievements will make the African lift his head. 'The noble deeds of black men are the best incentives to black youth' are the immortal words of the late Col. Charles Young, the first Negro Colonel in the American Army."

Liberia is a republic ruled by black men. It is a beautiful spot on the west coast of Africa, in the equatorial zone. Its temperature ranges from 66 to 96 degrees and the climate is delightful. Liberia is a country wonderfully fertile and rich in natural resources—mineral, animal and vegetable—all undeveloped. Tropical and subtropical products grow luxuriantly. With moderate cultivation and modern industrial conditions it could be made an earthly paradise.

"Liberia needs money, but more than anything else she needs men," says Dr. Jones, "teachers, leaders, workers, agriculturists, craftsmen, engineers, men who can do things and teach others to do them. All the ordinary labor needed is there. What she needs is skilled men who can put the other fellow to work and make him redeem himself. If Liberia can get men she will build her roads and bridges, without which there can never be any hope of developing her wonderful resources. The native African is willing to work for twenty-four cents per day and his board. By putting him to work developing his country you will develop his mind and he will absorb your Christ. *He knows God.* My object has been to teach the African *how to live on earth.*

"Until Africa gets industrial liberation she will never amount to much. Hundreds of boys and girls from the missions are back in the hinterland—*nude*—and reverting to barbarism. If they had been given a scientific agricultural training they would today be an asset to Liberia."

Now comes the annual report, recently published, of the Phelps-Stokes Educational Commission, which made a survey of West, South and Equatorial Africa in 1920 and 1921. This report, written after the visit of the Commission to East Africa in 1924, says: "The indifference and antagonism to the education of the African is due very largely to the conviction that education, as generally understood, is usually a decorative process unrelated to the life and needs of primitive people, and that the Commission of 1924 found the same belief current among settlers, traders and even some officers of the Government."

This conviction, of course, resulted from observation of the methods introduced and exemplified by exploiting traders and officials, and by sentimental missionaries and philanthropists of the common type, following conventionalized forms—outsiders who attempted to force their wares upon the ignorant natives without recognition of or regard to their real needs.

The writer of this report says that casual observation reveals four conditions so obviously essential to community welfare in Africa as to merit the rank of "fundamentals in education." These necessities, or "simples," as the report calls them, of sound community life are; "First, sanitation and health; second, agriculture and simple industry; third, the decencies and safeties of the home; and fourth, healthful recreations."

This program of the Phelps-Stokes Commission has been accepted by Great Britain, which alone is trustee of 40,000,000 of these backward people, and a Parliament document has been issued giving Government authority to the policies advocated by the Commission.

It will be noted that these policies and principles are almost identical with those of our Dr. Jones, except that Dr. Jones goes farther and includes concurrent teaching of the principles of Christianity by similar simple means, and the introduction of homœopathy as the necessary method of therapeutic medication.

The homœopathic school of medicine may well be proud of its representative in Liberia. For many years, working alone and on his own initiative against tremendous obstacles, this heroic and self-sacrificing Negro physician has been guided by a policy, practically original with him so far as the African field is concerned, which now receives recognition and adoption not only by a modern scientific educational body, but by the Government of that great Empire "upon which the sun never sets."

Probably the British Government and the Phelps-Stokes Educational Commission never heard of Dr. H. H. Jones, of Klay, Liberia, and his little "Independent Industrial Mission," or if they did, regarded him as too insignificant to notice. But he was there, doing his part in the redemption of his race in Africa. Like his great Exemplars, Jesus and Hahnemann, he has been criticised, condemned, ridiculed, rebuffed or ignored by many religionists to whom he has appealed in vain for support, merely because his methods were "different"—because he would not conform to tradition and custom and submerge himself and his work in "the organization." But he has gone right on working. He is a stubborn fellow when he believes he is right. He will stick to his principles, though he has to continue to struggle on alone to the end and die in the attempt. Nothing daunts him. He is of the stuff of which pioneers and martyrs are made; but now, as of old time, "the blood of the martyrs is the seed of the church." He has planted good seed, and it is already bearing fruit.

H. H. Jones, M. D., Christian and homœopathian, we of THE HOMŒOPATHIC RECORDER salute you and wish you Godspeed in your good work.

Not to be overlooked or underestimated in value is the testimony borne by Dr. Jones to the efficacy of the well-selected single homœopathic medicine, in high potency, administered by the mouth, in combating even the most malignant forms of tropical diseases as he has met them. He does not find it necessary to resort to quinine, morphia, strychnine or arsenic in massive doses, nor to use a hypodermic needle to administer his medicines, as some of our ultra-modern homœopaths are doing. The old way—the Hahnemannian way—which he learned at Hering College under Dr. H. C. Allen and his loyal colleagues, is good enough for him. And *it works* for him in Africa as it does for the rest of us

"Old Fogies" who, in America and elsewhere, for the love of our art and from reverence for the integrity of the living "Temple of God," refuse to violate either where simple therapeutic medication is required. He knows and we know that if we properly examine our patient, bring out the characteristic symptoms, and select remedy and potency with due diligence and a reasonable degree of accuracy, we need neither massive doses nor hypodermic needles to get results.

It takes courage to stand with a minority—and a rapidly diminishing minority in homœopathy—in the defense of truths which have been handed down from the past, but which are constantly being assailed in the name of a "Progress" which the discerning know to be, in many respects, false and illusory.

To stand alone in the midst of primitive conditions and confronted by almost insurmountable obstacles, as this African homœopathician does, is possible only by the grace of God. A message and a testimony from him to the efficacy of homœopathic principles comes to us here as a refreshing breeze and an encouragement to perseverance which we cannot appreciate too highly.

This, and that he may know that his work is appreciated and himself be thereby encouraged, is my reason for devoting so much space in this department to the work of Dr. H. H. Jones, of Klay, Liberia, Africa.

If some of the readers of THE HOMŒOPATHIC RECORDER should be moved to write to Dr. Jones, and perhaps contribute something towards his support, I should feel that I had accomplished something worth while for the cause of God and homœopathy in Africa.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Sulphur as an Intercurrent.—The following complex was recently presented to us for consideration: Young married woman, neurotic type, complaining of severe pain in left hypochondrium < turning from side to side, > lying on painless side, < moving, > lying on painful side. Pulse, 95; temperature, 102; anorexia thirst for cold water, with dryness of mouth and lips. Cathartics had been resorted to on general principles and enemata used. Physical examination of heart, lungs and abdomen entirely negative, except for tenderness on firm pressure over splenic flexure of the colon. The spleen was not palpable. *Bryonia cm* did not relieve within twenty-four hours; one dose to *Sulphur cm* was now given, with immediate relief and normal pulse and temperature within twelve hours.

Query—Should Sulphur have been given first or instead of *Bryonia* and if so, why? Reference to the repertory will disclose the fact that Sulphur as well as *Bryonia* covers the symptoms. We look upon Sulphur as a more deeply acting remedy, an antipsoric. So it is; yet experiences such as this one are often puzzling and hard to explain. The old homœopathic slogan, "When in doubt, give Sulphur" is often theoretically sound, but practically does not always work. In this case it did. Incidentally neither *Bryonia* nor Sulphur has a specific relationship to the left hypochondrium. Sulphur, on the other hand, does relate to the right hypochondrium, so does *Bryonia*, but in a smaller de-

gree. Prescribing in accordance with the *generals*, gives BRYONIA as right-sided. SULPHUR as pre-eminently left-sided. Lying on the painless side aggravates BRYONIA but not Sulphur; the latter is ameliorated by lying on the painful side, but not as strongly as is BRYONIA. Both remedies are aggravated by turning over in bed; both are thirsty, but BRYONIA especially, desires cold drinks. Dryness of the mouth and lips is found in both.

Finally the case illustrates the prompt and decisive action of the single dose in an extremely high potency; this fact runs counter to the teachings of some of our authorities; blind obedience to authority, is seldom advisable!

A Strange Symptom.—In an old cardio-vascular case with hypertension the annoying symptom, *dreams of snakes*, was persistent. *Lac caninum* one dose of the 10,000 put an end to it. Other remedies have the symptom, but *Lac caninum* seemed most suitable.

The experience arouses this thought—of what aid is drug proving on animals only, cats, dogs, rabbits and guinea pigs, in eliciting symptoms such as this one. Drug proving on animals has its place, but also its very decided limitations. A few of our laboratory workers in the homœopathic school have been carried away by their enthusiasm for animal provings. All this is not only wrong, but futile, so far as practical homœotherapy is concerned. Physicians must know what drugs do to humans, how the latter react to them, not only physically but also psychically. A guinea pig with a diarrhoea caused by *Podophyllum*, does not teach us much, even though we may demonstrate a pathologic intestine *post-mortem*. Few of our patients are considerate enough, so far as the demands of science are concerned, to submit to the alluring prospects of a neatly done post-mortem examination. They demand help, the quicker the better, and to give it, we must know human materia medica. It is high time for the homœopathic profession to engage in real drug proving, such as is urged by the *International Homœopathic Council* and set forth in detail by Dr.

Pierre Schmidt, of Geneva, published in the June issue of *The Journal of the American Institute of Homœopathy*. Our European colleagues are showing us the way and it is for us to follow or to lead, if we can.

A Sepia Case.—Mr. J. F. —, age 46. Both parents dead; mother died at sixty-eight of bronchial trouble; father died at seventy-four of stomach trouble. Patient's early history negative; had typhoid fever at eighteen years. Has had much indigestion, thinks that he inherited a weak stomach. Two sisters have died of tuberculosis.

Six weeks ago he caught cold, felt sore in his chest and in the bones and began to cough. Took various medicines to break up this cold, but still continues to cough. Felt very weak at first, but feels > in this respect, now.

Loose cough from tickling in the chest, < on right side, or under lower part of sternum, or on left side of back of chest.

Cough < at night on lying down, < from 3 to 4 A. M., < in the cold open air, < lying on the left side. Sputum yellowish brown, thick, at no particular time. Sweats during sleep. Appetite > now; craves fruit. Bowels always constipated, uses olive oil enemata.

No < of thirst. Desire for sweets, lately. General > after eating. General < from cold air; likes plenty of warmth. No other weather modalities.

Sweating of hands and feet (old symptom). Phys. exam. shows crackling rales over left apex.

X-ray report of examination of chest: Marked cloudiness of both apices; left hilum shows a mottled thickened area characteristic of a post-influenzal or old unresolved pneumonia; several small calcified spots are present in this region. A tuberculous tendency is evident.

November 8, 1919. *Sepia 10 m.*; s. l. q. twelve hours.

November 11. Sputum and urine both negative.

November 15. Feels very much >. Cough growing less each day. Still sweats during sleep; s. l. q. twelves hours.

December 2. Feels fine; no new symptoms. Bowels constipated. Coughs once in a while only and raises a little dark brown mucus; s. l. q. twenty-four hours.

January 21, 1921. Has remained in good health and gained over twenty pounds. Feels > than for years.

Aplastic Pernicious Anemia Due to Radium.—Weil and Lacassagne observed a case in a man, aged forty, working for four years in the manufacture of radioactive preparations from thorium. Death followed a five months' illness.—*J. A. M. A.*

How much Radium was actually given off in causing this worker's disease and ultimate death? Probably an altogether infinitesimal amount; if Radium in infinitesimal amounts (emanations) can kill, what about the power of our infinitesimals (potencies) to cure? We know that they can, when applied in accordance with the law of similars; but only then.

Cenchris contortrix.—The Copperhead.—Of interest is the following verification of this remedy, used in a single dose of the 600,000th potency, in a man of fifty-four years, whose blood-pressure tends to be high and whose urine has shown traces of albumin from time to time:

Constriction about the heart, when walking; pressure about the heart, also in vertex. Uncomfortable when lying on either side, < left. Sensation of *enlargement of the heart*, as though *too big* for the chest.

These symptoms were promptly modified; no doubt the action of the remedy is here a palliative and not a curative one, as cardio-renal cases of this type are not curable. Diet, regimen and the homœopathically indicated remedy, will do more than anything else to promote comfort and a longer life. The italicized symptoms have been verified by us in other cases as well; they are reliable.

Pharmacology of Mistletoe.—Bijlsma found after intravenous injections of an extract from mistletoe (*viscum album*) a

lowered blood pressure. It was fatal with larger doses. The drug dilates the blood vessels, but does not act on the centers in the medulla. The pulse is slow because of a central irritation of the vagus.—*J. A. M. A.*

This observation is of value to homœopaths. Clarke's *Dictionary of Materia Medica* gives a full account of *Viscum album*. In this proving we find "Pulse small, quick and very irregular. Pulse slow, full and bounding." Allen gives these same symptoms in his *Encyclopædia*. The remedy is credited with usefulness in chorea, epilepsy, rheumatic lumbago and other diseases; it needs however, careful proving under modern conditions. The fact that it produces lowered blood pressure is significant, as well as helpful.

Iodin Treatment of Goiter.—Bircher attributes the increase of the incidence of toxic goiter to the iodine treatment of goiters. There are over 3500 cases of exophthalmic goiter in Switzerland. Adenomatous goiter is frequently injured by iodine. Over 2000 instances of this have been reported in Switzerland. He considers small doses given for a long period more dangerous than single large doses. Hypertonia and hyperperistalsis of the stomach with hyperacidity is one of the symptoms of the injury. Diabetes is aggravated by iodine. Sterility in the second and third generation was observed experimentally. He requires caution with iodine and combination with phosphates, calcium, quinin, silicates or substitution of these remedies for it.—*J. A. M. A.*

Here again the homœopath knows better than his O. S. brother when and when not, to give iodine. Its pathogenesis points the way and when this is not in evidence, he does not rely upon iodine, but selects some other remedy, indicated by the symptoms of the patient. In other words, he treats the patient who has a goiter, not the goiter which has the patient.

Prohibition and the American Medical Association.—On May 26, during its annual convention in Atlantic City, N. J., the *American Medical Association* reversed its previous position taken in 1917 and unanimously declared that alcohol is essential in the treatment of disease; it went on record by resolution, calling upon

the Government to amend the Volstead Act, so that physicians may use their own judgment in the prescribing of liquor for patients.

At last, from the fog of hypocrisy, fanaticism and intolerance, we have a loud voice demanding a return to common sense and sanity. May that voice be heard and heeded, and may the moral courage of the American people once more assert itself! Moderation in all things and toleration for the beliefs and opinions of others, should be our national characteristics.

At the same convention it was declared, by resolution, proposed by Dr. George B. Follansbee, of Cleveland, chairman of the Committee on Education, that the problem of obtaining efficient nurses is now acute, and a survey of the situation will be made. The resolution asserts that there is "too much technique taught nurses and not enough knowledge as to the practical care of patients.

"We are not providing nurses able to do ordinary nurses' duty," the resolution states, while another, also adopted, declares that there is "over-specialization among physicians, and that the general practice of medicine must be encouraged."

These resolutions reflect a condition of affairs which is deplorable. The enormous expense incident to the employment of nurses makes such employment prohibitive for many patients who need nursing of the old-fashioned simple kind. As matters now stand, our registered nurses, while waiting on the sick, need a special servant to wait on them. The whole household is frequently completely disorganized by the presence of the benevolent tyrant in white, whose knowledge of technical matters invests her with a sort of scientific sacredness quite opposed to the common sense requirements of the position.

Yes, the general practice of medicine ought to be encouraged! Over-specialization is a present-day evil, but one hard to overcome, for the reason that "there is money in it!" The general practitioner is the poor beast of burden who sees the luscious plums of financial reward above him, but can never reach quite high enough to pluck them. Yet someone must treat the common ailments with which we poor mortals are afflicted and not every illness requires a staff of wise-looking experts to assist in its solution. The education of the physician now takes entirely too much time; hence it is small wonder that our recent graduates all

want to specialize and refuse to locate in rural communities, where their services are most needed.

It is a hopeful sign that the A. M. A. is giving these problems its attention, for, although our national population is increasing, we are losing each year many more doctors by death and retirement, than we are graduating from the colleges.

Prophylactic Value of Convalescents' Serum in Mumps.—

The specific serotherapy was tried in an orphan asylum where thirty-seven girls had developed mumps. None of the twenty-two other girls, from six to eighteen years old, injected with 10 or 20 cc. of the serum contracted the disease.—*J. A. M. A.*

Still another example of near-homœopathy, the use of nosodes, etc. Serotherapy is helping to forge the chain upon which will be suspended the bridge to homœopathy.

Treatment of Typhoid.—Litchfield says that the average case of typhoid fever requires no medication. When the pulse and heart sounds indicate a failure of the cardio-vascular system, digitalis may be given, the method and amount depending on the emergency. Also caffeine may be used hypodermically to advantage, in doses from 1 to 6 grains. Nux vomica and strychnin are apparently helpful by their effect on both the digestive tract and the cardio-vascular system. For patients that do not take their nourishment well, patients with extreme nervousness, and patients with a weak, rapid pulse, Litchfield believes emphatically in the beneficial effects of alcohol.—*J. A. M. A.*

So the average case requires no medication; quite so; but usually there are sufficient symptoms to indicate *Gelsemium*, *Rhus tox.*, *Bryonia*, *Baptisia* or some other remedy and such indicated remedy will always modify the symptoms and prevent cardiac deterioration which in Litchfield's mind, requires digitalis, caffeine and strychnin. When we come to rely upon these, we are skating upon very thin ice and which may give way at any moment. Happily, modern engineering and sanitation have practically banished typhoid from civilized communities.

Carbon Monoxid Poisoning in Ford Sedan.—For a few days van der Heide had from two to five attacks of brief loss of bal-

ance, with headache and sweating, before he connected them with his new Ford sedan, 1925 model. He had no further trouble after he lengthened the outlet pipe and arranged for inlet of air around the pedals.

This comes via *J. A. M. A.* from the *Nederlandsch Tijdschrift v. Geneeskunde*, of Amsterdam. Poor old Lizzie, we never thought that death lurked in her sedan interior; perhaps *satanic* would be better! Perhaps van der Heide was on his way home late at night from some comfortable Bodega, where Amstel beer, Holland gin, Schnapps and other delights had already befuddled his brain. Who knows? Even in our own chaste and whitened, dried-up United States, we have known things to happen in Ford and other sedans, of which the less said, the better! Country roadsides furnish mute evidence at times, particularly at night, but the evidence does not point to carbon monoxide, as a rule. Prohibition hootch is usually the malefactor, especially in the great American Hinterland, where the real stuff seldom penetrates.

Phleum Pratense.—The usual number of hay-fever patients has appeared this summer and in the absence of marked indications for any of our well proved remedies such as *Allium cepa*, *Arsenicum album* or *iodatum*, *Euphrasia*, *Sabadilla*, etc., *Phleum pratense*, 12th, t. i. d., has worked wonderfully well. Seemingly it is specific to many cases and evidently acts in a desensitizing manner. In any event, potentized timothy has certainly afforded us much satisfaction and has brought a very large measure of comfort to numerous patients. We hope that RECORDER readers are undergoing a similar, happy experience.

Vaccine Treatment of Whooping Cough.—Van der Zande reports very encouraging results in forty-five cases. He warns, however, that the vaccine must be made from the special type of whooping cough bacilli involved in the case. Agglutination tests have demonstrated two types. Only one of his patients failed to show benefit—*J. A. M. A.*

This is further evidence of the gradual approach of our O. S. friends to homœopathy—vaccines, individualization, nosodes, potencies, the simillimum, all are milestones on the long, long road to truth!

Uncertain Value of Iodin in Pulmonary Tuberculosis.—De Jong and Christophe treated with iodine by mouth or intravenously, forty patients with chronic tuberculous lesions of the lungs. So far, the treatment has not exerted any noticeable effect.—*J. A. M. A.*

Of course its value is uncertain and will remain so, just so long as we do not acquaint ourselves with the pathogenesis of iodine; once we know what it can and will do to the healthy, we will know what it can do for the sick. Homœopathic physicians are familiar with the sphere of iodine in pulmonary tuberculosis, they know under which circumstances to apply it; hence they know what to expect. Iodin can be hastily sketched as follows: Tissue loss; continued emaciation, in spite of voracious appetite; glandular hypertrophy, induration and final atrophy; dark complexion; general > in cold open air; general > while and from eating. Hypertrophy of thyroid; quick pulse; trembling.

Oh, These Americans!—Coming up from Washington recently, in a comfortable Pullman car, our attention was drawn to the anatomical display of two pairs of shapely legs of the conventional *flapper* type. Conveniently fastened to the ornate silk garters, nonchalantly dangled somewhat diminutive silver flasks, designed to thwart the most moral intentions of our ardent prohibition fanatics, who continue to bedevil this sorely tried country. In due course, the suave Ethiopian Chesterfield, who presides over the proprieties and conveniences of Pullman cars, at the behest of our passing fair and youthful damsels, brought forth from somewhere, two tall crystal glasses well filled with ice and accompanied by such necessities as Club Soda, lime-juice and the whitest of powdered sugar. In the twinkle of an eye almost, two seductive *Tom Collins* were presented to our envious gaze and presently discreet and feminine gurgles became audible above the rumble of the train, as these wonderful thirst assuagers rolled pleasantly down two female oesophagi. Great is prohibition! the sport of circumventing it is indeed a rare one and has now become a national game. Yes, we Americans are clever, versatile, quick to grasp new situations and to deal with them effectively. Prohibition comes high, but we must have it, for the satisfaction of evading it. Let the poor worker go without his beer, so long

as the captain of industry has his Scotch high-ball or his gin-ricky. Democracy thou art a wonderful thing, as any flask-toter will tell you!

Taking the Case.—Elsewhere in this issue we present a scheme for taking the case, compiled by Dr. Guy Beckley Stearns, president of the *Foundation for Homœopathic Research of New York*, in the belief that our readers will be interested in his exposition of the requirements for good homœopathic prescribing. Although at first glance this schema may seem cumbersome, a study of it will reveal, that almost automatically, each homœopathic prescriber makes use of it in his daily work, particularly with reference to the treatment of chronic diseases. Those who are interested in the possession of copies of this schema, may obtain them by addressing Dr. Guy B. Stearns, 180 West Fifty-ninth Street, New York.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, AUGUST 15, 1925. No. 8.

THE REPERTORY IDEA.*

F. E. Gladwin, M. D., Philadelphia, Pa.

The homœopath of today has so many repertories that he accepts them as he accepts his breakfast—approves, disapproves, or rejects them according to his will, but time was when no repertories existed, then it was that the immensity of the *Materia Medica* was realized, if there was a difficult case to study. If you want to realize the difficulty of that time just lay aside your repertories and take a case to *Allen's Encyclopedia* and hunt the remedy. It's no wonder that the great von Boenninghausen and a few of his colleagues devoted their lives to discover an easier way. It is interesting to search the repertories for the remedies that cover our cases, but it is far more interesting to study the repertories themselves, in the hope of finding the thought that underlies their construction.

With the idea of saving time and space, von Boenninghausen worked out his repertories, and his *Therapeutic Pocket-Book*, which he tells us he began after studying the *Materia Medica* for fifteen years, and which is the acme of "much in little." The second idea that runs through von Boenninghausen's work is *generalization*. In generalizing he divided the symptoms. The place of the symptom he put under *Parts*; the kind of symptom, under *Sensation*, and the modification, under *Aggravation* and *Amelioration*, etc. In working out a case he built up the symptoms of the patient from the parts of the divided symptoms in the *Pocket-Book*.

Von Boenninghausen must have reasoned that among characteristic symptoms, what was true of a part must be true of a whole and what was true of a whole was true of each of the parts, other-

*Read before the annual meeting of the International Hahnemannian Association at New York, June, 1925.

wise when a symptom of the patient was built up by the parts of the divided symptoms in the *Pocket-Book*, it would sometimes lead to remedies that had never shown that symptom in the proving and of which the symptom would not be characteristic.

Boenninghausen's idea of a "symptom in general" was that any remedy having a symptom which affected a part belonged to that part in general; any remedy which produced a sensation wherever it appeared, belonged to that sensation in general. For instance, "stomach in general" contains any remedy which affected the stomach, and he let another rubric decide whether the disturbance was nausea, distention, or pain. Even his "special" symptoms are generalized. All remedies having "burning pain" anywhere, he placed under "Burning Pain in General" and another rubric decided the modification of the burning pain.

Jahr's idea was not only to shorten time and space, but to make a repertory which his students could understand. He must have been a born teacher, for he evidently believed that he should begin with what his students knew and lead them to what they didn't know. Evidently Jahr's students had all qualified in the Old School and the one thing they did know was Diagnosis, so in his repertory he began with Diagnosis, giving the remedies which had been found useful in the diagnosed disease; then he gave the symptoms of the disease, with the remedies which covered each symptom; then he gave the symptoms of the patient, each with the remedies that covered it. In the preface he told his students that while the remedy must cover all of the symptoms of the disease, the symptoms of the patient were more important in finding the remedy.

Jahr's idea of what remedies belonged to a symptom in general, differed from von Boenninghausen's. In our provings there are unfortunately many symptoms without modification. The headache or pain, etc., was reported simply as headache or pain, leaving the reader to suppose that the headache or pain might have had any or all kinds of modification. Other provers reported headache or pain, etc., with several modifications in regards to time, place or condition. Jahr has gathered the remedies which have the indefinite symptom and those which have the symptom with several modifications for his symptoms in general. Jahr's particular symptoms are those that have one modification only.

Jahr was persuaded against his will to make a repertory for the

Germans. This he called the Hand-Book. Between the time of making his repertory for the French and the Hand-Book for the Germans, he discovered that his French students were dividing the symptoms of the patient into different diagnostic groups and calling them different diseases. Then they prescribed for the most important, leaving the others to be prescribed for after the worst had been cured. In order to save the Germans from this pernicious practice, he in the Hand-Book divided the symptoms into as many diagnostic groups as possible and told the Germans they must find a remedy which would cover all the diseases that the patient had. He evidently thought that in this manner he would compel them to cover the totality of the symptoms. Poor Jahr! Even yet he is accused of teaching heresy and he was only trying to make a repertory which his students would understand.

When Chas. H. Hempel translated the *Symptomen-Codex*, he thought it should have a repertory. Hempel believed that if the provings should be written down in the words of the prover, they must always be kept in those words. He couldn't translate Jahr's *Repertory*, because Jahr's *Repertory* "treated the disease," and he couldn't use von Boenninghausen's *Repertory*, because von Boenninghausen "divided symptoms," so he spent four years in making one himself. With Hempel the "Symptom in General" was the unmodified symptom.

In Hempel's *Repertory* the symptoms are strictly in the words of the prover. If one prover said "tearing in stomach" and the next prover said "tearing pain in the stomach," it went down as two different symptoms. If one had "vertigo on rising from sitting" and another "vertigo on rising from a chair," Hempel would not put the two remedies down for one symptom, which had to go into his repertory as two symptoms.

C. Lippe, in his preface of his repertory, tells us that it is based on the repertory to the Manual published in Allentown, Pa., by Dr. C. Hering and the faculty of the College at that place. I have not been able to find the above repertory, but the order of arrangement of the Lippe repertory is so much like Dr. Boger's translation of von Boenninghausen's earlier repertories that one is led to believe that those men in Allentown used the form of von Boenninghausen's earlier repertories. Those men in Allentown did not believe in dividing symptoms, so we note in Lippe's repertory, although he made additions from von Boenninghausen, that all the

symptoms in general of the parts are omitted. As far as I verified Lippe's remedies in his "Symptom in General," his idea of what a symptom in general should be, was like Jahr's.

Gentry's Repertory is just what it represents itself to be—a *concordance*. Gentry did not believe in changing the words of the prover, even though a synonym was used, therefore he found difficulty in finding symptoms in the repertories which existed, so he compiled the *Concordance* and put the symptom in as many places as it has nouns, verbs and prominent adjectives, the symptom "Aberration of mind, singing, performing the most grotesque dancing steps and shouting," appears eight times in *Gentry's Concordance Repertory*. It took eight volumes to carry out this idea, but *Gentry's Repertory* is very convenient if you want to find a queer symptom.

Knerr's Repertory suggests Hempel's. Neither believed in dividing the symptoms or changing them in any way. Hempel's was a repertory of the *Symptomen-Codex* and Knerr's is the *Repertory of the Guiding Symptoms*. Knerr's symptoms in general, like Hempel's, are the unmodified symptom.

This brings us to the *Kent Repertory*. I know this repertory best, because I saw it grow. Dr. Kent's first step in repertory building was to add to *Lippe's Repertory* the things that Lippe left out. He filled his *Lippe's Repertory* so full of notes, that there wasn't room for more in the places where they belonged; he then took an interleaved Lippe and when that was filled, began loose-leaf notes, and when the loose-leaf notes became voluminous enough he decided upon making a new repertory, making it as complete as possible. Dr. Kent worked ten years on his repertory, before the first edition appeared in print.

Dr. Kent argued that a repertory was only a compilation at best and all reliable symptoms were the property of all homœopaths alike. He thought it would be helpful to everybody if he started where the others left off. His idea was to gather together all that had been already repertorized and then add his notes and that which he might thereafter verify from his clinical experience, and then verify everything that had been so gathered together. He found that the mechanical copying of the existing repertories was taking too much of the time that should be used in verifying the symptoms, so he called upon his students to do the drudgery of copying. Dr. Milton Powel and Dr. Mary Ives, each copied

a goodly portion. I remember that he gave Dr. Arthur Allan the "eye." He gave me "thirst." He finally assembled these copies and began adding his notes and verifying symptoms. In doing so he found such symptoms as "headache after breakfast." It was a head symptom and logically it belonged in the chapter on *Head*, but his copy compelled him to put it in "Complaints after Meals." The same was true of "pains in the chest after meals," "eructation after meals," etc. They logically belonged in the part affected, and so all through the copy he found symptoms that logically belonged elsewhere.

He had worked a long time and had quite a large manuscript. It looked to me like a large repertory before he finally made up his mind that the repertory would be more useful if all the symptoms of a part with their modifications were in the chapter on that part. The same was true of all the parts. So he cast aside the work accomplished up to that period and began again. All his work to that date and the work of his students counted for naught, except to show him that there was a more logical way of making a repertory. Again he commenced a repertory—this time without the help of his students, because it was a kind of work that they could not do. Imagine the work of verifying each symptom in all of its remedies as he took it from the old repertories! The arrangement of this new repertory is so different from all others that complaints have been made that it is hard to find things, but really it is very simple and it is not so different after all, for close scrutiny shows that it has the form of von Boenninghausen's earlier repertories carried out to the logical end. The arrangement of the chapters is in the order followed by Hahnemann, except that the "mental" symptoms and "vertigo" are in chapters by themselves, instead of in the "Head" chapter. The symptoms in each are arranged in alphabetical order—first the "Symptom in General" and then the "Symptom in Particular."

Dr. Kent agreed with Jahr as to what constitutes a "Symptom in General" and what a "Symptom in Particular," and this idea of "Symptom in General" and "Symptom in Particular" controls the whole book.

As an illustration we will take "pain in the lower limbs in general." This contains the remedies which have unmodified pain anywhere in the lower limbs, and it contains the remedies which have pain in the lower limbs with several modifications. Farther

on is "Hip in General." All of the remedies in "lower limbs in general" might not appear in "hip in general," because the omitted remedy might have the symptom unmodified or it might have them in several other parts of lower limbs and not in hip. All the remedies which are in "Hip in General" do not appear in "Lower Limbs in General," because the hip is the only one place and a remedy may affect the hip and no other part of the lower limb. If the same symptom appeared in hip, thigh and knee it would be in "lower limbs in general." These remedies are in "Hip in General," because they are unmodified or have several modifications. The same is true of "pain in the thigh in general." On going through the particulars of the symptoms of the thigh, it will be found that some of the remedies of the particular symptoms are found under "Pain in the Thigh in General" and some are not. When the remedy is found in both places it either has an unmodified "pain in thigh," or there are several particular symptoms of the thigh which contain this remedy, therefore it belongs in the two places; when it appears in one particular symptom only it is not a symptom in general, therefore does not appear there. It is well to know these things, because it means something when working out a case.

This repertory gives first the parts having the pain in general and particular. Then, after finishing the parts, it begins with the kind of pain in general and in particular and then it gives the parts in which this kind of pain appears in general and particular.

Dr. Kent believed in keeping the symptoms as nearly as possible in the words of the prover, but on account of saving space he often combined synonyms, as "stitching and sticking," which are included in *Stitching; Cutting* includes "darting and stabbing"; *Pulsation* includes "throbbing," etc.

There are two more general repertories of which I would like to speak—Dr. Boger's translation of von Boenninghausen and Dr. Field's Card Repertory, but my paper has already reached the time limit, and both of these authors are here and can tell of the idea which underlies their repertories better than I can.

Should you ask me which is the best repertory, I would say that mistakes have crept into all and all have their good points. Should you ask me which I would advise for the library, I would answer, "one of every kind which you would be fortunate enough to obtain. One can't own too many repertories!"

I would like to add, if anyone is tempted to think lightly of any repertory author or depreciate his work in any way, I would like him to take just one of that author's Symptoms in General and go to his Materia Medica, and verify each of the remedies found in that "Symptom in General," then I would like him to come and tell us what he thinks. I think he would be ready to say with me, Hail! When I think of the time and tedious work so freely given by each compiler, I stand with bared head and gratitude in my heart while to each my lips repeat the salutation, "Hail"!

The sluggard or the thoughtless could never compile a repertory!

WHAT IS CURABLE IN THE PATIENT, WHAT IS CURATIVE IN MEDICINES?*

Julia C. Loos, M. D., H. M., Baltimore, Md.

What Is Curable in the Patient?

What is undoubtedly morbid to be removed, what is curable in the patient? Clearly what is morbid is not to be cured but to be removed, destroyed. Whatever is the inimical influence in the individual under consideration is to be expelled, so that the derangement which it occasions must cease. When this evil is withdrawn its false creations must, of necessity, cease and the patient is then left in freedom to indulge the sense of health. Then all parts of the economy act in one accord, vibrations equalized to perfection in harmony of cooperation that spells unity.

The ever present picture in the physician's consciousness must be the image of this harmonious, unbounded sway of intelligence actively, energetically operating the will (desires, love), the power in every function and sensation; this expression carried on—projected—in the functions, the sensations, and the metabolism of the body.

Without this standard of normal man we have nothing for a comparison, to determine what is undoubtedly morbid. Patients who have not enjoyed normal life and normal functioning of organs are apt to think that conditions and limitations that have been

*Read before the Annual Meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1924.

experienced a long time, or even from childhood or infancy, belong to them. They are surprised that one should expect to rid himself of what has hampered him, as he says, all his life. The physician, however, must know that any kind of disability or inefficiency is but a temporary trespassing of consciousness and the real aim is harmonious, abounding freedom of health. Why should we hesitate to expect all lesser things to disappear so that this reality is reached? The musical instrument tuner expects to raise the vibrations of the strings of his instruments to the tone of perfect harmony, perfect tones.

Through the outwardly reflected picture of the affected, trespassed vital force,¹ making perceptible to the senses the morbid phenomena of the derangement,² we obtain the total expression of that derangement and the sole indication to guide and direct us in understanding what has occurred and what remedy to select to dispel the troubling influence. How important, then, becomes the art of interpreting all the outwardly-reflected expressions. Through the objectively observed appearances and, quite as accurately, through those features that only the patient experiences and reports, we can trace back the course of deranged action and sensation to the initial experience.

Knowledge of the correspondence of the bodily systems to the phases of man is most enlightening. Man in his love-realm is projected, objectified, in the heart and circulatory system. His perception of truth and his thought-reactions are carried out in the liver and the mechanism of metabolism. Governing intelligence expresses throughout the body in brain and nervous system. Life-activity can be discerned and measured by the action and condition of lungs and aeration-stimulus. Life is the fourth dimension: *progressive action* of love, truth and intelligence.

Through this perception of the substance of man and his objectification in the instrument we call his body, the intelligent physician cultivates his own intuition and recognizes the expression of man himself, even in the objective symptoms. The *nature* of any disturbance must honestly express throughout the economy. The *nature* of the disturbing influence is merely impressed on this individual under consideration.

¹ Organon, Sec. 7.

² Organon, Sec. 12.

Principles govern him, now, as when he is not thus hampered and whatever the nature of this adjunct—be it zymotic, inhibitive, life-exhausting—it must follow, outwardly, from center to circumference (or from whatever degree within, outwardly) the lines of his being. Any influence that changes the state of man, from health, is deteriorating; even drugs, medicines, which are employed to offset the detrimental influence expressed in what Hahnemann calls "natural sickness,"³ but might, perhaps, be better termed involuntary sickness.

What Is Curative in Medicines?

Medicines could not restore a healthy condition in the diseased individual⁴ except through the power of altering man's state of health, exciting in him definite, morbid, peculiar phenomena.⁵ These phenomena constitute the only possible revelation of the influence which each individual medicine possesses.⁶

By our law of similars we seek to restore freedom—expel the inimical influence—through the administration of that remedy which is capable of instituting just that state of alteration revealed in the patient. When do we not achieve the success that we are justified to hope will ensue? Most careful students of *materia medica*, students and searchers into the images of disorder, those who most faithfully rely on our divine law of similars do meet their Waterloo. We do fail to achieve prompt and permanent restoration⁷ that is evidenced in:

Elimination of wrong thoughts, wrong emotions, elimination of weakness, sensualism, instability, substitution therefor of truth, love, power, spiritual sense and definite purpose.

Why is this?

What we call one-sided cases need clearer interpretation and investigation of things that patients are indisposed to tell; indisposed because they do not recognize their importance or because they are affected in the truth-realm. Some of these cases may not have a similar in our *materia medica*.

³ Organon, Sec. 30.

⁴ Organon, Sec. 19.

⁵ Organon, Sec. 21.

⁶ Organon, Sec. 3.

⁷ Organon, Sec. 2.

Our aim is to find the remedy he needs. It may be change of habits—in thought as also in what he does with his body. A homœopathic prescription is possible only when the symptom-image, the index, in the patient is similar to that of a proved remedy. Wisdom says do not give him a medicine until you find one that offers hope of being curative through the law of similars.

Then there are the cases that cannot be repertoried satisfactorily because the symptom-image includes portions of several remedy-images and no clear-cut call for any one. There are cases that cannot be repertoried because they offer no testimony of definite similarity that we can compass in the language of provings. The testimony of the symptoms is that the case is erratic in its type of disturbance. Modern conditions of life are now more complex than they were fifty years ago. Self-control is less established; mental aberrations are more common.

Patients recover from serious maladies, contrary to their doctors' expectations. Other patients pass out when apparently not seriously ill. Others present profound disorders that are not explained by most painstaking examination of the history of the externals of life. These cases present instances where curative measures belong outside of *materia medica*.

What Is the Remedy?

We used to tell patients that they need do nothing, themselves, to compass the cure; all that was necessary was for them to take the carefully selected medicines and the medicines would do all the work of changing the condition, bringing restoration. Experience that brings us, year after year, the self-same patients exhibiting the same limitations, the same type of disability or discomfort, leads us to investigate more thoroughly to find the things that derange health and cause disease and how to remove them; the exciting causes, the moral and intellectual character (revealing aberrations to be removed), the occupations, mode of living, social and domestic relations, aging, sexual life; the obstacles to recovery in each case and how to remove them.⁸

Any bodily distortion that occasions mechanical interference must be adjusted. Influences that occasion mental interference must be recognized. Control is the most neglected crop in modern

⁸ Organon, Secs. 3, 4, 5.

civilization. Great need of it exists to restore balance of health, even bodily health.

The outwardly reflected manifestations—what do they image? That is the question propounded in each individual case. This question, for each case, is not answered by every reply that may be offered. It is not answered until it is correctly answered. The case is not settled until it is settled right, righteously. The answer may be some medicine recognized to be characterized by the same image. It may not have a true counterpart in *materia medica*. Suppose the outwardly reflected manifestations do clearly image deficient or excessive endocrine functioning. Only the mind of materialistic stamp will find necessity to supply the correction by killing animals of lower type and feeding their glands to do the work and to stimulate correct activity.

What influences have occasioned this deficient, this excessive activity? Find that and remove it. What medicines affect these internal glands and their secretions similarly to what is designated present in the patient? Interpret the provings in the language of modern thought and modern insight but turn not from divine law to materialistic trend of those who work without the law.

For the patients who clearly reveal the image of some medicine our work is not completed when we administer the "miracle powders" and win release, at once or soon, from the intense suffering or disability. Study the remedy-provings to determine what the medicine does to man, in man, to produce this image, when depleted vitality is evident, when metabolism has been jumbled, when digestive interference is manifest. Whatever the initial nature of the disturbance, that, more than its ultimate achievement in symptoms, points the way for our quest in the patient, in whom we perceive the call for this remedy in his sickness.

To establish freedom—the real sense of health—requires that investigation be carried on to determine *what, in this patient's life, is responsible for the disturbance; what inimical influence is imposed.*

The curative influence of the individual medicine falls short of what is curable in the patient. The disposition to take on evil influences demands that immunity to such influence be established.⁹

⁹ Organon, Sec. 31.

The only real pleasure in a physician's professional life is meeting a dilemma openly, taking firm grip on its horns and overcoming it, lowering and ousting its head to the dust (memory of the past). It is a worthy victory over that evil that overrides a man, enslaves each power and sense to evil indulgence without rendering any real advantage in return, and, in *complete disregard of his normal wish and heart's desire, in disregard of his intelligence*, exhaust his forces.

This calls on determination in the physician; not only the will but determination of what is to be grasped (discerning the horns of the dilemma) and how to handle it when it is grasped, especially to avoid the back-thrust. It demands excluding all forms of doubt, all interferences to resolve, all opportunity of fresh onsets or adjunct dilemmas, in the patient as also in the physician, to the end of establishing dominion of God—*normal activity*.

"THE BEAM IN OUR OWN EYE."

J. B. Gregg Custis, M. D., Washington, D. C.

I find that more and more my thoughts dwell upon the present status of homœopathy in this country and upon the reasons for its decline from its former high estate to the comparative lowly one it is in today. Therefore, at the risk of being considered a bore and a man of one idea, for I have said most of this before, I am going to reiterate those things which seem to me important factors in its decline, and I am going to point out what seems to me to be the road back to the heights.

It is admitted that homœopathy has declined, in fact its funeral oration has been delivered and its memorial services held by our opponents. Luckily, however, for mankind, homœopathy is not yet dead and not even beyond hope for recovery from its present low ebb. I say, luckily for mankind, because the leaven of homœopathy, which has already accomplished much for medicine in general because of its influence in bringing about decreased drugging and because of its stimulation of close study of patient and disease, has not yet been able to force the really scientific study of drug action and use upon the medical world. Until that time comes homœopathy as a separate force, with a

separate organization and with an assured, honorable place in the medical world, is needed.

To make sure that this need will be filled we must first take account of our present position, with the reasons therefor, and then apply the remedies.

Homœopathy has declined. Our schools and institutions are decreasing in numbers and influence. The reasons are not far to seek, but they are hard to acknowledge, for they lie within ourselves, and it is harder to find the beam than the mote.

It is not the innuendo, the slights, the half truths, the unfairness of the enemy concerning which we so fondly wail that have caused our present state, for these things were more freely used while homœopathy was growing than they are today. It is not lack of money, although money is a great asset, which accounts for the loss of our institutions, for they were acquired and developed with money no more accessible than it is at present.

It is not our numerical minority, for homœopathy reached its height when our numbers were less than they are at present.

The determining factors in the decline of homœopathy may be easily enumerated. Our colleges have been largely to blame. More attention is paid to getting the students by the state boards than to teaching homœopathic medicine and showing them the real superiority of homœopathic methods over any other in those conditions where homœopathic methods are indicated. In fact we have even allowed men to hold chairs in our colleges who were disloyal and whose lectures were full of veiled scoffing at what they were supposed to teach. The result of this has been that only those of our graduates who were fortunate enough to have close contact with a true homœopath or whose own spirit of investigation has led them on, have had a chance to know homœopathy.

This has given the homœopathic school a number of members who have no confidence and little belief in its teaching. They remain nominal homœopaths for the same reason that most people belong to a church denomination—they were brought up in it. I am sometimes sorry that there ever was a homœopathic college, except for post-graduate study, for as I look back over the list of our greatest homœopathic physicians, I find that nearly all either took up homœopathy after they knew by actual trial the uselessness of traditional medicine, or else were the direct disciples of

such men. Furthermore, today many of our strongest and most loyal adherents are of the same class.

We have developed what the psychoanalyst would call an inferiority complex, whether because most of us are trying to dodge the weight of the mass opinion of the medical world, I do not know, but that is the fact. We have become, too many of us, apologetic in acknowledging that we are homœopaths. In fact the official definition of a homœopath, adopted by the A. I. H., is, to say the least, apologetic, if indeed it has any real meaning at all.

We do not, probably because of our apologetic frame of mind, bring to the public a knowledge of the superiority of our methods over all others in those conditions to which homœopathy is applicable.

These are, to my mind, the true reasons for our decline. What we must do about it if we are to have a homœopathic renaissance, is, I think, self-evident.

We must reform our colleges. They must teach homœopathy. If they do not there is no reason for their existence. A graduate of a homœopathic college must be firmly grounded in the principles and methods of homœopathy. He must not be able to say that he has been untaught or that he has been half-taught in the only subject which justifies our existence.

We must have a strong, efficient post-graduate school where those who desire may obtain competent instruction in homœopathic principles and practice.

We must be sure that the teachers in our colleges and the leaders in our societies, who necessarily publicly represent us are loyal homœopaths, or we must firmly remove them and put men who fulfill this fundamental requirement in their places.

We must stop apologizing, for the apologist is always on the defensive and in a weak defensive position at that. On the other hand we must announce our position. We must bring to the public the knowledge of our accomplishments. We must not hesitate to do this because we are reluctant to advertise our school. It is the only way to survive the already permeating propaganda carried on through "cancer weeks," "health lectures," "school physicians," and numerous other agencies, by the old school.

Finally, let us be honest with ourselves, the American Institute, to the contrary, notwithstanding, a homœopathic physician is not one who adds to his general knowledge of medicine, a knowledge

of the homœopathic materia medica, he is one who, having studied medicine, believes that sick people are best brought back to health by remedies given in accordance with the doctrine of "Similaris" and who practices medicine in accordance with that belief. Unless we live up to this standard, homœopathy as a separate organization is going out of existence and should do so.

THERIDION.*

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

Homœopaths are apt to think of this spider poison first for patients who are disagreeably affected by sharp sounds; although Aconite, Asarum, Baryta carb., China, Cocculus, Iodum, Lilium tig., Lycopodium, Muriatic Acid and Plantago also have the same symptom, but in a lesser degree.

Whenever Theridion cured radically, patients have spoken of such noises as being intolerably penetrating, of causing pains all over, of being made chilly or too easily startled by them; always stressing its unbearableness.

In a case of nervous hyperæsthesia noises seemed to strike on painful spots over the body. In another there was a pain over the root of the nose and post nasal dropping, of mucus also, both of which disappeared under the action of the remedy. One patient had a nervous restlessness in the hands, while another was impelled to wring hers, in distress, when hearing such sounds.

Three years ago it cured a desperate cough in a hollow chested youth who certainly seemed on the verge of tuberculosis. In a year he returned, but with a typical gonorrhœa this time. He was of rather low intellectual capacity and I could get only common gonorrhœal symptoms from him. On a venture he received a single dose of Theridion mm and I had the pleasure of seeing a complete cure in less than six days.

It seems to me that Theridion must soon take a high rank in homœopathic hands for the cure of a considerable number of the nervous hyperæsthesias which our modern way of living is so rapidly developing.

* Read before the Annual Meeting of the I. H. A., Cleveland, Ohio, June, 1924.

Mercurius.

Ten months ago an increasing bowel obstruction forced this patient to ask me for relief. There was a small mass between the navel and the left ilium. A surgeon found an advanced cancer encircling the descending colon; this he declined to remove, but short circuited the bowel instead. The mass was friable, the stitches not holding well so that feces came through the opening for some days; finally, however, it closed. New cracks appeared in the angles of the mouth and she told of having the same thing on her wrists and finger tips formerly. There was a sense of vertigo in the occiput and right side of head. She regurgitated her food, had a sick feeling at navel and there was a puff under the right eye. The veins of the forehead were swelled and her face had the yellowish cachectic look of cancer patients. She had a history of easy bleeding. Her feet were cold and sweaty in the early morning in bed and she exhibited tremor. As the hymen was intact a Wasserman was not made. Her inheritance points were, Cardio-vascular 4, Nerves 5, Catarrh 2, Kidney 1, Malaria 1.

She received a single dose of Mercurius mm on October 27 and showed very slow, but steady improvement until April, when it had to be repeated. A favorable reaction again ensued which has continued until the present writing. The patient does not look sick now, although some of the mass still remains and the stool occasionally contains mucus. It looks as if a cure were almost achieved; but the main point is that the so-called anti-syphilitic remedies have been indicated and done the most for cancer, in my hands.

Leptandra.

Leptandra is not usually thought of for hæmorrhoidal conditions, but it has cured three cases of a rather serious type for me. Here are the indications. Prolapsed rectum of hæmorrhoids. Sharp burning pain extending upward even to back and hips or forward into urethra. Stools white, waxy, stringy or black, very foul. Hemorrhage from rectum. As of a band about hypochondriæ. Liver swelled transversely. Aching in gall bladder extending toward left scapula. Stomach swelled like a saucer. Nails crack and split.

DOES VACCINATION PROTECT?

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

It has always been contended by the advocates of vaccination that if they could have an opportunity unhampered in any way that they could and would demonstrate that vaccination could and did protect one from smallpox. That it not only protected but that it lightened the malignancy of the disease.

This opportunity came with the assignment of Dr. Leonard Wood, an alleged allopath and an ardent advocate of vaccination, to the Governor-Generalship of the Philippines.

Dr. Victor G. Heiser was appointed Chief of the Philippine Island Health Service with full and unlimited powers to act and the show at once began.

After reading Burton J. Hendrick's puff for Dr. Victor G. Heiser in the April, 1916, edition of *Harper's Magazine*, under the title, "An American Who Made Health Contagious," also after reading "Personal Experiences in Three Epidemics of Smallpox," by Dr. W. W. Keen, in the February 28, 1925, issue of *The Saturday Evening Post*, they set our poor ignorant mind to wondering. As we have confessed before to a monumental amount of ignorance, we openly confess it again. Therefore will some advocate of vaccination explain to us more clearly?

The P. I. Health Report for 1903 prior to American occupation reveals the fact that the existing records were destroyed. In spite of this fact we have Dr. Heiser's statement in the A. M. A.'s promotion monthly, *Hygeia*, for June, 1923, that the death rate for smallpox annually (unqualified, mind you) was 40,000 prior to American occupation, also the population in 1900 as 7,000,000. In his 1907 report as Chief of the P. I. Health Service he mentions the low death rate from smallpox among the Filipinos as "about 5 per cent." So to recapitulate we have 7,000,000 population with 40,000 deaths annually amounting to 5 per cent. of the total number of cases of smallpox. Now, we take out our pencil and do a little "figgerin'." But first of all let us ask: Does an attack of smallpox immunize against future attacks? The common accepted conclusion is—that it does. Is such a natural immunization safer and more effective than the artificial immunization by vaccination? The common accepted conclusion is—that it

is. Therefore our health departments issue certificates on that conclusion.

Now to our "figgers." If 40,000 deaths represent 5 per cent. of the total number of cases of smallpox the 100 per cent. would represent 800,000 cases of smallpox annually. You will note that Dr. Heiser's "annually" was not qualified. Now, deduct the 40,000 cases that died from the 800,000 cases of the disease and you have 760,000 individuals fully protected for life not by vaccination BUT by that superior natural method—having had the disease. Each year, then, according to Dr. Heiser's own statement, we have annually 760,000 Filipinos naturally immunized against smallpox. Now, at this ratio in ten years the entire population of the Philippines would have had the smallpox and therefore have been fully immunized against the disease without any vaccination whatever so that when the Americans took over the Philippines it took over a people fully immunized against smallpox by the superior natural method, therefore only the newborn babies were or could be the victims.

Now, with all this natural immunity the P. I. Health Service saw fit to make this doubly secure by the performing of 18,000,000 vaccinations or from two to three vaccinations for every man, woman and child up to 1914, then in 1918 it happened—the worst epidemic of smallpox the Islands had ever known. In 1918 there were 7369 cases more and in 1919—20,612 more cases than even Dr. Heiser dared admit before American occupation. In 1918 intensive systematic vaccination was resumed but instead of mitigating the epidemic there were over 13,000 cases more in 1919 than in 1918. Right here Dr. Heiser faces the two horns of the dilemma: First, that the Filipinos were more intelligent than the Americans in the handling of smallpox in that they could keep the death rate down to about 5 per cent.; or, second, that vaccination was the cause of making the smallpox cases so disastrously more malignant that the death rate should have risen in spite of the superior intelligence of the Americans from 25 per cent. to 50 per cent.

Yet in spite of the most favorable tests, and worse, in spite of this, the most gigantic "medical" failure the world has ever known, there are influential and supposedly intelligent men who fail to see that peculiar wording—"Mene Mene Tekel Upharsin" ("Thou art weighed in the balance and art found wanting")—on the wall

and who are either ignorant enough or knavish enough to try and thrust onto the American public this gigantic fraud and tell that public vaccination is a safe, sure preventive of smallpox. Say, now—can you honestly beat it for a downright diabolical plot?

Isn't it strange how some self-confessed intelligent men think that by the stroke of a pen they can change an ignorant superstition into a scientific reality?

Now, Mr. Hahnemannian homœopath, is the time to get busy with your Variolinum and PUSH IT, or, as Dr. R. F. Rabe has already told you, "Our allopathic friends will do it for you," and they, and not you, will get the credit, and homœopathy will get another knock.

In my experience with over 600 immunizations here in Toledo, I find the following advantages of Variolinum over vaccine virus: First, it does away with all the evil and even fatal after-effects of vaccination together with the unsightly ugly vaccination scar, and not only removes the predisposition to smallpox but improves the health of the patient, *e. g.*, one lady told me that it had cured a leucorrhœa for her daughter that they had tried for several years to get rid of; second, it can be used to test the patient's predisposition to the disease, *e. g.*, if John Smith be given the immunizing dose or doses of Variolinum and he does not react to it, it is and would have been even before he took the Variolinum safe to have gone among smallpox cases without fear of contracting the disease as well as scientific proof that he would not. Now, if we give James Green the immunizing dose or doses and he reacts violently to it, then, as did Harriett W., even to the producing of the characteristic smallpox pustules on both wrists, it is safe to say that James Green or H. W. would have been highly susceptible to the contagion had either been exposed to the disease and would have developed a malignant form of the trouble, on account of their high susceptibility. After these immunizing doses have fully acted, the doses later repeated and failing to bring about another reaction it is safe to say and scientific proof that Variolinum has protected them both against smallpox as it proved out in the case of Mrs. McL., who went through the identical course as just stated and then went out into the country and took care of a malignant case of smallpox from start to finish without fear of, or even showing the least results of the constant direct contact.

CASE REPORT.

Helen B. Todd, M. D., New London, Conn.

B. L., girl aged 8 years.

Family History.

Father and mother living. Both rather small and very active mentally and physically, but especially mentally. Both lack physical endurance. Mother quite neurotic and subject to severe attacks of migrain. One brother, five years old, underweight, subject to frequent attacks of bronchitis.

Past History.

Measles followed by influenza as small child. Frequent severe attacks of bronchitis twice diagnosed as pertussis. Pertussis at six years, given vaccine. Chicken-pox last fall, allowed to play outdoors while eruption was appearing and then very ill for three days, high fever and delirious. Early this spring given toxin-antitoxin at school clinic, very marked local reaction. Cervical glands enlarged much of the time.

Child has always been much underweight, though has an excellent appetite and mother has given her a very nutritious diet. It is very active mentally and physically and seldom rests during the day. Bowels regular.

Present Illness.

July 4.—Complained of slight sore throat and fatigue, but played out all day and was up until ten when asked to go to bed. Mother gave cascara grains five.

July 5.—Awoke about six and vomited. Coughed a little. Felt hot. Case first seen at 9 A. M. Child listless and yet restless. Nauseated. No bowel movement for several days. Skin hot and dry. T. rectal 102. P. 120. R. 24. Heart, lungs and abdomen negative. Tonsils enlarged and slightly congested. Did not cough while there but mother stated that she had more or less during the day before and that she had given her many doses of a "croup syrup" she had used for the little boy when he had had a cold. Rx. S. S. enema, liquid diet, quiet, Bell 3X q 1 hr.

In the late afternoon mother reported that child refused enema, no bowel movement, still feverish but she thought better and no need to come.

July 6, 9 A. M.—Called by mother who reported child very sick, no sleep since 10 P. M., distressing breathing, very hot, constant coughing. As child seemed worse she had given sweet spirits of nitre since 4 A. M. and thought it had helped a little, but wanted me to come right up.

At 10 A. M. found the child very ill. Constant cough, respiration 44, P. 140, rectal temperature 103.2. Had retained no food, not even water, very scanty bowel movement, restless, complained of inability to get breath, nostrils dilated, grunt at end of each expiration. Left chest upper and lower lobes full of rales, no dullness. Color good. Abdomen negative. Throat less congested. Diagnosis bronchial pneumonia. Mother completely exhausted by the one night's care and said that she could not rest anywhere in the house as she could hear that respiration. Wrapped child up and took father and child to the hospital. Rx S. S. enema, Iodine 3X1-1.

4 P. M.—T. 103, R. 50, P. 140. Good results from the enema. No vomiting. Taking malted milk.

8 P. M.—Condition unchanged. Respiration very labored, but color good and pulse, though rapid, is regular and good quality to heart sounds.

July 7.—Very restless night but respiration easier toward morning. T. 102, R. 44, P. 140. Very weak and exhausted.

Temperature and pulse continued to go down but respiration remained between 36 and 44 until morning of July 9 when T. became subnormal. R. 24, P. 100. Since then everything has been normal, sleep good, has retained all food except for one spell of hausted by the one night's care and said that she could not rest vomiting. Cough has gradually diminished, expectoration at first scanty and difficult with much rattling, later quite profuse, green. July 9 Iodine was discontinued and Ant. Tart 3x given 1-2.

July 12.—Chest clear except for a very few rales. Sleeping. Very slight cough. Sitting up, outdoors in crib, playing with her well. Appetite excellent. Bowels kept open by daily enemata. paper dolls.

CASE REPORTS.

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

The first case shows the need of covering the whole case, and especially the finding of the sycotic source of the disease.

Case 1.—Mrs. Anna B., 65 years of age. Has been a hard working woman for years, being a widow and compelled to earn a living for herself and two children. Has never been ill much except for varicose ulcer on the lower left leg which she had for years. This ulcer was healed several years ago by external treatment only. The present illness began soon after. One year ago she had a nervous breakdown which compelled her to go to a hospital for ten weeks.

Present Illness.—Neuralgic pains in the left side of face, very intense pulsating pain, following the trifacial nerve ramifications. Beginning with its full force about 5 P. M. From 5 to 7 P. M. very intense, then continuous all night. < by lying on left side. < by talking. < by taking anything sour into the mouth. > by lying down. > by holding head up. > by cold applications.

This case had been diagnosed as tic douloureux by many eminent men.

Relief was complete for five weeks after Thuja 200 was administered. Then the pain returned gradually for four days when it became severe again. Thuja 9m was administered and relief has continued complete.

This next case I am giving to show that the homœopathic remedy does relieve most trying conditions even in the incurable patients.

Case.—Mrs. R., widow, 84 years of age. Has had several slight paralytic strokes but she would regain partial use of the limbs of the left side after a few days.

March 1.—Was taken with most excruciating pain in left side of the face, so severe that she would double up and writhe with agony. Pain all over the left side of the face, but especially nose, upper lip and under eyes. Character of pain was "intense hammering."

- < from slightest motion of the face.
- < especially when chewing or talking.
- > in the late afternoon.

- > nights almost complete.
- > from cold drinks.
- > by hot applications.

Complains of a sharp pain in groin coming and going on left side.

Tongue is furred brown.

Patient is changeable in moods.

In studying this case with the repertory, Merc. Sol. has all the symptoms present; Bell., Phos. and Sulph. all but two, and Ars. and Pulsatilla all but three. However, in the study of the relative values of the symptoms Pulsatilla is ahead. Pulsatilla 200 completely relieved this patient of all pain and she lived comfortably for two months when she suffered a severe paralysis and died in a coma three days later.

SOME ULCER CASES.*

Mary Senseman-Harris, M. D., Monticello, Illinois.

Mr. C. W. Aged 62 years. During the twenty-two months preceding the appearance of ulcers patient had had one prescription of Silicea and ten of Sulphur in potencies varying from 1m to 50m, and had continuously improved in general health, although the prescriptions were ordinarily made only when he had an acute cold. Finally there were present the following symptoms: Flat, dry ulcers on fingers of both hands. Colorless, except skin was darkened a little. Had the appearance of skin past the inflammatory stage of a very superficial burn. Crusty exudate between toes of right foot. Thick, stringy mucus from nose. Dry, bloody crusts from nose. Chest examination disclosed slight whistling in the left bronchi only when coughing. Had been coughing at times, and expectorating much thick, viscid mucus. Kali bi. 1m.

In a few days most of the ulcerated areas inflamed and discharged pus, then the skin rapidly became normal. The chest was found negative on examination.

* Read before the Annual Meeting of the I. H. A., Cleveland, Ohio, June, 1924.

Mrs. S. E. Aged 50 years. Has had an ulcer on right shin for four weeks. Many varicose veins in both legs. Ulcer began as small pimple, opened, discharged much pus, then inflamed, enlarged and deepened. *Now burns, stings, aggravated by hot applications, aggravated "as soon as it is dark."* Had lost considerable weight, but still fleshy. Using iodoform dusting powder on the ulcer. Thick crust almost covered the opening, yellow pus beneath. No odor detected.

Merc. cor. 1m, October 29, 1921. Instructed to use no local applications except frequent soakings in warm water to cleanse.

The next day there was much yellow pus discharging, somewhat offensive. Pain had become extreme at nightfall.

Merc. viv. 10m, October 30. Wet dressing of salt water with a little calendula tincture, once daily.

Patient reported that pain stopped within five minutes after taking powder. Very little pain on the following day or thereafter. Two weeks later the ulcer was very small and shallow. Six weeks after the case was first seen, Merc. vivus 10m was repeated because there was a small, thin crust over center of old ulceration, with a little oozing pus and serum.

Miss C. P. Age 19 years. Had come to me for brief periods, each of three preceding years, for eczema on hands which had been present since vaccination at age of nine years. Last fall the areas of eruption began to suppurate. Never did so before. Very painful. Rapidly ulcerated and spread to cover both hands. Patient had to get up at night to open the abscesses to relieve the pain. Had to keep wet dressings on the hands. Pus became very offensive.

Calc. sulph. 10m, October 21. No improvement.

Syph. 200, October 23. No improvement.

Merc. viv. cm, October 29. Offensive odor ceased. Ulceration continued. Every ulcer was *heaped with crusts*. The rest of the skin of hands was covered with small white scales.

Mez. 200, November 5. Not another ulcer appeared. All those present healed as fast as healing could proceed.

November 9. Improvement had ceased. Mez. 10m.

January 4. Skin of hands dry, scaly, cracked. No ulceration. Mez. 50m.

February 25. Much nose bleed (old symptom). Headache with it. Skin of hands dry, thickened, cracked, itching. Wart on

one finger. (Wart on nose had suppurated off after Thuja 1m some months before.) Thuja 1m.

April 5. Hands much better. Two small, itching areas. Wart same. Thuja 10m.

April 18. Itching, colorless papules suddenly appeared on hands. One contained serum. Mez. 50m.

At the present date everybody comments on the girl's improved appearance and disposition. The hands show only a trace of eruption now and then. The old wart will have to wait for the future.

Miss B. F. February 7. Ulcers in both nostrils. Bloody, yellow crusts. One small ulcer on hand which will not heal. Kali bich. 1m.

February 23. Yellow crusts, some blood on them, easily removed from nostrils. Both nostrils ulcerated on septum, aggravated right. Nosebleed, aggravated left. Burning in nostrils. Emptiness in stomach on rising in morning, with lack of appetite. "Nervous," with weak sensation in stomach. Little thirst. Cold perspiration on hands. Cold in general. Kali bich. 10m.

Areas continued to heal steadily, except when patient took an acute cold, necessitating Sulphur, followed by Pulsatilla, for a few days. Ulcers became a little worse, but resumed healing as soon as Kali bich. was repeated. There was complete healing within four months. Patient also stated she felt much better in general, and chapping of the skin, which had distressed her, had entirely ceased.

J. K. Aged 8 months. This case is one in which I might have been longer finding the remedy if I had not been having some experience with Kali bich. at the time the baby was brought to me.

February 23. Eruption on face since age of three months. Oozing, inflamed, scaling, discharged blood and yellow pus which excoriated. Baby sometimes scratched it and mother supposed it itched. Eruption began just in front of right ear, then another area on right cheek, one on left cheek, some on anterior surface of left leg. Child plump, pale. Entire face was swollen. Nursing infant. Was creeping. Had one upper incisor tooth. No unusual perspiration. Wanted to sit quietly and did not want to be touched by a stranger. Sulphur 1m.

February 25. Less inflammation, less crusting of one area, more of another. Discharged blood at night. Pus exuding.

February 28. Ulcers more inflamed at circumference. No bleeding. Thick, gayish-yellow crusts on left side of face. Apparently no itching. Discharge acrid. Merc. vivus 1m.

March 3. Ulcers healing. Little inflammation. Crusts coming off.

March 9. More crusts, more pus. Ulcers large on face. Eruption appearing on anterior surface of right leg. Calc. carb. 1m.

March 11. Crusts coming off. Less pus. Some eruption appearing on back. Baby more active. Color of unaffected skin better.

March 18. Crusts on face less thick, but still present. No bleeding. Some pus from most of the large areas. Inflammation increasing around the ulcers.

Note that three remedies had done a little, then each failed. Kent's Repertory (third edition) gives Kali bi. high under "corrosive" ulcers (skin) and Mezereum in italics under "ichorous." Under "crusty" there are several important remedies, including, in highest degree, the three already used. "Bleeding" ulcers does not include Kali bi. at all.

I mentally excluded some fascinating remedies that are "crusty," and gave Kali bi. 200. In ten days there were no crusts; no pus, nothing but some redness where the trouble had been of long standing.

March 29. Kali bi. 10m. The discoloration gradually disappeared.

June 16. There were a few small vesicles coming and going. The boy was in fine general health.

Mrs. A. J. Aged 47 years. January 17. Five years before had "infection" of right leg, below knee. Varicose veins. Much pus, leg very dark brown—a black-brown—dry scales over a large area across anterior surface. Entire leg to knee swollen, brown, looked as if on verge of dry gangrene. Ever since the septic attack, during cold months she had an itching eruption scattered over body, especially on arms, aggravated by warm water. Had been "drying it up" with witch hazel. Had taken Fowler's solution for three months, and used local applications of various kinds on leg. Patient fleshy. Had much stomach distress unless very

careful of her diet. Always chilly during the spring. Complexion bluish-white, mucous membranes cyanotic. Sulphur 10m.

January 26. Eruption increased, except that on arms has disappeared. Right leg covered thickly with a red rash, which itched intensely. Leg more swollen. No stomach distress. Color of skin and mucous membranes improved.

February 16. Pus discharge from old ulcer.

March 1. No eruption. Sulphur 10m.

March 29. Eruption gradually ceasing. Pus discharge continues. Swelling of leg disappeared. Dry scales on old sore came off easily. The brownish-black color changed to purple. General health fine. No coldness this spring.

April 5. Eruption returning on forearms, face, leg. Sulph. 50m.

The discharge continued, color of area improved steadily, shrunken area became normal, offensive odor of discharge ceased, entire patient seemed renewed. Sulphur 50m was repeated June 7, when some eruption was again returning. The patient is sure she is saving the leg from amputation.

A CLINICAL CASE.*

J. W. Waffensmith, M. D.

Joseph S——, Connecticut. Age 65 years. Married. Farmer. March 24, 1924.

Sick one and one-half years. Heavy set, muscular, florid complexion. Chronic arthritis. Enlarged capillaries on cheeks, presenting web-like appearance.

History of seventeen serum injections.

Vertigo, agg. bending backward, tongue large and broad.

Hands œdematous, doughy feeling to touch, with bluish discoloration, agg. summer, better in winter; burning worse in morning; restlessness of hands < night, no appetite; backache, < bending and lifting. ℞ Apis 200.

March 28—Hands not swollen so much.

April 3—Swelling of hands better; stiffness in joints, better motion < a. m., > evening; coldness of hands.

April 21—Feet were swollen two days ago, some better today;

*Read before the annual meeting of the Connecticut Homeopathic Medical Society.

margin of lids very red; feet burn; fingers cold; profuse perspiration all over body.

April 26—Feels much better.

May 7—Feet not swollen so much; pain in feet < thunder-storm.

May 13—Burning of left foot; swelling of hands and feet much better; can wear shoes now; able to do some work.

May 28—Sore pain with stiffness in left shoulder.

June 16—Dizziness < getting up from chair; steady pain and stiffness in shoulders and deltoid muscles, < left side.

September 31—Swelling returned on right hand; diarrhoea three days, stools thin, yellow in color. \mathfrak{R} Apis 200.

October 1—Diarrhoea much better.

November 3—Stiffness in neck < motion; right hand remains slightly swollen. \mathfrak{R} Sulphur 30.

February 5, 1925—Much better; does hardest kind of work on farm; swelling of hand gone.

This is a case which had tried serum therapy without avail, was incapacitated for work and discouraged. The symptoms were vague, often the case in chronic conditions which come to us more or less obscured by suppressive measures.

Subjectively we find the œdematous condition, < from heat and burning, three characteristic symptoms of Apis.

Objectively we find the web-like enlargement of capillaries on the cheeks, a characteristic of the Sycotic miasm. We also find a plethoric, heavy set, florid individual, with burnings, restlessness of the hands, which strongly impress us of the presence of Psora.

In a combination of the miasms we must find and treat the one most active at the time, that is, it must be taken as a part of the totality of the symptoms for the selection of the remedy.

Apis meets in this case both the subjective and objective symptoms admirably.

The feet on April 21 showed for two days a severe < in swelling, with an improvement above, indicating that the cure is taking the proper course, from above down.

April 26—Presents a profuse perspiration with much improvement in general health. This shows an amelioration from within out, a natural progress in cure.

April 31—Presents a return of old symptoms, with a new one, namely the diarrhoea, which disappeared under a second dose of 200. A slight swelling of the hand persisted.

Apis had finished its work. It had met the need of the active Sycosis, and a subsequent remedy had to be found to correspond to the deeply Psoric base which stood in the way of clearing up this particular case.

Sulphur complemented the Apis. And the man functions normally and is able to do manual labor again.

REPERTORIES.*

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

Most repertory making is the compiling of a working index of the materia medica, and because of its magnitude has long ago passed beyond the powers of a single mind. Even major works of this kind soon fall behind developments, so we now use a form of analysis which assembles the most salient and useful points into rubrics, which are then arranged in a flexible and easily grasped schema.

Illness may present any possible combination from among many thousands of symptoms, although as a matter of fact such extreme variability of disease expression is the exception; were it otherwise the problem must remain practically unsolvable. Most of its symptom groups are referable to particular diseases, organs and individuals. The former two remain fairly constant, at times, however, exhibiting very pronounced disease phases, thereby beclouding the diagnosis and leading to organopathic, pathologic or diagnostic prescribing of a makeshift nature; ultimately a most pernicious thing.

Of far greater importance are the individualistic symptom groupings, for they generally show forth the real man, his moods, his ways and his particular reactions. Occurring singly, in small groups or at indefinite intervals, they often seem to lack distinctive support, hence are more difficult to link together and interpret. This encourages palliative medication and makes real curing much harder. On the other hand, cases presenting very numerous symptoms are hard to unravel, especially when brooded over by an active imagination.

The final analysis of every case, therefore, resolves itself into the assembling of the individualistic symptoms into one group and

*Read before the annual meeting of the International Hahnemannian Association at New York, June, 1925.

collecting the disease manifestations into another, then finding the remedy which runs through both, while placing the greater emphasis on the former. This method applies to repertory making just as fully as it does to case taking and prescribing. Therefore, the over-large rubrics of our repertories are likely to be more useful for occasional confirmatory reference, than for the running down of the final remedy.

By eliminating all but the highest two grades of remedies in the large general and including all the confirmed ones in the smaller rubrics, we bring to the fore the largest possible number of characteristics. Each case, of even the same disease, presents a slightly different alignment of symptoms, particularly in its latest and most significant development, which is usually but an outcropping of another link in the chain of individualistic symptoms belonging to the life history of the patient. This way of looking at the matter presupposes the taking of a pretty thorough case history, but furnishes a key to almost every sickness for long periods of time.

While the grading of symptoms largely depends upon their discovery and the extent of subsequent confirmation obtained for every one of them, their sphere of action is also of vast importance and may not be safely left out of the calculation, because it goes far toward making certain the choice of the remedy. To depend wholly upon a numerical concurrence is, indeed, fallacious, and yet every use of the repertory implies the presence of this factor to some extent; but it is greatly overshadowed by the relative standing of each symptom in each case.

In the abstract the same symptom may have the highest standing in one case and the lowest in the very next, all depending upon the general outline of the case, as delimited by the associated symptoms. Viewed from this standpoint, symptom grading, as found in the repertories, is unsatisfactory as well as of lesser importance, and yet has some value. The relative value of a given symptom depends almost wholly upon its setting, therefore changes from case to case and is only finally determined as to its repertorial value by numerous clinical trials. If I apprehend the matter rightly, the original pathogenetic symptom is really only a hint of what it may possibly develop in the future, as determined by successive testings. A case in point: Intolerance of clothes about the neck occurs in a good many provings, but it remained for Hering's *Lachesis* to show that it leads them all and has only a few straggling followers.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.
Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

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

A COUNTRY DOCTOR.

They tell us that the country physician is rapidly disappearing and that he has no successor. In 90 per cent. of the States the country practitioners are not being replaced. Approximately 51,000,000 rural dwellers in the United States are becoming "medically helpless." Country doctors are now fifty-two years old on an average. When they pass out, as most of them will within the next ten years, there will be none to take their places and more than half of our population will be without physicians. Already there are large and populous rural sections and hundreds of towns and villages without a local physician, and none within reach nearer than from ten to thirty miles. It is a condition that is causing "modern medical science" considerable concern.

The situation in the cities is almost as bad as it is in the country. As a result of the "Higher Education" policy introduced in 1913 by the Council on Medical Education, "we are producing only a very costly sort of physician and are *not now producing men to do the ordinary service of medicine for ordinary people in the cities of the country.*" So says Dr. William Allen Pusey in a pamphlet published by the American Medical Association. The prevailing tendency among medical students to rush into specialties "is rapidly eliminating the family doctor for the men of ordinary means—even in the cities," says Dr. Pusey.

The young man of exceptional wealth who can live without productive labor until he is twenty-five to thirty years old and spend the ten to twenty thousand dollars required by the "higher medical education" is not preparing himself for practice in the country, nor for ordinary practice among ordinary people in the city.

The young man who has not the means for such expenditure of time and money can no longer enter medicine, even though he has exceptional ability for and feels strongly attracted to the medical profession.

And now, "lest we forget," I will roughly sketch a country doctor, known to me. He is a successful practitioner, but not rich. He is a Man by the grace of God and a Physician by the grace of old Dartmouth Medical School, of honored memory. He lives in a little village "somewhere in old Vermont" overlooking the Connecticut River. He was born in the country not far from where he now lives. He went to the country schools. He worked on the farm and later became a clerk in a country drug store, where he became interested in medicine and easily picked up a good deal of medical knowledge. He studied hard to make up deficiencies. Old Dartmouth accepted him as a worthy applicant, enrolled him as a student and eventually graduated him from her famous Medical School. He practiced short periods in two or three villages before he finally settled in his present home.

His name does not matter here. I know it, and many others know it. It is written indelibly in the hearts of the little community where he dwells and I am sure it is written in the Book of Life on high. Sometime, not many years hence, it will probably be chiselled on a modest headstone in the little village cemetery. His epitaph might well be; He Helped Everybody.

I have been wondering who will take this man's place when he is gone, for as a physician he is the product of bygone days and bygone methods of education. God knows the need of such physicians is not bygone, but the medical colleges are not producing them any longer. The class of physicians of which he is the type—the general practitioner or family physician—is rapidly passing away and there are none to take their places. The highly technical, ultra-scientific young specialist turned out nowadays, if set down in the old country doctor's place, away from his fellow specialists in other departments and the laboratory and hospital facilities upon which he depends, would be lost and helpless. He knows it and wisely stays in the city. It takes more than a technical training in "modern scientific medicine" to make a country doctor.

The doctor of whom I speak is not an old man—at least nobody who knows him ever thinks of him as old—although his heavy shoulders are beginning to sag, his big frame is not as erect as it used to be, and his ordinary movements are not as active as formerly. He is still on the sunny side of sixty. He still has weight and power and endurance, and when duty calls or an emergency arises he will plunge through, over or around all obstacles like a charging football player. He has courage, patience, dogged persistence and unfailing good humor. When he takes hold he hangs on to the end. "When he starts for some place he always gets there," they say.

His friends love to tell of the doctor's trips through the snow in the winter to reach some farmer's sick wife or child ten or fifteen miles away in the mountains. (They know what snow is up in Vermont.) He is well equipped for transportation. He has two automobiles—a "flivver" for quick, rough work and a beautiful new "Big Buick" for certain special uses to be described later. These serve for the "open season." But when winter comes and snow lies two to four feet deep on the level with drifts everywhere from six to ten feet high, completely blocking the roads in places, the doctor depends upon his faithful horses, of which he has three. He uses them singly in rotation.

One of these horses, a high-spirited, high-stepping little Morgan mare, is a wonderful "snow horse." She is his companion on the hardest winter trips. With her hitched to a light cutter, in which are his instrument and medicine cases, many blankets and ropes, a snow shovel and a pair of snow shoes, the doctor, in his heavy fur coat and mittens, sets out to answer urgent calls on days when even the mail carrier lays off. Perhaps it is in the night. It's all the same to him and Becky.

"Mails and merchandise can wait," says the Doctor, "but when the sick call and death threatens the doctor must go—and get there."

The little mare, raising her feet high, pulls him through the snow at her best gait until stopped by a snow bank. The doctor gets out, throws off his big coat, puts a blanket on the mare, and shovels a passage through, talking to her all the time. This may be repeated several times. But as he gets further up into the mountains the snow gets deeper, the drifts higher, and eventually the plucky little mare is stopped for good, buried in snow half way

up to her ears. She never gets frightened nor plunges because all the time her master is talking to her, calming and encouraging her.

Now he stands up in the cutter and takes a look ahead. "No chance," he says. "Now, Becky, we'll give you a rest."

So off comes the big coat again and this time he puts on his snow shoes. He digs the snow away from around and beneath her and, if no shelter of rock or tree is near, piles it up on the windward side to partly shelter her, straps two or three blankets on her and throws his big coat over all. Then he gives her a hug and a pat, says, "Good-bye, Becky. Be a good girl. I'll be back soon," and leaves her standing quietly in her little snow stall, while he trudges the rest of the way to his destination and back again on his snow shoes.

Becky is always there on his return, patiently waiting for him, and joyfully whickering her welcome. She is rested and ready to turn around and take him home.

Another mare, grown old and faded, but still in occasional service, is known far and wide. Used now only when weather and roads are good she still does the little stunt for which she is famous.

When the tired doctor has made the last of his calls in the country, he gets into his light buggy, wraps the lines around the whip socket, and tells Peggy to go home. Then he curls himself up on the cushion of the broad seat and goes sound asleep. Peggy knows every road and lane over the hills and through the woods for miles around and she knows what is expected of her. She always finds her way home by day or night, and safely brings her sleeping master to the stable door. Her gentle whinney and the sudden stopping wakes the doctor from his refreshing nap. He gets out, opens the door for her to go in, unharnesses and makes her comfortable for the rest of the night, and then goes to bed himself.

Speaking of one of the mares in connection with the river which he is often obliged to cross—in the summer on one of the old flatboat ferries, pulled across by an overhead wire on a pulley, and in the winter on the ice—he said: "She has been *on* the river, *over* the river, and *in* the river with me, but she never failed me."

Once, in the spring, when the ice was breaking up in the river and the doctor had to leave his horse and buggy on the bank and cross afoot, the ice broke around him and he suddenly found himself marooned in the middle of the river on a cake of ice, with open water all around him, drifting slowly down with the current. He drifted a long way in constant peril of his life before he could reach the shore. Then he tramped the weary miles back up the river and made his visit. He did not say how he did it, but he got back across the river and home again somehow.

The doctor is a very patient man, infinitely good-natured, considerate and obliging. Nothing is too much trouble for him when somebody is in need of his help. A friend of mine drove seven miles with him in his car one night to visit a patient. The man was threatened with pneumonia, had a bad cough and was in pain. On opening his bag, the doctor found that the medicine bottle he needed was empty. He merely said, "Well, it's my fault. I'll drive back and get it." So he drove the seven miles to his office, got the medicine and came back with it—two trips over the same ground in the middle of the night. Note that he did not "fake" a substitute to save a trip, and that he did it with imperturbable good humor. Next day the patient was better and out of danger because the doctor had taken pains to do the right thing. That's the kind of man he is.

There is no drug store in the village, nor within a radius of ten miles, and no drugs except what the doctor keeps in his office. But he has aplenty. They are kept in all sorts of boxes and bottles, on shelves and in cupboards, and even in jugs ranged in a row on the floor along one side of the room. Apparently everything is in disorder; but the doctor can put his hand on anything he wants in the dark. There is hardly room to turn around in his office, although it is a large room. It is packed full of the accumulation of years, but it serves his purpose. He is without a shred of vanity and is too busy to be finicky.

When anybody wants medicine of his own selection he can buy it of the doctor and take his chances. The doctor will accommodate anybody that way. He may think they will have to call him in later if there is any serious trouble, but he is not over-anxious

to collect a fee for his services, nor too proud to sell a bottle of aromatic spirits of ammonia or castor oil to anybody who thinks he needs it.

Now about that "Big Buick" of which I spoke. The village stands in the midst of a beautiful valley, high and rolling and nearly surrounded by mountains. There are several fine highways and fair country roads in every direction. In the summer and autumn when the weather is fine the doctor makes some of his distant calls in the big Buick *and he never goes alone.*

"When I go out that way," he says, "I want the car full. There are plenty of people here who need an outing and have no other way to get it, so I'm going to give it to them."

He will take his wife in and drive around picking up perhaps the tired little school teacher, grandmother Billings, or old Aunt Phoebe, a convalescent or two or some newcomer in town, and maybe two or three kids. When the big car is full, he starts off on a fifty or seventy-five mile tour, making two or three calls on the way and get them all back before bedtime, happy and refreshed.

That's why he bought the big car. The dingy old flivver is good enough for him to rush around in and do his rough work, but the best is none too good for his friends, and that means everybody in town who needs him for his kindly ways, his jests, his cheery laugh, as well as for his medical skill.

Everybody knows the doctor and everybody loves him. He is the busiest man in town, and the best natured. He loves a good story and tells one. On occasion he acts as toastmaster for the local banquets and merry-makings and "kicks" the speakers to his heart's content.

"A good many have asked me," he said, "why I don't leave this town and go to some larger place where I could improve myself and make more money. But why should I? This is my home. I like these folks and they like me. They need me and I'm happy here. I guess I'll stay here as long as I live."

In spite of his hard work and long hours this country doctor manages to keep pretty well up with the times. He has a fair-

sized library, with some of the best of the newer books on practice. (He does no major surgery.) He subscribes to several medical journals and takes time to read the parts that are useful to him. He is well up in therapeutics (he is a "regular"), and has an ample supply of medicines which he prescribes with discrimination and judgment. He does not skimp his visits or his examinations, but takes plenty of time to learn the facts of each case, make a diagnosis, give careful directions, and last, but not least, cheer up the patient with words of encouragement and a good story or two. One of his patients said: "His smile is worth a thousand dollars in the sick room."

The doctor is interested in the old village and everything and everybody in it. He looks after the poor, the aged and the solitary (of whom there are many) as faithfully as after those who can pay him for his services. He visits them, advises them, cheers them up, tells them the news, takes them to ride with him and does everything he can to make them happy.

He finds buyers for some of the dwellings and farms which their owners are compelled either to sell or desert when old age or poverty comes upon them, and they are left alone, as too frequently happens in the country after their young people go elsewhere to better their fortunes. And this he does, not as a business, for profit, but out of compassion and for the love of it. If the doctor has a hobby it is this. He seems to take more pleasure in selling places for old friends, helping them find a new home for their declining days and getting new residents in the old town than in anything else he does. If he ever takes a commission it must be a very modest one which is pressed upon him, for it is never stipulated and he will work as hard to make a sale without as with one.

I am aware that the foregoing is a very inadequate sketch of one of Nature's noblemen as an individual. It would take more space than is at my command and the genius of an Ian Maclaren. ("A Doctor of The Old School") to do him justice. When he sees it (I am going to send him a copy of the August RECORDER) he will probably smile in an embarrassed way, pick out a lot of little flaws and mistakes and try to "pooh-pooh" the whole thing. He doesn't think he has done anything unusual or important. He

probably doesn't think about himself at all. He is always thinking of others. But the fact remains that he represents an ideal and a class of physicians, now passing away, "of whom the world is not worthy." May he live long, die happy and rest well!

There are many who will be unable to see what there is attractive in the life of a country doctor, especially such an one as I have described. Their attention will be fixed upon the narrowness and remoteness of the field, the separation from professional associates, the physical hardships and fatigue, the lack of recreation, the multiplicity of duties, the poor financial return, etc. Certainly, such a life is not for them. They do not possess the spiritual qualities that fit them for such a life. They love ease, comfort, luxury, applause, professional distinction, money, organization and the official position and power which enable them to hold their heads high and order their fellow men about.

As for loving their fellow men, pitying and sympathizing with them in their suffering and misfortune, serving them, rich and poor alike, entering into their lives and becoming one with them, sacrificing their vanities and petty comforts for the sake of the deeper and richer satisfaction which comes from Christlike service—these things do not appeal to them. It is they who are to be pitied rather than men like our country doctor who pattern their lives after the Great Exemplar, find their reward in the joy of service and in the love of those whom they befriend.

Let no one think there is no pleasure in such a life. There is the pleasure of the strong man in combat; of overcoming seemingly insurmountable obstacles; of pushing through and succeeding where others fail; of Adventure. The doctor, plowing and digging through the snows of Vermont, or drifting on an ice cake in the Connecticut River on his way to a patient, experiences something of the thrill of an Amundsen or a Peary, struggling through the snow and ice toward the pole. Life, to a man of heroic and adventurous spirit, is full of thrills and rich in compensations. Each day brings something new. Only the weak, the selfish, the nerveless and the sluggards find no pleasure in a life of service.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

The Incurable Case.—The incurable case is that one which presents symptoms representative of the pathologic condition alone; these may be direct or indirect, that is, reflex. Pathognomonic or diagnostic symptoms cannot be prescribed for, except in a palliative way; as physicians, we should learn to recognize such symptoms early, for their recognition will save much useless effort and wasted time. It is undoubtedly true that many patients have been gradually cured into their graves, from failure on the part of the physician to recognize what if anything, is really curable in the case. Hence the great necessity for correct diagnosis, for any and every diagnostic method which will aid in the perception of what is going on in the patient; pathology cannot for a moment be neglected, but its comprehension must be based upon a correct knowledge of histology. Pathologic end-products belong to the surgeon or other mechanic, but occasionally they may be extruded or cast off during the curative action of a correctly chosen remedy, based upon symptoms of the patient himself and provided that sufficient vitality exists to insure the presence of such symptoms. *General* symptoms in a case offer the possibility of cure, even though pathology is pronounced. *Particular* symptoms, on the other hand, without the co-existence of *generals*, lead to uncertainty and confusion in prescribing. We must always remember that patients are to be treated, not diseases, but we all forget this Hahnemannian injunction at times. A thorough understanding of this phase of homœopathic philosophy will enable us to know our powers as well as our weaknesses or limitations and will help us to answer the question "What can I do, if anything, for this case?" To obtain such an understanding involves a rec-

ognition of the part played by causes, incidentally, this part is a most important one, as Hahnemann himself insisted.

The moral to be drawn is, "Do not attempt to do the impossible; but remember that there is an Alpha and an Omega to everything!"

Esoteric Homœopathy.—This term has been used on several occasions during the past year or two, by certain homœopathic internists, when referring to Hahnemannians of the high potency persuasion. The latter have felt themselves more or less aggrieved by the appellation or have at times been irritated to the point of retaliation. Both sides it would seem, have some basis of truth for their contentions; many of the so-called, or self-styled Hahnemannians have unfortunately, made of homœopathy a sort of religion, tinctured with the blind fanaticism which zealots of all kinds are apt to display. At the 1925 convention of *The American Institute of Homœopathy*, Conrad Wesselhœft of Boston, in a masterly address upon homœopathy and Hahnemann, entitled "Hahnemann's Organon in the Light of the Twentieth Century," did not hesitate to call such Hahnemannians the "fundamentalists" of homœopathy. Now young Conrad has an extremely sharp tongue and yields a trenchant pen; incidentally he is well versed in modern medicine and in the history of the homœopathic school; he is no mean adversary, as many have found to their cost. Personally, we confess to great admiration for this erudite Bostonian, though at times we are, metaphorically speaking, tempted to lay him over the editorial knee and administer a sound spanking. We know, however, that Wesselhœft's motives are of the highest and that his solicitude for the best interests of homœopathy is of the greatest. He is right when he warns the profession that it must not make of homœopathy a fetish. Homœopathy cannot be advanced in this way; we of the homœopathic school, or what is left of it, must keep our feet upon firm ground and must build our theories upon a foundation of solid fact; we must interpret homœopathy in the light of scientific advancement; for homœopathy, being true, can have no quarrel with modern science. We must not hedge it about with abstruse interpretations and statements. August Bier, the celebrated German surgeon who, among other things, first promulgated the idea of treating inflammation by means of hyperæmia, has quite recently,

in the "Muenchener Medizinische Wochenschrift," comes out flat-footedly for the truth of the basic homœopathic principles; he does so however, in a calm, judicial manner, relating facts based upon personal experience and experiment, giving logical reasons for his convictions. It is this kind of testimony which, more than anything else, will ultimately place homœopathy upon a solid and enduring platform of universal acceptance. Senseless opposition and hysterical loyalty will just as certainly act as deterrents.

Medical Asininity.—We are constantly reading of the serious inroads upon established medicine made by the so-called cultists and with a fervor worthy of a better cause, medical men persist in fighting the Christian Scientist, the osteopath and the shameless chiropractor, not to mention the ubiquitous naturopath, neuropath and food-faddist. Now medical men, in matters concerning themselves too often take themselves too seriously and assume an attitude of superiority and importance, at once childish and ludicrous. They lack a sense of humor, as well as one of proportion and with mulish obstinacy, refuse to pick up the grains of truth which are blown from the threshers of unorthodox practitioners. It has been said, and the information is no doubt approximately correct, that forty per cent. of the population of these United States employs cultists of one kind or another. In the estimation of the medical profession this forty per cent. is deplorably ignorant, but, with an irritating oblivion of superior wisdom, apparently delights in following the paths of its choice. Now, of course, it is obviously absurd, upon a moment's calm reflection, to believe that all or even half of this forty per cent. is really ignorant and if we are honest with ourselves, we must, in all fairness admit, that many of this forty per cent. do get beneficial and even curative results. It is undoubtedly true, that the naughty chiropractor for example, is frequently an uncultured man, whose ignorance of the fundamental sciences necessary for medical men, is profound. But just as frequently, he does get results and these count with a bewildered laity, which has too often been pitifully bamboozled by exponents of orthodox medicine. It is well for the latter, that its mistakes are usually buried and not brought into the fierce light of impartial investigation. What medicine is most in need of today, is an attitude of tolerance and charity toward those with whom it does not agree and a

spirit of honest investigation of all those methods upon which it now so loftily frowns. With justice it can be said, that *people who live in glass houses, shouldn't throw stones*, and the edifice of established medicine assuredly has plenty of brittle glass in its construction.

Alcoholism in the Arid United States.—*Health News* for July 13th, 1925, the official organ of the New York State Department of Health, in speaking of health conditions in New York State for May, 1925, gives the following illuminating information:

"The continued rise in mortality from alcoholism deserves special mention. In May of this year 79 deaths in the State were attributed to this cause, more than eleven times the number for the corresponding month of 1920. Of the nine earlier years for which data are available, only three registered a higher May total."

And still the anti-saloon fanatics profess to be proud of the beneficial results of Prohibition! Further on the article states:

"Statistics of mortality from alcoholism are quite incomplete. Since alcoholism has never been considered a respectable cause of death, the figures quoted . . . without doubt, do not represent all of these deaths, a portion of them being hidden under other rubrics. The actual facts are very likely even darker."

Truly we are living in a fool's paradise!

Sepia.—This is an interesting remedy and we may therefore, be pardoned, for writing of it again. Many have pictured it and have done so well. The lectures of Kent, the word pictures of Nash, the clinical accounts of Farrington and more recently the symptom pictures by Margaret Tyler of London, are all worthy of repeated reading and study, for each physician and author has his own conception of the action of our remedies and interprets this in his own way. We can profit by the descriptions of all.

Sepia, pathologically speaking, is synonymous with liver, its very color yellow, a sallowness, chloasma, liver spots so-called, testify to the organ relationship which exists between the liver and Sepia. Yellowness of the complexion is often marked, especially about the mouth or across the saddle of the nose; muddy

eyes are common. Inasmuch as "livery" patients are likely to be depressed, sad and irritable, it is not strange that Sepia presents these same characteristics. The Sepia patient is sad, tearful and indifferent to those about her, especially to those one would expect to be uppermost in the affections. Sepia is tearful, also depressed and melancholic before the menses. The latter are extremely scanty, of very short duration, lasting but a day at times, or often absent altogether. Premenstrual heaviness and congestion of the uterus give rise to sensations of downward pressure, as though the pelvic organs would issue from the vagina; lying down or sitting with the legs crossed relieves this. Fulness in the rectum as though from a foreign body, may be present and it is peculiar that stool does not relieve this sensation. Yellow, thick leucorrhœa is common and may be gonorrhœal in nature. Painless, chronic, yellow, gleet discharge in the male, may also find its curative remedy in Sepia.

Goneness or emptiness at the stomach is common in this remedy, no doubt due to its marked tendency to produce relaxation of tissues and thus cause ptosis of various organs. Emptiness before breakfast, combined with nausea which eating relieves, is characteristic, also goneness about 11 A. M., similar to Phosphorus and Sulphur especially, but also to Ignatia, Hydrastis, Natrum phosphoricum and several others. Sepia is left-sided in many of its symptoms, is aggravated both mornings and evenings and in wet weather. The Sepia patient always feels better after the noonday meal. Post-nasal catarrh frequently finds a useful aid in this remedy, especially when the discharge is thick and yellow or yellowish-green. Strong smelling copious axillary sweat is common and when present, as it usually is, in a woman, the Germans say "Sie bockt!" This somewhat inelegant expression is very apt however and literally translated means "she smells like a goat." The feet are also sweaty. Ringworm may be cured with Sepia and often is, especially when the eruptions are isolated; when in concentric rings or groups, Tellurium is better. Herpetic eruptions in general, find their remedy in Sepia, though other remedies such as Natrum mur. and Rhus tox. are close competitors, especially when the lips are involved. Natrum mur. and Sepia are complementary and follow each other well; they have many resemblances and why not, since the cuttle-fish is an inhabitant of sea water which contains sodium chloride as its chief

element. *Lilium tigrinum* and *Murex*, another marine animal, must both be thought of in connection with *Sepia*. All should be studied and referred to in the *Materia Medica*, when necessary.

Very much more can be said or written of *Sepia*, but these few observations will be enough to stimulate a desire to study the remedy more closely and at greater length.

Chlorin Gas Treatment of Respiratory Disease.—Gilchrist says that chlorin gas does cure colds, but asks whether these favorable results may not be accomplished by means other than the destruction of known organisms. Its accomplishment may be the result of strengthening the resistance of the body, thus enabling it to ward off the causes of these respiratory troubles.—*J. A. M. A.*

In reply to Gilchrist's question an emphatic yes may be uttered. Homœopaths do not have to become "bug-hunters" in order to cure colds. Strengthening the resistance of the body is homœopathy's long suit, and there are many useful remedies to aid in bringing this about.

Asthenia, Symptom of Carcinoma of Stomach.—Master is convinced that asthenia is a characteristic symptom of gastric cancer. It may be the only symptom or precede all other symptoms for months. The presence of asthenia and anemia, with absence of gastro-intestinal symptoms in a middle-aged person with no apparent cause for the anemia, Master regards as an indication for gastro-intestinal roentgen-ray examination. In fact, on this complaint alone, if no cause for the severe secondary anemia can be found, an exploratory laparotomy should be performed. Anemia, secondary or even primary, is a diagnosis which should immediately bring to mind a possible differential diagnosis of carcinoma of the stomach. The anemia, when present, is probably due to destruction of the red blood cells by a substance produced by the new growth. The asthenia is due to this anemia, or to the toxic products caused by the infection and ulceration of the growth. The practically constant subacidity, anacidity or achylia suggests that the absence of the gastric secretions plays an important role in the anemia, and hence the complaint of weakness. The association of the same findings in pernicious anemia adds interest to this suggestion. Cases are presented in which

the symptom of weakness preceded by months or years the diagnosis of cancer of the stomach.—*J. A. M. A.*

This is a most interesting and valuable observation and one which many of us believe we can verify. There is a certain "something" about patients who resemble the description as outlined by Master, which stamps them as cancer victims, even long before any positive diagnostic symptoms can be obtained.

Effect of Yeast on Leucocyte Count.—Heintz and Welker conclude that in most cases the ingestion of three cakes of yeast daily causes a marked increase in the leucocyte count in apparently normal persons.—*J. A. M. A.*

Likewise in the price of Fleischmann stock, whose shares at this writing stand at 90¾. By all means let us advocate the increased consumption of yeast, which most assuredly has an important place in medicine, though not perhaps, to the extent which an artful advertising propaganda would have us believe.

Arterial Hypertension.—A theory as to the cause of arterial hypertension is suggested by Reid. It is that a reduction of the calcium in the body removes or weakens the inhibitory influence of the vagus nerve and then the sympathetic nerve stimuli which are known to augment or increase blood pressure are unopposed. Then it is that substances such as the guanidin compounds should readily be able to cause a higher blood pressure by stimulating the relatively unopposed sympathetic nervous system, which may, perhaps, also be in a hypersensitive condition. Arterial hypertension results from stimuli emanating from the sympathetic nervous system. It is suggested that a diet deficient in calcium, a common fault in the diet of civilized races, is the primary cause of arterial hypertension.

Yellow Vision Associated with Digitalis Poisoning.—Jackson and Zervas cite the case of a woman with angina pectoris and chronic myocarditis who developed attacks of yellow vision while taking tincture of digitalis, 15 minims, three times daily.

These abstracts taken from the *Journal of the American Medical Association* are of interest to homœopathic, as well as to other physicians. Calcium, especially the carbonate and the phosphate, plays an important part, therapeutically, in our vast remedy arma-

mentarium; the indications for the several calcium preparations are well known to homœopathic prescribers, making a choice a comparatively simple matter. Incidentally, it may be said, that hypertension is a symptom only and must be included with other symptoms, both objective and subjective, if beneficial results are to be obtained from the prescription of a remedy.

The observation relative to yellow vision produced by *Digitalis*, is of course, known to homœopaths, as the provings of this valuable remedy have brought out the symptom very clearly.

Vaccine Therapy of Pertussis.—The results of vaccine therapy in a carefully followed series of sixty-five consecutive cases of pertussis and the results of vaccine prophylaxis in seventeen consecutive pertussis contacts seen during the same epidemic are recorded by Aldrich. Patients treated after the onset of symptoms had slightly milder attacks, which terminated somewhat earlier than as outlined in standard textbooks. There were no complications except the usual bronchitis. There is evidence that in some the disease was aborted during the catarrhal stage. Some cases were prevented. Only four of the seventeen patients given prophylactic treatment developed pertussis. As to the course of the disease, the average duration was about six weeks, with definite and lasting improvement beginning less than four weeks from the onset. The average patient was up with paroxysms three or four times at night during the height of the disease. The vomiting was of short duration. As to the best time for treatment, the duration of the disease and the length of time before improvement were approximately the same, regardless of the time of treatment, but the patients treated later had slightly severer attacks. The occurrence of several cases in which it appeared that the disease was aborted in the catarrhal stage, however, makes it seem advisable to give treatment as early as possible.—*J. A. M. A.*

The experience of Aldrich points the way to homœopathy, which however, is not obliged to rely upon vaccines or nosodes alone. *Pertussin* in potencies both medium and high, has given good results, but so have *Drosera*, *Cuprum*, *Ipecac*, *Coccus cacti*, *Mephitis* and numerous others; it all depends upon the symptoms present in the individual case, whether the truly necessary and curative remedy is to be applied.

BOOK REVIEW.

Das Aertzliche Volksbuch—Meng—Fiessler—in two volumes; published by Anton Bippi; Wagnerschen Verlagsanstalt, Stuttgart, Germany. Price 40 Goldmarks (\$10).

As is usual with our foreign friends, when they undertake a work on domestic practice of this kind, they do a thorough job of it and this complete work bears eloquent testimony to the fact. Dr. Heinrich Meng is well known to us as a homœopathic physician of wide experience and attainment; his collaborator, Dr. Fiessler is an equally able man and with these two authors, some forty-two other medical men of Germany and Austria have labored to produce two large volumes, which are eminently practical in every respect. The books are clearly written in simple, easily understood German and are designed to meet the growing needs of a homœopathically inclined, intelligent laity. Those who are far removed from physicians or pharmacists will find these volumes of valuable aid until the physician can be reached.

Several pages upon the fundamental principles of homœopathy have been written in masterly style by that brilliant homœopathic physician, therapist and materia medicist, Dr. Karl Stauffer of Lindau, while Dr. Meng contributes many practical observations upon homœotherapy. His brief epitomes of the more important polychrests are well and convincingly expressed. This work will undoubtedly have a large sale in Germany and Austria, as well as among Germans who have emigrated to other countries.

In this connection we wish to call the attention of our readers to several other books of note, now obtainable in Germany. Of these, "Sammlung wissenschaftlicher Abhandlungen zum Studium der Homöopathie, der Konstitutionslehre und ihrer Grenzgebiete" by Dr. Heinrich Meng of Stuttgart, is noteworthy. Also "Die Stellung der Homöopathie in ihrem Verhältniss zur inneren Medizin und zur Chirurgie," by Dr. med. A. Stiegele, resident physician of the Stuttgart Homœopathic Hospital, and the "Differentialdiagnose und Behandlung der Kreuzschmerzen," by Dr. med. W. Egloff, resident physician of the Medico-Mechanical Institute of Stuttgart; Dr. med. O. Kern, neurologist of Stuttgart; Dr. med. W. Stemmer, chief physician of the department of gynecol-

ogy of the Marienspitals, Stuttgart and Dr. med. Stiegele. Likewise we may mention that "Die Behandlung der Influenza" is the German translation of "The Treatment of Influenza," compiled by Dr. Guy Beckley Stearns, Professor of Materia Medica in the New York Homœopathic Medical College and Flower Hospital, New York.

These books and pamphlets may be obtained from "Der Verlag der Hahnemannia, Blumenstrasse 17, Stuttgart, Germany." It is highly significant that our German colleagues are most active in the development and furtherance of homœopathy and it seems likely that the land of its birth may yet see it achieve its greatest fruition and glory.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, SEPTEMBER 15, 1925.

No. 9.

EXPERIMENTS WITH HOMŒOPATHIC POTENT- ISED SUBSTANCES GIVEN TO DROSOPHILA MELANOGASTER WITH HEREDITARY TUMORS.*

Dr. Guy Beckley Stearns, Dr. Mary B. Stark,

For the Foundation for Homœopathic Research, New York.

The credit for the following work belongs entirely to Dr. Mary B. Stark, because she personally conducted all of the experiments; indeed, the nature of the experiments was such as to require the training in handling the minute flies which can be gained only by many years' experience. The fruit-fly or the "banana-fly" gathers wherever bananas or other fruits are exposed. Their natural history can be observed as follows:

"Leave a wide-mouthed bottle with a small piece of banana in it in any fruit-store for twenty-four hours. Stopper the bottle with cotton. In a few days, the piece of banana will be alive with fly-larvæ, the flies around the bunch of bananas having laid eggs upon the piece of banana in the bottle. These will bore through the banana, literally gorging themselves with the food for three or four days. Then, suddenly, they will stop feeding, enclose themselves in a brown case and, while enclosed in this case for three or four days, change into pretty little flies with red eyes, tannish grey bodies and iridescent wings."

To understand the significance of the following experiments it is necessary to become familiar with certain biological facts. The individual cells which we are wont to think of as simple bodies are really complicated structures. The two germ-cells, the ovum and the sperm, contain the potential structures that go to make up the adult individual. In the cells of all animals and all plants are

*Read before The International Hahnemannian Association, June, 1925, New York City.

bodies known as chromosomes. The chromosomes in the ovum and the sperm contain all the factors of heredity.

These chromosome bodies occur in pairs and there is a definite number of pairs in each species of animal or plant. In the human being, there are twenty-four pairs. In the fruit-fly, there are four.

In the process of maturation, the members of each pair in the ovum and sperm separate and each member goes into one of the daughter-cells. Each mature germ-cell receives one or the other member of every pair of chromosomes. In fertilization, the members of each pair are brought together again so that the mature cell contains an equal number of chromosome bodies from both parent-cells. Since the behaviour of the chromosomes in the maturation of the germ-cells is like the segregation of Mendelian factors, it is quite evident that these factors are carried by the chromosomes.

Since there are two sex chromosomes in the female and only one in the male, the factors carried by these chromosomes are handed on in double dosage to the females and in single dosage to the males. This accounts for the prevalence of color-blindness in the male of the human species, since only one factor is needed to produce color-blindness in the male. The color-blind male will hand on the factor to one-half of his grandsons, through his daughters, since only his daughters get his sex chromosome. (See Stark, *American Journal of Phys. Optics*, 1925.) The female must receive the factor from both father and mother to be color-blind.

It must be kept in mind that a process known as mutation takes place in animals and plants. This comes about through changes that occur in the chromosome bodies. It was observed, for instance, that a male fruit-fly from one culture had white eyes. He was mated with a red-eyed female. The first generation were all red-eyed, the second generation came out with three times as many red-eyed flies as there were white-eyed flies, in accord with the Mendelian ratio. All of the white-eyed flies were males, indicating that the factor for white eyes is carried in the same chromosome with the factor for sex.

In the fruit-flies, it was observed that, in a certain strain, one-half of the male flies died. In these were observed dark spots. Dr. Stark, ten years ago, discovered that these dark spots were tumors, epithelial in structure; also that the factors governing

these tumors are conveyed through the sex chromosome of the female to one-half of the male progeny, in accord with the Mendelian law of heredity.

All the flies that inherit the tumor die in the larval stage. Dr. Stark does not claim that these tumors bear any relation to malignant tumors in men, although they occur in the same tissues as cancer does. In discussing the work with Dr. Stark, the idea came to Dr. Stearns that these tumor-bearing flies offered a field for experimentation with homœopathic remedies.

The following experiments were undertaken under the auspices of the Foundation for Homœopathic Research.

After the tumor-larvæ hatched, they became very active and restless; as Dr. Stark expressed it, they crawled out of the food onto the glass container as though they were being hunted. Because Arsenic causes restlessness and because it is one of the best remedies in human cancer, this was one of the drugs chosen for the experiment. At the suggestion of Dr. Boger, Mercury Nitrate was selected as another drug. In order that the experiment might parallel the prevalent vaccine line of experimenting, trituration was made of the tumors themselves.

For the purposes of this experiment, the white-eyed strain was crossed with the tumor-bearing strain. After the third generation, a culture of this cross results in about two hundred larvæ. If all develop to maturity, there will be half white-eyed, half red-eyed flies, the red-eyed being half male and half female and the white-eyed being half male and half female. Since, however, half the males inherit the tumors and the tumors are carried only by the red-eyed female chromosomes, all the red-eyed male progeny inherit the tumor and die in the larval stage. Therefore, a normal adult culture will contain approximately fifty red-eyed females, no red-eyed males, fifty white-eyed females and fifty white-eyed males.

Following is the report of Dr. Stark's work:

"Fifty larvæ with tumors were washed in distilled water and then in eighty-five per cent. alcohol for ten minutes and then carefully rinsed in sterile distilled water. The tumors were removed, exercising all aseptic precautions, and triturated with sugar of milk to the 6x. Dilutions up to the 200th were made from the 6x.

"On 16th September, 1924, seven lethal tumor-cultures were treated with 6x, sprinkling a mass the size of a small pea over the

banana agar. Twenty-sixth September, the first flies appeared. The final results are shown in Table I.

"Larvæ with many tumors appeared in all the cultures. The larvæ with tumors died and the normal 2:1 ratio is retained.

9/26/24

TABLE I.
6x experiment.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
1	61	0	48	44
2	47	0	50	45
3	38	0	40	48
4	66	0	64	48
5	73	0	74	49
6	45	0	44	45
7	58	0	51	45
8	22	0	58	54
9	40	0	30	37
Control.				
10	66	2	46	64"

In Dr. Stark's report, twenty-six tabulations like the above are given in full, representing 218 cultures. With slight variations, the above table corresponds to all the tables that show a normal output. For this reason, to save space, wherever the output is normal, the full table will not be printed, but the designation "normal output" will be used.

Flies from the generation shown in Table I, and from four following generations were again treated with 6x and Tables II (10/12/24—6x F₂), III (10/27/24—6x F₃), IV (11/22/24—6x F₄) and V (11/24/24—6x F₅) indicate normal output persisting.

Offspring from 6x F₁ were treated with 30th but the results are still normal as shown by Table IX (10/14/24).

Some of these flies were again treated with 30th but no change occurred, which Table XIV (11/1/24) indicates.

Other flies from 6x F₁ and 30th were treated with a dose of 200th. The results are shown in Table XV.

11/1/24

TABLE XV.
6x F₁ and 30th and 200th.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
119	45	0	39	43
120	47	0	54	31
*121	63	34	52	52
122	73	0	55	72
123	67	1	58	62
124	111	3	80	80
125	75	0	54	70
Control.				
126	46	0	43	35

Culture number 121 gave an abnormal number of red-eyed males. It is the red-eyed male that develops the tumor and dies, as noticed in all the normal outputs. In this culture something must have happened to prevent the development of the tumor as no larvæ with tumors were noticed and hence the appearance of red-eyed males. Flies from this culture produced results shown in Table XVI.

11/12/24

TABLE XVI.
6x F₁ and 30th and 200th (121 F₁).

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
127	49	38	44	48
128	42	0	34	28
129	50	0	32	25
130	41	24	47	40
131	53	1	37	49
132	31	19	26	18
133	60	41	45	48
134	46	41	48	47
135	24	23	22	24
136	41	49	49	47
Control.				
137	Normal output.			

Only three cultures, numbers 128, 129 and 131 gave normal outputs. The other cultures show a 1:1 ratio just as many males as females. If it were a case of contamination, the 2:1 ratio should still persist in some of the cultures. It looks very much

as if successive doses of 6x, 30th, and 200th had had a permanent effect upon the development of the tumor in culture No. 121 of preceding generation.

Offspring from 6x F₂ were also treated with 30th and again an unusual ratio occurred in culture No. 84 of Table X.

10/26/24.

TABLE X.
6x F₂ and 30th.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
81	53	0	50	47
82	72	1	74	78
83	22	0	22	22
84	178	106	0	41
85	64	1	51	48
86	54	0	40	30
87	37	0	22	27
<i>Control.</i>				
88	Normal output.			

This unusual ratio is due to contamination, since offspring from same gave some 2:1 ratios as indicated in cultures 89 and 90 of Table XI.

11/17/24.

TABLE XI.
6x F₂ and 30th—84 F₁.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
89	156	89		
90	160	77		
91	149	122		
92	138	131		
93	50	36	2	10
<i>Control.</i>				
94	Normal output.			

Flies from cultures of normal output of 6x F₂ and 30th (Table X) were treated again with 30th and others with 200th, but Tables XII (11/1/24—6x F₂ and 30th and 30th) and XIII (11/1 6x F₂ and 30th and 200th) show that nothing unusual occurred.

On September 16th, nine cultures of the lethal tumor stock were treated with 30th. Three succeeding generations were given the same treatment without producing any unusual results, indicated

by Tables VI (9/26/24—30x F₁), VII (10/14/24—30th F₁ and 30th), and VIII (11/2/24—30th F₁ and 30th and 30th).

Flies from 30th F and 30th F were treated with 200th and again nothing happened, as indicated in Tables XVII (10/12/24 30th F₁ and 200th) and XVIII (11/2/24—30th F and 30th and 200th).

Normal lethal tumor cultures were also treated with doses of 200th through four successive generations without any evident results. Table XIX (10/27/24—200th F₁ and 200th) (11/15—200th F₁ and 200th and 200th, 11/30—200th F₁ and 200th and 200th), gives the output of the second generation which are normal output.

On September 22d, nine normal lethal tumor cultures were treated with doses of mercuric nitrate 30th. Same treatment was given to the two following generations. Tables XXIV (10/3/24—Merc. Nit. F₁), XXV (10/20—Merc. Nit. F₂) and XXVI (11/8—Merc. Nit. F₃) show the results as normal. With first treatment of Merc. Nit., the flies were large and thrifty and output abundant.

On September 22, nine normal lethal tumor cultures were treated with Arsenic 30th; also, two succeeding generations. The results indicated in Tables XX (10/3/24—Arsenic F₁) and XXI (10/24/24—Arsenic F₂) are normal for the first and second generations. The third generations, Table XXII (11/8/24—Ars. F₃), gives one culture No. 182, in which all the flies were red-eyed and as many males as females.

11/8/24.

TABLE XXII.
Arsenic F₃.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
179	Normal output.			
180	Normal output.			
181	Normal output.			
182	39	34	0	0
183	Normal output.			
184	Normal output.			
185	Normal output.			
<i>Control.</i>				
186	Normal output.			

If this were a case of contamination, as at first suspected, there should have been twice as many females as males, since all the red-eyed females of preceding generation carry the factor for tumor in one sex chromosome and all the males receiving this chromosome (one-half should receive it) would develop the tumor and die from it.

Flies from this unusual ratio culture were inbred to see if the 1:1 ratio would be retained. This proved to be the case, which is shown in Table XXIII (11/22/24—Ars. F₃ 182 F₁).

11/22/24.

TABLE XXIII.

Ars. F₃ 182 F₁.

No. of Cultures.	R. Female.	R. Male.	W. Female.	W. Male.
187	116	96		
188	61	63		
189	60	59		
190	65	52		
191	93	86		
			<i>Control.</i>	
192			Normal output.	

The experiment with Arsenic was repeated twice. The 1:1 ratio was obtained twice, once in the fourth generation and the other in the sixth generation.

Special precautions were exercised to preclude contamination. It is quite evident that the drug has had special effect upon the germ plasm, thus preventing the development of the tumor.

Ten normal lethal tumor cultures were again treated with 6x of the trituration of the tumors mentioned on page 1, dissolved in 10 cc. of distilled water. This dilution was again diluted ten times, each successive day, and ten drops added to each culture, each successive day, through ten generations.

No unusual results were obtained, however.

Since the above effects cannot be accounted for by contamination, it leaves as the most likely cause either a spontaneous mutation or an effect on the chromosome by the drugs used. This can only be determined by repeating many times the experiments. It is important that this work be carried on for, if it prove true that

the results were brought about by the drugs used, this offers an entering wedge to the study of remedial measures for tumors in human beings. It also has a bearing on the influence of drugs given in infinitesimal amounts, for whatever affects were produced were by the drugs potentised to the thirtieth centesimal homœopathic solution and higher.

One who has not seen the work has no idea of the work involved in one of these experiments. On entering Dr. Stark's laboratory while one of the provings was taking place, it was quite staggering to contemplate the rows and rows of jars filled with the cultures and consider that the flies in each jar had to be counted, the sex of each of the several hundred flies determined as well as the distinguishing eye coloration.

A PRE-WINTER DYSENTERY.

K. Chatterji, Chinsurah, Bengal, India.

November 18, 1923, met me with a new case, an intractable case of dysentery. The report by my follower, J. N. D. (an allopath, but for his deep regard for homœopathy, my follower since June, 1922) is as follows:

"A grandson of S. L. H., aged about two years and a half, was suffering from indigestion and was under the treatment of a homœopath of this town. The boy was under his treatment for a month or so. The case assumed the form of dysentery (bloody-flux) attended with high fever, and I was called for to prescribe my old art (allopathy). I took the case for a serious one and instructed for another physician.

"So an allopath of experience was called for. He, too, declined to take up the case alone, and had one, an experienced and eminent physician of Hughli—an adjoining town—as consulting physician. I only attended the patient.

"These two heads, in consultation, applied three emetine injections in three days. The fever abated, the motions stopped altogether, the abdomen gradually distended much.

"This abrupt confinement of bowels with distension frightened the physicians, and so they prescribed twelve doses of castor-oil-emulsion (one ounce, marked twelve) to get the bowels cleared.

This prescription found a very horrible thing. The urine, that was being voided uninterrupted so long, met with an absolute retention or better be called *suppression*. The abdomen distended enormously, and the patient became very restless. And the doctors, in their turn, thought of passing the catheter.

"It is most horrible to mention that they did so in a boy of two years and a half. And the result of passing the catheter was that, not a drop of urine, but three or four drops of blood escaped. They then declared the case as incurable and withdrew, leaving me to wait for the end."

He further added, "I didn't forget to mention of better homœopathic treatment on my first arrival to that house. But, they then maintained a bitter feeling for this science and said, 'Nay,' from the very bottom of the heart. So I left them on their way. Now, they rest solely upon me, and I, on my turn, have come to entrust you with the case. The patient has also swollen feet."

That day I was deeply engaged in my maternal uncle's, and as I could nohow call at the patient, rested entirely on my follower's statement of symptoms, instructed him to watch the case minutely to get further symptoms, and in view of the aforesaid symptoms prescribed three powders of *Raphanus Sativa* 30, to be taken every three hours, for the day.

18th November, afternoon.—The patient passed two stools of small quantity, pulpy black stool, passed a small quantity of deep-red urine (perceptibly not bloody) with the last stool, seemed to have much burning and straining during voidance of urine, and cried a while after the act, he has restlessness no more; distension of abdomen much diminished, but still exists markedly, sleeps quietly.

A powder of *Cantharis* 12 for the night.

19th November.—The boy slept a peaceful sleep at night, voided normal quantity of yellowish urine twice, morning seemed to have straining to stool, passed two stools of small quantity, yellow, pasty, with straining, and seemed to have no pain left after evacuation. Three Placebo powders.

— — —, evening.—The boy passed three stools after morning report, prevalence of morning-symptoms, the abdomen slightly tympanic.

A powder of *Nux vomica* 200 at bedtime.

20th November.—The patient passed a large quantity of pasty, yellow stool, right hypochondrium distended, seems to have wind, urine yellowish, liver tender on examination, feet swollen as before, slight rise of temperature in evening.

Placebo two powders. One powder of *Lycopodium* 30, if hypochondrium remains distended and fever comes.

21st November, evening.—Powder had to be administered, distension seems less, passed one pulpy stool, temperature about 99°, yellowish urine, swollen feet unchanged, liver tender.

Lycopodium 12, four powders.

22d November.—Passed three yellow pasty stools, urine slight yellow, distension of hypochondrium unchanged, liver tender as usual, swelling of feet shrivelled.

Reaction seemed slow. *Sulphur* 6, one powder.

23d November.—Symptoms continue, swelling of feet much reduced, liver less tender, fever 98.8°.

Lycopodium 12, two powders. Morning and evening.

24th November.—All the symptoms improved, but did not subside altogether.

Lycopodium 200, one powder for morning.

25th November.—The patient continued well from previous afternoon. No complaint left. Stopped medicine and closed the case with hints regarding diet necessary for restoration of health, and safeguard against relapse.

THE STUDY OF POTENCY.*

John Hutchinson, M. D., New York, N. Y.

The power of one after another medicinal agent to cure the maladies of mankind is receiving constant attention the world over. But how idle some of the conclusions! How dire the consequences! When the law of cure is overlooked through either obstinancy or ignorance, other means prompted by other theories, with other outcomes, fail.

Any survey of medicine in general discloses small knowledge of what is curable in disease with what is curative in medicine. Observation is not to be limited to the work of homœopathy. Great

*Read at the forty-sixth annual session of the International Hahnemannian Association, New York, N. Y., June 25, 26, 27, 1925.

as are its reforms wherever established, they should be extended and multiplied. Hence, of much importance, negatively, are the aims and accomplishments of whatever practices dominate public attention with unwholesome result. Much of it is, it must be confessed, entitled to condemnation. The reason for such condemnation is obvious. The sick are not cured.

It continues to be rather hard not to quarrel with the loose use of the words "science" and "scientific." Good words by themselves, they suffer greatly by misapplication. What is untrue is unscientific, and what is scientific is true. A mistaken notion is promulgated that it is only necessary to ignore the inborn vitality of the human organism, and to treat it as merely another chemical reagent adaptable to the purposes of the laboratory, out of which shall come at some future day—not now when the patient needs it—a specific for whatever disease is deserving the highest publicity. The times now being much the same as during the life of Hahnemann, his last edition of the *Organon*, recently translated, brings with it renewed admiration for the system unapproached by any so-called discovery of modern medicine.

Why this is true should be entirely plain to any sincere student of medicine. That it is not plain to some minds is explained by the retort of one physician who once said to me with manifest pride—"I know nothing at all about homœopathy!"—the implication being, "and I don't want to know anything about it." So let us look at this state of mind as it is, not troubling about it, but seeking to overcome its sinister aim and influence by using to the best of our ability the marvelous remedies that bring healing and comfort and happiness to families depending on rational medicine.

The application of the remedy chosen by virtue of its power to originate symptomatology expressing definite disorder engages our highest interest. Fraught as it is with promise of certain response, there is no joy in constructive achievement equal to it. The life study it involves is a never-ceasing fund of rich reward as discernment, understanding and skill increase.

When, in the evolution and the perfecting of the facts of homœopathy it was realized that mind and temperament and emotion play no small part in the rational determination of the remedy, it was also seen that that remedy must be administered in potency of exact suitability. In truth this adds to the difficulties already

present. With hundreds of proven drugs, some in varied attenuations, there is now the further involvement of graded potencies for each single medicinal substance. Was there ever a more eloquent anticipation of successive discoveries in physics—the triumph of the infinite divisibility of the atom? When the mass of an electron is only one seven hundredth part of that of the hydrogen atom, it is not hard to believe that the vibratory power of our highest potencies has come to stay. Often we may tell our intelligent patients that these potencies are the only beneficent medicines in otherwise hopeless cases.

The extent to which the study of potency enters into the practice of medicine is variable. One has heard too often the slogan—Potency doesn't signify when the remedy is right—one of those phrases that somehow elicits approval before it is hardly heard, and is at core as false and empty as mob applause. But the sophistry has found some permanent places of survival in spite of high authority to the contrary.

Study of potency takes into account the character of the remedy itself, as, for instance, whether it is Hamamelis or Phosphorus, these two remedies representing for example wide diversities of power. But particularly are we concerned with the patient receiving the prescription, his requirements as based on age, gravity of illness, personal sensitivity.

Three different prescriptions of Rhus may illustrate variability. Case one—Young man, athletic, acute posterior urethritis, particular symptom of agonizing pain not permitting rest in any posture except the upright one and in constant motion. Could not endure the pain unless walking rapidly. Rhus toxicodendron 200 one powder relieved immediately and permanently. Case two—Man of forty-five with apparent erysipelas at onset, swollen face, little pain, disorder localized without modalities. Rhus 30 removed the condition without further development. Case three—Young man had been treated for indigestion and seemed on the verge of typhoid fever, and complained that he was too restless to rest or sleep, that it was the only discomfort he felt, but that greatly. Had lost seven pounds in as many days. One powder of Rhus 1000 relieved immediately, strength returning rapidly, and homœopathy called miraculous.

These cases were measured carefully in respect to individuality, and while other potencies might have fitted those chosen, seemed

most appropriate, and certainly left nothing to be desired. The taking of the case means also the interpretation of the case. Facts count. The peculiar ones count most and highest. Numerical totality without the single, singular, striking and peculiar, often misleads to a similar remedy, it may be, but of insufficient suitability and value. While there are many similar remedies for almost every case, it is the simillimum most to be desired.

The idea is suggested by experience with different potencies of the same remedy that different phases of disorder merit selection according to region, structure or temperament affected. In short, the whole picture of disturbed health as it presents to the examiner has in it an unmistakable character and quality of demand on a specific therapy for a certain state and a certain patient. It gives good justification—this demand—for engaging the patient in general conversation on any casual topic. It may be urged that this expenditure of time is expensive. I hold to the contrary, that it is often profitable and productive. Many times an intelligent patient is bored to the extent of inaccuracy by a battery of definite questioning. Voluntary statements from the patient cover a multitude of sins of the examiner. Here is a situation where we may safely favor self-expression without fear or favor. Analysis of it gives good results in remedy and potency selection. (Incident.)

I recall a case, like those you all have met, in which a chronic element was somewhat obscure till chance favored an interview with two members of the same family at the same time. The psychic reactions on each other of these two estimable persons disclosed otherwise hidden causes of disorder, and led immediately to successful cure. Undoubtedly the highest attenuation of the remedy is not here the best. Sometimes it is necessary to repeat the remedy in varied strength.

Let it be recalled that Hahnemann is very clear on the point of not repeating the same potency.

Paragraph 247. It is impractical to repeat the same unchanged dose of the remedy once, etc. The vital principle does not accept such unchanged doses without resistance, etc.

Paragraph 248. Thus in chronic diseases, every correctly chosen homœopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever-increasing success.

From note 133. It almost seems as if the best selected homœopathic remedy could best extract the morbid disorder from the vital force, and in chronic diseases to extinguish the same only if applied in several different forms.

The physician whose practice is homœopathic has with him an enduring sense of potency. What it does, what it fails to do in a given case and a given selection is something from which he cannot separate his memory and judgment. A sense of the appropriate initial potency comes to the mind of the homœopathist as an involuntary incident. He decides what power is suitable just as regularly as he decides what remedy is best.

Fincke said in his book, *High Potencies and Homœopathics*, published in the year 1865 by Tafel, Philadelphia—any potency being the dose in a given case, "From this arises a necessity to individualize the dose as well as the remedy." Which brings to mind the fact that our range of potencies is remarkably comprehensive, perhaps, however, no more so than the idiosyncrasies of the human family.

As to the favorable action of the remedy administered, its promptness may be estimated by keen observation, the exercise of which being the *raison d'être* of the physician, as we impressed on his classes by one of the Old Guard. I have always had real admiration for one of our Dr. Philip Krichbaum's most brilliant illuminations—that the correct remedy establishes its career of usefulness quickly as the lightning flash when absorbed as it is by the mucous membrane.

There is some ambiguity conveyed by the word "strength" applied to potencies. It has been applied to both low and high. In the light of the great progress made in physical science as to the properties, divisibility and energy of matter, it would seem to call for no effort of judgment or imagination to identify our highest potencies of medicinal remedies as strongest. Certainly, they cover the larger picture of greatest need of the organism, while the lower and lowest quite fail to do so, making little impression except on the simpler functions of the body. An exception to this is possible, another instance of the paradox to which is susceptible every phase of existence. Again, experience must decide.

The factors in potency selection being numerous, here again is the physician's *raison d'être*. There are paradoxes innumerable, as true of all art. For medicine applied to the problem of curing

the sick of all kinds and classes is first and last and always art. Much of what is vaunted as science does not relate and has to be eliminated altogether.

The *Organon* instructs in minute detail the physician who would correct his faults of judgment, inaccurate prescribing, misuse of a remedy. We learn how changes should be made safely and well. The prescriber has reason to rejoice that he is permitted to understand clearly what are the results of his work when he will attend their expression. His compensation is priceless.

To quote again from Fincke: "Previous to Hahnemann nobody had ever found, thought, or practiced the fundamental Law of Homœopathy, covering both the quantification and the qualification of the remedy. Hippocrates never thought of potentiation. The Galenic school always cared for and sought for the limit of the maximum dose. The new medicine directly opposite, cares and seeks for the limit of the minimum dose. This is Hahnemann's work."

These words are refreshing at the present time, when we are most aware of the superiority of homœopathic treatment over all the crude systems that ignore health prerogatives. Vital and mortality statistics remind us constantly that the potency for cure is too rarely given following merit reflection:

City of New York, death from 14 March to 6 June, 1925, period of thirteen weeks: Acute infectious diseases, 503; pulmonary tuberculosis, 1370; influenza, 267; lobar pneumonia, 1537; broncho-pneumonia, 1218; cancer, 1733.

Annual death rate, 13 per 1000. The deaths under one year were 1377, or 72 infant deaths per 1000 births. Deaths under 5 years, 3395. Deaths 5-65 years, 11,650. Deaths over 65 years, 4945.

It is doubtful if there is any therapy entitled to the appellation "preventive medicine," except homœopathy.

All about us float misrepresentations based on medical assumptions. The propagandic reiteration of untruths is wearisome, and perhaps that is enough to say of it, inasmuch as those who know better have little time to spare from the appeals of the sick, to fight foes sure to precipitate their own destruction.

As to publicity given as repeatedly as commercial acumen dictates, that the span of life has been extended by modern medicine, practiced by the schools of misguided, misapplied and destructive force, it has been pointed out that of the more than one hundred

associates of Dr. Johnson mentioned by Boswell, one hundred and fifty years ago, the following vitality record stands: Seventy-five men lived to be 70 years old, twenty-seven to be over 80, three over 90, one 99, six 80, three 81, six 82, two 83, five 86, five 88.

These were citizens of an insanitary age, moreover, men whose lives were not well-ordered according to our ideas of hygiene, and we may safely believe that no Board of Health favored them with its advanced uplift. It would appear that present conditions do not result in longevity surpassing that of the eighteenth century.

One of the great misfortunes of the human family is that the potent remedy for its diseases cannot supplant and overcome all the puissance of inimical propaganda from destructive medicine. This is not futile pessimism, on the contrary, in the words of that writer and thinker, Thomas Hardy, "It must be obvious that there is a higher characteristic of philosophy than pessimism, or than meliorism, or even than the optimism of these critics—which higher characteristic of philosophy is truth"!

CLINICAL CASES.

Radha Sundari Homeopathic Hall, Mymensingh. Dr. S. Basu,
M. Sa. M. B. (U. S. A.).

If in this paper I can help a brother physician to be a better doctor, I am glad that I am doing God's work.

Case I. Mr. Chakvarty, age forty. An inflammation occurred in the lower right quadrant of the abdomen, which suppurated and was operated on. Since then during every new moon and full moon the surrounding of cicatrix became painful, red and suppurated which necessitated opening. In this way he had eleven operations. At last, in despair, he came to me. I tried *Silicea* and *Phytolacca* but found no improvement. Then I put him on *Fluoric acid 30* twice daily for a fortnight. At the next period he was all right. After that I gave him *Alumina 200* at odd intervals for his constitution. He is now enjoying good health since one year and a half.

Case II. Godam Samdin's wife had stitches in the chest, left after an attack of pneumonia, for which she used Old School and native liniments. The pain was worse inspiring and moving. Cured by four doses of *Ranunculus bulb. 30*.

Case III. Many cases of night fever whether high or low with sweats during remissions are cured by a single dose of Hepar sulphur 1000 (B. & T.).

Case IV. Mr. Bhattacharjei's son, age five years, had one attack of intestinal obstruction, which was removed by douching and other Old School methods. Since then he became pot-bellied and from time to time he had intense pain in the abdomen and went for a few days without stool. Nux vomica, Plumbum aceticum warded off the attacks. But still they came. He was then taken to Calcutta, where a renowned homœopath gave him a dose of Psorinum 1000, after which he kept well for six months. He was then brought to me by his father during another attack of pain. I took the history of the case and concluded vaccination to be the cause. I then prescribed Thuja occid. 1m. Since then for these two years he had no other attack and the abdomen has returned to the normal size.

Case V. Mrs. Bhattacharjei, age eighteen years, aborted at the fourth month. After abortion she had profuse hæmorrhage and intense pain down the thighs. For fifteen days she was not taken care of, after which a lady doctor and myself were consulted. A piece of retained placenta was removed during examination. The os was found to be partly dilated. Sabina 30 given by me greatly relieved her pains. She had sleep at night. Next morning she discharged some pieces of placenta, but offensiveness became characteristic that day. So the lady doctor advised immediate removal under chloroform, otherwise septic fever is inevitable. I asked her husband to have patience, and gave her Secale c. in drop doses and then changed to the 30th dilution. Next day to my astonishment, I found the fetor gone; I then put her on Gossypium 2x, which did not produce any change. Slight clots of blood were still coming. No stool for three days. The blood was stringy. Hydrastis can. 30 was given for that day. Next morning found her in perfect health. In the absence of any symptoms I find Arnica m. 3x, 30, 200 is very good in removing retained placenta.

Case VI. Mr. Lahivy, age fifty-five, had cholera. He had two injections, of course, intravenous, of saline in two arms, previous to my visit at his place. I found his voice hoarse, no pulse at the wrist, brachial pulse can be felt, eyes sunken, hippocratic countenance and concluded that the heart was the principal seat of the

mischief. For which I gave him four doses of Cobra 6, every two hours. After that, I found his wrist pulse slightly dancing. But he was very restless, there were cramps here and there, stools every half an hour of thin, yellowish-green color; body icy cold, yet he throws his covers off. I put him on Secale 30, which brought a great change in him. Next day I found the cramps gone, no stools, urine suppressed, still restless but wants to be covered. Arsenicum alb. 30 was then prescribed, which helped urination. For these four days he was given only green cocoanut water; and light barley water. Then for debility China 30 was given for three days, twice daily. He saw me after a year—a changed man.

A CLINICAL CASE.*

S. Mary Ives, M. D.

Edith R., a large, well-developed girl of 12½ years of age, brunette type, came to my office on July 21, 1915. Her mother brought her from their home in the country some six or eight miles away. The child was painfully shy and sensitive, quite unapproachable and uncommunicative.

The mother reported as follows:

Has never been well since scarlet fever some three years before. Complains of headache, partial hoarseness and "filling up" of throat. Becomes nauseated from any excitement. Very poor sleeper; cannot get to sleep at night; spends hours hunting in various parts of the house for fire or some imaginary trouble. The mother says she is quite worn out with these nightly investigations.

Becomes hysterical if thwarted or corrected.

Suspicious of persons' actions toward her, thinks they are talking about her, etc. This is especially true with attitude toward her mother; thinks the mother is plotting against her.

Is naturally a good scholar, but most unhappy in school because she finds it almost impossible to recite, even though she knows her lessons.

Upon the general hysterical aspect of the case, I prescribed Ignatia 30x in repeated doses.

*Read before the annual meeting of the Connecticut Homœopathic Medical Society.

Six weeks later the mother reported the girl had been better, but still dreading the opening of school, talking about it constantly, etc.

On this date, September 1, 1915, I prescribed Lachesis 4m one dose, based mainly upon the child's unwarranted suspicion and nightly delusions of fire, etc. October 14th the report came: "Has been wonderfully better in every way, much more courage in going to school and doing well." I repeated the Lachesis 4m at this time.

I heard nothing more from this patient for two years, although I wondered many times how the child had come out, for it had looked rather serious to me. But, at the end of two years, October 13, 1917, the mother appeared in the office. She reported that the child had been really very much better, the menstrual function had become established, but lately the suspicions and delusions had returned. I repeated the Lachesis 4m. Again silence until July 1, 1919 (nearly two years).

The report was as before, the girl had done very well until a month ago, when old symptoms began to return.

By this time the girl was in high school and doing well. The Lachesis 4m given this time did not bring as good result, and August 1st (one month later) I gave Lachesis 41m. This was repeated one year later, June 1, 1920.

Then one day in 1923, April 7th, a young lady presented herself at the office and was greatly amused because I did not recognize her. But a good many changes had taken place in three years. Our patient reported that she was working as a stenographer in the office of one of our largest manufacturing concerns in Middletown and had been doing so for nearly three years. She said she had been very well until just recently when she began, as she expressed it, "to feel nervous." I gave the same potency of Lachesis 41m, repeating it in two months June 30th.

January 26, 1924, she came again with some return of symptoms. As the potency had not held her as long, I gave the Lachesis in the cm potency. Three weeks later she reported much better (that was last February).

Chief interest of this case is in the fact that here was a nondescript case of mental rather than physical disturbance. The girl was called "queer" by her parents and friends, had strange fancies, etc. This "queerness" all cleared up after the Lachesis.

JUST WHAT CONSTITUTES A REAL CURE?

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

The term CURE is as elusive as the Irishman's flea. ALL so-called systems of healing claim to CURE, but do they? If the term *cure* is to be understood, as merely defined—simply *care*—then they *all* cure and there is therefore no choice as regards the ultimate; it simply resolves itself into a choice of roads to reach that end. The Hahnemannian *cure*, as I understand it, is not one of mere *care*, but a complete eradication of disease, root and branch, quite a different thing from the mere *care*. Anything short of this is mere palliation.

It is this mere palliatory result and the highly spectacular method by which it can be brought about that loudly appeals to the allopaths, the pan-therapists and the various cults and which has even infected the modern homœopath. It has been but a short step from the lower potencies to the crude drug, the crude drug to therapeutic nihilism, from therapeutic nihilism to Christian Science or mechanical or manual therapeutics, each in turn more spectacular and each in turn farther away from that which constitutes a *real cure*.

I have watched my father and others, and have myself made some most miraculous, what seemed to me, "cures," but time and observation, in the offspring particularly, have shaken my faith in these low potency miraculous "cures," as I will illustrate as I go along.

The action of all drugs is primarily, pathogenetic or causative; secondarily, dynamic or curative. Physical drugs are either physiological (antipathic) or pathogenetic (homœopathic) in their action. The physiological usage being to produce by physical force, either suppression or substitution; the pathogenetic, by the same force, to produce drug symptoms, which constitutes the primary action of the drug. The cure direct is made not with the matter-clothed drug but with the released power brought about by divesting this clothing of matter, which is termed dynamic. To bring about gross pathological changes requires physical force, hence the physical drug is required, yet this is only reducing an end product and not removing the predisposition to the disease which, if left intact, is very apt to light up into activity again.

This predisposition can only be reached by that power—dynamic—that is unhampered by matter, and since it has been demonstrated that the physical properties of the drug can be visibly shown present in the 12x potency, this potency and from it down are incapable of producing nothing more than either temporary palliation or at best a temporary or even a permanent suppression, allowing the predisposition to the identical disease to be handed down to the offspring, a condition that cannot occur in a properly or effectually cured disease.

Just as I had finished the outline of this article my eyes fell on Bell's work on diarrhoea, where I found in his introduction, page 21, of the eleventh edition, under "The Administration of the Remedy," that his experience had been much the same as my own and I will quote as follows:

"The writer began the practice of medicine with the preconceived idea strongly fixed in his mind, that, while the thirtieth potency might be useful and perhaps the best for chronic and nervous affections, the lower and even crude preparations would prove more satisfactory for acute affections and particularly for diseases of the bowels.

"Hard experience has taught him the contrary, and 'though convinced against his will,' he is not 'of the same opinion still.'

"Personally, our experience has been most satisfactory with the use of the twelfth, fifteenth, thirtieth, two hundredth and often higher potencies, of our remedies"—

You will note that he, like myself, advocates from the 12x *up*, not *down*.

In substantiation of my contention allow me to present two of a number of such cases that have occurred in my own practice. I select them because they both occurred under the same remedy.

Mr. H. L. K. consulted me for a case of boils that for eight years had resisted all treatment. This patient was cured (?) by Sil. 3x and as long as he lived had no further trouble from boils. Some six years later he married and they had a beautiful female child who, at the age of three years started out with the same kind of boils in successive crops as her father, which, too, indicated Sil., which was given in the 6x and put an end to the boils. This interested us and we were anxious to see what the outcome

would be if she grew up and had children, but unfortunately she succumbed to tuberculosis.

The other case was that of Miss C., who, twenty-two years ago, was lying at death's door from what several allopaths and baby specialists had diagnosed as—"inanition." This child at six months weighed about four or five pounds, a badly wrinkled mass of skin and bones. All food and especially mother's milk disagreed. The milk came up curdled, often in curds so large as to cause strangulation. In short the superficial symptoms called loudly for Aeth., while the deeper and more constitutional symptoms called for Sil. I of course did the wrong thing—gave Aeth. 3x and got no result. However, I learned a valuable lesson from this case and that is, when two remedies are apparently indicated equally well, the one acute or subacute, the other chronic, that it is policy to give the chronic remedy first on the principle that if you want a tree to die you lose time in cutting off the branches and neglecting the root, for you may again have to reckon with the root later on. After failing with Aeth. 3x I gave Sil. 6x and soon had a fine healthy roly-poly baby much to the delight of all concerned and I was proud of my "cure." But pride in that "cure" as in the one preceding was due to receive a rude shock, for just twenty years later, the baby having grown to fine womanhood and married, gave birth this spring to a baby girl. The baby girl took the identical course the mother did, requiring the *same* remedy. They lived in Chicago, tried to get relief there and in despair finally made the trip to Toledo. Silica 1m put the new baby right in record time and we look for no more transmissions.

It is the number of occurrences such as the above that makes me skeptical when any man says he has positively cured a case with any drug containing any physical properties demonstrable to our physical powers of observation. He makes splendid reliefs, palliations and ofttimes benign and permanent suppressions, but cures?—never! Physiological and pathogenetic drugs do not act that way.

Then what constitutes a real cure? In my estimation a REAL CURE consists not only in a disappearance of the disease manifestations, no matter how speedily nor how pleasantly, but in the entire eradications of the predisposition thereto, also, that that predisposition may not be handed down to the offspring. Diseases are not in-born but predispositions to disease are and any so-

called "cure" that does not eradicate this predisposition is merely a relief. It is this predisposition that renders us susceptible to disease, without which we are immune.

Sumbul—A Verification.

Mrs. S., German lady, forty-eight years of age, was taken several years ago with a sense of numbness on the left side of the body brought on only after becoming cold or putting the hands in cold water. She had consulted many doctors who were unable to relieve her. Kent gives Sumb. as the only remedy having numbness on becoming cold and that only in common type. On the strength of this we gave Sumb. 30x, which brought speedy and lasting relief. She has now been absolutely free for several months. Here we have the *knowledge* of what the remedy produced on the healthy, on this *positive knowledge* we based our prescription, and on this prescription we got a *positive result*, the lady KNOWS it, yet homœopathy is NOT scientific and must be demonstrated scientifically—yes, How?

INFORMATION WANTED.

Dr. R. F. Rabe,

Editor, THE HOMŒOPATHIC RECORDER,

Dear Doctor Rabe:

As a chain is no stronger than its weakest link, a fleet of ships no swifter than its slowest unit, homœopathy, therefore, is no stronger than its weakest proponent; and it is by this weakest proponent that it is both judged and condemned. To me the difference between allopathy and homœopathy is the difference between standardization and individualization, and nature admits of no human standardization. The homœopathic physician is supposed to be above the average in intelligence. It is only the lesser intelligent who cling with child-like faith to the delusions of "perpetual youth," "the royal road," and the "millenium."

We have just gone laboriously through the "Centenary" essays of Drs. G. Harlan Wells and Conrad Wesselhoeft as reproduced in the August issue of the *Journal of the American Institute of Homœopathy* and on account of our lack of "scientific" knowledge we are a little confused.

From Dr. Wells.

We would like to learn: If he considers homœopathy a "peculiar system of medicine," and, if so, why he remains as a teacher in a homœopathic college if he is honest and consistent? If the day has arrived that it is perfectly safe to dump our rich legacy into the hands of our enemies? If isopathy has suddenly become homœopathy, the reason for your contention that homœopathy as a separate organized school should cease to exist? If homœopathy is not a complete system of medicine just what other system even approaches it in completeness, even in homœopathy's incomplete state? Just where does homœopathy fail in medically curable cases when the remedy is indicated and why? Just what do you understand constitutes a cure and what other systems are capable of making a cure? In all the history of medicine just what other system has brought more ridicule and more censure on itself and done more fool things than allopathy, the system onto which you would load homœopathy? Just what does the indiscriminate use of "opiates, cathartics, the destruction of micro-organisms by chemical compounds" and the resort to crude sera, antitoxins and vaccines spell if not complete ignorance of homœopathy? Just what is "vital function of cells" and wherein is it any more concise, enlightening or explanatory than the "archaic terms—dynamis or spirit-like force"? Does a mere change of nomenclature make an ignorant man scientific? We know that politics lend brains to an incompetent doctor, but we were unaware that a change of nomenclature would do the same. Are you sure that the "new light" that has so suddenly dawned upon the modern homœopath is not the same as so suddenly dawned upon our regular brethren, *viz.*, the reflection from the glitter of the tinsel and gold rather than the good of the patient? If the indiscriminate use of bacteriotherapy is based on the law of "similars" "just how did it get that way"? Knowing that diabetes is due to disease of the pancreas, just what was the cause of that "particular type of disturbance in these structures"? Is the fact that weak stimuli promote cellular activity, while strong stimuli impede it, sufficient data on which to base a homœopathic prescription? Just what diseases are embraced in your "cellular therapy" that we may know when and when not to use the indicated remedy, in other words, just in what remedially curable cases is the indicated remedy of no use?

From Dr. Wesselhoeft.

We would like to know if, after seeing his "Centenary" essay in cold type he does not think it a display of bad taste and worse judgment, at once a disgrace to homœopathy, a cowardly insult to the memory of Hahnemann and a sorry reflection on his own (Wesselhoeft's) intelligence?

In your statement that "The homœopathy of the present is not the homœopathy of any edition of the *Organon*," in the language of the street, "you said a mouthful"—IT IS NOT HOMŒOPATHY, neither are the proponents of that same "homœopathy of the present" *homœopaths*. Was it Hahnemann's *Organon* or his character that was on trial in that essay? It looks like the latter.

How different and how much more gentlemanly is the historical address of Dr. George F. Laidlaw.

DR. A. PULFORD.

A CLINICAL CASE.*

Helen B. Todd, M. D.

M. C. Age 21 years. College girl.

F. history. Father a physician. Not well since severe attack of pertussis. Had to give up practice and go to mountains, now working in T. B. hospital. Mother a nervous invalid in sanatorium; also had nephritis.

Past history. Negative except for frequent colds.

Present illness. School work has not gone as well this fall, couldn't sleep, appetite poor, failing in studies. Grippe in December. Left college in February and came East to be with her step-sister.

Physical examination and history. B. P. 120-65. Haem. 70 per cent. T. 98.2. P. 88. Height 65 in. Weight 121.5. Chest increased vocal fremitus over right apex, diminished resonance over right apex. Heart normal, except for rapid action. Abdomen and back negative. Menses fairly regular in time and amount. Severe backache before, during and sometimes after period. Very tired. Cannot concentrate on anything, aimless, aversion to mental or physical labor, irritable with sister, wants excitement and to be en-

*Read before the annual meeting of the Connecticut Homœopathic Medical Society.

tertained. Crazy over dancing and movies. Spoiled. Wants no breakfast. Appetite variable. Leucorrhœa, bland yellow before menses. Bowels regular. Frequent stuffy colds with thick coryza and dull headache. Likes to be in open air, but dislikes long or rapid walking. Sleep poor. Puls. 3x and hygienic suggestions.

Two weeks later. Somewhat better, very aimless, unhappy. Very fond of children. Would like to go to work. Puls. 3x cont.

One month later. Has been caring for children for three weeks, long hours, eating and sleeping well. Last menses no pain, felt fine. No colds. Seems happy and contented. Weight 126.5. Haem. 75 per cent.

Seen once or twice a month for next three months. Gained in weight to 128. Almost no backache, appetite too good, sleeps splendidly, works ten to twelve hours a day. Slight pain one menstrual period when had overworked on an extremely hot day.

THE ROLE OF STRONTIUM CARBONATE IN NEURITIS.*

Royal E. S. Hayes, M. D.

The first subject thought of as possibly useful for this little symposium is the role of Strontium carbonate in so-called simple or localized neuritis. Most cases are mechanical or traumatic in origin, the Strontium cases especially, though often obscurely so. Strontium is probably the most useful because the most frequently needed remedy. Those cases in which the cause is more obscure are usually caused by torsion or stretching, either quick or slow, and the symptoms of such effects are to be found in the Strontium pathogenesis.

If one's professional experience counts, localized neuritis appears to be found more often above the waist, especially in the upper extremities in women and below the waist, and especially the lower extremities in men. The cause of this difference is partly occupational, and partly, quite likely, the distribution of muscular stability according to sex. A woman will carry a suitcase or bundle, or pull on a clothes line until the arm and shoulder or even back and neck muscles are tired enough to relax and the extremity

*Read before the annual meeting of the Connecticut Homœopathic Medical Society.

becomes temporarily lengthened. In this way slow stretching of a nerve occurs. Perhaps some voluntary or partly involuntary motion inducing torsion occurs instead, producing the same effect. The immediate discomfort may be slight and quickly forgotten, but in a few days to several weeks neuritis has developed. The mode in men is similar, being varied by occupation or circumstance. In men, however, this accident usually occurs more quickly by exerting the muscles at a disadvantage, that is, with faulty leverage through a twist, slip, or giving way of the basic muscular support. The stretching or torsion may occur quickly by faulty or disturbed co-ordination or slowly by subluxation or relaxation even about one of the less movable joints, such as the sacro-iliac.

Now for the practical application. The first thing you notice about the patient is that he keeps the affected part flexed or relaxed. You now verify your suspicion by attempting to stretch the nerve a little and find intense aggravation of pain. For instance, if it be a sciatic nerve you find it impossible to raise the lower extremity with the leg extended. Or, if it be an arm, it is held in a position which relaxes the affected nerve.

Then the patient tells you that the pain makes him faint or "sick all through." That is characteristic of Strontium conditions. There is an intimate relation between these injuries and the solar plexus. Strontium is a solar remedy and a valuable shock remedy. As the sun is the center and sustentive of the solar system, so the solar plexus is the great storage center from which human magnetic energy radiates. Strontium effects and those traumatic and pain effects which correspond with the Strontium genius are directly transferred to the solar plexus, causing general sick, weak or faint sensations.

The reason the solar plexus is so sensitive to injuries occurring at such a distance from it is, apparently, that the energywave of a twisting or drawing injury is similar to the rotating drawing energy of the solar plexus (the "Sol" of the human system) hence, is in similar but not synchronous vibration and the harmony of radiation, therefore, is easily and profoundly disturbed.

To epitomize: The characteristic Strontium effect is as if when prying with a lever, the lever slips off the fulcrum and the energy is spent in a wrong direction. In the Rhus strains, for instance, the fulcrum holds, but the load is too heavy for the lever, straining its fibers.

There are stretching injuries in the abdomen or pelvis which should be differentiated therapeutically from the other kind. For instance, a woman reaches high up to place a picture or other object and feels something give way in one side of the abdomen. This may be followed, sooner or later, by renal, ureteral or even cystic or internal genital symptoms. Sharp pains occur suddenly at unlooked for moments or when in some slightly faulty position and continue a short time until she can move obscurely in such a way as to "straighten it out," as she says. Severe cases may symptomatically simulate cystitis, renal colic, dragging kidney, gallstones, appendicitis, operitis, etc., according to the exigencies of diagnosis and ambition to do surgery. The remedy for this (for the patient I mean) is Staphisagria.

Futile prescriptions sometimes light up a good one by contrast, well illustrated in the following instance: A woman of forty came with rather intense pain in the Ulnar nerve and the other anterior branches of the inner cord. It was aggravated by raising the hand, by lying on it, by cold, and it shifted to various places of the upper extremity and anterior thorax on the same side. There was general lassitude and desire to lie down. Now, Mag. ph. has all these symptoms, but, to criticize my own prescription, they were not comprehensive of the extent and quality of the lesion, the investigation had not been pushed far enough. Consequently, little or nothing was accomplished by prescribing that remedy. Then the arm was hurt by some little twist or strain and became much worse. The pain was now of such a character at times as to cause faintness, sweating and nausea. I then found out the origin of the trouble. The arm had become tired and stretched several weeks previously by being pulled by a woman in labor. I interpreted the aggravation from the postures above mentioned as being aggravation from stretching. I observed that the position of the extremity was shifted frequently. At night it was not possible to find comfort in any position. Strontium carb. 200 was given with great relief.

Then the nerve was accidentally bruised and became worse again. Because of the constant motion for relief we strayed again from the vantage point of a comprehensive view of the symptoms and gave Ferrum, with the usual penalty, no result. A few days later Strontium carb. 500 was given. Two days later the patient was practically free from pain and the cure was soon complete.

Man at forty-six. Intense sharp pains along the entire sciatic nerve. Also an intense gnawing ache "as if in the bone." He had been lying four days and nights on a couch where he could shift position freely without disturbing his bedfellow. Although in almost constant motion the leg and thigh were kept in a partly flexed position. Any extension beyond a certain point was intolerable. It was made worse, also, by bathing, even warm bathing, also a Strontium characteristic. His back had been slightly wrenched three weeks previously.

Strontium carb. cm. was given with prompt relief, but two days later the pain returned with numbness and heavy paralytic sensation. Stront. carb. cm. 5 d. One every four hours.

The man actually returned to his work three days later and kept at it.

CLINICAL CASES.*

C. Seaver Smith, M. D., New Haven.

Miss A. Brunette. Forty years of age.

8-13-23. C. C.—Pain left arm.

F. H.—M., 1 b., 3. s. living and well. F. died acute Bright's at 67. No history of chronic disease.

P. H.—Diphtheria twice. No accident nor operation. Chronic constipation, takes senna constantly. Liver upsets, takes sal-hepatica. At eruption of every tooth she had styes. Wears glasses for nearsight. Has had chronic catarrh.

P. I.—About two and one-half years ago fell down stairs and injured left arm, following which she had osteopath treatment. On April 1, 1923, she had stiff neck, both sides, the cause of which she did not know. At this time she was also treated by an osteopath. The following day she had severe pain in left arm, internal forearm and through the palm of the left hand. She was compelled to lie for two months. By degrees the pain became less. She had osteopathic treatment, together with sodium bicarbonate baths, baking three times a week, and hypodermic injections of "Neurosinic tonic" four times a week. She has had slight loss of weight. She is irritable and snappy.

*Read before the annual meeting of the Connecticut Homœopathic Medical Society.

The pain is aggravated by cold, dampness, lying on side, pressure, movement of either arm, especially pulling with left arm, riding, vibration, wind, cooling or sagging of forearm and hand. If surface is moist and air strikes it, skin feels like ice. The pain is throbbing, twisting, grinding, screwing, steady ache and tingle. It is relieved by lying flat on back and by heat.

P. E.—Tenderness over area where patient has pain. No evidence of misalignment of vertebræ. No evidence of focal infection of sinuses, teeth nor tonsils. Heart and lungs normal. Circulation good. B. P. 70-110. Temperature 98.4. Pulse 80. Respiration 16.

Patient was given a few doses of Nux vom. 30 to clear the picture, if necessary, and told to report in one week. At that time she brought in a sample of urine, which proved to be normal except somewhat hyperacid. The condition had not changed. She was given a few doses of Rhus tox. 200. Two weeks later she reported that she had had one day of severe pain with no apparent cause. Otherwise she had been completely relieved. I have seen her twice since, and she has reported no recurrence.

Warsaw, Ill., July 22, 1925.

Editor, HOMŒOPATHIC RECORDER,
Philadelphia, Pa.

Dear Sir:

On page 328 of the July issue of THE HOMŒOPATHIC RECORDER, your article, "A Strange Symptom," in which you mention a Cardio-vascular case with hypertension, the annoying symptom of "dreams of snakes" was relieved by Lac caninum 10m.

I had a case under my care this spring, of a woman seventy years old, who weighed 250 pounds and who had a blood pressure of 210 and complained of a constant burning sensation around the neck of the bladder. With this symptom constantly in evidence, sensation as if walking or floating in the air. Lac caninum 1m at frequent intervals, entirely relieved the burning sensation of the neck of the bladder as well as the floating sensation. It also assisted in reducing the blood pressure.

This by way of further experience with Lac caninum.

Yours very truly,

P. D. GAUNT, M. D.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

INCENTIVES TO INDUSTRY IN HOMŒOPATHY.*

We may take it for granted that every person who intelligently chooses a profession, such as medicine, as his vocation in life, is actuated by some motive or purpose which is to him a sufficient reason for his choice. He expects at least to get his living by it and as much more as he can. Naturally he desires success and believes himself capable of attaining it. It follows that to him the successful working out of that purpose, or the attainment of his object, becomes the dominating desire of his life, and therefore, his strongest incentive to industry. It may even happen, if he chooses his methods wisely, that he finds his highest pleasure in his work.

The pursuit of pleasure, primarily, may not be the highest object in life. It might be, or become, the expression of a very ignoble purpose and a demoralizing influence. But the pleasure derived from conscientiously and systematically working out a high purpose, is perfectly legitimate, and one of the highest incentives to industry in one's vocation. It behooves us, therefore, to examine somewhat closely, not only into our motives, but into the methods we use to attain success, in order that we may choose those which bring real pleasure and lasting satisfaction; *for the kind of success we attain depends upon the methods we use to attain it.*

Perhaps I should remind you at this point of the meaning of that word, "Industry." It means earnest or constant application to work or business; diligence. One would hardly apply it to a burglar, a bluffer or a confidence man. It is a good, honest, old-fashioned word that seems to have dropped out of common usage in this slangy, reckless, rushing age of ours. We seldom hear about an industrious man nowadays. Instead we hear of "hus-

*An address, delivered July 29, 1925, before the Faculty and students of The American Foundation for Homœopathy, in Washington, D. C.

tlers," "live wires," "go-getters"; or perhaps "pluggers"; or of men who are "always on the job," men who are "making good."

Such expressions are forceful, picturesque, amusing, but they are significant, at the same time, of a certain subtle change which has taken place in the attitude of men toward life—perhaps a gayer, but a more superficial, more selfish, reckless and irresponsible attitude. They manifest a less serious, considerate and refined spirit; a greater daring which easily becomes arrogance, intolerance and tyranny.

These traits and tendencies are perceptible in medicine as in other vocations, and as such should be recognized and guarded against. They, with other related demoralizing influences, have brought the homœopathic school, as an institution, into a very precarious situation, as I shall attempt to show. We need more diligence and less daring; less flirting with fortune; in one word, more honest industry in complying with the technical requirements and moral obligations of real success.

It is well for us to realize that as a school, or institution, homœopathy is in a transition period. "The old order changeth." Old things are passing away. Methods and objectives are changing—in many respects for the worse, at least for the present.

All of our colleges, except two, have gone out of existence, and they are virtually dead so far as the effective teaching of homœopathy is concerned. Old practitioners are dying off much faster than they are being replaced by new. Our hospitals have nearly all passed into the hands of the "Regulars" or under the control of men who are only nominally homœopathic.

The same is true of our societies with a very few exceptions. The International Hahnemannian Association, and a few little private societies still live and function. They are not growing numerically, nor advancing scientifically with any great degree of vigor. They are standing still in the field marking time; or holding the fort, waiting for the turn of the tide of battle which is going on around them in the medical world. But in doing this they are performing a great and indispensable service for homœopathy, and they deserve our loyal support and co-operation.

Of the majority of the rank and file of homœopathy—the average practitioners of today—it is difficult to speak without indignation and grief. Ignorant of the history, theory and principles of

homœopathy; disloyal to its highest traditions; devoid of system and technique; careless and slovenly in prescribing; deficient often even in the legitimate and necessary auxiliary sciences of general medicine; given to the unthinking use of every new laboratory product of "modern scientific medicine" as well as "combination tablets" and other nostrums, miscalled "homœopathic"—but why go on? You all know them. No wonder our school has degenerated almost to the point of extinction. One can only pity them, for they are the product of four generations of degenerating ancestors, each worse than the last.

Viewed from the conventional standpoint, which looks only at the surface of things, the situation is very bad. But when we look at it in the light of history and experience it is not as bad as it seems. There is nothing new about the situation. From the beginning, loyalty to its highest traditions, preservation and development of its art and science, and maintenance of the highest standards of practice of homœopathy have always been in the keeping of a comparatively few individuals. They are represented by such names as Bœnninghausen, Stapf, Gross, Hering, Haynel, Lippe, Guernsey, Wesselhœft, Dunham, Wells, Joslin, Fincke, Kent, H. C. Allen, and a host of others less widely known but equally faithful followers of Hahnemann.

From the beginning it has always been necessary to distinguish between the method, or *system*, and the *institution*—between principles and organizations. Institutions and organizations spring up around doctrines, principles and systems to give them collective form and expression, and for the purpose of propagation. For a time they serve a useful purpose, but eventually they become corrupt and in the end tend to destroy the systems they were organized to preserve.

Such is the history of every human institution, including even that which we are accustomed to regard as a divine institution—Christianity and the Church. Corruption is everywhere, in all institutions. Organizations are always dying, but the truth for which they stand—which they represent or misrepresent—never dies, for truth is immortal. It continually re-embodies itself in new forms and new organizations. It is always alive, always active, always in transition. But always, in the last analysis, it is incarnated in individuals.

Realizing this we need not be unduly depressed or discouraged when we see the structures of organized homœopathy toppling to the ground. Rather, we should draw aside, ascend some nearby eminence where our eyes are not blinded by the dust of the inevitable but benevolent destruction going on around us, and look for the signs of a new era of growth and reconstruction.

Just now we have not far to look. The signs are at hand. We are at this moment witnessing and taking part in a new educational enterprise, the building of a new structure for the preservation and propagation of the pure principles and perfected methods of classical homœopathy.

The American Foundation for Homœopathy, with its department or school for post-graduate teaching is the first embodiment in the new era dawning upon us, of ideas and ideals which have existed in the minds of a few individuals, including myself, for a quarter of a century.

The post-graduate school idea, as the best and probably ultimate solution of the educational problem of homœopathy, originated with Hahnemann himself, who conducted such a school in Leipsic. It had a limited but very practical embodiment and development in the Philadelphia Post-Graduate School of Homœopathics under Dr. James Tyler Kent, in 1891. Shortlived, principally by reason of inadequate financial organization and backing, this school had remarkable success as a teaching institution. It indoctrinated, taught and graduated a little group of men and women who have never been surpassed in loyalty to the highest ideals of homœopathy, consistency in practice, technical proficiency and philosophic insight. Individually and collectively, they have stood firmly for the best there is in homœopathy, associating and co-operating freely with other loyal followers of Hahnemann, and with the International Hahnemannian Association. Several of them have been and are now prime-movers in the establishment of the American Foundation For Homœopathy. Our Dr. Gladwin is one of them and you know what she is. All the rest of us have followed more or less closely the methods taught in the Philadelphia Post-Graduate School of Homœopathics and have absorbed much of its spirit. It is well and doubtless a dispensation of Divine Providence that this is so. If the accumulated wisdom, skill, distinctive methods, and best traditions of homœopathy are to be saved for the rising and future generations it must be by means of a few

naturally qualified and specifically trained individuals, banded together and sacredly pledged to carry on the work during and beyond this transition period in our history. Such, virtually, is this foundation and the students who have been and are being taught here. Being a corporation we believe it has the elements of perpetuity.

It is to impress upon you the importance of the present crisis, the responsibility which rests upon your shoulders, and the very great honor and privilege which are yours as individuals, that I am making these remarks.

All of the foregoing considerations have a bearing upon and are involved in a discussion of my subject, although I may seem to have wandered from it somewhat. The situation as I have described it constitutes a great opportunity. Such opportunities are always inspiring to those who recognize them. They arouse interest and ambition. They awaken a sense of duty. They call forth latent energies and stimulate to unwonted activity. They strengthen the spiritual fibre. These, one and all, are *incentives to industry*.

And now, in the time that remains to me, let me try to present merely one of the many phases of the general subject of the homœopathic situation. It shall be a phase which is commonly unrecognized, underestimated or misunderstood as one of the principal causes of homœopathic degeneration, namely, *unsound financial policies and methods*.

Consider with me, now, the financial or economic phase of homœopathy as it applies to individual practitioners and organizations.

Let me submit two general propositions:

1. The attainment of reasonable wealth or a competency upon which to retire when one's working days are over is an honorable ambition and incentive to industry in any physician.
2. Success in the practice of homœopathy—the attainment of curative results—depends upon definite knowledge of the theory and principles, or philosophy of homœopathy, mastery of the technic of homœopathic prescribing, and diligence in the intelligent application of both principles and technic.

There is no necessary incompatibility between these two propo-

sitions, in spite of much seeming evidence to the contrary. The average practitioner, confronted by conditions which exist all about us, is likely to come to the conclusion that it is impossible to conform to the standards of scientific prescribing and be financially successful. He sees no alternative between remaining true to the standards and sacrificing his right to adequate monetary compensation, or renouncing his standards and going in for gain. Too frequently, as we all know, he sacrifices the standards and becomes a "mongrel" in practice. He is mistaken. There is a way out of the difficulty and it is not difficult to follow it if one goes about it in the right manner.

Many years ago, when I was full of enthusiasm and missionary zeal, I thought I could interest our luke warm, easy going homœopathic brethren, rouse them to a sense of their duty and stimulate them to do better work by appealing to their professional pride and showing them how to do their work scientifically.

I knew that some of them were capable of better work than they were doing. I knew also that some—perhaps most—of them, did not know the classical methods of examining and prescribing, and were not familiar with the results of such work. It seemed to me that a clear description and demonstration of the right way to take and work out a case to a simillimum, and a statement of the results would be enough to rouse them from their inertia and lead them to do better work.

(To be continued.)

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Italian Homœopaths Please Take Notice.—There recently came to the editorial desk the combined January, February, March and April, 1925, numbers of *L'Omiopatia*, the official organ of the Italian Homœopathic Society (*Società Omiopatica Italiana*). On the inside last cover-page is printed an imposing list of nineteen homœopathic medical colleges and one veterinary college, presumably homœopathic, in the United States. It is rather unfortunate and at times embarrassing, to learn that so many of our foreign colleagues still labor under the delusion, that we in this country are abundantly supplied with homœopathic medical colleges. The unvarnished truth is, that but two homœopathic medical colleges are in existence in this country, viz., *The New York Homœopathic Medical College and Flower Hospital* and *Hahnemann Medical College*, of Philadelphia.

Two Views.—Dr. Pulford, of Toledo, Ohio, sends us the following:

From the *Central Journal of Homœopathy* for June, we copy these two views which we think are worthy of reproduction:

Page 350: "These are the men who should be found constantly present in our meetings, raising the standard of the faith and shouting from the housetops their beliefs."

Under signature of L. E. Siemon, M. D. (ex-Pres. A. I. H.).

Page 333: "I am not in sympathy at all with the man who stands on the housetops and shouts for homœopathy. I am not in sympathy with the man who stands up somewhere and raves about Hahnemann."

(422)

From address of Dr. Gilbert Fitz-Patrick (Pres.-elect A. I. H.).
In unity there is strength; united we stand, divided we fall!
For homœopathy it is unfortunate, that such divergent expressions of opinion, from men prominent in official circles of the school, should appear in our journals. Unquestionably our good friends Siemon and Fitz-Patrick are actuated by sincere motives of what they believe to be for the good of the homœopathic cause; perhaps Siemon's idea of advancing this cause resembles too closely in its operation the advertising methods of big business. Maybe homœopathy cannot or should not be "sold" in this manner. Perhaps Fitz-Patrick's lack of sympathy with the man who stands upon the housetops and shouts for homœopathy, is due to his belief that this Hahnemannian equilibrist, in his superabundant emotional eloquence, will be seized with vertigo and topple over. There is something to be said on either side of the question. Of late years it has become the fashion in this marvelous country of ours, to discuss questions of vital concern in an atmosphere of pseudo-religious, hysterical fervor. Witness, for example, the Dayton, Tennessee, display of simian absurdity, an exhibition, be it said, which could not by any stretch of the imagination, be staged in any European country. We Americans are extremists in everything and know no middle course; perhaps, as decade after decade rolls by, we will put off our swaddling clothes and get down to the real business of looking at questions from the correct angle and with the right perspective. Homœopathy needs just this sane thinking and interpretation and can only survive, if its principles are set forth in the calm language of unbiased investigation and the quiet acceptance of proved facts. Hysteria has no place in the solution of the problem.

New Remedies for Old.—From the pages of the *Journal of the American Medical Association*, under the section devoted to "New and Nonofficial Remedies," we present the following interesting information:

"The following additional articles have been accepted as conforming to the rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the rules on which the Council bases its action will be sent on application.

"W. A. PUCKNER, Secretary.

"Rhus Tox. Antigen-Strickler.—A solution of a substance extracted from the fresh leaves of *Rhus toxicodendron*.

"Actions and Uses.—*Rhus tox. antigen-Strickler* is used to determine sensitiveness to *Rhus toxicodendron*, to desensitize persons against poisoning with *Rhus toxicodendron*, and to relieve the symptoms of the dermatitis produced through contact with the plant.

"Dosage.—To determine sensitiveness to *Rhus toxicodendron*, 0.1 cc. of *Rhus tox. dermal test* is injected intradermally. To desensitize against *Rhus toxicodendron* poisoning, four doses of 0.5 to 1.0 cc. of *Rhus tox. antigen-Strickler* injected intramuscularly may be required. For treatment, three doses of from 0.5 to 1 cc. injected intramuscularly are given at twenty-four hour intervals.

"Manufactured by the American Chemical Laboratories, Philadelphia. No U. S. patent or trademark.

"Rhus Tox. Antigen-Strickler: Packages of four 1 cc. vials, each cc. containing 0.0125 gm. of substance dissolved in 40 per cent. alcohol.

"Rhus Tox. Dermal Test: Packages of a 1 cc. vial, each cc. containing 0.005 gm. of substance dissolved in a menstruum composed of dextrose, 15 per cent.; alcohol, 10 per cent., and water, 75 per cent. (accompanied by a vial of *Rhus venenata dermal test*).

"Freshly gathered leaves of *Rhus toxicodendron* are extracted with absolute alcohol; zinc sulphate is added to the alcoholic extraction and then sodium phosphate to precipitate the zinc as zinc phosphate; the precipitate is then collected and dried. The precipitate is extracted with ether in an extraction apparatus; the ether evaporated and the residual extract dried at a low temperature.

"Rhus Venenata Antigen-Strickler.—A solution of a substance extracted from the fresh leaves of *Rhus venenata*.

"Actions and Uses.—*Rhus venenata antigen-Strickler* is used to determine sensitiveness to *Rhus venenata*, to desensitize persons against poisoning with *Rhus venenata* and to relieve the symptoms of the dermatitis produced through contact with the plant.

"Dosage.—To determine sensitiveness to *Rhus venenata*, 0.1 cc. of *Rhus venenata dermal test* is injected intradermally. To desensitize against *Rhus venenata* poisoning, four doses of from 0.5 to 1.0 cc. of *Rhus venenata antigen-Strickler* injected intramuscularly may be required. For treatment, three doses of from 0.5 to 1.0 cc. injected intramuscularly are given at twenty-four hour intervals.

"Manufactured by the American Chemical Laboratories, Philadelphia. No U. S. patent or trademark.

"Rhus Venenata Antigen-Strickler: Packages of four 1 cc. vials, each cc. containing 0.0125 gm. of substance dissolved in 40 per cent. alcohol.

"Rhus Venenata Dermal Test: Packages of a 1 cc. vial, each cc. containing 0.005 gm. of substance dissolved in a menstruum composed of dextrose, 15 per cent.; alcohol, 10 per cent., and water, 75 per cent. (accompanied by a vial of *Rhus tox. dermal test*).

"Freshly gathered leaves of *Rhus venenata* are extracted with absolute alcohol; zinc sulphate is added to the alcoholic extraction and then sodium phosphate to precipitate the zinc as zinc phosphate; the precipitate is then collected and dried. The precipitate is extracted with ether in an extraction apparatus; the ether evaporated and the residual extract dried at a low temperature."

Our O. S. friends are indeed stealing the homœopathic thunder and unless we watch out, we homœopaths will be left stranded upon the arid sands of good intentions. We continue to talk about drug proving and therapeutic investigation, but aside from a few futile, theatrical experiments with guinea pigs and rabbits, we are doing next to nothing in the homœopathic school. Our hospitals could and should be used for collecting trustworthy clinical data, which will testify to the superiority of our therapeutic methods, but precious little is done in this direction. We all appear to be too busy doing something else and thus the golden opportunities pass by.

Phleum Pratense Again.—Another case of hay-fever presented recently, symptoms apparently similar to those of *Euphrasia*; but the latter remedy brought no relief or change. *Phleum 6th* was now given, with prompt and beneficial effect. Again and again this remedy has worked well for us and we commend it to our readers for experiment and trial.

Tabacum in Sea-sickness.—With a few doses of the 200th of this remedy, given to patients on the eve of departure for Europe, we have apparently been able to ward off all symptoms of *mal de mer*. This happy result has often been witnessed by us, even in those who had always fallen ready victims to old Neptune's tricks.

Single doses of *Tabacum* 45m F. have also been successful, so that in seasickness, at least, we have come to look upon *Tabacum* as the nearest approach possible to an ideal prophylactic. To be sure, *Ipecac.*, *Cocculus*, *Nux vomica*, *Petroleum*, etc., should also be borne in mind, provided that indications for them are discoverable. Individualization is always necessary.

Increase in Alcoholism.—"There were eleven times as many deaths in New York from alcoholism in May, 1925, as the number recorded for the corresponding month in 1920, a year when deaths from alcoholism was at a minimum following the advent of prohibition. The seventy-nine deaths from alcoholism in May, according to the state health commissioner, probably represent only a small portion of the people who died from either 'bad liquor' or the excessive use of alcohol. The number of deaths from alcoholism has increased annually since 1920."

The above, taken from *J. A. M. A.* is illuminating in the extreme and is a loud answer to the question, "Does prohibition prohibit?" Evidently not in the great Empire State of New York.

Treatment of Goiter in Infants.—"Wieland does not confirm the relative resistance of infants to iodine. He and Hamburger urge caution in dosage and duration of iodine treatment. Eckstein usually observed dyspeptic stools and failure to gain on the application of iodine ointment. As soon as the reduced goiter ceases to menace suffocation, he discontinues the iodine treatment. He recommends treatment of goiter in infants by small doses of iodine, in spite of possible iodine injury, as sure and rapid reduction of large goiters follows, and no other practical treatment is at present available. It requires regular oversight by the physician."—*J. A. M. A.*

This abstract contains several interesting statements for homœopaths. The application of iodine ointment causes a "failure to gain" has a familiar ring to students of homœopathic materia medica. This injunction regarding the use of small doses, is also of interest. Little by little, our friends in the opposite camp are learning.

As Others See and Slam Us.—The "sample" copy was received and was welcome.

From the jibes made at prohibition, I inferred it was published in or near Philadelphia, and then I threw the subscription blank into the waste basket.

Philadelphia's reputation has been that of an "old soak," according to newspaper reports, and that may explain your levity.

Of course, the country is not dry, and never will be a Sahara, but it is not as wet as formerly, and every little bit helps.

Prohibition has not made us a "nation of liars," for no one ever told the truth on his tax list.

Thank you for the copy.

PAUL HILDEBRANT, M. D.,
Mount Sterling, Ohio.

Our apologies are due Philadelphia; the wicked editor lives, moves and has his being in little old New York and everyone knows that New York was lost to perdition long ago!

Diet in Gastric Ulcer.—"Jarotsky reprints his diet published in 1910, and based on physiologic experiments. The white of egg, if given without salt, produces no gastric secretion. He adds at another time of the day unsalted butter. The patient has to stay in bed and is given increasing doses of white of eggs (from 1 to 10) in the morning and of butter (20-180 gm.) in the afternoon. No fluids or salt are allowed. After ten days, gruels without salt are added."—*J. A. M. A.*

This sounds good and can easily be tried out in some of our cases. But do not forget to prescribe for the patient, whatever his remedy may be, and keep in mind such remedies as *Argentum nitricum*, *Kali bichromicum*, *Kreosotum*, *Mercurius corrosivus*, *Phosphorus*, etc. Treat the patient, not the ulcer, but give the latter a chance to heal.

Arthritis Deformans.—"A routine investigation has been made by Ashcroft and others of more than fifty cases of arthritis deformans. The joints have been opened in a large proportion of cases, and from them an organism has been recovered which is identical in every case in its cultural and biochemical features.

This organism does not correspond to any organism which has previously been described in association with this or any other disease. In only one case has it been recovered from the synovial fluid; in all the others it has been isolated from either the membrane or articular bone. No lesions have as yet been produced in animals; so far only the intravenous inoculation of rabbits has been attempted. Nothing constant has been isolated from foci of sepsis, feces, urine, blood, or fasting stomach contents. Routine examinations have been made of gastric secretion, basal metabolism, acid-base ratio, renal and hepatic efficiency, and of glucose tolerance. The outstanding features, so far, appear to be: the large proportion of cases showing achlorhydria or hypochlorhydria, the practically universal diminution of carbohydrate tolerance, and the relative absence of acidosis, renal or liver defects, or of changes in the basal metabolic rate. The only routine treatment employed has consisted in the use of large amounts of 0.4 per cent. hydrochloric acid and a carbohydrate-free diet, extending over a period of months. Improvement—first by diminution of pain and then by increase of mobility—has been obtained in practically every case, even without the removal of focal sepsis.”—*J. A. M. A.*

This investigation has decided interest for us as homœopathic physicians, more particularly do the observations upon treatment concern us. The absence or diminution of hydrochloric acid and its artificial administration, amounting, of course, to substitutive therapy, is of significance. May it not be, that we homœopaths, failing to permit ourselves the use of such a simple adjuvant as hydrochloric acid, under the conditions as cited above, are guilty of a blind shortsightedness which is subversive of the best interests of the patient and fatal to our therapeutic endeavors. Certain it is, that we usually fail to do brilliant work in *arthritis deformans*, which probably all of us regard as a most obstinate disease and one which far too often we fail to cure. If, in addition to our carefully chosen remedies, so simple a measure as the administration of hydrochloric acid, will aid us to help or possibly, even, cure the patient, have we the moral right to withhold it?

The abstention from carbohydrates, though familiar to us all, is a point of importance by no means to be overlooked. From the purely remedial standpoint, we should study *Colchicum*, perhaps

better still, *Colchicine* in low potencies, *Benzoic acid*, *Ammonium phos.*, *Calcarea fluoric*, *Guaiaicum* and *Causticum*. To be sure, the individuality of each case must decide which remedy is to be given.

Ammonium Carbonicum in Pulmonary Œdema.—The part played by this remedy in pulmonary œdema is often truly marvelous; we have seen it save life on more than one occasion and it has done this when given in potencies such as the 30th, 200th and higher. Hence its beneficial effect has been truly homœopathic in nature and not at all due to drug stimulation or physiologic action. Just recently, in a patient of eighty-four years, suffering from the gradually increasing terminal manifestations of cerebral thrombosis, a pulmonary œdema appeared. Loose and rattling cough was of ominous portent, particularly as the trachea was now involved. The heart sounds were feeble and difficult to hear with the stethoscope; the pulse was weak, soft and compressible. Fine and coarse moist rales were to be heard at the bases of the lungs, more especially over the right lung. Dyspnoea and much distress were in marked evidence, while a cyanotic hue was visible upon the lips and finger nails. *Ammonium carb.* 200th, in water, a dose every hour for three doses and then every three hours, turned the scale within five or six hours and the chest cleared up of its physical signs.

Of course, this happy action is palliative only and sooner or later the paralysis of the left ventricle will again return and this time, quite likely, beyond repair. But, compare this therapeutic effort with those which our O. S. friends have to offer and draw your own conclusions of the comparative values of homœopathy and allopathy in emergencies such as this.

General Analysis.—Parkersburg, West Virginia, may boast of many things, but there is only one Cyrus M. Boger, and he is evidently indefatigable and persistently industrious. No doubt his Pennsylvania Dutch origin and ancestry accounts for this; in any event, this man Boger is eternally at it. Just recently he has sent us, with his compliments hidden most successfully among the weird hieroglyphics of his atrocious handwriting, a cute little sixteen-paged pamphlet entitled, *GENERAL ANALYSIS*. This little work aims at a simplified method of arriving at the simillimum

and presents in alphabetical form, symptoms, sensations and modalities, as to time and conditions. The most or more important remedies only, are mentioned in association with each rubric, in order to promote rapidity and simplicity of selection. Thus, under the time modality, "Morning and Evening," agg., we find CALC. C., CAUST., Lyc., Nat. m., PHOS., Rhus tox., SEP., Stram., STRONT., THUJA. Under ORIFICES we find: ÆSC., Aloe, BELL., CAUST., Graph., Ign., Kali c., Lach., Lyc., MERC., Mur. ac., NAT. M., NIT. AC., NUX VOM., Phos., Podo., Rat., SEP., SIL., SULPH. Under TIME, I A. M., *e. g.*, is put down: ARS., Carbo v., Mag. mur. and PULS.

From these citations it will readily be seen that Boger is giving us a short cut, which, if rightly and judiciously used, will serve a most useful purpose to the painstaking prescriber. In these hectic, rapid-fire days, any method which is likely to save time, is to be welcomed and commended. More power to Boger's good right arm and to his industry! The price of the book is one dollar.

Ulcerous Colitis from Neo-Arsphenamin.—"In Bonnet's patient, a syphilitic woman, aged thirty-one, the phenomena appeared after the fourth injection of the third series. Two previous series of neo-arsphenamin injections, given within five years, had been well tolerated by the patient. Death occurred two months after the last injection. Necropsy revealed extensive ulcerative colitis with perforations and purulent peritonitis, undoubtedly the result of toxic action from the arsenical."—*J. A. M. A.*

Just another piece of evidence that *Neo-Arsphenamin* can and does kill. Better stick to homœopathic prescribing in syphilis and be on the safe side. At least our remedies and potencies do not kill and they do frequently produce remarkable results in this disease.

Camphor Eruptions.—"Lambri reports a case of an itching urticaria after injections of camphorated oil in an adult, and a case in a child of an eruption, resembling scarlet fever, in pneumonia treated with camphor. Another child with grave debility from gastro-enteritis, given injections of camphor in ether, developed an eruption likewise, which subsided when the camphor was dropped."—*J. A. M. A.*

Homœopathic provings of *Camphora* mention itching as one of the effects of camphor upon the skin; urticarial eruptions are not recorded, nor are scarlet-fever like eruptions to be found in the provings. Hence this experience of Lambri is of interest.

Dropsy Syndrome from Thyroid Insufficiency.—"Mussio Fournier observed four cases of attenuated myxedema with edema, ascites, and, in two instances, with hydrothorax. The patients were all women, aged from twenty-five to forty-four, without any organic affection to explain the extensive effusion. Thyroid treatment induced pronounced diuresis. The treatment, continued from two to five weeks, resulted in disappearance of the thyroid insufficiency and of the dropsy phenomena. This was noted also in one of the patients who presented albumin and casts in the urine. It is possible that a disturbed functioning of certain endocrine glands or of the vegetative system, connected with the thyroid deficiency, had induced the dropsy. The endocrine deficiency may in certain cases induce a veritable nephritis, as occurred in this one patient. It subsided under the thyroid treatment."—*J. A. M. A.*

Fournier's observations are highly instructive; it is to be regretted that he has not mentioned the dosage used, though probably it was appreciable. Our own potencies of Thyroid, such as 1x, 2x, 6x, 12x, etc., often produce remarkable results, yet at times one-quarter grain, one-half grain, and even still larger doses, are necessary. There is still a great deal to be investigated and learned about Thyroid and its therapeutic administration.

OBITUARY.

Dr. J. H. Allen.

Dr. James Henry Allen was born near Coburg, Canada, and at the time of his death was about seventy years of age. He was educated in the public schools and moved with the family to Michigan in early manhood.

In 1884 he graduated from the Homœopathic Department of the University of Michigan, and also received a post-graduate degree in medicine from the Hering Medical College, Chicago.

In 1901 he was president of the International Hahnemannian Association.

For nearly twenty years he was professor of diseases of the skin and miasmatics in Hering Medical College, Chicago.

He is the author of "Diseases of the Skin," and the "Chronic Miasms" in two volumes, "Psora and Pseudo-Psora" and "Syco-sis," and has contributed prose and poetry to literary publications.

Dr. Allen began the practice of medicine in Ishpeming, Michigan, in 1884. Three years later he left that city for Logansport, Indiana. In 1896 he went to Chicago, where he practiced until his removal to Delphi, Indiana, twelve years ago, at which place he resided, enjoying nature and his garden and flowers until his death, August 1, 1925. He is survived by his wife and two sisters and three brothers.

Dr. Allen was a staunch homœopath and never violated the principles of homœopathy, though by so doing, he may have secured greater financial reward. To him it was a sacred duty to remain true at all times to the principles in which he believed and which he had so ardently espoused.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, OCTOBER 15, 1925. No. 10.

HOMŒOPATHIC EDUCATION.

Paper Presented by Dr. Pierre Schmidt, of Geneva, Switzerland, Before the International Hahnemannian Association, New York, June 28, 1925.

"In a matter that means the saving of life, failure to learn is a crime."—*Hahnemann.*

In the eyes of the general public homœopathy has no great significance, and the role of the homœopathic doctor at each consultation is to interest his patient in homœopathy, to show him the marvels it reveals. The homœopathic education of the patient consists in the exposition of the doctrine which I will not undertake here, though there is one point which I desire to develop, which is the conception of the *privilege* of being homœopathically treated.

All who submit themselves to treatment by competent homœopathic doctors have an immense privilege, and, I think, one which no therapeutics can offer which is not based on the great law of similars. The old ailment, once cured, may recur, but, thanks to a deep-acting dose of a constitutional remedy, correctly administered, the patient in recovering, loses a part of his hereditary taint, and therefore I call this privilege *the privilege of liberation.*

What mirages of cure betray us under the other methods of treatment! What can the false miracles of electricity, radiotherapy, antiseptics, serums and vaccines do to bring back to the right track a humanity without spirituality, which blatantly violates the laws of nature?

Laboratory science has instituted the reign of dangerous medical practices because it remains ignorant of the laws of health, and has tried to cure by the use of mere external physical agencies, without knowing the normal conditions of integral human culture, and especially without occupying itself in reinforcing *natural* immunities instead of creating artificial ones.

Warped by false principles, classic medicine usually advocates injurious treatments. It is confined in large part to suppressing and camouflaging symptoms or to bombarding the organisms with hypodermics and finally succeeds in only shifting instead of in removing the evil, and in peopling the hospitals with chronic incurable cases, insane, tuberculous, cancerous, sclerotic, etc.

The lack of synthetic thinking and instruction is the bane of official medicine; circumscribed in its blind materialism, limited by the analytical researches of the laboratory, drowned in the multiplicity of diagnostic detail, the poor old school concentrates its attention on one organ, with little concern for the entire body, treating the physical without regard to the spiritual, without knowing the mind, without concern for the differences of temperament and character except recently along the broadest lines, thus only knowing the negative portion of its domain: illness and death.

In the clinic it sees chiefly the microbe and organ insufficiency in particular, without suspecting the decisive importance of the general resistance and the receptivity of the entire organic field. Also it lays the cause of illness almost exclusively to the action external or microbic agents, without realizing that the *raison d'être* of morbid troubles resides exclusively in the faults of mental direction of the vital economy, of feeding and hygiene, which all people commit from ignorance, routine or rebellion.

Having only fragmentary etiological viewpoints, classic medicine arrives at only the more limited and obvious diagnoses, at treatments chiefly confined to repressing symptoms or to anti-physiological and anti-natural stimulations. By violent drugging it lashes the resistance wantonly and squanders lavishly the vital reserve. Also, its pseudo-cures obtained by this spurring only result in ephemeral success and in morbid transformations.

Acute diseases, warded off by vaccines, or choked by strong drugs, shift or modulate into persistent humoral taints and in glandular devitalization which prepare the way for chronic affections whose numbers increase from day to day, despite the so-called progress of materialistic medical science. In fact, in all countries of the world, suicides are increasing as well as divorces, nervous diseases and chronic affections from visceral and vascular sclerosis.

Pure homœopathy does not camouflage symptoms. In curing the patient, it liberates him little by little. In following the series

of degree, as Kent taught by the aid of potencies which can attack the chronic trouble plane by plane, homœopathy cures the patient soundly and irreversibly, and this marvelous liberation from faults committed and errors engendered by multiple causes is often carried back several generations; in other words, the purification, spiritual and physical, may be searchingly retroactive through homœopathy.

The proof of what I say is furnished by a brutal examination of the facts: 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 several 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 method based on a veritable natural law. And the public, like the doctors, can never feel gratitude enough for this unique method.

Our law of cure, by the return of old symptoms which were suppressed or altered, is another more palpable proof, and the patient who comes for a gastric ulcer and observes during treatment the return of fetid sweats of the extremities, from which he had previously suffered and which he had falsely cured (*i. e.*, suppressed), with Formol or any other local application; or he who sees his pulmonary tuberculosis ameliorated, but his old rectal fistula reopened which had been operated and apparently cured some time before, and who finally sees this last symptom disappear and finds himself cured of both the two affections from which he suffered, has received a striking demonstration of cure in the sense of a veritable liberation.

This implies, of course, on the doctor's part, besides the remedy he gives, precise directions to the patient as to regime, physical, moral and mental, so that he may not again fall into the same errors which before led him to break the law, thereby causing all

his ills; or into those which were committed by his ancestors. It is, then, a feeling of infinite gratitude which should fill all those who have been, who are, or who may be cured by homœopathy. Never forget that! And if we look at the matter more philosophically, we envisage a purifying of the race, an amelioration objective, and, above all, subjective, of the human being. But the task is arduous, and demands from those who apply this remarkable law, knowledge and a mastery which it is not given to everyone to know, to understand, and possess. That is to say, true medicine borders on philosophy, and is of one piece with all the sciences of the visible and invisible; and that the homœopathic doctor, worthy of that name, must be a synthetic savant and a spiritual initiate, welded into one.

And so, what has the wisdom of the ages and the religion of all peoples taught us? That the limitation of desires, the simplification of needs, the moderation of ambitions, the spacing of pleasures, the substitution or the sublimation of passions, meditation, serenity and poise are the surest means of *receiving* the joy of growth and utter health.

This is why homœopathic treatment consists not only of a few globules on the tongue, but requires from the true physician a knowledge of the value and scope of his remedies; requires the education of his patient to make him understand the necessity of aligning himself with the sacred mandates of the law, in order to establish a life of health and fruition.

You may say that the physician need not give lessons of biologic philosophy, if you permit me this term, or rather of biologic metaphysics to the patient who asks for help, but just here lies the great difference between the allopath who treats man's house, that which is discarded at death, and the homœopath who nurtures that which lives and which suffers, that something which no science has yet defined, the living man himself.

Renew yourselves, quicken your sick, unfetter man from chronic taint, release him by homœopathy, by *pure* homœopathy, from that devastation which we call Psora, fit him for the *Gamut of God*.

But if such is the result which the patient can foresee, its fulfillment requires a physician completely prepared and that brings me to the second part of my subject, the education of the physician.

The question of post-graduate work is so obvious that it is not even an issue, in my opinion. The subject may be considered in two guises; first, study in a medical college; second, individual instruction of a physician to his pupil. The first is fully covered by the program laid out by the I. H. A. each August in Washington, for post-graduate instruction by selected American homœopathic physicians. Nowhere, to my knowledge, is the teaching comparable save in London and Mexico, nor are such well-qualified teachers to be found for the branches offered. It is, like certain places, a veritable refuge of true wisdom, a generous fountain where those who are qualified may come to quench their thirst.

I cannot allow this fortunate opportunity to pass without saying with pride for the first time, that I had the honor of being the first pupil of the *American Foundation of Homœopathy*, having received the remarkable instruction of two of its trustees, Dr. Austin and Dr. Gladwin. One may say of this teaching, that no other leaders have been able to bring home to me true wisdom, with such a combination of psychology and pedagogic talent. To know how to adapt oneself to the student, to lead and guide him, while leaving him his own arbiter, to direct him gently into the path of truth, to teach him to think for himself, to oblige him to build new highways, to make him discover, instead of leading him in beaten paths, this is what my two teachers knew how to do.

This teaching, I may say, was a veritable initiation for me, for it was not dry science, no mere skeleton which was given me, but a wider and more comprehensive knowledge of the art of analyzing and understanding the human heart, a knowledge so rich in hidden observations requiring perseverance, that show one the most delicate nuances, qualities necessary for the subsequent biological synthesis of the human being whom Providence has entrusted to our hands. Gratitude for such a gift can only find expression in the unceasing toil of a life dedicated to the noble cause to which my two teachers have consecrated their lives.

If only each Hahnemannian practitioner made it a practice to train one new pupil each year, according to his individual capacity, giving much where much can be received, and imparting the qualities needed by one who would make a sacrament of his profession! To imitate the qualities of the great masters, to learn to possess the best of themselves, to become rich personalities,

through self-discipline, to attain serenity, that is what the student should seek at any cost.

Alas, today one is so far from this atmosphere; sickness and agitation haunt the world, and impede mankind. Nowadays, to live is to squander oneself on maddening detail, in exhausting conversations and contacts, in futile reading and befogging lectures, in thrilling and fundamentally incoherent spectacles; no moment is left to look into oneself, to revise oneself, to till one's inner land.

Refreshment and repose are now matters of flinging meteors at windows, in railroad, in automobile and in airplane, of abandoning oneself to an endless hallucinatory touristism during the winter in the south, rushing to the north in the summer, of gulping down stultifying nourishment, of smoking like a chimney, of over-stimulation by tea, coffee and alcoholic drinks, of living in caravansaries, in contact with a cosmopolitan crowd.

These poor people, drained by a nomadic existence, need to be brought back to the habit of gentle repose, mental, nervous, digestive and muscular—who should know this, if it is not he who calls himself a physician? He must know how to induce in all these agitated beings moments of repose; for instance, before and after meals; to give them light and suitable menus; have them live tranquilly, at least in the morning; and teach them the beauty of a permanent abiding place and privacy, and isolation in silent zones when necessary, the practice of meditation and renunciation, the simplification of life, the mastery of the will . . . healing measures without which no fortifying recharging of the organism is possible.

The attainment of mental perfection requires a synthetic method. Defects of character should be combatted in a positive manner, by the cultivation of the opposite virtues. Egoism and intellectual pride are to be destroyed by the cultivation of renunciation and humility, which are the essential conditions of cure and progress.

Every practitioner, when he has a breathing space, recalls the teaching that he has had, and says to himself, "Now that I have tested it by experience, what was my education worth? What would I criticize and what amend, if I had a son or pupil to prepare as fully as may be for the battle of medical life?"

Each of us absorbs and retains many qualities of his masters, but adds his personality.

Let me sketch to you what I believe to be the complete preparation, both theoretical and practical, of a student, from a homœopathic viewpoint. I speak from experience, for during my four years of practice I have been able to train four new disciples of Aesculapius for homœopathy.

An examiner who has not himself passed the ordeal, would not be able to understand or judge those whom he had examined. And that is why the best training for a homœopathic student is to take his chronic case and make him *answer* the series of questions he will later put to his patients. To make the instruction vivid, to test the pupil's qualities and weaknesses and point out his prejudices, such is the task of the teacher. A daily conference of a couple of hours during a period of one to two years is a minimum for the proper preparation of the student and he must be taught at the outset to make his mind a "*tabula rasa*" for the impress of the new doctrine.

Here is the program I have in mind. It comprises six headings.

1. *The study of philosophy.*

- a. A careful study of Kent's works, and those of Close, Grauvogel, Sieffert and Jahr.
- b. Intensive study of the *Organon*, including comparison between different editions in the different languages.
- c. An outline of homœopathy from the historical viewpoint, with bibliographical study of the essential works since the time of Hahnemann.
- d. The course of the homœopathic movement in the different countries, together with homœopathic polemics.
- e. Biographical sketches of Hahnemann and his principal disciples.

2. *The study of Materia Medica.*

I. The remedies themselves.

II. Comparisons and drug relationships.

- a. This in the most vital manner possible, and not in the form of a digest of a simple keynote manual; instead, the study of books like Hering, Allen, Kent, Hahnemann, Clarke,

Jahr, Hempel, Cowperthwaite, Teste, Hughes, Wheeler, Farrington, Boger, all of them for each remedy. The method taught me by my teacher of how to enter into the personality of the drug by mimicing the symptoms, is a unique method, the importance of which I cannot sufficiently emphasize.

- b. An objective, schematic study of the drug with designs showing the types of action on different parts of the body according to the Iconography of Dr. Balari.
 - c. The study of the comparative Materia Medica according to Lippe, Gross and Hering, Farrington, Stauffer and Johnson, etc.
 - d. The study of the relationship of remedies according to Gibson Miller, Clarke, Jahr, Teste, Allen, etc.
3. *Pharmacological study.*
- a. The pharmacopœias in various languages.
 - b. The preparation of remedies (trituration and dynamization of drugs to the 200 C. dilution, in accordance with the directions in the sixth edition of the *Organon*).
 - c. A knowledge of the different potentizing apparatus.
 - d. Microscopic examination and trituration, including examination of untrituated and trituated sugar of milk and of an insoluble remedy, with drawings.
 - e. The compilation of a complete list of homœopathic remedies and their synonyms.
 - f. Botanical study.
 - g. Study of the nosodes.
 - h. Study of the three main chronic miasms.
4. *Repertory study.*
- a. Different methods of repertorization.
 - b. Thorough and rapid orientation in Kent's repertory with comparison of the different editions.
 - c. At least a cursory knowledge of the repertories of Lippe, Boericke, Jahr, Boeninghausen, Knerr, Allen, Clarke, Berridge, Holcombe, Clark and Lee, Lafitte, Rückert, etc., the card index repertories of Allen, Tyler and Field, and the machine repertory of Balari.
 - d. Classification of the symptoms according to value.
 - e. Case study of various methods.

5. *Clinical study.*

- a. Examination of the patient.
- b. Complete semiological examination.
- c. Subjective interrogation such as Hahnemann suggested.
- d. Applied therapeutics.

6. *The study of Proving.*

This is a comprehensive program. Let us hope that both the physicians and the laity will send us students with keen minds who promise well for the future. Enthuse them about the American Foundation of Homœopathy, which can make their lives truly useful ones and empower them to cure mankind according to the great laws of life: "*curare non sanare.*" To achieve this end, which is rewarding to the patient as well as to the doctor, necessitates an analytic research into all the elements and details and a knowledge of the hierarchy of the symptoms and minute individualization. One can build nothing without assembling all the component parts, without mastering the occult principles which provide the plan and the means of complete execution. One cannot make anything right if one has not stripped it of its past vices, and revealed the archetype within. One cannot hope for any amelioration, any cure, any conversion, if the fundamental laws are not envisaged by patient stages, not evoked by each individual's utmost striving.

That is to say, fragmentary studies, petty measures of repression, piecemeal reform, superficial tinkering, purely local measures, provincial patching, can lead only to ephemeral successes, and finally, relapse and recurrent suffering; that is to say, crude means, too swift, too summary, too insistent, risk-bringing, disaster, rebellion, utter failure.

Except for cataclysmic crises, truth progresses only step by step. The almost miraculous cures wrought by faithful study and judiciously chosen remedies, no less than the defeat of cures by the patient's disobedience, renew our faith in our convictions.

Patients, give thanks!

Students, use every chance to learn!

Physicians, be not only always ready to cure, but for the sake of science, and all that you have received, inspire the youth of the profession to seek the Holy Grail which you have glimpsed:

"The Privilege of Liberation."

DRUGS PROVED AND DRUGS PARTIALLY PROVED.*

Julia C. Loos, M. D., Baltimore, Md.

A professor at Johns Hopkins University declares that he finds the rarest feature of mentality among the students in his department is that which is capable of perceiving in the clinical case presented to the student just exactly those features that have become familiar to his memory and understanding in the textbook and in the laboratory.

The same problem confronts and challenges the master prover and the student of drug effects. When the drug substance has been administered and the sensations and functions show forth and are recorded, the variations that occur have no label, "this is because you took that stuff." The provers proceed doing what they are accustomed to doing saying what comes to mind in response to things about them, feeling comfortable or uncomfortable according to circumstance. They want some ways and some things and do not want others, and the casual observer would detect no difference from the people about.

The more crude and material the symptoms the more attention do they receive, but the less do they reveal the peculiar effects of the drug. As with crude drug materials "the system exerts its powers to eliminate the irritating material in copious, purging, vomiting, sweating fever, these expulsive symptoms do not reveal the individual quality and nature of the drug influence." That influence will be less observable in proportion as the system is successful in expelling it thus. At the same time these prominent disturbances more or less distract attention from the more individual, characteristic, finer variations from the normal functions and mental processes.

Observation and recording of drug-provings demands discriminating perception and reviewing the day's occurrences in true human interest and actual sympathetic and intelligent rapport. This phase of drug investigation to delineate the drug image is more valuable than laboratory searching of the products including all physical, chemical, and bacteriological determinations.

*Read before the annual meeting of the International Hahnemannian Association at New York, June, 1925.

It is as much more important as man's life and body are superior to food and raiment in his consideration.

Drug proving is determining the nature of the drug's influence on man manifested on many individuals to embrace the effects on man in his various phases, spheres, interests, activities, tendencies, states of consciousness, walks of life, functional activities, mental responses—varied environment, *i. e.*, to embrace man-nature, not one person.

The best opportunity to determine the influence of any drug on man is to test it through administration to persons who are in health, not under deleterious, deteriorating influence.

We say *other* deteriorating influence, since any influence that occasions a change from health in man's status is necessarily deteriorate—lowering vibrations from the normal.

Next best to administering the drug to those in best health is to test it in those not actually healthy, first recording all disorder symptoms present in the individual before administering the drug and then record the further changes under its influence, also the changes in those same symptoms of disorder previously present.

Associated with these to whom the drug is ministered are also other individuals whose status is recorded prior to the testing, who follow practically parallel course of life to whom blank administration is made without any of the provers being aware who has the blank. Then all symptoms that occur following the administration of the drug are compared to all that occurs in the provers who had none of the drug as control test.

"If during the experiment some extraordinary circumstance from without happened which might even be supposed to be capable of altering the result—for example, a shock, vexation, a fright, an external injury of considerable severity, dissipation or over-indulgence in something or other, or any other circumstance of importance—from that time, no symptom that occurred in the experiment was registered. They were all rejected that the observation should contain naught that had a suspicion of impurity about it."¹

Another opportunity to determine the influence of the drug on man is in the so-called poisoning with the substance inadvertently

¹ Introduction Materia Medica Pura.

taken or administered from some other incentive than a drug-proving, where the individual is sickened by the substance.

Another important occasion for determining the influence of the drug is the so-called clinical evidence. A patient under treatment with the substance administered according to the Law of Similars is freed from certain symptoms present when the prescription was made, but not previously included in the record of determined influence of this drug. This testifies that under its influence these manifestations clear away in man when the nature of his disorder corresponds to the nature of the drug influence. This is one type of clinical symptom.

Again, under influence of a drug homœopathically administered, the patient manifests symptoms not previously experienced by him and not included in the recorded provings. These should be recorded, although first revealed as clinical symptoms they may be corroborated in other individuals needing the remedy, corroborated by clearing away (together with other manifestations) after its administration or appearing anew after its administration and disappearing as the influence of the remedy passes off.

Yet another type of clinical symptom has been recorded where the remedy has been unsuitably administered—or when the remedy has been homœopathically selected and then administered too abundantly, being continued through error in repeated dosage after its action has begun to manifest. Long acting, deep acting remedies thus pushed on the economy already taxed to regain equalization to healthy vibration, through such unfortunate application have so burdened the individual with their discord that it continues until somehow antidoted by further curative treatment.

Clinical symptoms thus embrace all those symptoms that manifest in persons to whom the remedy has been administered for the purpose of homœopathic cure—administered to the sick therapeutically.

Having thus recorded all the variations from normal sensations and functions the master prover and later the master-student grade and classify them.

Grades are first, second, third degree to indicate the frequency of the appearance of the symptom in the provers.

Then they are classed general or particular, common or peculiar, and individually characteristic.

Proved Drugs.

A proved drug is one whose influence has been tested and recorded on individuals of sufficient number of both sexes, and of varying habits to compass man-nature; its influence observed in all functions of man and his economy, embracing the mental functions and the bodily objectifications of these.

Sometimes a case or a proving presents a group of symptoms with no marked abstract mental features, but through interpretation of the disturbed bodily functions we trace the mental influence. Thus we may detect the nature of the mental interference through its objectification in endocrine function, in circulatory system, portal system, urinary system, in metabolism or in elimination.

This work demands further application of advanced study of drugs and should be undertaken and presented by thorough clinical and materia medica scholars.

Aconite.

Aconite is one of the remedies thoroughly proved in man. What is its criminal capacity? It swoops down on strong, hearty, robust constitutions, forcing all functional activities to a high tempestuous rate and intensity. This similar to an electric current of high voltage forced upon a perfectly good, well-adjusted piece of mechanism, adequate only to a much lower current or similar to having all the current required for an extended system of transmission short-circuited to a transmission avenue unable to maintain it and a blowout or combustion of some sort results.

The violent excitement, irritation and sense of being overwhelmed by its own activity is impressed upon the economy through the influence of aconite from the center to circumference in all the phases of consciousness: love, truth, intelligence and life. Sense of protective and creative love is distorted and lowered to fear, restlessness and turmoil on throughout all its objectifications in the circulatory system.

Intelligence submits to the whisperings or bellowings of fear, and all that is normal in orderly control is thrust aside in the false expression of turmoil; irregular and broken dominion displayed in all parts of the body.

Where normal life activity belongs is found the driven, compelling, mad rush of energy calculated to destroy the machinery through sheer exhaustion while truth and wisdom appear tempo-

rarily throttled as the individual accepts all the false notions presented to the senses—about the terrible results of cold or of heat, sensations of terrific pain, lack of endurance when the body is exposed, assurance that he is totally overpowered by this besieging energy and cannot possibly carry on, something impossible will happen; maniacal, delirious notions of impossibilities.

A partially proved drug is one whose influence has been exhibited through proving in some, but not in all the functions.

Cicuta.

Cicuta is one of the remedies that has brought out strongly stressed manifestations, but restricted in action to convulsions and crusty eruptions.

It exhibits violent excessive convulsions resulting from injuries and from inflammation of cerebro-spinal nerve sheaths and spasms from other conditions—tonic or clonic in type, induced by influences that we sum up in the terms epilepsy, catalepsy, puerperal spasm.

It so deteriorates the skin nutrition that pustular crusty eruption persists and obliterates all healthy appearance of functioning in the parts affected.

Viburnum Opulus.

Viburnum opulus is a partially proved remedy of different history. It was used by early Americans for relief of cramping pains in pelvis—uterine colic. Hale studied its effects elicited in domestic case and then H. C. Allen instituted a formal proving with a few men and women, and later Susan Fenton of California collected data of half a dozen provers.²

All that is recorded of this is summed up in a recital of cramping muscular action, colicky pain in uterus and other pelvis organs, when the uterus (in female) and testicles (in male) are most active in their special functioning.

In menstruation and in pregnancy the woman suffers excessive pain: super-consciousness of the internal sexual organs., associated pain in head, associated nausea and rejecting ideas of food.

These two short provings illustrate the type of many partially proved remedies.

² Clarke's Dictionary of Materia Medica.

Further study might reveal a wider usefulness, but when indicated they are not to be spared.

How can the partially proved remedies be of service? Reverting always to the prescriber's ideal, confronted with the clinical problem for solution, the clinical case for resolution, we seek "the group of similar medicinal symptoms as complete as can be met with in any single known drug."³

When the patient presents but few characteristic features, what is sometimes called a one-sided case, we may find the same characteristics in one of these partial provings which is then "as complete as can be met with in any single known drug."

In a case with menstrual pains that recall *Viburnum* or for a case of convulsions recalling *Cicuta*, we must not cease our examination to prescribe until we have collected all the characteristics of the clinical individual, and examined these in the *complete image* to be sure to have "the group as complete as can be met in any single known drug."

The *available* known drugs may include some not yet in our acquaintance, but accessible to diligent search. This is when we would not be without our trusty repertory.

When attempt is made to adjust a case through use of a partially proved remedy when the clinical symptom image is covered but in part, much harm can be done by administering the drug similar to that part, since it may be able to change the appearance of the case by removal of some symptoms without reaching the source of the disorder. This, then, constitutes a partial suppression and distortion and increases the difficulty of finding and applying the simillimum.

Who will delve into our literature and bring forth this knowledge of remedies out from hiding into the light of present-day view? Who will tell us what wonderful things we know (collectively), but know not (individually), that we know and therefore lock in our armamentarium? Who will do this feeds his soul with fat that enriches and wastes not his energy, feeds his waiting needy brethren and their suffering patients and serves the Father, whose good pleasure it is to give us the kingdom.

³ Introduction *Materia Medica Pura*.

SYPHILIS.

J. Henry Allen, M. D.

Author of Diseases of the Skin, Psora, Pseudo-psora and Sycosis.

VOL. III.

Syphilis is a contagious, inoculable disease, transmissible by heredity. The first lesion is a chancre (which will be fully described later on), and is followed by glandular involvement, blood changes and multiple lesions of the skin and mucous membranes. Later in the disease, as it passes through its evolutionary stages, deeper tissues become involved, such as chronic inflammations and infiltrations of the cellulose-vascular tissues, bones and periosteum, finally by the formation of small, round tumors, called gummata, to be found in almost any part of the body, even to the organs themselves. In a few words this describes syphilis in a general way, but as we take up the study of the disease in its minutia, following it out in its slow, but positive, destructive movements and profound changes, we begin to slowly comprehend its death-dealing, destructive and ruinous processes, which seem to take into its tentacles and involve every principle and process of life.

In its evolutionary processes, we find periods when we find it active, progressive and destructive, followed by similar periods of quiet and rest, even to the complete disappearance of any sign or manifestation of the disease. These pauses may last for weeks, months or even for years. During all this time it may be transmitted through the process of conception.

Etiology. About all students of syphilology today, except those of the homœopathic school, believe that the disease is due to the presence of a specific microbe. Symptoms of infection, as from some very deep-acting and profound poison, as follows: Languor, fever, sometimes aching and occasionally pain, all of which seem to be aggravated at night and from warmth in general. The chancre usually follows at the point of absorption of the virus and that is generally found upon the sexual organs. This is soon followed with profound attenuation in nutrition and associated with secondary eruptions.

Following the secondary stage, there may be no further symptoms of the disease, or after a shorter or longer period of latency,

any of the different forms of gumma may develop, as has already been mentioned. During this period of latency or apparent cure, syphilis may be transmitted to offspring, showing that the virus is still active in the blood.

Immunity Against Syphilis. A person who has had syphilis is immune against a fresh attack. It is found impossible to inoculate the syphilitic virus,

1. Upon a person who already suffered from the acquired disease.
2. Upon a person who has inherited syphilis from one or both parents.
3. Upon a mother who has borne a syphilitic child without showing on her own body any of the acquired syphilis.

All facts show conclusively that immunity in syphilis, as in other infectious diseases, must be due to tissue-products of its organized virus passing into the circulation. There have been cases reported of reinfection, but we are privileged to have our doubts, believing that the majority of those cases reported were due rather to a recrudescence of the original attack.

Contagion. The blood, or any secretion from a syphilitic, during the inflammatory or secondary states, is contagious. Even the saliva, milk, sweat and semen, of mixed with the discharge of the inflammatory lesions. After the inflammatory, primary and secondary stages, both the blood and the discharges from the lesions are innocuous, so far as the conveyance of syphilis is concerned. This condition is generally reached in from two to three years. It is pretty well a settled fact that, except in the hereditary and conceptional forms, a chancre is the starting point of syphilis. Contagion may be either immediate or mediate.

Immediate Contagion. This is contagion direct from one individual to another and may take place from sexual congress, kissing, from wounds inflicted by the teeth, operations on syphilitic patients when the operator has wounds or abrasions of the hands.

Mediate Contagion. Disease conveyed by contact, from clothing, pipes, glasses, drinking cups, dental instruments or surgical instruments, cigars, razors, from human vaccination, bathrooms, laundries, etc.

Types of Syphilis. Dr. Hyde tells us that we meet the disease in any degree of mildness, from a few scattered papules as a secondary eruption to any degree of malignancy. In the benign, the symptoms are mild and transitory. We do not meet with those symptoms that show deep systemic involvement; they are not explosive, as we say. The lesions are not so positive nor persistent, seldom relapsing. They are superficial, that is, the eruption or lesions, for seldom do we see the disease reach the tertiary stages. Indeed, no traces are left on the body of the diseased. There are not deep ulcers, no permanent impairments, no cicatrix. This may be due largely to the character of the virus transmitted, to a previously healthy organism, to temperate habits or even to diet, as many cases of syphilitic eruption have been greatly benefitted by the proper diet.

Malignant forms of syphilis, we know, are largely due to unsanitary conditions, improper cleansing of the sores, to intemperate habits previous to the contracting of the disease, to hereditary states and conditions of the blood and especially to the tubercular taints, latent, of course, which we know to lie behind the source of all manner of infections and contagious disease, such as measles, whooping-cough, scarlet fever, smallpox, La Grippe, typhoid fever and all the rest of the exanthemata. In the malignant types of syphilis, we recognize the profound blood changes, the anæmia, the pallor or cachexia, as we call it. The eruptions are deep, covering often large surfaces. Their destructive, devastating character is manifest, the glandular involvement, the deep gummatous and gangrenous excavations into the muscles and cellular tissues, the rapid, destructive process of the disease, their dangerous complications and perilous sequels, we should early become acquainted with, and we should know when their movements are of a benign nature or whether they are assuming malignant forms.

Dr. Prince A. Morrow, in his work on Syphilology, says the difference between the malignant and benign is a difference in the activity of the germ or an intensity of the virus. We know, however, that it is a question of soil to which the syphilitic virus is transplanted, whether it be favorable or unfavorable. It may be planted on a psoric, a tubercular or sycotic; again, it may be fostered in this whole tissue of death processes or any combination of them. If, upon the tubercular or sycotic, the chances for a complete eradication is doubtful. They seem to blend together in

such a combine, that makes it difficult for even the great law of cure, homœopathy, to break its subtle bond.

You will have great difficulty in separating this positive bond with the life forces unless you are well acquainted with the nature of each dreaded miasm and their complex and intricate movements. The Law of Similia, however, is capable of breaking these bonds and liberating the life forces again to their free and normal action. We have just such remedies, in Syphilinum, Thuja, Kali iod., Cinnabaris, and many others that may come up for your careful study and consideration. We have noticed the slowness with which syphilis combines with the tubercular or the sycotic. You will notice the symptoms of syphilis and sycosis side by side, separate and distinct. When, however, sycosis does combine with any of the chronic miasms, especially the psoric tubercular, you have a fruitful field for cancer or any malignancy known to the science of medicine. I question if you can get a case of cancer without the sycotic element being present in the organism. The aged, the feeble and the very young suffer most. We look for the majority of malignant cases to develop in the newly born or in the fruits of conception. A living syphilitic child is brought into the world, diseased in every drop of the life stream and in every fibre of its tissues. It is here where we find those grave and destructive processes, known as malignant syphilis. It is here we so often find gummata of the liver, lungs, testes, spleen, eye, ear and the bones diseased in all their destructive and deformative processes, osteo-chondritis. It is here we find pemphigoid lesions of the palms of the hands, of the soles of the feet, mucous papules of the mouth, lips, anus, vulva, observed in their order of evolution. It is here we notice the atrophies, the ulcerations, the destructive ravages of the tertiary lesions in all its forms, reserving their deadliest arrows for the second generation.

The Pathology of Syphilis.

The later or more modern study of the pathology of syphilis is now confined to the study of a germ, or micro-organism, described by Lustgarten, which has been recognized in the centers of a syphilitic process in almost every stage of the disease. It measures from one to several millimeters in length, slightly curved upon itself, with slightly swollen terminal extremities. They are found in small groups like all venereal bacilli. As this will be taken up

again more fully, we will close the subject with this brief introduction.

The sclerotic or hardened condition of the chancre is produced after the introduction of the virus at that point by dense infiltration of the connective tissue elements with embryonic cells, among which are found giant cells. These are clustered about the exterior of the lymph channels. The syphiloma, or the morbid products of syphilis in all its lesions, is a true neoplasm of the granular type. On examination, we find the upper layers of the corium swollen, with a semi-liquid infiltration. There can be no building or new tissues, as no blood vessels are found at first. Indeed, all the blood channels are stuffed with these giant cells. Later on we find abundant filtration. The vascular elements are greatly developed, as we see in the formation of gumma. On a microscopic examination, we find them to be nests of these embryonic cells, surrounded by a dense mass of connective tissue. These masses often undergo rapid inflammatory changes, such as inflammation, suppuration, degeneration, caseation, fatty metamorphosis and even absorption.

Gummatous infiltrations often, after forming slowly, absorb without any breaking down process whatever. We see this nicely demonstrated in that form of gumma known as dactylitis syphilitica, or gummatous nodules, in other places, also in glandular involvement. In short, the study of the histology of syphilis at the present day, suggests a careful study of all its clinical features. It has been said that syphilis imitates almost every other known disease. In our differential diagnoses of disease, we so often are confronted with this experience. This is true of our microscopical examinations of tissues change by the syphilitic processes, which are found not to be strikingly different from those examined in many other morbid states.

History of Syphilis.

The history of syphilis is of very little value to the modern syphilidiater, except for his love of history and a desire to peek into the closed files of the ages. Men no longer have the love for mysticism as in earlier days. Today is a day when men deal only with facts and figures, as they never have before. However, history reveals the fact that human morals have never been at par. When man lived in pure surroundings and in a simple state, he

was practically free from all contagious or infectious disease, but when he departed from that simple life, which was not true of great cities or densely populated districts, he met with many forms of contagion and disease. When we study the disease, syphilis, under such men as Parrot, there are revealed to us many expressions of prehistoric syphilis. Bones exhumed for research purposes, in almost every region of the earth, exhibited many marked signs of the inflammatory and destructive processes of the disease, such as periostitis, osteitis, sclerosis, caries and exostosis; indeed, unmistakable signs of caries, cicatrices and circumscribed gummatous changes. Microscopic examinations have been made of a number of these bony specimens, which strengthens our belief that syphilis had a prehistoric origin. Not, however, until we come down to the fifteenth century do we find a true and authentic history of syphilis. Only up to John Hunter's time, 1786, do we find a complete separation of venereal diseases. The chancre was not separated from the chancroid, so as to be clearly understood and our knowledge of these lesions and of systemic syphilis was far from being complete at the beginning of the eighteenth century.

This confusion in a field where careful clinical observation is now daily discriminating, with results of great value, is to be coupled with an important fact. Much carelessness prevailed in the use of terms as applied to lesions of the genital organs of both sexes in writers of a later date as well as of antiquity. Many of the records handed down to us have been imperfectly translated. The Chinese and the Japanese people seem to have gone deeply into the study of venereal diseases and have expended much labor in the study, not only of the investigation of the initial lesion, but of the cutaneous eruptions and systemic infection in general. It is also well known that certain of the Egyptian papyri and cuneiform inscriptions from Assyria and Babylon found in the numerous collections of scientific societies indicate clearly that the people living in that time made records of this disease and some relation was established between local genital diseases, resulting from sexual indulgence, and lesions observed later upon the body.

The history of ancient Rome conveys very little proof of syphilis, although there are abundant proofs of sycosis in the tertiary stages, showing that gonorrhœa was the prevalent venereal disorder. Fig warts, or fig-like vegetations, fungous growths and

genital excrescences are frequently mentioned in these writings. Other references show systemic disorder due to the disease. Other disease eruptions, of course, can be seen from these writings, such as eczema, ecthyma, psoriasis and other affections of the cutis.

In the middle ages, up to the fifteenth century, all traces and indications of syphilis in these writings are vague and uncertain. These early writers, it seems, did not understand the symptoms or the phenomena of disease, and these writings show the use of vague terms and much confusion in the giving of symptoms. On the other hand, as we closely investigate the great mass of testimony given us by these early writers, we cannot but accept the fact that syphilis did actually exist in that age of debauchery and sexual excesses. Many are the records, however, as has been mentioned, of venereal diseases of a contagious and virulent character. It is now, I believe, conceded as a recorded fact, that a Spanish physician, by the name of Ruy Diaz de Isla, treated a number of sailors who were affected with syphilis, who accompanied Columbus on his first voyage of discovery in the year 1493, on his return to Spain. Our next authentic record occurred in 1494. Gonzalez Fernandez de Cordova, a Spanish general, left Spain in that year and headed an expedition against Italy where his army was brought in contact with some French troops of Charles the VIII, who were in an expedition against Naples. This army was officered by men of aristocratic connections, leading the loosest of lives. The rank and file followed in their footsteps, being just as dissolute as their commanders. They did not hesitate to pillage Rome, soon after which an epidemic of syphilis spread over France, Spain, Italy and Switzerland. It even extended to the Rhine, to Germany and thence to other parts of Europe. For the first time the disease was carefully analyzed by the physicians of that day, when the chancre or primary lesions were distinctly connected with its systemic manifestations. It was then fully believed that the disease had been brought from the East Indies by the crews of Columbus.

However, as we ponder the pages of history written at that time and even a later date, we find each nation blaming the other for the transfer of the disease to Europe. The French, Italians, Germans, Turks, Persians and Poles have, in their turn, been accused of fathering the disease. To be brief, we might state here that there are prehistoric evidences of the existence of syph-

ilis in America and even greater proof that the same disease existed among the Egyptians, Chinese and the Greeks. According to Bruehl, the Mexicans, at an early date, recognized the true relation between the primary disease and the constitutional malady.

The knowledge of the history of syphilis, as compared with other diseases, has steadily advanced since the sixteenth century. At the close of this century, Benjamin Bell and John Hunter added their bit to our knowledge of syphilis, Hunter's name still applied to that definite form of chancre, as distinguished from all other forms and from chancroid.

The eighteenth century opened up its many wide doors to all sciences and the study of this malady did not fall behind the rest, the French winning many conquests in this new and fruitful field. Such names as Jourdan, Desruelles were forerunners of the great Ricord, who well deserves the name of the great teacher. He not only taught in a masterly manner, but was broad and comprehensive in his teachings, giving us a clear conception of the three distinct periods of the disease, the primary, secondary and tertiary phases now fully understood by all syphilologists. He was followed by Bassereau, Mauriac, Parrot, Jullien and Mireur. In Germany we have other lights, Virchow, Huebner, Erb and Auspitz, and later on, Kaposi. In England we have Lane, Hughlings, Jackson and Hutchison. In America we can, with pleasure, mention the illustrious names of Bumstead, Morrow, Greenough, Prost, William White, Martin Taylor Fox and Lustgarten, of New York.

(To be continued.)

CLINICAL CASES.

R. del Mas, Ph.D., M. D., Hugo, Minn.

Rheumatic Fever.

June 14, 1923. Blanche H.; *æt.* 19.

Sore throat on rising, on Monday morning, which kept on growing worse.

Rash came out yesterday; itching; began on forearms and knee.

Pains in joints began yesterday.

Blister on lower lip.
 Fever with chilliness; with aversion to uncover.
 Restlessness last night in bed from pains in joints.
 Menses began yesterday morning; generally last four days and runs steadily.

RHUS 200th.

June 16, 1923. No pain on swallowing.

Water tastes sweet.
 Rash all over the body; itching.
 Menses intermittent.
 Vertigo on rising from bed.
 Pains in joints on turning in bed; on motion.
 Busy dreams, as if she were back of her counter and selling dry goods.

RHUS T. 200th.

June 29, 1923. Inflammatory swelling of right knee since yesterday noon.

> walking constantly in the room.
 Pain, jerking, in knee, moves here and there.
 Pulsating in knee, here and there.
 She began to cry on seeing the physician and telling her symptoms.
 Fever 101 at 8 P. M.
 Thirstlessness.
 Pains in nearly all joints.

PULS. 1M.

July 16, 1923. Pains in several joints; in soles, cracking in joints.

Menses started on July 14th.
 Hair falling for about one week.
 Hands tremble on holding objects reaching for them.

PULS. 10M.

July 25, 1923. Pains predominate in right side.

General < 4 or 5 P. M.
 Tired feeling about 4 P. M.
 Talking in her sleep.

Sleepiness while reading.
 Soreness to pressure in right kidney region.
 Hair falling out.
 Hands trembling.
 Menses lasted five days and ran steadily, this last time.

LYC. 10M.

Aug 2, 1923. Feels much >.

Was in the field, today, pitching up barley.
 Lyc. is complementary to Puls.

Abdominal Cramps.

June 10, 1923. Mrs. Jennie A.; married; æt. 62; four children.

Abdominal cramps frequent for last two years.
 Begin in hypogastrium and extend up and all over the abdomen, with chill.

> sitting bent over.

Constant tight feeling in abdomen.

COL. 1m. put an end to her trouble. Well today.

Rheumatism.

October 22, 1923. Jos. G.; æt. 32; single; laborer.

About one and one-half months ago caught gonorrhœa.

Allopathic treatment.

Discharge stopped about one week ago.

Pain in left hip for week or so,

> warmth,

< cold,

< lying on it,

< on beginning to walk.

Left external malleolar swollen for two-three days, lately.

Urination frequent, day and night.

Left-sided bubo.

RHUS T. 200th, which was repeated on November 10th.

Dec. 2, 1923. Is free from pains and from bubo.

Frequent urination absent.

CALC. 1m. Has remained well to date. Was the trouble gonorrhœal? No discharge reappeared.

Lumbago.

Dec. 22, 1923. Joseph D.; *æt.* 31; single; farmer.

Yielding disposition.

Pain in back.

- < l. sacro-iliac joint.
- < turning over in bed.
- < rising from a seat.
- < straightening up back.
- < lying on back.
- > lying on side.

Dark rings around the eyes.

PULS. 200th cured the man.

Bronchial Catarrh.

November 6, 1923. Mrs. K.; *æt.* 73; widow.

Two years ago had a winter cold.

Same cough again.

Cough from stomach pit.

< eating.

Expectoration white, ropy, *salty*; hard to raise.

Urination at night, sometimes three times, especially when she catches cold.

Eruclatations after eating.

ANT. T. Im made her free from cough.

Seminal Emissions.

January 13, 1924. Wm. L.; *æt.* 21; single.

Seminal losses in the night started in May, 1923.

Drawing upward pain in left testicle since then.

< morning.

Pain in left hypochondrium last spring, absent now.

Pains in elbows, knees, shoulders and hips.

Stiffness of metacarpal joint of right thumb.

Aching in lumbar region when sitting.

> walking.

Seminal emissions with amorous dreams.

" without erections.

" without amorous dreams.

Weakness in lumbar region.

" in the sun. Spent last summer in the shade, doing nothing.

" from seminal emissions.

SEL. Im cured, and patient has ever worked in summer since.

Erythema Multiforme Vesiculo-bullosum.

April 8, 1924. ———, twins; boy and girl; *æt.* 10 months.

Vesicles and bullæ, some very large, an upper limbs, on chest, on abdomen. Bullæ yellow.

RHUS T. Im cured both children in a few days.

Recurrent Chilblains.

November 18, 1924. Paul L., *æt.* 47; married.

Chilblains on toes for years.

blue

itching

Aversion to fats.

Thirstlessness.

PULS. Im. Feet stopped itching immediately and were free last winter.

THE STORY OF HOMŒOPATHIC MEDICINE.

Charles H. Bresee, M. D., Owego, N Y.

[The reason why this story has been written is explained when the number of people are considered who are seeking relief from suffering in many ways, who do not know where it may be found.]

The homœopathic system of medicine was discovered and introduced to the world in the year 1796. That it may be shown that its origin and introduction came from a man who was possessed with high intellectual and professional attainments, it is necessary to describe something of the life and work of Dr. Samuel Frederick Christian Hahnemann, of Kothen, Germany. Dr. Hahnemann was not a fanatic, but rather a deep thinker along original lines. As a physician the medical practice of the time did not satisfy him as to its results, so he abandoned it for the profession of chemistry.

While engaged in the latter field, he became interested in the proving of drugs according to a plan originated by himself. The proving or testing consisted in taking small doses of a drug until symptoms were produced, which symptoms added to the symptoms of other provers would indicate the action that the drug would have on the human system. The first drug which Dr. Hahnemann proved was one that had been in constant use by most physicians. It was of great interest to him that the symptoms which he experienced were similar to many that were described by a part of their patients whom he and other physicians had treated by prescribing it.

Here was where Dr. Hahnemann's "bread was buttered" as he noticed that the patients who had improved on this treatment had experienced similar symptoms to the ones he had noticed during the proving, while patients who were not benefitted did not have symptoms like the proving although they were afflicted with the same disease as the others.

These observations led him to believe that he had discovered a law which, if observed, would be a more accurate guide in prescribing medicines than had ever been known. Continued investigation in the same direction proved that this discovery was one that would be of inestimable value to the human race for all time.

This law is described by the Latin words "*similia similibus curantur*," which in English means "like cures like."

After making this wonderful discovery, Dr. Hahnemann worked faithfully at proving remedies, or, rather, different substances, many of which had been used in the realm of medicine, which he afterward called remedies. During the provings a record was made of every sensation and symptoms that were observed by the prover. These records then became a part of the homœopathic materia medica, and are referred to at the present time with the utmost confidence.

Then Dr. Hahnemann re-engaged in the practice of medicine, but only according to the homœopathic system in which he was more than ordinarily successful for he was able to secure a large and lucrative practice in the city of Paris, becoming noted all over Europe.

Dr. Hahnemann was a prodigious worker. Being very strong he was able to care for a large practice, and at the same time develop a new system of medicine, and to write many articles and

books relative to it. He often gave himself opportunity to sleep only one night in two.

Since the discovery of homœopathic medicine by Dr. Hahnemann, there has been much progress by way of proving of many new remedies, but as for the principles and their application there could be no change as the following quotation from Hahnemann's *Organon* indicates:

"The application of homœopathic principles appears easy, but is in reality most difficult and irksome. It demands most careful thought and the utmost patience, but these find their reward in speedy and permanent recovery of the patient. Homœopathy is a simple art of healing, unvarying in its principles and in its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable so that the purity of principle also determines the purity of their application, and they are not disobeyed without sacrificing the honest name of homœopathy."

Each case of sickness becomes to the homœopathic physician a case for study in two directions—First, it is necessary to study the patient in order that a full and complete record of every symptom complained of and observed may be secured. Second, to compare the symptom picture manifested by the patient, with the symptoms of the different remedies as found in the materia medica until one is found that matches it most closely. Several persons ill with the same disease possibly would each require a different remedy as the symptoms of each might demand. The range of action of all remedies proven is very broad, so broad indeed that every condition of sickness may have medicines which would be adapted to it.

Dr. Hahnemann in his study of disease discovered that it was not a material substance that could be driven out of the body by various methods; but rather was a disturbance of the life forces. In other words, an influence rather than a substance. The chemical and microscopical examinations disclose abnormal tissue, but these conditions are the results of disease rather than the disease itself. When the life forces are working in perfect harmony, it is evidence of perfect health.

Visitors and sightseers in the city of Washington, D. C., would be greatly interested if they would visit Scott Circle, which is located directly north of the White House, at the intersection of Massachusetts and Connecticut Avenues and Sixteenth Street,

where they would find a beautiful monument which has been erected to the memory of Dr. Samuel Hahnemann. The monument includes a heroic statute of himself seated in a characteristic pose.

It would be of little profit to read what has been said about the discovery, or the one who put the homœopathic system of medicine across unless the application of its principles produce results of superior merit. Records of cured cases furnish the best evidence as to what the results have been. Right here a few striking cases are described.

A baby fourteen months old that weighed only nine pounds, came under strict homœopathic treatment which soon changed its attitude toward life and it began to grow normally without a change in its diet. The physic, pepsin and quieting medicines which the child had been taking, were dropped, and a homœopathic remedy was given instead. It is difficult to give an idea of this case from a meager description because of its gravity, but it was a most remarkable one, and now the subject of it is a handsome boy of nine years.

A boy of three years had suffered with convulsions as often as one every week since a very young babe. The nature of the convulsions was of an epileptic character, and always had a bad effect on the boy's mental processes. After this case was placed under a homœopathic physician, the convulsions were cut to three in about two years, and at present the prospect looks good for a complete cure to be made.

A girl of thirteen years was being troubled with an exophthalmic goiter, which caused more or less disturbance to the heart as well as other organs, when a few months' treatment made a change in her condition that her goiter disappeared.

A boy of eight years was taken with an attack of inflammatory rheumatism or rheumatic fever, which usually means a period of six weeks in bed, followed by a crippled heart, which was the experience of the boy's aunt who suffered an attack of the same kind of rheumatism, which lasted for a long time and was followed by valvular trouble, which incidentally was cured some years after by a course of homœopathic treatment, while the boy was well in ten days, besides, his heart was kept in perfect condition. This boy was successfully treated for a couple of attacks of blood poisoning in the feet which recovered without local treatment or lancing.

A most remarkable case was that of a man about thirty years of age who was rapidly going with tuberculosis as was diagnosed by experts, but the course of the disease was arrested and the man is engaged in hard manual labor at present. One lung was solid at the beginning of the treatment. It is not possible to do this in every case of T. B., but there are many that could be cured if they had the chance.

A man of sixty years of age was threatened with apoplexy and had a serious heart condition, both of which were removed by a short course of homœopathic treatment.

A man of seventy years of age had blood pressure which ranged about 180 degrees, but after homœopathic treatment, the pressure went down to 150 degrees with a better state of health as well.

As there are so many things one has to sacrifice to become a strict homœopathic physician, there are not so many of them, but when you find one who has paid the price, it will pay you to tie up to him, for he will do you good.

CLINICAL REPORT.*

George E. Dienst, M. D., Aurora, Ill.

Mrs. H., age forty-eight, April 27, 1917. This lady, a blonde, tall, slender, sterile, consulted me during the years previous to this date for various difficulties, and as I studied her and her family I found them deeply psoric. This lady had the most fruitful imagination and the most intensely sensitive nervous system of any person I have ever seen. It is utterly impossible to portray the manner in which, and by which, she magnified her troubles. Fortunately, she had a most patient and enduring, if not hen-pecked, husband, it has ever been my pleasure to meet. To listen to her talk one would infer that she had every disease in the catalogue of diseases and she had every one a thousand times worse than anybody else. She was intensely nervous and before she came to me she had been treated by different so-called nerve specialists, with negative results. Her mother died of uterine cancer, and this preyed upon this woman's mind so severely that she imagined every pain pointed towards cancer.

She passed through her menopause in the autumn of 1916,

*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

without any real untoward symptomatology. It was in the following spring that she came and told me of a lump beneath the nipple of the right breast. This enlarged gland was movable, not schirrus in nature, but the patient said it was extremely painful. The pains were sharp, stinging, cutting, causing more or less shivering of the whole body—always centering in the nipple of the right breast. She had never mentioned this matter before, but then told me that this gland had been swollen since she was a young lady. There was no history of traumatism; neither was there a history of any severe dysmenorrhœa, except from downward pressure before and during the menstrual epoch. It was a matter of impossibility to learn any of the particulars regarding her married life, for the reason that she evaded all questions concerning this subject. From others I learned, with perhaps more or less accuracy, that she employed every possible means to prevent motherhood, and from them I learned that she feared motherhood more than almost anything else.

On the day above mentioned, because of the neurosis, her general condition, as well as her great sensitiveness to pain, I prescribed Conium the 200th—three powders, one to be taken daily. It will not be necessary to take your time in noting each prescription, except to say that I did not give her the second until June 2, 1917. During this time she seemed to improve, but later, in July, she complained of such sharp pains, which she said were "sliver-like," that I prescribed Conium 10m. During the latter part of July and August and the early part of September some of the old physical conditions began to return. For instance, the skin of the face grew rough and was flushed; she complained of being bloated, just as she used to be before the menstrual epoch; she had severe pains in the uterus, as she used to have before the menstrual epoch, and very severe heat flushes. Upon examination I found the gland materially reduced and the pains very much better.

On September 6, I repeated my remedy. It really was not necessary, but because of her great nervousness, I was led to repeat. The tumor kept growing softer and flatter until the later part of November, when her husband became somewhat excited because of her lamentations, and called another doctor (quite a prominent surgeon), who said it was a cancer and that it should be removed at once. They then called me again, and upon examination I

found the gland much softer and materially smaller, but husband and wife in a great state of nervous excitement. It is not necessary to repeat the conversation, except to say that it seemed to me they were very foolish to consider operative procedure, for the reason that the tumor was reducing; pains were rapidly lessening, and the old symptoms of past years, which had been suppressed by material doses of medicine, were now returning. This, I assured them, was an indication of a cure, but it was very difficult to make them understand our method of work, and their anxiety caused me to repeat my remedy more frequently than if they had been more reasonable, so, on this date, November 28, 1917, I gave Conium 50m. This was followed in the early part of December with an attack of the grippe, so called, and on December 20, instead of prescribing for the grippe, which I left alone, I prescribed my remedy in the same potency. I discovered by this time that my patient was growing less imaginative, less sensitive to pain, and I paid absolutely no attention to her repeated attacks of so-called grippe, and thus pulled her through the winter until March 3, 1918, with saccharum lactis. On this date I found the tumor practically gone, and from that time until June 15, 1918, I prescribed absolutely nothing but some severe lectures, nor did I repeat my remedy, until this date, when I gave the cm potency. This prescription held her from June 15 until the following March, 1919, when I again repeated my remedy and my lecture, and kept her from the operating table.

The patient was dismissed on October 28, 1919, in better health than she had had for years; the tumor entirely gone, the various pains which seemed to have disturbed her so in the past, were forgotten, and during the past five years, I have seen her but rarely and then only when she was afflicted with a slight cold or a slight return of the uterine pressure, which I have been unable to remove entirely.

The reason I present this case is because of the great nervous disturbance in this woman and the constant battle I had to keep her thinking on reasonably sane lines; the fact that I did not change my remedy or my course, and thus saved a life and increased her health. I am confident that if I had permitted her to go on the operating table the reaction would have either sent her to her grave or to an insane asylum. Her health now is such that she conducts the primary department in a large Sunday-school, and does it effectually.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

INCENTIVES TO INDUSTRY IN HOMŒOPATHY.*

(Continued.)

For several years I prepared and delivered such papers for medical societies and clubs as I had opportunity. I specialized in case-taking, record-making and repertory work. The reception of my efforts was always pleasant and gratifying to my vanity, but I have no reason to believe that anybody who heard me ever profited by my efforts or turned from the error of his ways. For some reason the objects I presented did not, for them, constitute incentives to industry.

Gradually I began to realize that something vital was lacking in my scheme. I was getting nowhere. Evidently it was not enough to dilate on the beauties of artistic prescribing and show how the thing should be done, nor to call attention to the superiority of results.

Privately, and a few times publicly, certain objections were raised which for some time I did not know how to meet effectively. Truly, in those days it *was* a difficult problem, because even its partial solution depended upon a break with tradition and a departure from long established custom. That is always difficult.

They admitted that the way I described was the right way and the only way to get curative results homœopathically; *but*—there was always a “but,” and when you come to think about it you will see that it is a very formidable “but”—so formidable that it has, I believe, had a more powerful influence than any other in leading homœopathic physicians away from established standards of practice into the slovenly ways of prescribing which are the curse of our school and a disgrace to a profession calling itself scientific.

The objections I most frequently met, in one form or another, might be summed up in the phrase, “*It does not pay.*” Acknowledging the results of the method I outlined and illus-

*An address, delivered July 29, 1925, before the Faculty and students of The American Foundation for Homœopathy, in Washington, D. C.

trated, and agreeing that it was the only right way; admitting that they did not practice it, but resorted to all manner of evasions, makeshifts and unhomœopathic procedures and skimmed the time of their interviews, they attempted to justify or excuse themselves by saying, “I’m too busy,” “It takes too much time to do it that way,” “I can’t afford it.” “How can you expect a man to spend one or two hours on a case with a dozen patients waiting in the office?” they would say; “it can’t be done,” “Patients won’t pay for it,” etc.

All these objections, you see, resolved themselves into a question of financial policy—a matter of dollars and cents. It was true that they could not get paid for their work, it was a valid objection, and there is no use in denying it.

No physician, nor any other man for that matter, can afford to do ten dollars’ worth of work for one dollar, and no patient is justified in accepting it and pauperizing himself, if anybody is fool enough to give it to him. It is equally unfair and demoralizing to both. The world is not and cannot be run on any such basis, ethically or financially. Reciprocity is the only true basis, and that means a dollar, or its equivalent, in compensation for a dollar’s worth of time and service at a fair valuation.

The business man would add—“and a fair profit besides,” as an “incentive to industry.” Everybody likes a little “velvet” for trimming his financial garment, and works all the better for it. Idealism must make some concessions to practicality, and absolute equilibrium always needs “the least plus” on one side or the other, to keep things moving.

How did this unfortunate situation arise to torment the doctor and lead him astray?

Originally the physician’s services were supposed to be compensated by an *honorarium*, a fee or reward for services for which no remuneration can be collected by law. At first there was no standard, no fixed sum. The patient contributed according to his means or the depth of his gratitude and appreciation. The physician accepted the contribution with such grace as was in him. He probably sometimes refrained from expressing his private opinion about the amount of the fee received!

In the course of time this graceful and delicate relation between physician and patient became strained. Like some of those angelic children whose doting grandmothers used to solemnly de-

clare with many headshakings were "too good for *this* world," it grew up into a maturity that was anything but angelic. Custom became conventionalized and fees became fixed. The physician did not then hesitate to name his fee nor stipulate how and when it should be paid. Eventually physicians' fees for services became collectible by law, which is all well enough in its way, but when applied is not conducive to good feeling or pleasant relations, and really is not good business.

Now, fees being fixed, or in equilibrium, a state of rest, the law of balance again began to operate. It always does. You can't get away from it. From this point it was "*Facilis descensus averni*" for the doctor. When the physician realized that some cases required much more time and labor than others and that his fixed fee was all he could expect in either, he began to devise measures to even up things, and get his just dues.

These devices were many and various, not to say hypocritical, but the most popular, because the easiest, way was to decide roughly how much money he wanted for a day's work, split the day up evenly on a time basis and give to each patient only the amount of time covered by the fee he expected to receive at the schedule rate decided upon, without regard to the needs of the patient or the character of the service.

It is easy to see how this worked out and what a powerful influence it had on the character of the physician's practice. It is also easy to understand the sophistries with which he soothed his conscience. As practice increased and patients became more numerous the doctor's opinion of his own importance and the value of his services rose accordingly. He argued that increased popularity, as evidenced by the number of patients in his waiting room, was equivalent to increased skill, for which he should receive a larger income. Custom forbade charging more than the prevailing fixed fees, and so there appeared to be no other way than to take more of them, give less time to each patient, run them through more rapidly and keep them coming.

Within a radius of two blocks from my office I can take you to several "popular" doctors whose offices are crowded with waiting patients, being run through the mill at the rate of one every three to five minutes—fifteen to twenty patients per hour. Most of this routine work is done by the office nurses. But each patient leaves his three, five or ten-dollar fee for the doctor and comes

two or three times a week. Some come every day for considerable periods.

You can easily estimate for yourselves the amount of these doctors' incomes. You can also estimate how much such work is really worth in curative results to the patients, and you can readily understand its moral and scientific effect upon the doctors. But—these doctors are rapidly accumulating wealth and that is all that seems to matter to them. They have chosen the wrong policy, the wrong method and they find their pleasures outside their profession. Their success is sordid.

Here we have an illustration of inversion and perversion of the legitimate principle of basing compensation upon a time schedule, by which the desire to obtain wealth becomes a vicious "incentive to industry."

Truly, it is enough to give pause and a little flicker of doubt to almost any hard working, honest prescriber, struggling with poverty. It is a little difficult to fix the mind firmly on the "eternal values" when one sees some of his fellows blithely raking in the shekels at the rate of anywhere from fifty to a hundred and fifty dollars per hour, especially as it looks so easy and the patients seem satisfied—poor dupes! But I should not like to change places with these doctors and live through those poignant periods, brief and infrequent though they may be, when conscience hales them before the bar of judgment and sternly points the accusing finger at them.

With the prevailing financial situation analyzed and the psychology of it made clear, it is easy to see how the problem of obtaining fair and liberal compensation for really skilful and conscientious work can be solved by the homœopathician. It has already been suggested in the references to the time factor.

The right way of applying the schedule-time-value principle seems never to have occurred to these mercenary physicians; or if it did, they lacked the initiative and moral courage to adopt it. When they decided to put a schedule value upon their time why did they not arrange to give each patient the amount of time necessary to do justice to his case and charge accordingly, instead of giving him the least amount covered by a fixed fee? Of course, some of us are averse to hard work, but that may be overcome if there is a sufficient incentive in the form of a liberal fee!

No patient objects to paying on a time basis if it is explained to him—at least I have never found one who did, and I have followed this system for many years. He is usually quick to see the advantages to him of having his case thoroughly and promptly investigated, studied and treated as a whole and at one time instead of piecemeal. He readily sees that more can be accomplished in one such interview, fully utilized, than in a dozen of the ordinary hurried, superficial contacts with the other type of doctor, who makes a stiff charge every time he looks at the patient and gives him nothing of value in return. He realizes when it is explained to him that he saves time, money and suffering by going to the honest doctor and paying him liberally for his time and study. He is getting value for value, and he knows it. Let the physician, therefore, capitalize himself liberally, put a fair valuation upon his time and skill, adopt a time schedule, give to each case due study, and charge accordingly.

There is no necessity for narrowly calculating each fee under the time system. A minimum fee may be fixed upon, covering the average amount of time spent on each patient after the first examination, without sacrificing the right to make an extra charge for extra time, when necessary, which is, of course, always explained beforehand. Let it be noted also that the introduction of other factors of value is possible in calculating the schedule rate for time. Time is only the yardstick to measure values otherwise established. Thus, on the part of the physician, age, experience, special skill, professional and social standing, the importance of the case and degree of responsibility involved, all may and should be capitalized and used as a basis for increased valuation of professional services and modifying the schedule rate per hour. This should be increased from time to time during the physician's career. But always, adequate time and conscientious effort must be allotted to each case. Otherwise the whole system is a fraud and a farce.

With this system goes logically the custom of seeing patients by appointment, thus doing away with the tiresome, time wasting periods in the doctor's waiting room. "Waiting rooms" are out of date in this busy age and, in principle, should be abolished.

By this system, modified to suit conditions, one may be assured of liberal compensation for the time necessary to be spent in doing thoroughly good work. It solves the problem of the first visit or

examination which takes so much time when rightly done, and is so frequently cut short or garbled because there is no financial incentive to do otherwise. Only the spiritually highminded, the conscientious, the idealistic (and sometimes the fanatic)—rare souls who willingly sacrifice material rewards on the altar of duty—have been able to withstand the temptations of easily acquired wealth and power in times of stress which try men's souls. Of such are the prophets, the great reformers, the pioneers and missionaries, the Christs of history. Of such there have been many in the homœopathic ranks, past and present, who loved their art and their fellow men and served them too often for mere pittance. They lived in poverty when they might have had compensation at a rate which would have given them affluence, if they had known how to get it honorably. There might, and probably would have been, many more real practitioners in the rank and file of homœopathy if a rational financial system had been adopted, and homœopathy would be in a much stronger position than it is now.

The people too often value services according to what they have to pay for them in cold cash, not according to what they are really worth. They are often unable to distinguish between the false and the true, especially in medicine. It is easy to fool them and equally easy, incidentally, to make them pay well for it. It is hard to make them see that they pay *dearly* for it, even with their lives.

The people are being financially exploited on a tremendous scale today, not only by individuals, but by "Organized Medicine," through the medium of the press and many other agencies. We are living in an era of medical and surgical "bunk," masquerading in the guise of "modern, scientific medicine." I am not saying that there is not a real modern science of medicine, but that there are a thousand counterfeits.

True medicine, and especially homœopathy, will never succeed in gaining its rightful place by cheapening its services financially. In doing that it will only succeed in bringing ridicule and contempt upon itself and its practitioners. They will succeed in gaining the world's respect only by maintaining their own dignity and self-respect, by doing their work well and conscientiously and by *charging what it is worth*. In doing this they will be able to add

the pleasure and satisfaction of ample financial emolument to their other honorable incentives to industry.

And now, just a closing thought about success, which is the underlying theme of all I have said.

What is success? It is not the amassing of great wealth nor a continual round of pleasure. It is not great reputation nor wide-spread fame. Real success is doing something better than anyone else is doing it. It is doing our appointed task thankfully and willingly, trying always to make it more perfect. For there is one obligation we cannot escape: we must perform our individual task in this world to the best of our ability, no matter what it is. The measure of perfection of our service is the sole measure of our success.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

*Address communications, books for review, exchanges, etc.,
for the editor, to*

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

Cancer, the Homœopathic Physician and the Public.—In spite of the fact that the evidence for the success of immediate or early operation of cancer is not conclusive, professional opinion nevertheless inclines most strongly to this view and the laity has of late years especially, been subjected to a determined propaganda which seeks to impress this idea of immediate surgical interference. The idea embraces, of course, the thought that the growth itself, no matter how small or apparently innocent in appearance, must be the primary or even the sole object of attack; the victim or host is of secondary consideration and importance, a conception which practically nullifies the idea of the constitutional character and origin of cancer. To many old school physicians, as well as to numerous homœopaths, this constitutional idea appeals most strongly, hence their therapeutic efforts are based upon non-surgical therapeutic measures, which have for their practical object the activation of the patient himself against his cancerous disease. Homœopaths, more particularly, are likely to believe that the constitutional treatment of cancer offers promise of success, more especially as they possess remedies which, when internally given, upon careful indications, have time and again apparently caused cancerous and other tumors of a suspicious nature to disappear. Unfortunately for this plan of constitutional treatment, its statistics are insufficient to warrant its advocates in drawing definite conclusions. For this reason alone, the physician who urges internal treatment and opposes surgery, places upon himself a tremendous responsibility, which frequently requires the courage of a martyr to bear. Such a course is not "the easiest way," but, on the contrary, bristles with dangerous possibilities calculated to deter even the strongest of minds.

The fact that *Conium*, for example, has in one case dissipated entirely a suspicious mammary tumor, is no convincing argument that it will or must do so again. It may do so and undoubtedly it often has, but there is no certainty about it. Hence the physician, who is outspoken and determined in his views and methods of procedure, may find himself the innocent victim of misplaced confidence and of professional and lay ostracism, leading to loss of practice and prestige.

Homœopathic literature contains many instances of the cure of suspicious tumors by potentized and internally administered remedies, in the hands of our best prescribers, but no systematic plan of the collation of reliable figures, has to our knowledge, ever been put into execution. Until this has been done, homœopaths must of necessity be cautious in their attitude toward the cancer question.

So far as the treatment of probably cancerous patients is concerned, it is a curious fact, that quite often, the morbid symptomatology of the patient is summed up in the growth itself and that the symptoms in direct association with the tumor are the only ones available for purposes of prescribing. This condition is apt to be an unsatisfactory, or, at least, a difficult one to face and yet, remedies such as *Conium* and *Phytolacca*, have achieved remarkable results under just such circumstances; no doubt it is true, that in these instances, the patients themselves were basically *Conium* and *Phytolacca* cases, the symptomatology of which had become submerged and subordinated to the local malignant manifestation. As a rule, gross pathology, when it has advanced to the stage of the ultimate end-product is beyond the influence of our homœopathic remedies, but we cannot always be sure that this final stage has in reality been reached. For this reason, even if for no other, it is always wise to take each case most thoroughly, in the hope and expectation of finding a symptom-complex upon which we may with some degree of assurance prescribe.

Homœopathy is capable of doing many wondrously startling things, known to those only, who have been initiated in her amazing possibilities and she does them at times, when they are least expected. As much cannot be said for any other therapeutic measure.

The Interesting History of a Mammary Tumor.—Miss X, age thirty-nine, became pregnant, but produced an abortion after one week; about nine months later she accidentally discovered a lump in the upper right quadrant of the right breast, which, at the

time of our examination a month later, was approximately two and a half inches in diameter, insensitive to pressure, painless and irregular in outline. Since her abortion, menstruation had been normal, but some periods had been preceded by a sensation of fullness of both breasts. The general health was good, all the functions were normal, but the patient was much worried, as removal of the breast had been advised. There was no involvement of the axillary glands.

On April 25, 1925, a single dose of *Calcarea fluor.* 20m was given. This, however, we later considered to be a mistake.

May 4. Occasional shooting pains in the tumor during the menstrual period, which had appeared two days previously. *Conium mac.* 30, a powder each night, for two weeks, was now given.

May 25. The tumor is somewhat smaller and there has been no further pain. *Conium mac.* 500, a powder each night for two weeks.

June 8. The tumor is apparently resolving itself and more normal glandular structure of the breast is to be felt. There is a marked diminution in size. No further medicine was given.

June 24. No further change was noted and *Conium mac.* 1000, a powder each night for two weeks, was now given.

July 3. There have been some shooting pains in the right breast and the nipple of the left breast has discharged a little bloody serum. The tumor is breaking up into normal gland structure. No medicine.

July 22. The right breast now seems practically normal, differing but very slightly from the left breast. No medicine.

September 10. There is no trace of any tumor, both breasts feel alike to the palpating fingers and there are no other symptoms, either subjective or objective, of any kind.

Kali Sulphuricum—An Illustration.—On January 16, Miss C., age twenty-eight years, presented herself with an aggravated eczema of the auditory canals. She had undergone much orthodox treatment, but without result. The symptoms which presented themselves were the following: Thin yellowish discharge from both auditory canals; rough, red, moist, scaly eruption on concha of both ears. Eyes swollen, canthi red and inflamed; noises in the ears; itching. Nasal mucous discharge. Tonsils had been removed two years ago. General health good and functions appar-

ently normal. Likes cold open air; heat in general \angle . *Kali sulph.* 200; q. 24 hrs., 7 powders.

January 26. "My ears are still running a good deal and it is necessary to keep cotton in them all the time. The discharge is not as watery and has now become a deep yellow in color; when the cotton is removed from the ears, there is quite an offensive odor. The itching within the ears has practically ceased and my skin has cleared up considerably. My appetite continues to be good and I sleep well. In fact, as I explained to you at the time of my visit were it not for the condition of my ears, I would be in perfect health."

January 28. *Kali sulph.* 10m Sk.; sac. lac. q. twenty-four hours.

February 16. The ears are no longer discharging and the eruption is much less marked. S. l. q. twenty-four hours.

February 28. One ear is discharging again, slightly. *Kali sulph.* 50m Sk.; s. l. q. twenty-four hours.

March 17. No further discharge from ears. No med.

August 26. The patient is perfectly well and normal.

Professor Bier's Attitude Toward Homœopathy. [Berlin, (from our regular correspondent), August 15, 1925].—"An article in the *Münchener medizinische Wochenschrift* by Professor Bier on the subject "What attitude shall we take toward homœopathy?" has awakened great interest. On the basis of his study of homœopathic works, particularly the original works of Hahnemann, and supported by the evidence of observations that he has made in treating general furunculosis with minute doses of sulphur and the results secured in the treatment with ether of bronchitis developing from anesthesia, Bier has reached the conclusion that homœopathy has good features which ought to be utilized by medical science. As was to be expected, the homœopathic physicians and the homœopathic journals have taken full advantage of this communication of the well-known Berlin surgeon, whereas many practitioners have been puzzled by the Bier article. Anyone who has followed the articles of Bier published in recent years will not be much surprised by his last publication, for in his earlier articles as well he has shown himself in his therapeutic proposals to be a rather too optimistic and not sufficiently critical observer. In his endeavor to be as just as possible toward therapeutists with opposing opinions, he has evidently departed somewhat from the paths of critical science, a finding that, in the case

of an authority of his rank, presents serious aspects. Several articles have already appeared in opposition to his contribution on homœopathy. The Verein für Innere Medizin in Berlin took up the subject at a recent special meeting, at which Prof. Eduard Müller, of Marburg, and Prof. W. Heubner, of Göttingen gave the main addresses. During the discussions, Bier made several attempts to defend himself against the attacks that have been made against him, but, as was to be foreseen, he did not meet with much success. Professor Goldscheider emphasized that, even if Bier's observations on furunculosis and ether bronchitis should be confirmed, it would not signify anything for the school of homœopathy. The fundamental principles of this so-called doctrine are, he alleged, just as untenable as they ever were, and, in general, medical science must refuse to accept or recognize systems of any kind, whether homœopathic or otherwise. That Bier's attitude will affect other milieus besides the homœopathists is certain. The quacks will make the most of the pronouncement, and will proclaim that the old school, as in its judgment of homœopathy, will be compelled to change its attitude toward "eye diagnosis" and other swindles, which is much to be regretted."—*J. A. M. A.*

The ancient bigotry and intolerance will not down and so Prof. Bier is to undergo chastisement by his medical colleagues, who, instead of attempting to prove or disprove Bier's contentions, prefer to apply disciplinary measures. Nevertheless, Bier's courageous stand has already caused a very strong drift among German and Austrian physicians toward homœopathy and the homœopathic cause is bound to be enormously strengthened as a result.

Chronic Headaches.—These are usually difficult to eradicate or to deal with; brilliant cures are occasionally made, but failures are frequent. There are many reasons for this; causative factors may be overlooked or not discovered; methods of living may be wrong and impossible of correction. The quick palliative relief from coal-tar drugs is too often an allurements which the patient cannot resist, or is unwilling to forego. If so, the homœopathic physician may as well throw up his hands, as he will accomplish nothing. The following case is typical and serves as an illustration of at least our failure to cure:

Mrs. C., age twenty-nine years. Father alive and well. Mother died at twenty-four of acute phthisis. Early personal history

shows measles, whooping cough and chicken-pox. At about ten years began to have bilious headaches, which have continued but are now not quite as severe. First menses at thirteen, uneventful. The nose and throat have been operated upon and both tonsils have been removed. At twenty-four the appendix was removed, also pus tubes and a portion of the left ovary. Was cured at the same operation. Has been married about ten years and has one child, a daughter nine years old. Has had three miscarriages.

Present condition: Headaches come on mornings or during afternoon for several days in succession; then omit two or three days and return again. Pain begins mostly on the left side and ends on the right, or vice versa, but never on the two sides simultaneously. Pain < exertion, lying down, which causes throbbing; pain somewhat > inclining on the painful side; odors are disagreeable, especially the odor of perfume. If headache is very severe she cannot eat; if less severe is apt to feel hungry, but eating will then cause nausea. Headaches are < before menses and at the beginning and end of menstruation.

Appetite good; prefers sweets; eats inordinately of salt; no < of thirst. Chronic constipation dating back to childhood; takes cathartics every day and uses enemata also. Unless she does so, will have a severe headache. Menses are regular, last four to five days, normal as to character and amount. Yellow leucorrhœa; thick and bland. Sensitive to cold in general; prefers warm weather. Perspires little and in warm weather only. Takes coal tar drugs and Luminal for headaches. Pain in lumbar region if she walks three or four blocks. No mental symptoms. Sleep not restful; often has difficulty in falling asleep.

Natrum mur. was the remedy first given; later, *Sepia*, *Phosphorus*, *Kali carb.* and *Lachesis* were prescribed, all after study and careful consideration. Temporary relief followed *Natrum mur.* and *Sepia*, but a cure was not made. The failure is ours, of course; possibly its recital may be of help to others who are dealing with similar cases.

The Medical Follies.—One warm friend of homœopathy, Morris Fishbein, M. D., editor of *The Journal of the American Medical Association*, again bobs up as the champion of orthodox medicine in his latest publication, "The Medical Follies," published by Boni and Liveright, of New York. In speaking of homœop-

athy he says, among other things, "Homœopathy was founded by Samuel Christian Friederich Hahnemann, an eighteenth century German physician, and like many evanescent cults was based on fallacious observation." The italics are ours. Why "fallacious observation"? Does not our erudite author know that Hahnemann's observations, so far as they concern the law of *similia similibus curantur*, have been repeatedly verified by physicians and investigators since his time, until in our own day. In August Bier, the renowned German surgeon, frankly endorses the scientific character of this law. Why is it that men of Fishbein's calibre persist in ignoring the simple truth of any question, but continue in their malicious endeavors to becloud the issue and to befuddle the audience, to whom they appeal? Much of this is due to propaganda, skillfully, shrewdly conceived and carried out. The American public is apt to "fall for anything," provided that the issue is properly presented and "put across." We are an extremely gullible people, criminally good-natured and absurdly tolerant. What is everybody's business is nobody's business and this is the usual American attitude toward everything; no one cares; but a pronouncement such as Fishbein's, coming from a man of his importance in the medical editorial world, is bound to injure homœopathy by casting ridicule upon it.

Simplicity, Thou Art a Jewel! (?)—One of the greatest enemies of homœopathy is its own simplicity, especially so in an age when superficiality, bunk and tinsel are the great characteristics of our national life. A gigantic wave of maudlin sentimentality and naivete has of recent years engulfed the American people, who are now the victims of vociferous uplifters, self-constituted reformers and insistent commercial go-getters. Playing to the gallery, to mediocrity, is the order of the day, on the plea that the public demands must be met. Our yellow journals are sickening examples of this pandering to public taste, while their so-called funny columns present, in lurid colors, an exhibition of inane humor which betokens more aptly an audience of high-grade *Morons*. Small wonder, then, that this cheap theatricalism has shown itself in medicine also. Patients about to leave this mundane sphere are no longer permitted a peaceful exitus, but must needs be made the target of the ultra-modern, go-getting physician who, with an awe-inspiring and bewildering array of para-

phernalia, tortures the dying victim by prolonging his earthly existence a few hours more, surrounded by oxygen tanks, powerful stimulating drugs and highly polished, hypodermatic syringes. The terrified family and friends stand mutely by, in rapt admiration of doctor and nurse who are so valiantly fighting the grim destroyer and doing all that "medical science can do," to save the victim from the jaws of death. And in the end, the dear doctor is crowned with a laurel wreath and placed upon a pinnacle of ill-deserved fame.

Homœopathy does not lend itself to such clap-trap and, except among people who think for themselves, finds itself too often in an uncongenial atmosphere. To make it go with the public, it must be commercialized or "sold" and to sell it successfully, it must be clothed in the habiliments of modern fakery. With us in America "anything goes" provided that the exploiter "can get away with it." For the man who can do so, there is always a sneaking admiration, frequently mingled with envy of his ability to "put it over." Such is the age of mediocrity in which we live; this age will pass and with its passing will come the realization and consciousness of the deeper things in life, an understanding of principles and a growing belief in their importance and worth. But before this goal can be reached, our educational system must be freed from its shackles of non-essentials and absurdities and a truly cultural spirit of learning must be aroused. Mediocrity and superficiality, tinctured liberally with hypocrisy are among our greatest national characteristics today.

Dr. J. H. Allen on Syphilis.—Elsewhere in this issue we publish part of the unfinished manuscript of the late Dr. J. H. Allen, of Delphi, Indiana, whose obituary appeared in the September RECORDER. Dr. Allen had published Volume I of "The Chronic Miasms," "Psora and Pseudo-Psora," as well as Volume II on "Sycosis" during his busy career, and at his death left the unfinished manuscript for Volume III, dealing with syphilis. His widow has sent us this work, which will be published in monthly instalments.

Transactions of the International Hahnemannian Association.—The secretary of this association, Dr. H. A. Roberts, of Derby, Conn., asks us to state that a limited number of the transactions in bound volumes, from 1881 to 1912, inclusive, may be had at \$25 per volume and volumes 1913 to 1925, inclusive, may be had at \$5 per volume.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, NOVEMBER 15, 1925. No. 11.

"HAHNEMANN AND HAHNEMANN'S ORGANON OF MEDICINE."

James Krauss, M. D., F. A. C. S., Boston, Mass.

For the centennial celebration of the founding of homœopathy in this country, the American Institute of Homœopathy, on June 24 of this year 1925 in New York, was treated by Dr. Conrad Wesselhœft to his "impressions of the most notable work of the founder of the homœopathic school" and of the character of the founder of homœopathy, in a most extraordinary way, under the alluring title: Hahnemann's Organon in the Light of the Twentieth Century, printed in the August Journal of the Institute, pages 669-680, with notes and references.

"The most notable work" of Hahnemann, the Organon, we are told, has only one paragraph, paragraph three, worthy of note. Hahnemann, we are told, was violent, dogmatic. He could not get along with his enemies. "His son-in-law, Mossdorf, could not get along with him and separated from him." We are not told that Mossdorf was divorced from Hahnemann's youngest daughter, Louise, and Hahnemann wrote to the Duke of Anhalt-Kothen that Mossdorf could have staid if his moral conduct had been tolerable. "wenn seine moralische Aufführung nur erträglich gewesen wäre"; but Dr. Wesselhœft knows what he knows, Hahnemann lied. Hahnemann was poor, an impecunious literary man. He made extravagant claims, we are told, that is, he lied. He had not the modesty and caution of Pasteur, the intellectual and personal charm of Osler, the courteous criticisms of Mackenzie, the kindness of Conrad Wesselhœft.

Hahnemann, we are told, was not a specialist, because he had only "one patient." He was not a general practitioner, because he had only "ambulatory cases." He accepted his proving of cinchona on himself as conclusive when he was merely susceptible to cin-

have been written into 200 pages and satisfied the most exacting. Pages and pages are filled with conclusions, which ignorant and ignoble gossips given to irrelevant assumptions and astonishing absurdities may use for explosions. Dr. Hæhl can, of course, be held responsible only for his conclusions, not for Dr. Wesselhœft's copying them with sophomoric effervescence, irrespective of whether the conclusions fit the facts or whether the facts support the proposed conclusions. Dr. Wesselhœft does not illuminate Hahnemann's *Organon*, nor does he turn on the light of the twentieth century, even when he goes outside of Dr. Hæhl's work for points to prop up his disgraceful unscholarly adventure.

No student of Hahnemann, not one even of those whom he had afterward ceased to befriend, has ever been reported to have said that Hahnemann habitually lied. Dr. Croserio, the Sardinian student and friend of Hahnemann to his last day, a man who knew Hahnemann, as he worked in his office and lived in his home, testified under oath, before a Paris tribunal, that Hahnemann never lied. Dr. Wesselhœft may say that Dr. Croserio, with his Southern temperament, was more loyal than knowing; but every humane person, without being an admirer of Hahnemann, will acknowledge that it is no dishonor for Dr. Croserio to have been loyal to his friend and teacher, and for Hahnemann to have inspired loyalty in students and men about him.

In the *Klockenbring* matter, which is used to show Hahnemann as "given to extravagant claims as to his experience" and to help "us to understand the literary style of some of his followers," the challenge of Hahnemann's knowledge and morals is impertinent. Dr. Wesselhœft puts more reliance on Bradford's misinformation as a historian of Hahnemann's experiences in Hungary and Transylvania, than on Hahnemann's writings, and actual experiences in Leipzig and Vienna and Hermannstadt and Erlangen and Dresden and Lockowitz, and again Leipzig, and Stötteritz and Gotha before *Klockenbring* was brought to him for treatment in 1792 to Georgenthal.

Neither in the notes to the translation of Cullen's *Materia Medica*, in 1790, eleven years after Hahnemann's graduation from Erlangen, nor in letters of Becker in Hahnemann's behalf, nor in Hahnemann's letters from Gotha and Georgenthal in 1792-1793, appear "extravagant claims." In 1777 and 1778, Hahnemann was house physician at Hermannstadt, to the Governor of Transylvania.

That was before Hahnemann's graduation; but Hahnemann was trusted by Professor Quarin in Vienna and was undoubtedly as trustworthy as dispensary students and hospital interns in the care of patients are today. Hahnemann was no fool. After his graduation, practice was not brisk; patients were slow in coming; he was poor, as he was before he graduated and, some might say, when he was buried by his French wife like a pauper, Hahnemann, who was supposed to have earned much money and was one of the most celebrated physicians in his day.

Hahnemann had no family chest and had to earn his money, early and late, throughout his life, as he had to make his reputation, something he would not have had to do if he had been a "modernist" living on inheritance and a family name. So he became not only a physician but also a man of letters. Since when is it a medical crime for a physician to be poor and to be a man of letters? Is it so much better to be "rich" and get medical inspiration from newsprints on religious controversies and Tennessee court trials? Are we, as his followers, not to thank Hahnemann for speaking his truth to his own hurt, for thinking for us now instead of for himself then?

No one can say that Hahnemann could not read aright; that he could not digest what he read; and that he could not put what he read into order for understanding and reason. He was then, by these tokens, a man of knowledge and skill. He had enough knowledge and skill to correct with authority many of the best physicians and chemists of his time. Practice is not to be counted by noses and beds. Knowledge and skill may be acquired even without patients. To acquire knowledge and skill after patients come is too late, is only a method of "modernists," who, of course, then and there, pass out of modernity into archaic antiquity.

Hahnemann was a student of medicine, even when he had no patients to practice on. In 1784, five years after his graduation, he taught surgery for surgeons, not for barbers, shepherds and executioners. He taught hygiene, fresh air, exercise, diversion, baths, hot and cold, sixty years before the first bathtub appeared in America. Professor Baldinger, of Jena and Göttingen, who, in 1785, recommended Hahnemann's teachings as being "better than those given up to that time," did not accuse Hahnemann of making "extravagant claims" for writing of the "many observations" he had had "the opportunity to make."

Did Hahnemann make no medical observations as town physician of Dresden, as physician to the law courts, and as medical practitioner between 1785 and 1789? He was esteemed worthy of the acquaintance and friendship of the philologist Adelung, the anatomist Blumenbach, the chemist Lavoisier, all three pathfinders in their respective spheres of activity. Hahnemann did not leave medicine because he translated medical, pharmacal, chemical works. Not infrequently, part of the translated works consisted of original contributions of Hahnemann of more value than the parts translated. His insistence on medical men preparing their own medicines, his wine test, his work on arsenical poisoning, his arsenical test, all these fall into this time, three years before Klockenbring comes into the pale of the asylum, and the work of Hahnemann speaks for itself as a work of medical importance with never-ceasing interest on the part of Hahnemann in medical problems.

Who but a physician of the very first order could have made those undeniably valuable annotations to Hahnemann's translation of Cullen's *Materia Medica*? Would societies and academies of science have made Hahnemann an honorary member, as they did at this time, if he had been given to making "extravagant claims"? In 1790, he prepared his soluble mercury, an achievement in chemistry for medicine; raised his voice against the customary methods of venesection and purgation and further debilitation of patients, a cry of profound medical conviction. In 1792, he put to critical judgment the treatment of repeated venesection given Emperor Leopold, suffering from pneumonia, by three of Vienna's foremost physicians, Lagusius, Störck and Schreiber; Curt Sprengel, the historian, does not record any disapproval of Hahnemann making "extravagant claims"; and it was in that same year, 1792, that the Duke of Gotha placed a wing of his hunting lodge at Georgenthal at the disposal of Hahnemann for the use of an insane asylum.

That only Klockenbring entered the asylum, was not Hahnemann's fault, but the fault of the times. The general run of physicians, attendants, and people could not understand why Hahnemann would not treat an insane person as a beast of the jungle; could not understand any more than Dr. Wesselhoeft does that Hahnemann was then laying the foundation for successful medication of the insane, more than Pinel. All subsequent Hahnemann's writings show his increasing understanding of and un-

ceasing emphasis on mental diseases and symptoms and their removal by humane treatment and scientific medication.

Becker wrote of Hahnemann as the "well-known physician" and advised people to see him. Schlichtegroll wrote of Hahnemann as "the celebrated Dr. Hahnemann, on whose knowledge as a physician," in several inquiries, "there was only one voice to be heard," namely, "that nothing could be so desirable as to have such a penetrating physician for the treatment of the insane." He wrote of Hahnemann as "der gelehrte Arzt," the scholarly physician, the learned physician, who cured Klockenbring when "der verdienstvolle Leibmedicus Wichmann in Hannover, in Verbindung mit mehreren anderen," the meritorious physician Wichmann and several other physicians, could not cure the insane man.

Whoever has an eye to the facts cannot help but find that Hahnemann's moral as well as intellectual integrity is unassailable. He carried his moral principles to moral ends and his intellectual principles to intellectual ends. Nowhere does his intellectual integrity appear in such convincing light as in the *Organon*, which, in 1810, he issued as the "*Organon der rationellen Heilkunde*," *Organon of the Science of Medicine*, and, in 1819, 1824, 1829, 1833, the second, third, fourth, fifth editions, as "*Organon der Heilkunst*," *Organon of the Art of Medicine*, *Organon of the healing art*. This last title appears also in the last, the sixth edition, finished by Hahnemann before his death in 1843, and published by Dr. Hähl in German in 1921, and by Dr. Bæricke in English in 1922.

For Dr. Wesselhœft, the third paragraph is the *Organon*, the seed of hope for "modernists." Of course, this means that he does not know what Hahnemann's *Organon* really is. Dr. Wesselhœft, after correcting his own uncle's translation with a translation no better than his uncle's, assures us that this third paragraph "remains exactly the same as in all of the first five German editions," as though he were the first to call attention to this undeniable occurrence, and continues to remark: "I have not seen the sixth edition"; but, on a succeeding page, quotes from the Boericke translation of the sixth edition, clearly implying that Dr. Boericke may have arbitrarily translated the third paragraph or that Hahnemann may have risen from the grave and changed his third paragraph, and Dr. Wesselhœft would not accept Dr. Boericke's translation until he saw the original German. Dr. Wesselhœft wants to make us feel that he is careful in claiming first-hand knowledge

with Hahnemann's writings in German outside the last edition of the *Organon*, but we are constrained to point out that there is abundant evidence in Dr. Wesselhœft's printed statements that he never read Hahnemann's works or, if he read them, that he has misread them or, if he has not misread them, that he has purposely made wrong misleading statements for staccato effect.

Where does Hahnemann apply the psora theory to syphilis? Nowhere. Neither in the *Organons* nor in the *Chronic Diseases*, nor anywhere else. Everywhere, wherever Hahnemann speaks of psora, he makes it clear that he means psora and not syphilis. Psora applies to non-venereal infections, not to syphilis, a venereal infection in the major sense. Where does Hahnemann first use the term homeopathy? Not in the 1810 *Organon*, as we are told, but in the 1807 "*Fingerzeige auf den homeopathischen Gebrauch der Arzneien in der bisherigen Praxis*."

If Dr. Wesselhœft had really read and digested the *Organon*, he would know that Hahnemann's *Organon of the healing art* is not the third paragraph. The third paragraph is a repetition of principles of examination for pathologic and therapeutic indications already given in Hahnemann's "*Heilkunde der Erfahrung*," his *Medicine of Experience*, in 1805.

What is Hahnemann's *Organon of the science of medicine in 1810 and of the art of medicine after 1810*? What is an organon anyway? *Organon* is a Greek term. The term means a tool. In the history of science and letters, this term has been used by three men, Aristotle, Bacon, and Hahnemann. With Aristotle, logic was the organon, the tool, of reasoning. With Bacon, observation and experiment represented the novum organum, the new tool, of knowledge. With Hahnemann, homeopathy is the organon, the tool, of medical science in 1810 and of medical art after 1810.

That Hahnemann recognized that homeopathy was a tool, a method of art, a Heilweg, a method of cure, and not a tool of science, a datum of knowledge, a point of philosophy, and at once changed his term and use of homeopathy when he had this better knowledge, shows Hahnemann's intellectual integrity; his power of critical discrimination between the essential, the important, and the unessential, the unimportant; his readiness to grasp truth for achievement and leave error on the pathway; a moral and intel-

lectual superiority which, of course, "modernists" like Dr. Wesselhœft may not appreciate.

The trouble with homœopathic physicians is that they will talk and write about homœopathy, but will not learn and practice homœopathy. Is the calamitous loss of our homœopathic schools to a new group of morons the result of Hahnemann's *Organon* of the healing art, homœopathy in its true sense of the curative method of scientific medicine, or the result of the ignorance of Hahnemann's followers, practicing homœopathy falsely and falsely theorizing about it?

Homœopathy, the art, and theories about homœopathy, the science, are two different things. Hahnemann knew it and, therefore, left the "scientific" explanation to others, to these wonderful "modernists," and thereby showed his genius. No one can budge his art, his method, but our homœopathic journals and books carry oceans of childish nonsense about it.

Why leap from 1810 suddenly to 1828 and give the impression to those who do not know that, from 1810, Hahnemann's "pursuits in materia medica" consisted in "revising the fourth and fifth edition of the *Organon* in 1829 and 1833" and in issuing four volumes of "Chronic Diseases between 1828 and 1830"? Before 1810, we have records that Hahnemann proved or tested or examined twenty-seven drugs on his own body; by 1821, that he had proved sixty-one drugs, *i. e.*, thirty-four more; by 1828, ninety drugs, *i. e.*, sixty-three more; by 1839, ninety-six drugs, *i. e.*, sixty-nine more; not to speak of provings of drugs made on students and friends, swelling the number of drugs to be accounted for Hahnemann, altogether to ninety-nine or, according to Dr. Hæhl, to exactly 100. Do these drugs appear only or altogether in the fourth and fifth *Organons* and the four volumes of the first edition of the *Chronic Diseases*? By no means.

In 1811, appeared the first part of Hahnemann's *Materia Medica Pura*, pure because it contained medicines the effects of which on the human body had for the first time been studied on the human body; in 1816, appeared the second part; in 1817, the third part; in 1818, the fourth part; in 1819, the fifth part; in 1821, the sixth part; with second and third editions following. Are these not contributions to our modern *materia medica*? Where would Hughes and Allen and the rest of the notables of Dr. Wesselhœft have been without these foundation stones of homœopathy? Has any medical man ever contributed more and with more exactitude?

Hughes, whom Dr. Wesselhœft appears to admire but who, if he were alive, would resent Dr. Wesselhœft's unjustifiable attack on Hahnemann as I do, and would refute and repudiate as I do the puerile assertions and assumptions brought forth to support the attack, not because Thersites deserves to be raised to the position of importance which criticism implies, but because the whip of Ulysses may avert vicious attacks on the moral and intellectual integrity of the founder of the homœopathic camp from fellows not quite so close to us as is our homœopathic fold; Hughes was convinced that Hahnemann's provings stand alone in the annals of medicine in both wealth and exactitude of information, and confined his *Cyclopedia of Drug Pathogenesis*, contrary to Dr. Wesselhœft's notion, to medical material accrued since Hahnemann's time; and, as for Allen's *Encyclopedia* being, with Hughes' *Cyclopedia*, the greatest source of "accurate drug symptomatology in medical literature," we have merely to turn to the symptoms of Tarantula, of which, upon the authority of Nuñez, it is not known whether they are the result of scorpion or tarantula bites, or to turn to the symptoms of Cuprum, to which Allen inconsistently added symptoms of the acetate of copper and then went on to furnish a separate record of symptoms of acetate of copper. We have merely to consider such small defects, not to speak of larger errors, in order to realize that compilations, however meritorious, may be superseded but creations, like the provings original with Hahnemann, and original conceptions, like Hahnemann's conception of homœopathy as the method of cure by symptomsimilarity, will never be superseded.

To be lifted into eminence by inane flattery may be satisfying to some, but must be repellent to men of insight. I have a feeling that Dr. Bellows would well wish to be rid of his flatterers. Dr. Bellows is a courteous man, a good teacher, and an excellent practitioner of medicine; but my respect for him personally does not absolve me of my natural respect for critical medical truth. The attempt to re-prove *Belladonna* on the basis of the suggestions made by Dr. Bellows was laudatory. I was sympathetic with the attempt of Dr. Bellows. I was among the first subscribers to his book and eagerly looked forward to its study. When it appeared, what did I find? I found the very opposite of things claimed for the work by those loudest on the matter. There was only one

person with whom I could agree and that was Dr. Bellows himself. Dr. Bellows himself declared that the effect of the re-proving of Belladonna by his staff of provers was nugatory, and I agreed with him. Belladonna is one of the best proved medicines of Hahnemann, and no triflers will ever improve upon Hahnemann. The Bellows report contains glaring errors and invalid examinations, control, and judgment. I am convinced that the native courtesy and gentle sensitiveness of Dr. Bellows made it impossible for him to keep incompetence and insubordination in check. His lieutenants and sub-lieutenants had "the time of their lives." Only my regard for Dr. Bellows himself and my feeling that the matter is of no particular consequence have made me refrain from going into the subject point by point, but, if necessary, I can show the errors and derelictions at any time. However, the less said about the Bellows proving the better. Dr. Bellows himself, I believe, agrees with me.

It is quite another matter when we come to the proving of China by Hahnemann, the most significant proving ever done in the history of medicine. We cannot conceive how any one can call this experiment crude, unless he wishes to rise upon his saying as an unusually new Columbus, but Dr. Wesselhœft is no Columbus. His "studies" are as old as the hills, and his doubt as to the conclusiveness of Hahnemann's experiment for the reason that Hahnemann was susceptible to cinchona is the silly dance of an unscientific imagination. Hughes, the particular star in Dr. Wesselhœft's firmament, wrote that the preface to the proving is "a master-piece of observation and reasoning," and the thought resulting from the proving was "as original as it was brilliant and fruitful." Hughes may now cease to figure as a favorite reference of Dr. Wesselhœft, but who, without malice and ignorance, will not subscribe to what Hughes says in respect to china and Hahnemann?

Fifty and more years ago, Dr. Drysdale, of Liverpool, suggested that the fever of china in the prover was due to his special susceptibility because numbers of patients, workmen, and experimenters have produced no such symptoms, and, later, Schwartz and Behring of the opposite school took the same ground; but Bretonneau, of Paris, and Lewin, of Berlin, observed the paroxysmal fever occurring from china, with and without individual predispositional debility; workers in Frankfurt and Paris developed

china fever and then remained free from it during all their subsequent labors in china factories; and Professor Lewin, the celebrated professor of pharmacology for many years in the University of Berlin, in his work on the incidental effects of medicines, "Die Nebenwirkungen der Arzneimittel," writes that Hahnemann's much doubted observation of the paroxysmal fever of china in his own body must be accepted as true: "Die viel angezweifelte Selbstbeobachtung von Hahnemann, der nach Einnahme einer grösseren Menge der Chinarinde von einem kalten Fieber, aehnlich dem Sumpfwachselfieber, befallen wurde, ist als eine zulässige anzusehen."

Whether Hahnemann suffered from latent intermittent fever with malarial plasmodia stored up in his spleen during his stay in Transylvania, as suggested by Bakody, or suffered from predispositional debility, as suggested by Dr. Wesselhœft, Hahnemann did not fail to experience a kind of *paroxysmal fever* which is *homœopathic only to china*, not to aconite, not to arsenic, nor to bryonia or to rhus and a kind of *debility* due to loss of fluids, blood, wine, feces, milk, semen, which is *homœopathic only to china*, not to ferrum, phosphoric acid, or arsenic.

It is really surprising that Dr. Wesselhœft did not pick up this Hahnemannian debility to fortify his invectives against Hahnemann with another "breach of morals" destructive of Hahnemann's moral and intellectual character. In 1790, when Hahnemann made his proving of china, he was married eight years, and in that short period of time begat no less than four daughters and one son. Surely that must account for his debility in the china proving! How could he, with his reproductive talent, be expected to undertake the treatment of Klockenbring, two years after, without making "extravagant claims"? Hahnemann suffered from constitutional debility ever after for, not satisfied with five children, he begat eleven, and soon after his wife died, the German Hausfrau, who he himself declared was "von seltener Güte," of a goodness that is rare, he married a second time. The gay Lothario, writing at his age of eighty to his fifty-year-old friend and student Boeninghausen that his Parisian wife was shapely, well formed, of a pleasing shape, "vom schönsten Wüchse"! No wonder that his chef-d'oeuvre is only "a mere seed with inherent flaws"! How did he dare to write for his tombstone, "non inutilis vixi," I have not

lived in vain, as though he could transfer his grasp for immortality in the flesh for immortality in the spirit?

Nevertheless, it has become apparent that Hahnemann has led a highly moral and intellectual life, useful both to his family and the world at large. Osler, that arch-enemy of homœopathy, admitted that "no one individual had done more good to the medical profession than Hahnemann." Napoleon did not confine the good that Hahnemann did to the medical profession, but considered homœopathy as the most beneficent discovery since Gutenberg invented the art of printing. Bier, the successor of Bergmann in the chair of surgery at the University of Berlin, declares that Hahnemann was an "important personality." Fischbein, the new editor of the *Journal of the American Medical Association*, admits that Hahnemann with his dilutions did less harm than Rush with his massive doses of jalap and calomel. A few more sedatives, a few more laxatives, and perhaps Dr. Wesselhoest also will admit that, after all, Hahnemann did produce a chef-d'oeuvre with all that a chef-d'oeuvre implies, a work without flaws, a masterpiece, not a mere seed that a preface, even if it should remind a sensitive evangelical soul in New England "of the style of a revival preacher," is, after all, only a preface, not the chef-d'oeuvre, the organon, the tool of curative medicine, homœopathy; that it is better to serve with Hahnemann "at the altar of truth with impartiality and untiring zeal" and in performing this duty "approach to godliness" than to serve God and the crowding idols of the day at the same time, for, after all, though God may be a "modernist" and share his realm with idols, He may also have been a "fundamentalist," He must have been, if He ever has been, at the origin of things and, therefore, at the origin of homœopathy.

The question can never be: What is Hahnemann's Organon, Hahnemann's homœopathy, in this light or that light, in this century or that century? We must not fall into the Einstein-Newtonian squabble over space and time, light weight and light flight. The only proper question is: What is Hahnemann's Organon? What is homœopathy? Hahnemann has answered the question, most clearly, in paragraph 50 of the fifth and sixth editions of the Organon: *Heile durch symptomenaehnlichkeit!* The Introduction to Dr. Boericke's translation of the sixth edition of Hahnemann's German Organon, which I wrote, puts the answer into sober, understandable, scientific English.

Hahnemann gives homœopathy as a method, the method of cure, *Heilweg*, a method that cures by symptomsimilarity. Hahnemann's homœopathy is today, was yesterday, and will be in the days to come the curative method of medically curable diseases by symptomsimilarity. It cannot be otherwise. Changed, and it is no longer homœopathy. It is a mistake to believe that the homœopathy of the present is not the homœopathy of any edition of the Organon. Homœopathy is the organon of curative medicine and will be its organon as long as there will be curative medicine. Hahnemann conceived his homœopathy by induction in his proving of china in 1790 and, though the book, entitled Organon, has gone through six editions, each edition different from the others, homœopathy, the organon of curative medicine, was never changed, could not be changed, by Hahnemann in any of his writings, from 1790 to his death in 1843, or by any one else after him. Homœopathy is today what it was when it was conceived, a perfect induction of the scientific imagination, if ever there was a perfect induction in the annals of human thought.

In the proving of china, the homœopathic relation between drug effects and disease effects became evident to Hahnemann. "*Heile durch Symptomenaehnlichkeit*" is not merely let likes be treated by likes, but the likes must be specific, and for Hahnemann's homœopathy they are specifically the symptomatic effects of drugs and diseases. In the proper practice of homœopathy, there is no breach in the relation of these conditions. We expose bodies not in physiologic isomorphic state to the action of bodies known to effect similar pathologic heteromorphic states. The result of the experiment is the removal of the pathologic state in medically curable diseases. The experimental result proves, establishes, maintains, that homœopathy is the method and, the logical necessity, the law, for the practice of curative medicine.

What we seek is truth. Science calls for nothing else than the establishment and formulation of truth, and only those who will ignore what they do not wish, will not acknowledge the truth established and formulated by others than themselves or their favorites. Science is correctly related knowledge of natural phenomena. In homœopathy, we relate our knowledge of natural phenomena, and when we relate correctly we practice homœopathy logically, scientifically, and produce true medical results. We may view the

Modern immunity or resistance therapeutics is Pasteur's prophylactic method of infection to prevent re-infection. Hahnemann's curative method is disinfection to be without infection, the homœopathic method of remedial therapeutics. Chicago, with its focal therapeutics, says we must disinfect, not re-infect, in order to cure, and we are told that Hahnemann is dead. Vienna, the Mecca of Hebra's scabies, and not second to Paris in admiration of Pasteur, talks of missions today as Hahnemann did a hundred years ago. In considering the "antiallergic therapy" of bronchial asthma, Hugo Habicher (*American Medicine*, June, 1925, p. 366), gives it as based on the theory that "in the great majority of cases" the asthmatic attack is "caused by unknown 'miasma'" and that "such patients should be taken to regions which are free or practically free from *miasma*" or "should be treated by a non-specific anti-allergic therapy." In Frankfurt, the chemotherapeutics of Ehrlich has lost its original slogan of parasitotropism and has more regard for the rôle of the host. With Morganroth, the host counts more than the parasite, as it did with Hahnemann. In staid old Boston, Paul D. White (*Journal American Medical Association*, July 11, 1925, p. 82), speaks of the importance of the "study of symptoms," of "idiosyncrasy to drugs," of the importance of "the individual in therapy," of "the average dose, pharmacologic action in animals and the usual course in man" as helpful guide posts, but "very crude ones," just what Hahnemann said, only a great deal better. "We must establish," says White, "in the future more accurate directions than we have at present when we have to treat a particular person with a certain family history, a certain past history, and present constitutional peculiarities," just what Hahnemann felt before he gave his famous directions for the practice of homœopathy. Hahnemann could afford to be dogmatic. He had something to be dogmatic about; but what have the Wesselhœfts to be dogmatic about? Mesmerism?

It is my belief that neither Wesselhœft, uncle or nephew, ever had the notion of denying the existence of inorganic metallic magnetism imparted by induction or the electric current, the use of magnets for the attraction and extraction of foreign bodies, the use of electricity for stimulation and sedation of the neuro-muscular apparatus but apparently both uncle and nephew deny the existence of organic animal magnetism, mesmerism, the attraction and repulsion of will by will. I say, apparently, because in reality,

I do not believe, they would ever deny the existence of suggestibility, the displacement of will by will, which mesmerism is. Hahnemann did not take mesmerism for homœopathy. He took it as a "curative force," which, as he said, has often been "so stupidly denied and disdained for a century." The "strong will of a well intentioned person" goes "by contact and even without this and even at some distance" into the sick person "dynamically, just as one of the poles of a powerful magnetic rod" acts "upon a bar of steel." This is Hahnemann's explanation of mesmerism, to be found in paragraph 288 of his Organon, in both the last two editions, an explanation of which neither Hahnemann nor any one else needs to be ashamed, for it is the truth. Displacement of the will, replacement of abnormal will by normal will, the method of suggestion has been practiced since Mesmer by numberless practitioners of all schools of medicine, by men like Charcot and Liébault and Bernheim and Kraft-Ebing and Freud with and without hypnotism, with undoubted benefit in many nervous diseases.

It is astonishing that there can be men who with fits of strenuousness, attack, on one side, Hahnemann's intellect because he took suggestibility for therapeutic use, and then, on the other side, vehemently attack Hahnemann's moral character because he was not or would not be suggestible himself, because he would not do things just because others did them or would do them. Has the desire for hypocritical conformity and uniformity ever gone farther? In such a baneful atmosphere of scientific mediocrity, Hahnemann's achievement of homœopathy would have been impossible.

Hahnemann was independent in intellect. Hahnemann was moral beyond the "morals" of his detractors. He sought the good, the principle that purifies, as well as the true, the principle that illumines. He "sought truth earnestly and found it." He himself wrote this in English. He sought goodness. He followed his father, who had the soundest concepts of what is good and worthy of man, who, in the very words of Hahnemann, "hatte die gesundensten Begriffe von dem was gut und des Menschen würdig genannt werden Kann."

Hahnemann wrote as clear a German as Luther, who made modern German, and as beautiful a German as Goethe, who wrote the finest modern German, wrote as compelling a German as Schopenhauer, who wrote the most philosophic, and as Lassalle, who wrote the most eloquent German; wrote as soberly as Kant, only

more clearly and more elegantly, and therefore more understandingly. Only a distorted mind can discover in Hahnemann's style the style of a revival preacher.

Hahnemann's Organon is not "a mere seed with inherent flaws." It is a complete method, practiced and practicable. All the improvements in modern medicine carry us back to Hahnemann and his experiments that led and followed his conception of homœopathy, his organon of curative medicine. "Modernists"! "Fundamentalists"! Indeed! A plague on both their houses! What has homœopathy, what has science, to do with these "religious" carcasses? Science says, here is the thing; take it or leave it. Homœopathy says: Here am I; take me or leave me. Homœopathy has nothing to do with ignorant speculators whose science consists in putting forth, not science, not homœopathy, but merely their own unprovable, improbable speculations.

Hahnemann will be honored; Hahnemann's Organon of curative medicine will be practiced; homœopathy on the basis of symptom-similarity will be in medical vogue. Consciously and unconsciously, Hahnemann's homœopathy is finding acceptance throughout the whole medical world.

419 Boylston Street,
September 1, 1925.

"A CENTURY OF HOMŒOPATHY IN AMERICA."

EDITOR, THE HOMŒOPATHIC RECORDER,

My Dear Dr. Rabe:

I have before me the manuscript of an essay by Dr. Stuart Close. May I ask the privilege of expressing through the columns of the RECORDER, in which I understand it will appear, my opinions of this paper?

I should like to express these opinions of this epoch-making paper first, because of its title—"A Century of Homœopathy in America"—for which, as President of the Boston District Homœopathic Medical Society, where it was read, I am directly responsible; and secondly, because of the author's excellent and classical treatment of the subject.

A hundred years is a comparatively long time for a medical sect, so-called, to exist. If we consider the theories of Van Hel-

mont, Brown, Stahl, Hoffmann, Boerhaave and other doctrinaires in medicine who preceded Hahnemann, it is safe to say that none of them, not a single one, has had the distinction of surviving a century, and many of them but a few decades.

In fact, homœopathy has survived for much more than a century. The new system, to quote Dr. Close, during its first twenty-five years, made its way on its own merits among a people and a profession who had lost confidence in the old lawless methods of treatment and were ready and eager for something better.

The history of "the old lawless methods," as Dr. Close so aptly calls them has been well set forth by Hahnemann in the introductions to the various editions of the *Organon*. What the new method—the Law of Similars—has been and has become, at its worst and at its best, is most succinctly epitomized within the scope of this admirable essay. In fact, so epochal does this paper seem to me at the present moment, that I can only compare it with that classical essay on Homœopathy as an Inductive Science, by William Channing, of New York, which so excellently and forcefully portrayed the spirit of the new doctrine introduced by Gram, that the leading regular medical journals took up their cudgels in defense of the time-honored system of Old Medicine; and this alone is acknowledged to have done more than any single influence toward the establishment of the new system.

Channing and John F. Gray are said to have exemplified perhaps more adequately than any other two of Gram's early converts, the right and left wings of the new movement. In contrast to the classical and academic purist epitomized in Channing (himself a cousin of the celebrated William Ellery Channing), was the free and liberal-minded protagonist exemplified in Gray, the first convert to homœopathy in America. Both, however, represented for the historical reviewer a solid and consistent unity and purpose that was destined to rise supreme above the obstacles of medical bigotry and prejudice, in the establishment of a therapeutic method of progressive, high-minded and scholastic medical idealism; a system in truth that was to shine with undiminished lustre for more than a century in the new world.

Dr. Close traces this history from its one-time high numerical standard of colleges to the present minority, with its diminished political and collegiate privileges. What of the future of this century-old reformatory movement in medicine?

"It had," writes Dr. Close, "a strenuous, troublous, glorious day. Now at the close of that day, the sun of homœopathy as an institution in America has set, and dusk is stealing on. *But tomorrow is another day.*"

What of this New Day? Dr. Close very logically traces the demise of official homœopathy to the failure of what he calls

"the American educational policy in homœopathy. Time and experience, those inexorable testers of quality and substantiality, have shown that it is impossible under the conditions which invariably arise in such institutions to cover the field and to maintain discipline, coöperation and unity of purpose—in one word, the *morale*—necessary to the instillation of the homœopathic spirit and the creating of true homœopaths."

Thus Dr. Close, like many of the maturer minds in homœopathy, looks out upon the present-day educational impasse in the school with calmness and equanimity. Granted that the dawn of the New Day, which Dr. Close sees already brightening the horizon, will restore the pristine glory of homœopathy, it must come, in his opinion, through

"a return to the educational policy of post-graduate education as initiated by Hahnemann, exemplified by Kent in the Philadelphia Post-graduate school of Homœopathy in 1891, and now being carried out in Washington in the School of the *American Foundation for Homœopathy.*"

The philosopher in Dr. Close next speaks when he tells us that

"every true science originates in the discovery of a Primal Fact, or general principle which shows the relations of previously collected facts and thenceforward governs all the procedure by which it is developed and applied" for "without a governing, general principle no true science is possible. The ultimate object and higher aim of science is the Truth. Truth is good and there is no evil in it."

In this latter statement, we have epitomized all that Hahnemann idealized in his opening statement in the *Organon*, all that he envisaged in the establishment of a true law of healing, as exemplified in the Law of Similars. "Truth and good are founded in principle." Homœopathy in its essential purity is such a principle; and Dr. Close would have us believe that its true devotee should be enabled to distinguish this truth and reality from the false and artificial philosophies of current medicinal therapeutics.

"Homœopathy will be born again—is being born again. The foundations of a new organization are already being laid
 In the meantime we may well be patient—and humble—since we ourselves are responsible for a large part of the prejudice against the system, created by our own inconsistencies and shortcomings."

Having been responsible, as aforesaid, for the title of this paper, it was my pleasure to listen to it with much interest, and it has been my greater privilege to thus review briefly some of its outstanding lights and shadows. Coming from the pen of so learned a present-day savant of Hahnemann's unimpeachable system, such a forceful portrayal of the past, present and future outlook for homœopathy, let us hope that this paper may be widely read, not only in its present form by readers of this JOURNAL, but, in my opinion, the subject matter so clearly treated here, might well be issued as a brochure for future students of the most profound medical system that has been promulgated in the history of medicine—the homœopathy of Hahnemann.

Dr. Close was very fittingly extended a unanimous vote of appreciation by the *Boston District Medical Society*. I offer to the readers of THE HOMŒOPATHIC RECORDER this expression of my personal esteem of the author for his embodiment in classic form of so able and comprehensive a contribution to the history of homœopathy in America.

BENJAMIN C. WOODBURY.

11 Marlborough Street,
 Boston, Mass., October 1, 1925.

CLINICAL CASES.*

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

CASE I.

1. Foul nasal discharge, ceasing, then like a weight in right temple with vertigo.

2. *Stomach chilled while heated*, then pain back of right eyeball with sense of a veil before vision, then sore, tender whole right side of head.

*Read before the Annual Meeting of the International Hahnemannian Association, New York, June, 1925.

3. Rises in morning with a damnable ache and dull throbbing pain in or above right eye, > being up a while; later toward bedtime a grumbling pain. Can't lay head comfortably on pillow, must *change position often*; then sweats at midnight.

4. Typhoid fever four years ago.

5. *Agg.*: Touch, reading, after meals.

Amel.: Sitting up.

1924-8-11. Rx Rhus tox. mm., one dose.

9-8. Pain is better but vertical diplopia has developed. Here is an excerpt from his letter. First had four doctors, then two specialists, an osteopath, and lastly, a chiropractor, without relief, before your insignificant powders came along. I followed directions and the pain gradually left, but, as you said, they would upset me, which was the truth, alright; then I began to see double, always one image above the other. In driving my machine had to shut one eye to get by. This lasted three weeks, when it also left.

CASE II.

1. Malaria, fourteen, twelve, and three years ago; with *cold sweat on backs of hands*, then chills. Anæmia last year. Uterine mole removed. Formerly abscess over left occiput; now can't bear cold wind on part.

2. Heavy ache between scapulæ < under right, then forward to epigastrium or border of right ribs > lying on back.

3. Fluttering heart on lying down, also pressure over heart < lying on left side.

4. Fullness from stomach up throat.

5. Weak aching across hypogastrium.

6. Frontal ache going to vertex, before menses.

7. Red pimples on face and over kidneys < right.

8. *Agg.*: Cold, exertion, pressure on stomach.

9. Never sweats. Rx Chionanthus m. one dose acted for seven months, then slight return quickly > another dose.

CASE III.

Paraplegia after a still birth. Patient purpuric, had albumin in urine in a former pregnancy. Rx Caulophyllum, C. M., one dose. This brought renewal of lochia with gradual cure.

CASE IV.

Gonorrhœal ophthalmia. Aside from the classical symptoms, the cornea was becoming opaque with strings of adherent mucus across it. A single dose of Kali bich. M. M. helped in a few days and the case gradually went on to a complete cure; the cornea cleared up completely.

CASE V.

Exophthalmic goitre. First right then left eye protruded with sandy feeling in them. Choky feeling < pressure of clothes about neck.

Palpitation with heart pain that *gradually increases then slowly declines*. The heart feels big; < lying on left side.

Dyspnœa < ascending.

Has had diphtheria with a painful splitting sensation on swallowing.

Symptoms that gradually increase then gradually decline are covered by the following remedies:

Arg. n., Ars., Gel., Glo., Kali bi., Kalm., Lach., Nat. m., Pho., PLAT., Pul., Sang., Spig., STAN., Stram., Stron., Sul., Syph.

One dose of Glonoin mm cured.

CASE VI.

1. Chronic bronchitis. Subject to tonsilitis and congestion of right lung. Many achings in various places.

2. Chills ascend over right head on urinating; has passed kidney gravel.

2. Chills ascend over right side of head on urinating; has passed kidney gravel.

3. Expectoration thick, tasting like bad eggs.

4. Meat tastes sour or is regurgitated. Constipation.

5. Trembling within chest.

6. *Profuse cold axillary sweat* that runs down over chest.

7. *Agg.*: Cooling off while hot. Before storms. Dampness. Fats.

Amel.: Yawning. Open air. Rx Lappa m.

Within six weeks the axillary sweats and constipation disappeared and a great general improvement set in.

CASE VII. Toxic Goitre.

1. This patient was cured of goitre homœopathically as a little girl; now, at her fourth and last confinement she was given a dose of pituitrin to hasten labor, which it did, it passing off painlessly. On the tenth day a toxic goitre suddenly appeared, along with the following symptoms:

1. Apprehensive of evil, especially when the milk flows into breasts or at stool; followed by smothering.

2. Fainting attacks.

3. Internal and external tremor.

4. Numb limbs, first one, then another; < if held long in one position. Feet swell < right. No albuminuria.

5. Smothered feeling above heart; < emotions, reading and in evening; must walk for relief.

6. Aching over eyes and in occiput.

7. Heat of middle finger of right hand < pressure.

A single dose of Crotal hor. mm started an improvement at once, that has now continued for more than forty days and but very little of the trouble remains.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

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

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

A CENTURY OF HOMŒOPATHY IN AMERICA.*

Dawn and dusk, sunrise and sunset, come alike in all the works of man as in nature. All are subject to the universal law of periodicity. Light and darkness, ebb and flow, birth and death, in all their ceaseless oscillations and alternations, represent the rhythmic pulsation of the great heart of the universe, propelling the current of life through every artery and vein of the cosmic organization. Everywhere, action and reaction, motion and rest, rise and fall, mark the progress of man and all his institutions.

So it has been with homœopathy, the first century of which in America, we briefly review tonight.

The dawn of homœopathy in America came with the arrival from Copenhagen, Denmark, early in September, 1825, of Dr. Hans Burch Gram, of whose remarkable character, personality and work, we have had an eloquent appreciation tonight from Dr. Sutherland.

It had a tremendous, troublous, glorious day. Now, at the close of that day, the sun of homœopathy as an institution in America has set, and dusk is stealing on. *But tomorrow is another day.* For the time being, the movement has lost its force. Its organizations have lost the spirit and purpose of the founders. Its societies have declined in numbers, attendance and influence, and many have gone out of existence. Its hospitals have passed into the hands or are under the control of men who have abandoned the strict, inductive, individualizing therapeutic method of Hahnemann, or into the hands of the "regulars." Its colleges have been reduced to two, both of which are negligible as agencies of progress. The

*Address delivered before the Boston District Medical Society at the Commemoration Exercises on the One Hundredth Anniversary of the Introduction of Homœopathy into America, held at the Evans Memorial, 80 East Concord Street, Boston, Thursday evening, September 24, 1925.

number of its practitioners is greatly reduced. We must face the facts.

The unwarranted and misleading retention of distinctively homœopathic names in many instances does not alter the facts nor deceive anyone who knows them.

The world today, both lay and medical, glimpsing only the external organization or body of homœopathy, and that but seldom, and being unable to detect any radical difference between the practice of its nominal representatives and that of ordinary physicians, in institutions or privately, have come to regard homœopathy itself, as a system of treatment, as dead or non-existent. They commonly express surprise or incredulity when told that there are physicians who still practice homœopathy. The characteristics of such practitioners must be clearly described to them and individual examples cited, before they can realize that the homœopathic system of treatment still exists.

The *Soul of Homœopathy*, the principle and system, is not dead. It is but waiting, like the daughter of Jairus, for the Master to come, and say, "Weep not; she is not dead, but sleepeth." Now meditate on the prophetic significance of the Master's next recorded action: "And he *put them all out*, and took her by the hand, and called, saying, Maid, arise. And her spirit came again, and she rose straightway; and he commanded to *give her meat*." How, think you, had they treated her, and what had been her diet?

The rapidity with which the new movement spread during the first half century of its existence in America, was surprising. Within twenty-five years homœopathy was represented by one or more physicians in twenty-two states, all of whom rapidly made converts and gained large followings, solely by individual energy, enthusiasm and initiative. There was no general organization or concerted movement. The new system made its way on its own merits, among a people and a profession who had lost confidence in the old, lawless methods of treatment and were ready and eager for something better.

Two agencies were at work, one lay, the other professional. In many places the practice was introduced and carried on by laymen who had either been instructed by their physicians in the treatment of simple diseases, or had heard of and procured one of the little

books on domestic treatment, which soon began to appear. These, with the little cases of medicine which accompanied them, were taken along as their owners migrated to other parts of the country, there to be used and generously shared with their neighbors as necessity arose, thus spreading abroad the new teaching. It has often been said, that the little domestic "book and box" had more to do with the spread of homœopathy in early days, than all other agencies combined.

Professionally, in most cases the teaching was passed on from one physician to another. Nearly all the early converts to homœopathy were allopathic physicians whose interest and attention had been attracted to the new system by the cures wrought by a homœopathic neighbor. Personal inquiry, conference and instruction, the working out of some refractory case together, watching the results of the medicine prescribed under the new principle, then the purchase of the *Organon* and the materia medica, and the work was done. It was all very simple and very effective in those days. It might be almost equally so today, if we only thought so.

Why were these physicians of the early days of homœopathy so successful in effecting cures and making converts? *First*, because they had faith in their great teacher and exemplar and in the system which he had developed. They were progressive, liberty-loving men with the courage born of strong convictions. Many of them had suffered exile from their European homes because of their struggle for liberty. They were self-reliant of necessity, because they were alone in their respective communities, until a following was created by their own efforts. *Second*, because they adhered closely to the original, simple method of prescribing as taught in the *Organon*. Here were taught no pathological theories, no arbitrary classification of diseases, no fine diagnostic discriminations, no complicated clinical and laboratory tests; but only certain broad, general principles, applicable alike to all diseases, and a definite method of procedure for observing and handling the facts upon which the prescription was based. This done, the prescriber sat down with his materia medica and such crude indexes or repertories as he had in those days, and patiently, by comparison of symptoms, worked away until he arrived at the most similar medicine. This he gave singly, and often in a single dose, to his patient and awaited results. We know how they did

it and we know the results, and we have no need to be ashamed of them.

This simple but laborious method was employed in the infancy of homœopathy in America substantially as it is today by conscientious prescribers. During this period, however, ingenious, penetrating and logical minds were at work developing easier and better methods of using the materia medica. To Boenninghausen, the friend and collaborator of Hahnemann, with his genius for analysis and classification, we owe the first comprehensive and practical repertory of the homœopathic materia medica, issued in 1833. This was followed in 1846, by his masterpiece, *The Therapeutic Pocket Book*, which greatly facilitated the art of prescribing. Many workers from Jahr to Kent have added to the list of these indispensable "tools of trade" for the homœopathician—tools which originated in and are possessed and used solely by the homœopathic school. Latest, most ingenious and most economical of time and labor, is the great *Symptom Index* of Richard M. Field, which adapts and utilizes the punched card principle, employed in the United States Census Bureau and other statistical departments.

New York, in 1825, received the first representation of the new system of pharmacotherapy in America in the person of Dr. Hans Burch Gram. He had studied and tested it in Copenhagen, Denmark, probably under the direction of Dr. Hans Christian Lund, who introduced homœopathy there in 1821 and was its most talented, active and influential practitioner. Lund may have been a personal student of Hahnemann in Leipsic, although the records do not contain his name. It is only known that Danish physicians had visited and conferred with Hahnemann and that several of them had adopted his system.

Pennsylvania next, in 1828, received the new system primarily through the open mindedness of two of its physicians, Dr. William Wesselhœft and Dr. Henry Detwiller, friends living in the neighboring towns of Bath and Hellertown, twelve miles apart.

Dr. Wesselhœft had studied medicine in three of the great German universities. In his youth he had been a *protege* of Goethe, and later, as a friend, had assisted that great savant in certain of his investigations of natural phenomena. Exiled from his home in Saxony, he came to America and found a field for the exercise

of his great talents among a little group of highly educated German physicians, exiles like himself, who had settled in the German-speaking villages of Northampton County, Pa. Among them were Detwiller, Freytag and Romig. From Saxe-Weimar in Germany, Wesselhœft received letters from his medical friends and classmates who had accepted homœopathy, urging him to investigate the new system. His father, a patient of Stapf, one of Hahnemann's most distinguished students and co-workers, sent him copies of Hahnemann's *Organon*, and the "Provings," and a box of medicines furnished by Stapf. Wesselhœft asked Detwiller to examine the new system with him. Later they called in Romig, of Allentown, and Freytag, of Bethlehem. Together they began a course of study and experimentation which convinced them all of the truth of the new system and led to its adoption. To Detwiller fell the honor of administering the first homœopathic remedy in Pennsylvania, a dose of *Pulsatilla*, which cured the patient.

In 1833 Constantine Hering arrived in Philadelphia. His career is too well known to require more than the mention of his illustrious name. His fame had preceded him. Drs. Wesselhœft, Detwiller and Romig, as a committee of the Homœopathic Society of Northampton and adjacent counties, which they had organized, visited Hering and induced him to join them in the establishment of a homœopathic school in Allentown, Pa., which they had projected.

Thus arose the first homœopathic college in America. It opened its doors on the birthday of Hahnemann in 1835. Hering became its first president and principal instructor. All the instruction was given in the German language.

The *Allentown Academy*, as it was called, was short lived. The local bank, in which its funds were deposited, was undermined and destroyed by its chief officer (said to have been a secret enemy of homœopathy), and everything was lost. The Academy buildings were sold to satisfy a mortgage. Dr. Wesselhœft struggled for several years to sustain the enterprise, but finally gave it up and removed to Boston in 1842, and the faculty ceased to function.

In 1848 the Homœopathic Medical College of Pennsylvania was opened in Philadelphia. Others followed at short intervals until in 1876 fourteen colleges were in existence distributed among eight states.

All these were organized under the same general plan as that of the allopathic colleges. They taught, or attempted to teach, all the subjects of the regular medical curriculum with homœopathy added. In so doing, they made a radical departure in educational policy from that followed by Hahnemann, who taught homœopathy, almost exclusively to regularly graduated physicians.

That was a period of "one man universities," reminding us of the witty characterization of one of our great college presidents:

Query. "What is a university"? Answer. "President Mark Hopkins sitting on one end of a log and a student on the other."

Under this policy homœopathy in its pristine purity and simplicity grew and prospered. But under the new policy of teaching general medicine and homœopathy concurrently to undergraduates, a principle of degeneration was introduced which was eventually to destroy all such colleges.

Homœopathic colleges increased in number until 1895 when twenty-two were in existence. Since then they have rapidly decreased until only two are now left. The reasons? Various, inherent and extraneous, but all traceable, directly or indirectly, to the American educational policy in homœopathy. Time and experience, those inexorable testers of quality and substantiability, have shown that it is impossible, under the conditions which invariably arise in such institutions, to cover the field and to maintain discipline, coöperation and unity of purpose—in one word, the *morale*—necessary to the instillation of the homœopathic spirit and the creation of true homœopaths.

Thus, again, is the genius and practical wisdom of Hahnemann vindicated. Many now see that the true policy and only recourse of our school today is a return to the educational policy of post-graduate education as initiated by Hahnemann, exemplified by Kent in the *Philadelphia Post-Graduate School of Homœopathics* in 1891, and now being carried out in Washington in the *School of the American Foundation for Homœopathy*.

Homœopathic medical societies were formed, the first in Philadelphia in 1833, the second in New York in 1834. The list of them for the century is very long, but their histories are much alike. Most of them were short lived, but they all accomplished some good, especially for defense against their professional enemies

of the old school, who were always on the warpath against them. They came and went the way of all such organizations.

Only a few societies have had a continuous existence since the early days. Foremost of these is *The American Institute of Homœopathy*, organized in New York in 1844. It was the parent of the numerous existing State and County Societies. Its stated object was "*the reformation and augmentation of the Materia Medica, and the restraining of physicians from pretending to be competent to practice homœopathy who have not studied it in a careful and skilful manner.*" It gradually extended its sphere of action by advising, encouraging and facilitating the foundation of County and State societies and the affiliation of these with itself in order to create a strong national association. Its activities have been about equally divided between the scientific and the political or legislative fields.

The American Institute exercised a powerful and beneficial influence in building up the general organization and securing the legal rights and privileges of homœopathic practitioners. But not so much can be said for its influence on homœopathic practice during the last half century. In its scientific activities the records show that the tendency has been increasingly toward "regular medicine" and its lawless methods, and away from the standards of scientific homœopathy. For many years, distinctively homœopathic subjects have had but a very small part in its programs.

Its last President-elect, in his long opening address, New York, June, 1925, publicly discoursing on "The Debt of Civilization to Scientific Medicine," allots no place for homœopathy among the scientific agencies for mitigating the sufferings of humanity. In his only allusion to homœopathy he tells the world that the older diagnostic and therapeutic methods of Hippocrates and Galen, based on the observation of clinical symptoms, "so beautifully exemplified by Hahnemann," have "yielded to the newer and more accurate methods of the scientific laboratory." That is all. When the official spokesman of the National Organization in America thus misrepresents and "damns with faint praise" the great founder of homœopathy, relegating him and his system to the past, he takes his stand with the Editor of the *Journal of the American Medical Association*, who, in his new and widely reviewed book, as well as in his preceding article in the *American Mercury*, announced the death of homœopathy and wrote its obituary. Even so. But death

is a mystery. To the materialistic mind it ends all; but to the spiritually regenerated and philosophical mind, it means simply the temporary separation of soul and body, the immortal from the mortal. The soul lives on, to be invested with a new and better body, while the old body is dissipated into its elements. So it is with homœopathy.

The anomalous situation which exists today came about largely through the exigencies which made it seem necessary, in early days, to create quickly a numerically large and influential organization for the defense of homœopathic physicians against the persistent and venomous attacks of the allopathic organizations, whose object has always been the extermination of homœopathy, root and branch. To meet this situation, the original bars to entrance were let down and new members were taken in with little or no regard to the character of their belief or practice. If an applicant was willing to subscribe to a general declaration that he believed in the law of similars, he was admitted and became a nominal representative of a system of which, frequently, he knew little or nothing. The organization was thus built up and duly served its purpose. Homœopathy was legally and officially established as an institution in America, but by a method that was disastrous to homœopathy as an art and science.

During this "war period," covering some twenty-five years, general interest in the theoretical and practical phases of homœopathy waned, except on the part of a few individuals who, fortunately, were not to be diverted from their course as scientists by the propaganda for political activity. Few in numbers, these were strong in purpose, conviction and ability, men like Joslin, Hering, Fincke, Wm. P. Wesselhoeft, Bell, Lippe, Guernsey, Bayard and Wells, to mention only the best known names of that period. It was they who kept the torch of truth alight and passed it on, burning brightly, to the next generation.

The majority of the homœopathic body, then as now, was composed of men who had received little or no systematic, technical training in homœopathy. They knew little and cared less about its history and traditions, or the theory and principles of homœopathy as a system. Their practice was hardly to be distinguished from that of their allopathic cousins. Naturally, having the majority, they organized or took and held control of the societies and schools and fashioned them to suit their own ideas. In and out of

the American Institute, they ridiculed the theories, subverted or perverted the principles and ignored the practical methods of Hahnemann, to whom they rendered lip service by parading the name and flaunting the banner of homœopathy, without giving the service which it represents.

The situation finally became intolerable to those whose paramount object in life was the promotion and practice of scientific homœopathy. Together they conferred and resolved to form a new and exclusively scientific association. This was accomplished, some forty years ago, by the withdrawal from the National association of a group of individuals and the formation of *The International Hahnemannian Association*. These men recognized and fully appreciated the value and indispensability of the legal and political service rendered to the profession by the American Institute; but they recognized also, the vital need of keeping alive and vigorously growing the art and science of homœopathy. All their efforts to do this within the existing organization had failed. They had been hampered and opposed in all their attempts to give homœopathy its rightful place in the colleges and in the scientific programs of the Institute for many years. Nothing was left for them to do but withdraw from a body in which they were not wanted and form a new association, devoted solely to the scientific phases of homœopathy.

This body has gone quietly along its way, doing the special work it was organized to do. It has entered into no controversies, sought no publicity and participated officially in no political activities; but it has consistently maintained the principles, demonstrated the methods and fostered the extension of educational agencies of Hahnemannian homœopathy.

Two classes have thus come to exist in the homœopathic school, representing two policies of organization and development. Both desire and anticipate the ultimate recognition and acceptance of homœopathy by the medical profession; but they differ radically as to the terms and conditions under which union of the respective organizations should be effected, as well as in their methods of practice. One, holding that homœopathy is a definite, coördinated therapeutic system of distinctive principles, rules and methods, based upon a law of nature, insists that it shall be accepted, if at

all, in its unity and integrity as originated by Hahnemann and developed by experts during a century and a quarter of its existence, and be accorded its rightful place among the sciences that constitute general medicine. The other, not believing, or not being willing to admit that homœopathy is such a scientific system, would drop all the distinctive points at issue except the classical formula, *Similia Similibus Curantur*, which they change to *Similia Similibus Curentur* and interpret as a mere general rule of practice, subject to change or modification at discretion of the individual.

Along these lines a war has been waged for many years; one little regiment, numerically weak, but strong in the conviction of the righteousness of their cause, against a brigade, highly organized, officered and munitioned, and with an ample supply of "cannon fodder."

The line of cleavage which runs through the homœopathic body is the same as that which runs through other scientific, religious and political bodies. Primarily, the divergence is in their basic philosophies. Individuals and organizations naturally align themselves on one side or the other of a common subject, according to temperament, type of mind, education and point of view. The universal law of reciprocal action, or balance, is the regulating principle of all things in the last analysis. A great thought, a fundamental idea, a definite principle projected into the arena of thought, always gives rise to a series of mental and spiritual actions and reactions on the part of those to whom it comes. Some apprehend one side or phase of it, some another. Each thinks, for the time being, that he grasps the whole truth, and, if he is pugnaciously inclined, proceeds to fight for it with such weapons as are handy. Thus arise sects in religion, parties in politics, divisions in science, schools in medicine. Thus it has been in homœopathy during its entire existence.

Coming now to the development of homœopathic philosophy, we find that its distinctive, fundamental doctrine, while implicit in the practical system from the beginning, was not stated explicitly until nineteen years after the *Organon* was first issued in 1810. Only the working principle, *similia similibus*, with some of its corollaries, was stated and explained.

Up to 1829 the principal opposition to the new system had been from without. Every point, principle and doctrine had been

assailed, denied or condemned by the authorities of regular medicine. They would have none of it. But when Hahnemann, in the fourth edition of the *Organon*, set forth his first version of the doctrine of *The Vital Force*, he threw an "apple of discord" into the ranks of homœopathy itself. A diversion was thereby created which eventually split the school into two opposing classes, the Vitalists and the Materialists, corresponding closely to that which has always existed in general philosophy.

Homœopathy was originally the legitimate offspring of physics and chemistry, both of which had in Hahnemann an eminent representative. The relation of these sciences to homœopathy and their influence upon its founder in developing his system, has never been appreciated. Indeed, it has scarcely been noticed. The homœopathic philosophy grew naturally out of the practice. In the beginning, attention was centered mainly upon the development of the practical side of the art of healing by medication. The mind of the Master was too busy creating the *materia medica*, studying the action of drugs and working out rules and methods of applying the working principle—the so-called law of similars—to devote time and attention to metaphysical considerations. But when this was accomplished he turned reflectively to the problem of the primary or originating principle—the *power that acts and reacts*.

It is not difficult now to see how, for Hahnemann, the physicist and chemist, working in the practical field of physical dynamics and thinking in terms of *action*, it was natural to think of *reaction*; and by an easy transition of thought to proceed from the abstract to the concrete and attempt to visualize both that which acts and is acted upon. In this case it was apparently the medicine which acted and the human organism that reacted. Both, then, from the physical standpoint, must be embodiments of some power or energy; since without power no force can be exerted, and without force there can be neither action nor reaction.

Power is capacity for work. Force is power in action. Power is latent or static. Force is dynamic or active—a distinction necessary to clear thinking, frequently overlooked. Hahnemann probably reasoned that when the power inherent in a drug is directed against the power resident in the living organism, force is released and motion or action, in the form of functional change, results. Action is always followed by reaction. Action and reaction, or "primary

and secondary action" as he calls them, are always equal and opposite.

Equilibrium or balanced action, Hahnemann came to see, is the normal state of the universe and of everything in it, including the human organism. Health is balanced action or functioning of all the organs of the body. Disease is disorderly or unbalanced functioning.

The sole mission of the physician, said Hahnemann, is to restore health, or balanced functioning, to the sick and maintain it in the well. His problem is primarily a dynamical one, in the special department of *Vital Dynamics*, having to do with *functional imbalance* in the living organism.

Familiar, as a physicist, with Newton's third law of motion, "To every action there is an equal and opposite reaction," Hahnemann was thus the first to grasp the full significance of the word "every" in Newton's formula, and to realize that it applied to action in the living as well as in the inanimate realms of nature. He made this the basis of his system of pharmacotherapy and thus linked biology and psychology with physics and chemistry in the creation of a new system of healing. This is Hahnemann's great contribution to science and his title-deed to scientific immortality.

Homœopathy, therefore, is seen to operate solely in the vital-dynamical or functional realm. Into this realm its agents are introduced through the gateway provided by nature for all agents for the growth, nutrition and repair of the living organism. It does not enter by force, like a tyrant, but quietly, as an administrator of the law, to restore peace and harmony.

The Vitalists in the homœopathic organization long fought a losing battle. Those who maintained that the phenomena of life could be explained from the chemical standpoint were able to build up a strong case. Up to a certain point the evidence they presented was complete. Chemistry is able to explain some of the vital processes but chemistry cannot explain *all* the vital processes. It breaks down completely when it confronts the problem of cerebration—the thinking process. No chemist can explain how a chemical reaction or combination in the brain cells becomes a thought or a train of thought, a feeling, a sensation or an emotion. No chemist can explain *consciousness, will or volition*. The same is true of the molecular, the electrical and the ionic theories of

vitality. They all break down before the problem of human personality. Not until we rise to the conception of Life-and-Mind as the infinite, universal, intelligent, thinking, feeling and willing entity which expresses and embodies itself in finite individual organisms, as well as in their physical environment, are we able to understand or explain all the phenomena which represent its existence.

Arriving finally at the concept of Life as Energy, regarded by him as the primary force activating and carrying on all the operations of the living organism both in health and disease, Hahnemann took his stand, and in the fourth edition of the *Organon* set forth his *Theory of the Vital Force*, later to be modified and restated in the fifth edition. To this all the other theories and principles of his system necessarily became subordinate.

We now know that homœopathy employs and brings into operation many forces—ionic, atomic, molecular, cellular, mental, psychical, even spiritual forces; physical, chemical and electrical forces; but these, from the Hahnemannian standpoint, are all phases or modes of action of the one primal, universal, all-inclusive power or principle, the "Infinite and Eternal Energy" of Spencer, now identified as Life-and-Mind. This is the *Unity* which contains all diversity; the broadest generalization and highest concept of modern science. This concept links homœopathy with all other true sciences and clearly points the direction in which homœopathic research and development should proceed.

The great biological truth underlying Hahnemann's doctrine of the Life Force has been apprehended by only a few of his followers, and by most of them only in part. Those who were somewhat versed in physics were able to grasp the "force" aspect of the subject and see its importance. In the controversies which arose a few maintained that Hahnemann was right and that the doctrine of the vital force is an essential part of the homœopathic system. Fewer still were able to see that it is the absolute, bed-rock foundation of homœopathy. Hahnemann himself apparently did not realize it until he had practically completed his therapeutic edifice. Up to 1829 it was Hahnemann, the physicist and chemist working. Then he saw the human organism as a living, thinking, feeling unit and became a vitalist. Life-and-mind became for him the primary factor, never afterward to be overlooked.

The rank and file of the school, of course, took no part in the discussions which arose, but the blighting influence on the *morale* of the materialistic majority who opposed the doctrine was reflected in their practice, which continually receded from technical standards and consequently became less and less efficient therapeutically. Without a compass and with incomplete sailing directions for their little vessels, they were compelled to hug the shore. When contrary winds and storms arose, their only recourse was to come about and make a dash for the nearest allopathic port.

Here let us observe that every true science originates in the discovery of a "Primal Fact," or general principle, which shows the relations of previously collected facts and thenceforward governs all the procedures by which it is developed and applied. When such a principle is discovered it becomes the starting point of a new departure on the road of progress, now clearly defined and stretching away in the dim distance toward the goal of higher attainment. A new impetus is given to thought. Work is begun with new zest. New facts are sought and incorporated as they are found. New groupings are made, new concepts formed, new conclusions drawn, new results gained. A working hypothesis, as it is tested, corrected and proven under the guidance of a general principle, thus becomes a complete system. Slowly or rapidly, with many pausings and retracings of steps to supply missing links, or correct errors, a true science is developed but without a governing general principle, no true science is possible.

This is the standard by which the truth or falsity of any alleged science is to be tested—not merely by "experience," nor by "results," as so many pseudo-scientists are fond of asserting. Experience unguided by principle is notoriously unreliable and deceptive, especially in medicine—witness the constantly shifting kaleidoscope of iridescent therapeutic dreams in "ancient" and "modern scientific medicine" alike. Therapeutic "results" are commonly misjudged as to their true nature and value. Palliation, suppression and metastasis are often mistaken for cure. The administration of a narcotic, for example, may be regarded as scientific and the result good by a physician who is ignorant or heedless of the law of cure; but if the narcotic masks the disease, suppresses important vital functions, lowers resistance, delays and

obstructs curative medication, or postpones necessary surgical measures until too late, the physician is deceived and the patient sacrificed on the altar of "science falsely so called."

The ultimate object and highest aim of science is The Truth. Truth is good and there is no evil in it. Truth and good are founded in principle. From principle arise laws, and for the administration of laws systematic procedures are devised. Only by obeying the laws and scrupulously carrying out the prescribed measures may we attain the good. There is no other way in science.

One of the greatest obstacles to the progress of homœopathy has been the lack of scientific training in many of those who entered its ranks. Coming from all grades and departments of society, often without systematic mental training, or knowledge of the strictly logical methods of theoretical and applied science, they were ill fitted or totally unfitted to assume the activities and responsibilities of homœopathic physicians. Many were under the impression that homœopathy is simple and easy to practice. This delusion arose from seeing its practice so largely in the hands of laymen in early days. Practically it is simple—for laymen. But for one to take it up as a profession in order to extend its application to the utmost limits, it is difficult. It requires the full powers of a trained intellect in one who has the scientific bent of mind, and who is otherwise specially qualified by nature for the work of the physician.

Those who did not possess these qualifications were unable to appreciate, among other things, the power of precedent and authority in science. They could not understand, for example, why Hahnemann should be so rigorous in his requirements of those who sought to become his disciples, nor why he criticized so severely those who failed or refused to comply with them. To these he seemed arrogant and dictatorial, whereas he was merely insisting upon compliance with necessary technical requirements.

Does anyone regard the chemist as arrogant and dictatorial because he insists upon strict observance of laboratory rules? Does anyone imagine that he could violate the rules, ignore the principles and jumble the technic of his art and become a successful chemist? Yet that is what the majority of so-called homœopathic

physicians have done from Hahnemann's day down to the present. Is it any wonder that the practice of homœopathy degenerated?

While capable of great expansion and development, homœopathy, as Hahnemann formulated it, was in every essential a full-rounded scientific system which must stand or fall as a whole. Based upon a universal principle of nature, developed inductively, established by experimentation and research and verified by experience, it is capable of full demonstration as a healing system only by scrupulously observing the rules of a well-established technic. This, history shows, it has received only at the hands of a comparatively few individuals. Very rarely and only on a small scale have special hospitals or other organizations for this purpose been sustained even for short periods by members of the main body of the school. It would not be good policy, for such a demonstration would expose their own technical shortcomings.

Such is the clinical history, pathology and psychology of the homœopathic body in America. Compared with most other such bodies it has had an extraordinarily long life. Its vitality was great because it was well born and embodied principles which are eternally and universally true. It was a living soul, created for immortality, but like our first parents, it ate of the forbidden fruit and fell into the limitations of mortality. Even so, it remains under the law of regeneration. To modern man and all his organizations, as of old to Nicodemus and the Jews, comes the solemn declaration, "Ye must be born again"—a declaration that holds within its condemnation a promise of infinitely better things. Homœopathy will be born again—*is* being born again. The foundations of a new organization are already being laid. By long, circuitous and tedious processes science, point by point, is rediscovering the facts and reverifying the truth of the fundamental postulates of Hahnemann; this, even while it still ignores traduces or refuses to accord him the recognition which is due him. Recognition and reorganization will come in due time. In the meantime we may well be patient—and humble—since we ourselves are responsible for a large part of the prejudice against the system, created by our own inconsistencies and shortcomings. Without doubt we shall in due time, "bring forth, therefore, fruits meet for repentance" and share in the life of a redeemed and glorified homœopathic body.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 565 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

When Winter Comes.—It brings with it thoughts of timely remedies; geography plays a part, for the remedies likely to be of service in the Southland may not be so useful in the North. Of course, one thinks of *Aconite*, with its causative factor of dry cold winds, its rapid violence, its great restlessness, fear and unquenchable thirst. The rapid pulse, the flushed face which pales on rising, the stabbing cutting pains, the hot dry skin, the acute and quickly advancing congestive and inflammatory process, are all characteristic indications. Numerous finer symptomatic shadings will complete the picture.

Belladonna likewise comes to mind, with its cerebral congestion, its flushed red face, dilated pupils, full, round, bounding pulse, painful, sore and dry throats, pungently hot skin, often moist and seemingly emitting a hot steam when the bed covers are raised. Suddenness of onset marks the nightshade and its symptoms disappear with equal suddenness. Pulsating, throbbing or burning pains are characteristic, thirst is not violent as a rule, or may be for small amounts at frequent intervals, as in *Arsenicum*. Sleepy yet cannot sleep, is peculiar to *Belladonna*; delirium if present, is of the active type, for *Belladonna* is sthenic in nature, always.

Bryonia is a winter remedy, slower though, in pace than *Belladonna* or *Aconite*; cold and wet will cause its complaints, which are likely to be of a rheumatic nature. Its inflammations affect the serous membranes especially; everything about *Bryonia* is dry and so, we find its pains to be sharp and cutting, caused by the rubbing of serous surfaces upon each other, hence pleurisies and pleuro-pneumonias in which all suffering is made worse by even the slightest motion; anything which stops this motion will relieve

the pain; it is for this reason that lying upon the painful part is grateful to the patient, whereas breathing deeply will cause intense pain in chest or even other parts. The *Bryonia* patient is irritable when ill, resents anything which disturbs him, especially if he is moved to exert himself mentally or physically, in even the least degree. Being dry, he may be expected to be thirsty and so he is, demanding large draughts of cold water though at not too frequent intervals. Both *Belladonna* and *Bryonia* are likely to be right-sided, though by no means exclusively so. Constipation with inactivity is characteristic of *Bryonia* and its stools are hard and dry. A thickly coated white tongue is often in evidence with dry mouth and lips. The pulse is rapid and wiry.

Eupatorium perfoliatum, the old boneset-tea of the now rapidly vanishing New Englander, reminds us of winter colds with painful coughs; the sides of the chest must be held when the patient coughs; he sneezes and coughs, chest and larynx hurt, and every bone in his precious body aches as though it had been broken. *Eupatorium* is restless, but unlike *Rhus tox.*, finds no relief from motion; thirst, nausea and bitter taste are often present; pains are deeply seated.

Iodin suggests winter pneumonias, in which in truth, it is most valuable. Dark-eyed and dark-haired, thin individuals, are its favorite subjects, the right lung is usually affected, consolidation of lung structure is present, dry laryngeal cough, blood-streaked sputum, high temperature, thirst and restlessness, but no particular fear as in *Aconite*, are all characteristic. *Iodin* craves cold air and is always grateful for it. A hectic flush upon the cheek is often visible. When well, the *Iodin* patient is always hungry, never feeling real well unless his stomach is full, yet losing weight or at least not gaining, in spite of all his eating. Tuberculosis frequently spells *Iodin*.

Phosphorus, of course, is suggestive of wintertime complaints, especially of those of a pulmonary or bronchial nature. Bronchitis and pneumonia play a part here. Laryngitis, marked by evening hoarseness especially, dry painful cough, made worse by lying upon the left side, by laughing, talking and above all, by cold air or going from warm air into the cold. This last modality is quite the reverse of *Bryonia*, whose cough is aggravated by going into the warm

room. Very striking in Phosphorus is its sense of oppression or weight upon the chest, with a constant inclination to draw a deep breath to relieve the oppression or constriction. Phosphorus is often thirstless or else craves cold drinks, which are at times, vomited soon after they have become warm in the stomach. The Phosphorus individual is frequently of the tuberculous type; his pains are burning, he himself dreads cold, to which he is sensitive, though his frontal headache and stomach complaints are relieved by cold. Phosphorus is relieved by sleep, is desirous of massage, which likewise is grateful to him; he is always a hypersensitive, neurotic individual. Constipation, with narrow long stools or lienteric diarrhoeas are common.

Rhus tox. suggests the cold, damp days so frequent in winter, with wet feet, from slopping around in melting snow and slush. Aching, grippy pains in joints and muscles, soreness and stiffness compelling the unhappy victim to twist and turn for relief; motion does ease him for a few minutes, but for a few only and then he must move again. Subacute and chronic rheumatism with stiffness, which is worse on first moving, but is relieved by continued motion. The latter however, soon fatigues the sufferer, who is now obliged to sit down, only to be driven to give an unwilling encore within another few minutes. Lumbago, relieved by lying flat on the back, but always causing restlessness and aggravation on commencing to move. Thirst for cold drinks is characteristic of *Rhus*, likewise a yellowish-white, coated tongue with a red triangular tip. Heat in general, is agreeable. Hot dry summer relieves. Painful coughs with rusty sputum are common, so that this remedy is frequently of value in pneumonia. Ill effects of physical strain and fatigue.

Rumex crispus, the yellow dock, which farmers so dislike to find in their fields of timothy is still another winter remedy, useful in the bronchial colds of this season. If there is one thing more than another which marks *Rumex*, it is the tickling in the trachea at the level of the supra-sternal fossa, exciting a most persistent and annoying cough. For the *Rumex* patient this is no laughing matter, since laughing also aggravates the cough; in fact anything which increases the rate of breathing will make the cough worse. Cold air, however, is disastrous, so much so, that at night the patient

is apt to keep his head covered to avoid breathing any cold air. Hoarseness often accompanies *Rumex* difficulties.

Here then are seven or eight remedies, very briefly and hastily sketched, all likely to be useful in the complaints common to the winter months. Regardless of diagnosis, they, as well as many other medicines, will enable us to cope successfully with the diseases to which we frail humans are subject, for if we did but realize it, homœopathy offers a curative remedy for each curable case, in any clime or at any season of the year. So let us be prepared, for winter comes!

Cravings.—It was Kent who perhaps, more than anyone else, emphasized the importance of the desires and aversions, loves and hates, of patients and classified these symptoms among the *generals*. Generals they are indeed, as any careful prescriber knows, who is accustomed to pay attention to them or to look for them, when apparently absent. Time and again a marked craving, such as that for salt, has led us to *Natrum muriaticum* or to *Phosphorus*, when other symptoms did not appear to be conclusive. Recently, a ten-year-old girl, with pale red, somewhat enlarged tonsils and a chronic pharyngitis of moderate degree, was brought to us for treatment. Insistent school authorities, with the usual pig-headedness, aided and abetted by standard old school physicians, had plagued the parents with demands that the offending tonsils be forthwith removed. Subjectively, the child was barren of any and all manifestations and her life history revealed nothing. Careful cross-examination of the mother proved negative until in exasperation almost, having failed to elicit the symptoms by indirect methods, we put the direct question, "does the child like salt"? A dangerous method of obtaining symptoms, to be sure, but evidently justifiable under the circumstances! The mother's reply was both startling and satisfactory and gave assurance that our young patient not only did like salt, but also ate it with avidity, whenever she got the chance. We likewise recalled that her father had been a *Natrum mur.* patient and that a chronic catarrhal gastritis had wonderfully improved under this remedy. So our little girl was given *Natrum mur.*, and we are quite satisfied that this will give a good account of itself in reducing the tonsils to legal size.

In a similar manner, a craving for sweets suggests *Argentum nitricum*, *Lycopodium* and *Sulphur* as well as others of somewhat lesser importance, but the mere presence of the symptom does often lead us to one of these three remedies. It's a straw which shows which way the wind is blowing and the desires and aversions of our patients quite often prove to be therapeutic straws of infinite value.

Varicose Veins and Sunken Arches.—"These two conditions are frequently found associated in the same patient, but it is not probable that one is the cause of the other. It appears rather that both conditions develop on the same predisposition, a constitutional weakness of the mesenchymatous tissue in the walls of the veins, in joint capsules and in ligaments and that habitual influences frequently make the diseases manifest. Nobl and Remenovskiy furthermore emphasize the relations which may exist between what they call 'the varicose complex' and other acquired bone and joint anomalies."

The above abstract from *J. A. M. A.* is of an article which appeared in the *Wiener Klinische Wochenschrift*, Vienna. The observations are of interest, particularly that with reference to "a constitutional weakness"; we are hearing more and more of constitutional tendencies, weaknesses, etc. in orthodox circles, especially in Europe, where physicians have awakened to the fact that the constitution of the individual must be reckoned with. Thus are some of the old Hahnemannian ideas vindicated.

Homœopaths, in cases of varicose veins of the legs, know that mechanical measures applied to the arches are first of all necessary, but they know also, that there is a sufferer above the arches who, if he presents tangible symptoms, should be and can be prescribed for. Hence the need for such remedies as *Calcarea carb.*, *Calcarea fluor.*, *Fluoric acid*, *Carbo veg.*, *Hamamelis*, *Pulsatilla*, *Vipera torva* and so on. Study the patient as an individual, at all times, regardless of the diagnosis of his condition.

The Role of Tuberculin in Arthritis.—A recent experience with a case of arthritis, in a woman of sixty, otherwise strong and healthy, provokes the thought of the nosode *Tuberculinum*. The patient has always led a simple life, following a very plain diet in which fruits and vegetables have predominated; she has had

much exercise in the open air and worked hard. In spite of the simplicity of her existence and daily routine and of the absence of the drug-taking habit, gastric and rheumatic symptoms have for several years been annoying and increasing. Stiffness and pain of the wrists and finger joints and to some extent of the shoulders as well, have prevailed, always worse before a storm, during wet cold weather and in the morning on commencing motion. Warmth and dry heat in general, relieve. *Rhus tox.* in various potencies has relieved, but has not held the patient. *Lycopodium* and *Sulphur* have been of temporary aid only. Under *Tuberculinum* 10 m Fincke, repeated after three weeks, pains and stiffness became much less and above all, the patient began to feel very much better in herself. Improvement is now steadily going on. Such a favorable result is, of course, not always obtained, but *Tuberculinum* has frequently enough proved its value in obstinate cases of chronic rheumatism to make us think of it in such cases, when the indications as above detailed, are present.

Gall-bladder Cases.—These are very common, as every physician knows and present numerous difficulties. Gallstones occur in over fifty per cent. of all cases coming to autopsy, it has been said by trustworthy observers. It is perhaps, a moot question as to whether gallstones follow upon a cholecystitis or are themselves the cause of it, perhaps practically it makes little difference. A chronically inflamed gall-bladder presents dangerous possibilities which may and often do demand surgical interference. Acute abscess formation is one of the dangers; here the surgeon is certainly needed and medicine must for the moment step aside. But what about the chronic cases of cholecystitis, is surgery always successful with them? We are inclined to think not, if we are to judge from post-operative cases which have come into our hands. These patients very often, too often in fact, still complain of liver and gall-bladder symptoms. Disconcerted surgeons frequently put these down as neurotic, but are they? A poor excuse is no doubt better than none at all and the surgeon's conscience may thereby be nicely salved but what about the patient who has gone through the impressive, if not terrifying ordeal of the surgical amphitheatre and subsequently finds himself no better? Is he not to be considered? We suspect that more often than surgeons care to admit, he is the pestiferous *enfant terrible* of the harrassed

surgeon's clientele. The Devil take him! Usually we poor internists play the rôle of the Devil and have to struggle with the débâcle innocently caused by our surgical brothers. At least it seems so. The gall-bladder case is in truth, a hard nut to crack, the opinions of surgeons to the contrary, notwithstanding. Medical men are a sort of convenient storage yard to which the derelict cases may be sent. If surgical interference has not caused too great structural damage, so as to present mechanical difficulties, much may be hoped for from painstaking homœopathic prescribing; each case is of course, a law unto itself and strict individualization is necessary. Naturally, such remedies as *Chelidonium*, *Lycopodium*, *Ptelea trifoliata*, *Magnesia muriaticum*, *Sepia*, *Natrum sulphuricum* will come to mind. At times empirical measures, such as the employment of unproved remedies, will be justifiable and we have seen for example, excellent results from *Cholesterin* 6 x and 12 x. *Fel tauri* is said to be useful, though we ourselves have had no practical experience with it. Clarke gives a partial proving of it, by Buchner.

In addition to remedies, it is of course, essential that attention be paid to dietary regulation and exercise. Obesity should receive serious consideration, for most liver and gall-bladder patients are much inclined to put on fat.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, ETC., OF "THE HOMŒOPATHIC RECORDER," PUBLISHED MONTHLY AT PHILADELPHIA.

Required by the Postal Laws and Regulations.

By the Act of August 24, 1912.

Name of Editor—R. F. Rabe, M. D., 666 Madison Ave., New York, N. Y.
 Managing Editor—None.
 Business Manager—A. L. Tafel, 1011 Arch St., Philadelphia, Pa.
 Publisher—Boericke & Tafel, 1011 Arch St., Philadelphia, Pa.
 Owners—Boericke & Tafel, 1011 Arch St., Philadelphia, Pa.; A. L. Tafel, President, 4710 Windsor Ave., Philadelphia, Pa.; G. H. Tafel, Secretary and Treasurer, 919 South St. Bernard St., Philadelphia, Pa.; F. A. Boericke, M. D., Vice-President.
 Known bondholders, mortgagees and other security holders, holding one per cent. or more of total amount of bonds, mortgages, or other securities. None.

(Signed) A. L. TAFEL.

Sworn to and subscribed before me this
 16th day of September, 1924.

EDWIN W. PAGE,

(Seal) Notary Public.

My commission expires February 10, 1928.

BOOK REVIEWS.

DRUGS THE MAIN CAUSE OF CANCER AND A RATIONAL SYSTEM OF CURE, by Fraser Mackenzie, C. I. E., author of "Homœopathy, What It Means to You and Your Health." London, England; Health Promotion, Ltd., Efficiency House, Paternoster Square, E. C. 4.

This interesting little book of 182 pages breathes the philosophy of Hahnemann, as expounded by Kent and Charles E. Wheeler, and emphasizes the homœopathic truism that patients and not their cancers are to be treated. Although the futility of surgery in cancer cases is pointed out, its employment is not dogmatically opposed; but Mackenzie makes clear, that the employment of surgery is to be regarded as the admission of failure on the part of medicine.

The main object of the book is to verify the author's contention, that the enormous increase in cancer cases in Great Britain, is due to the immense quantities of drugs consumed by the British public. For example, he says: "It was recently disclosed that 500,000,000 aspirin tablets are consumed in England every year, while a single firm manufactures 56,000,000 cascara tablets, and 70,000,000 aspirin tablets. These are only two of the 2000 preparations produced by this one firm. It produces more than a quarter of a million gallons of liquid medicaments, 800 tons of health salts and saltines, 700 tons of tinctures, extracts, and so on, in proportion." This is indeed "quantity production" or "volume," as we understand these "go-getter" terms in our commercialized United States. Our author points out the prevalence of drugs in the industries, in foods, in beverages, etc., and draws attention to the "inoculation factor," as exemplified in smallpox vaccination.

Although a layman, Mackenzie shows a deep understanding of the various subjects discussed and his language is always temperate in tone and easily understood. His knowledge of homœopathy would put many a homœopathic physician to shame. The book is well worth reading and provocative of thought.

International Homeopathic Council.

Through the kindness and courtesy of Dr. A. Vinyals, of Barcelona, Spain, we have just received a bound volume of the 1924 transactions of the International Homeopathic Council, which held its meeting in Barcelona, September second to fifth, 1924. The book contains over six hundred pages of interesting, as well as valuable homeopathic articles, accounts of the status of homeopathy in various countries and biographies of Spanish homeopathic physicians. It is splendidly printed upon most excellent paper, and the many illustrations are uniformly good; of particular interest is that on page 187, of a mechanical "repertory apparatus," devised by Dr. D. Miguel Balari, of Barcelona, and constructed under his direction. Evidently, Yankee ingenuity is rivalled by our confreres in the Old World, for to judge by the illustration, this remedy-finder must be a very useful machine. The book also contains extended pathogeneses of such remedies as *Arsenicum album*, *Sepia* and *Viola odorata*.

THE HOMŒOPATHIC RECORDER

VOL. XXXX. PHILADELPHIA, DECEMBER 15, 1925. No. 12.

WHAT SHALL BE OUR ATTITUDE TOWARD HOMŒOPATHY?

By

Dr. August Bier

Priv. Counsel, Professor at Berlin.

Special Reprint From the Munich Medical Weekly.
(Muenchener Medizinische Wochenschrift.)

Fourth Edition, 1925

J. F. Lehmann, Publisher, Munich.

(Copyrighted 1925, Boericke & Tafel)

Translated From the German

By

P. J. R. Schmahl, M. D.

Assistant Professor Medicine, N. Y. H. M. College,
New York, N. Y.

PREFACE BY THE TRANSLATOR.

The rendition of this article into the English language offered some difficulties peculiar to the subject matter as well as the language in which it was originally written. The document is considered to be of such salutary importance, that it was deemed advisable to reproduce a text as nearly verbatim as possible; hence a most generous sacrifice of style was made in order to assure true representation of the author's words. The frequent temptation to free translation and apportionment of the long German sentence has been disregarded as far as compatible.

I warn against fragmentary reading; one reason being that at times the author appears undecided on some fundamental principle, but subsequent paragraphs prove this to amount to a maneuver for the purpose of objective fairness to his readers. In a general way he takes nothing for granted and likewise does not want to withhold from the reader any apparent doubts, which subsequently he proceeds to successfully disperse.

August Bier, of Berlin, needs no introduction. Aside from his surgical fame he is widely known as an investigator by his writings on biological subjects, inflammation, hyperemia, nutrition, etc. He is of the type that can always borrow time from his busy professional life to follow up some problem of interest. For the past quarter of a century he applied himself in his leisure time to the investigation and study of the law of similars, to which his attention had been drawn by his work on irritants. The intimate thoroughness, the neat and orderly procession of thought, sober reserve alternating with genuine enthusiasm, which characterize his style, make for good reading.

To those who are not familiar with the law of similars it would be difficult to recommend a clearer and more simple introduction into this branch of medicine than this work of Bier. Bearing on the thought which he implies in this paper, the fact will reveal itself to the earnest reader in many instances, that homœopathy is practiced incognito by many in different forms of application of the principle. To enter into the argumentative discussion of this point would be to anticipate some of the author's thoughts.

It should be remembered that Bier's convictions are based upon personal investigation and verification. Right there is a point affording opportunity for meeting a criticism so often made against the homœopathic school, *viz.*, that it teaches a theory propounded more than a hundred years ago, which has not been altered nor improved throughout the march of progress in medicine. One may rediscover for himself, as Bier did, the truth of a biologic law, but aside from some refinement in interpretation and application, nothing can be added nor detracted. Jenner introduced the practical application of his vaccination theory in 1776 and to all purposes modern vaccine therapy remains pure and unaltered Jenner-law, an integral part of medicine and prophylaxis.

No more can be claimed for the law of similars than that it is a branch of therapeutics; its limitations are defined like those of

other forms of therapy, its field of action is as wide as and wider than that of most other therapeutic specialties, yet it remains but a cog in the great wheel of modern medical science. The homœopathic physician, schooled in all branches of medicine as they are taught today, is fully cognizant of both the limitations and the advantages of this special equipment in his professional endeavor. His *homœopathic sectarianism* amounts proportionately to the same as his *serological, physio-therapeutic or surgical sectarianism*. Yet he cherishes the Hahnemannian heritage sufficiently, to uphold the standards of homœopathy as a school, until general medicine is ready and willing to receive this therapeutic principle as part of its educational program.

Bier has made an impartial, logical appeal for conciliation and understanding within the medical fraternity on this question. His points are well taken, and many of his criticisms must be heeded by the homœopaths themselves, if union there shall be.

I venture to elaborate on one point, which should find free discussion, and which may help to pave the way toward an understanding, a point on which I have touched before: How much justification is there in calling the homœopathic physician a sectarian? It has appeared to me from personal contact and the press, that in the majority of instances the broad-minded, scientific wing of the so-called "old school" does not antagonize nor object to homœopathy on any grounds, except that of "sectarianism." We should not blame them, provided the appellation is justifiable, for the stand taken by the sectarian amounts to an "*exclusive point of teaching*," as intimated by Bier's quotation of Virchow. As a matter of fact, the homœopath of today wears no badge other than that of *Medicinae Doctoris*, approved by state charter and entitling him to practice medicine and surgery upon successful examination by the licensing board. He enters the field of various specialties exactly as does his colleague of the other denomination. Abroad he is a graduate of a university school of medicine who has acquired an interest in and has studied homœopathy. In our land he may be called a congenital homœopath, having in most instances graduated from a college, which teaches homœopathy. Abroad it is a post-graduate, here largely a pre-graduate subject.

Justly speaking, therefore, the homœopath is a therapeutic specialist. The next question arises immediately: If this method of healing is but a branch of therapeutics, why do these colleges

bear a sectarian name? The answer is obvious from what has been said above. The homœopathic name has been emphasized one way or another in the title of these schools to indicate the fact that homœopathy is taught, in contradistinction to the other colleges, where it has not yet entered the curriculum. The homœopathic college is *no more sectarian* than any college teaching for instance electro-therapy. The difference is just this, that all colleges teach electro-therapy, hence there is no need for advertising the fact, while at present it remains necessary to emphasize by name the fact that homœopathy is taught.

The homœopath keenly desires that this valuable therapeutic principle be transmitted in perpetuity. As soon as medical schools in general establish a chair of homœopathic therapeutics as an obligatory branch, the name of homœopathic college will have become obsolete. The homœopathic profession is looking forward to the day when this fusion will take place, when all colleges will teach the law of similars and homœopathic organizations will be but bureaux of a great unified body.

There are some twelve thousand homœopathic physicians in America. They are successful in their respective fields, have contributed their proportionate share of original work to general medicine, they have fought the battle of legitimate medicine vs. cults before the legislature, they are members of state licensing boards and they have been honored by city, state and national office. There is no sense of apology with which they approach the solution of this problem, only one of fair play.

For the good of science, for the cause of humanity, for the successful abolition of cult and quackery, the medical profession should be liberal enough to provide room for any special branch which has stood the test of time and earned approval by clinical demonstration.

There must be no judgment without investigation and trial. The homœopath can well afford to stand trial; he resents prejudice without the knowledge of facts.

WHAT SHALL BE OUR ATTITUDE TOWARD HOMŒOPATHY?

By

Dr. August Bier

Priv. Counsel, Professor at Berlin.

My biological researches started in my early medical career and continued to the present day, studies, which fundamentally are all correlated, have in many ways opened an approach to homœopathy. They were started, however, and their main basic principles laid down long before I had given the slightest thought to homœopathy, *i. e.*, at a time when I shared with the "Old School" the opinion that homœopathy was an unscientific humbug, unfit to occupy the attention of a regular physician. At the beginning of this century I met in Greifswald the pharmacologist *Hugo Schulz*, rightfully looked upon as the scientific pillar of the teachings of *Hahnemann* by the great bulk of the homœopathic physicians. This singular man, of whom I had never heard heretofore, impressed me markedly, as a thinker and scientist as well as by his personality. He taught me to respect and acknowledge certain homœopathic views and above all to appreciate the great importance of the *Arndt-Schulz* law, which has since been a rich and reliable source of help to me in my work. My real initiation into homœopathy, however, did not take place until 1920, when I began to study at its fountain head, when I learned to separate the wheat from the chaff and was rewarded by a harvest of wheat great enough to compensate me for my considerable labors. It became clear to me that, had I started these studies thirty years sooner, I should have been spared a great many errors and detours.

The keystone of homœopathy is the law of similars (*Similia similibus curantur*¹). *Hahnemann* by no means confined it to medicinal agents, for he included in homœopathic therapeutics such means as pox vaccination, the treatment of recent frost-bite by cold, of recent burns by heat.

Formerly inflammation was treated mainly by the *Galenic* method of *contraria contrariis*, *i. e.*, by combating the hyperemia, the heat, the swelling. I, on the contrary, sought by physical means to

¹I will refrain here from entering into the philologic controversy over the propriety of saying *curantur* or *curentur*.

intensify the inflammation, since to my mind it was an expression of self-defense of the body: *Similia similibus*.

Hahnemann fought bitterly against the treatment of inflammation by *Derivantia and Revulsiva*; he shared the prevailing idea that they were designed to subdue the inflammation, that therefore they were allopathic measures. Had he in his time known my interpretation of these means of treatment as intensifiers of inflammation, he might have regarded them as valuable corroboration of the law of similars.

Finally in 1900 I followed this law—though unwittingly—when I confounded the prevailing theory of animal-blood transfusion, by pointing out that the essential factor was not substitution of blood and body units, but the *disintegration* (albumo-lysis), which stimulates the body toward reaction and defense, commonly designated as inflammation and fever. Subsequent experience showed that irritants of widely different composition, whether albuminous or non-albuminous, produced the same result (*e. g.*, Yatren, Sulphur).

First I want to deal with these irritants; I want to point out, that, even outside of the confines of the law of similars, their effect and method of application absolutely recalls or corresponds to homœopathic tenets.

Hahnemann did not select his means so much according to definite disease complexes, as according to symptom-similarity, and treated the totality of symptoms. We do the very same in the irritation therapy. Every chronic inflammation is treated in the same way, be it traumatic, rheumatic, gouty, gonorrhœal, tuberculous or of any other origin. The symptoms of the inflammatory process are essentially always identical, differing only in degree, not in kind, and they are treated by identical or by similar agencies. Here again we adhere to homœopathy in that we expect the greatest and most beneficial result from such irritants in the chronic diseases, while the acute² conditions, in which we use them, higher dilutions are given.

Hahnemann showed very clearly, that much smaller doses of a drug are needed to bring about a reaction in the diseased body

² I pointed out before that more than twenty years ago I thought I established the fact that the only highly acute disease capable of responding favorably to the injection of irritants was gonorrhœal infection. I believe that in a general way this holds true to this day.

than in the well, and furthermore, that in the former—especially the chronically diseased—the affected part of the body reacts much more intensely than the remaining portion. Since I have repeatedly emphasized this fact, it has been fairly universally accepted in the treatment by irritants. Likewise, it was shown by my assistant, *A. Zimmer*,³ that it requires 250,000 times as much formic acid to produce symptoms in the healthy as it does in the gouty. This intensified irritability of the disease-threshold we call threshold-reaction.

What else is general and local reaction than *Hahnemann's* primary action, what else the improvement induced thereby than *Hahnemann's* secondary action?

For a long time it was *Hahnemann's* principle never to give a second dose until the effects of the first had disappeared. In the same manner we teach in treatment by irritants that the reaction must have disappeared before the therapeutic agent may again be applied.

Hahnemann condemns large doses of medicine, since they readily produce aggravations. The doses should be so small, that the primary action (the aggravation of symptoms)—or, as we now called it: the reaction—is minimum or absent. It took us many years in our work with irritants to appreciate that fact. We learned to be cautious, after several cases of chronic and subacute arthritis suffered a terrific aggravation due to large doses given in other quarters, which in short time made hopeless cripples out of previously fairly ambulatory patients. While we used, according to my judgment, fairly small doses, we still shared the prevailing opinion that it was essential for our therapeutic measures to produce at least considerable local (threshold reaction) or even general reactions. After considerable experience with a very large series of cases *A. Zimmer* pointed out definitely that our doses had still been very much too large; more and more he adopted a method, which approached *Hahnemann's* laws very closely,⁴ to say the least.

Hahnemann warns against the giving of even smaller doses too often or for too long a period; such procedure is just as injurious as too large a single dose. We noted the same when injecting

³ Bier: *Der Reizverzug*. M. M. W., 1922, No. 31.

⁴ *A. Zimmer* will shortly report on the more exact dosage.

irritants; it may lead to the severest destruction, designated by *Schittenhelm* as body-protein-cachexia. No doubt the irritant-therapy, as advocated by us, is a form of homœopathy in the original sense of *Hahnemann*. It is interesting to note that it was not homœopathy which led to our theory about irritants, but reversely the irritants led us on to homœopathy. Hence, no one can accuse us of prejudice.

Quite naturally the question arises: Were these so strikingly coincident theories of *Hahnemann* a mere matter of intuition? Are they just accidentally applicable to the methods under consideration, which, according to consensus of opinion, have nothing to do with internal medication, which latter of course represents the essence of homœopathy? Or is there a relationship between the latter and the injection of irritants, which *Hahnemann's* far-seeing mind and superior powers of observation recognized, while it remained obscure to less talented scrutiny? I believe that *A. Zimmer* has pointed to the proper way of interpretation. He showed⁵ that a series of irritants (at first he used Yatren and Methylene blue, later on many others), administered internally produced the same phenomena (threshold—as well as general reaction, leukocytic variations, etc.), as were observed after peripheral administration. As a matter of fact homœopathic drugs are considered as irritants, especially according to the interpretation of *Hugo Schulz*. Even *Hahnemann*⁶ vaguely sensed this, although it was much more clearly interpreted by his contemporary *Hufeland*, whose position was not unfriendly toward homœopathy. I quote his own words:⁷ "Even *Hahnemann's* homœopathy, although apparently ignoring the healing power of nature, in fact has contributed to the support of Physiatics, for its entire principle and mode of action rests on the stimulation of the vital powers toward the modification of an abnormal state into a normal

⁵ (a) *Zimmer: Threshold Irritant Therapy*, M. M. W., 1921, No. 18; (b) *Prinz: Oral Irritant Therapy*, M. M. W., 1921, No. 38.

⁶ This is particularly evident in the introduction to the second volume of *Materia Medica Pura* (Genius of Homœotherapy). There *Hahnemann* points out that organic nature behaves very differently from inorganic. The latter remains passive toward effects from without, while the human body exerts itself along the direction of "projecting an opposite against such effects." That again illustrates the theory of irritant and reaction; the body behaves in an active manner, "our living organism reacts with living anti-organism."

⁷ *Hufeland: Physiatics, Journal of Practical Therapeutics*, Vol. 76, 1833, I. Part, p. 24.

one, through the administration of specific agents, *i. e.*, such agents as have a peculiar relation toward the diseased organ or the diseased organism. Is it not frequently a natural recovery, brought about by time and rigid diet? The fact is that therein lies the greatest service of homœopathy, *vis.*, to stimulate the vital powers, particularly in the diseased organ toward action and help, and to seek and employ the agents, which are most closely related to this organ and this disease."⁸

Very similar assertions were made fifty years later by *H. Buchner*.⁹ He says that means must be sought, which intensify the dynamic expression of the cell; such agents he designates as "augmentative or dynamic, while those of opposite tendencies are called depleting or adynamic." Curiously enough *Buchner* never seemed to sense, that his entire essays, including his mode of expression, were but pure homœopathy.

Similar views were subsequently pronounced by homœopaths in accord with *Hufeland*. The first clear and unequivocal presentation came from *Hugo Schulz*, whose work will receive subsequent mention following in the wake of *Paracelsus*, *Hahnemann* and *Rademacher*, he developed their teachings. According to *Schulz*, the great bulk of remedies do not act by neutralising, dissolving, disinfecting, etc., *i. e.*, in a metabolic manner, but by irritating certain organs. The latter are thereby stimulated to an activity which promotes the healing process. Since the slightest irritation often produces great reactions, *Schulz* elucidates the action of the minimum dose; and again, since the symptoms of disease often are merely an expression of the healing reaction of the body, he explains the homœopathic cure by symptom-similarity (the law of similars). Accordingly the remedy merely augments the natural healing process. According to the *Arndt-Schulz* law small doses stimulate, while large ones inhibit; thus the same remedy may stimulate a function, when given in small dosage, but destroy it, if larger quantities are administered.

In order to help the diseased organ in its effort to combat the disease, the irritating agent (medicinal stimulus*) must bear a certain relationship to it (the organ). Remedies have a specific

⁸ Both *Hufeland* and *Hahnemann*, children of their time, were vitalists.

⁹ *Buchner: The Etiologic Therapy and Prophylaxis of Pulmonary Tuberculosis*, München and Leipzig, 1883, p. 26.

*Translator's note.

trend of action, they are organo-specific. Thus we find that sulphur, arsenic, calcium, aside from their other possible fields of action, are skin remedies; mercury has a selective affinity for the buccal mucous membrane, tartar emetic for the lungs. Other remedies, even the organo-specific, act on the entire body, when given in larger dosage. Calcium and phosphor, used remedially—contrary to common conception—are not foodstuffs (metabolic support), but irritants. The same can be said of iron as a blood builder.

We may therefore conclude that but very few diseases are cured by the direct action of a remedy; the latter only augments the natural healing reaction of the diseased organ. Thus ferric chloride does not arrest hæmorrhage by causing coagulation, but by stimulating contraction of the bleeding vessels. There are no remedies of internal sterilization; those that are reputed to kill bacteria within the body, may merely act in the aforementioned biologic manner. *Bacteria are of secondary importance in infections; a healthy individual does not become infected.**

Schulz is completely in accord with *Hahnemann* in the following views: Remedies possess an individuality of action. The same remedy may act in a given case and fail in another. Their action also varies with the age of the patient. Great stress is laid on (individual)** constitution, disposition, modality; the first two especially, inasmuch as individual irritability (and response)** depends solely on constitution and disposition of the patient, and dosage must accordingly be graduated. Both can be ascertained by offering small doses at first. It follows that the physician must individualize to the greatest possible extent.

One remedy may render an organ susceptible to another, *e. g.*, sulphur and arsenic may sensitize to iron. I may mention that this rule held true in our method of injecting irritants, and that we likewise observed, how the slackened power of reaction to a remedy, which had become inactive through prolonged use, was reactivated by another remedy.

Remedies reach the organ for which they are intended, more easily and also act differently, when given in the *Hahnemannian* way of finely divided and attenuated dosage, than when administered in the crude state.

*Italics by the translator.

**Translator's insertion.

Briefly expressed, the sense of *Schulz's* teaching is as follows: The irritating remedies stimulate the diseased organ or the entire body toward activity; they merely augment the healing effort of nature. This is always taken into account in the *Arndt-Schulz* law. Many of *Schulz's* utterances appear self-evident to us today. We must realize that he spoke in the eighties and nineties of last century, when scientific medicine held entirely different views. Most of it and the best of it has not found the recognition it deserves; nay, to this day it is not even as popularly known as it should be.

Here I must not forget a second important research worker, who—not only in this connection—did not find the recognition in his time, which he deserved, the Hygienist *F. Hüppe*. In two splendid essays,¹⁰ which make as up-to-date reading now, as they did at the time of publication, he propounds views in bacteriology, his specialty, which are very similar to *Schulz's*, and sides with the latter.

I have said that the law of similars is the keystone of homœopathy. Second in importance is the proving of drugs on the healthy human. This procedure *Hahnemann* declared to be the only means of arriving at a useful experimental pharmacology. No matter how much homœopaths have contended among themselves, nor how much time has modified the teaching of their master, in these two principles they are in harmony, and in the 129 years since *Hahnemann's* first publication no one of their school has seceded one hair's breadth from them. *Schulz* subscribes absolutely to this mandate. While he detracts nothing from the value of animal experimentation, he bespeaks the necessity of drug-proving and uses it extensively. His writings on that subject are numerous, one paper devoted entirely to it;¹¹ also in his "Studies on the Pharmacodynamics of Sulphur,"¹² again in his book on Cyanide of Mercury,¹³ etc., I shall again refer to this.

¹⁰ (a) On the research of etiology of disease, and its bearing on the treatment and cure of infectious diseases. *B. Kl. W.*, 1891, Nos. 11, 12, 13.

(b) Physiologic introduction into bacteriology, Wiesbaden. By *Kreidel*, 1896.

¹¹ The Treatment of Diphtheria with Cyanide of Mercury, Berlin. By *Springer*, 1914.

¹² Drug proving on the healthy human. *D. M. W.*, 1906, No. 31.

¹³ Greifswald. By *Abel*, 1896.

Thus the ways of irritation-therapy approach homœopathy and likewise the theory of drug action as propounded by *Hugo Schulz*. Only in one instance there is apparently an unsurmountable difference of opinion. *Hahnemann* places the strongest emphasis on individuality and on individualizing in disease. Each patient suffers "from a nameless illness, which never before occurred in the same manner, in the same person, under the same circumstances, and which never again can recur in exactly the same manner." Therefore, "no true cure can take place without rigid personal treatment (individualization) of each case."¹⁴ Likewise drugs differ in their individual action.¹⁵ Still the organism must be considered as an entity; hence the physician is required to treat even local disorders by means which are directed toward the totality.¹⁶ Everywhere *Hahnemann* emphasizes the specificity of drugs; for each disease a specific remedy must be found, and when several diseases occur simultaneously, the specific remedies must be applied successively.¹⁷ Again there are as many specifics as there are different types in each disease. To my knowledge *Hahnemann* never explained in detail his conception of this specificity,¹⁸ while on the other hand *Hugo Schulz's* organ-specificity stands out clearly from the aforesaid and needs no further elucidation. In order to forestall misunderstanding by the physician of today, we should add, that *Schulz's* organ-therapy has nothing whatever to do with what is now commonly designated as organo-therapy. The latter attempts to obviate dys- or hypo-function of an organ by supplying to the body the necessary secretory products, which are wanting. That is merely symptomatic treatment. The disease is not eradicated thereby. It recurs, as soon as the artificial supply of the substitute ceases. *Schulz* on the other hand wants to establish a genuine cure by stimulating the natural recuperative powers of the diseased organ.

¹⁴ *Organon*, Pars. 87-88 (see Par. 82 of the 6th American edition—the translator). Wherever in this treatise mention is made of the *Organon*, I speak of the edition of the year 1824, which I studied. In 1921 a sixth edition of the *Organon* appeared by *Hæhl* (Leipzig, by *W. Schwabe*), which I subsequently looked over.

¹⁵ *Organon*, Par. 135.

¹⁶ *Organon*, Par. 198 ff.

¹⁷ *Organon*, Par. 180.

¹⁸ The conception of specificity has been very differently explained. I draw attention to the interesting thesis of *Virchow*: "Specificist and Specifics." *Virchow Arch.*, 6 Vol., 1 H.

In contradistinction to this the nomenclature of *R. Schmidt* and *Weichardt* designates the irritant-injection therapy distinctly as "non-specific protein therapy," an appellation which has been so far universally retained. In a practical way we therefore still occupy the viewpoint, which I held in 1900,¹⁹ when I was the first to consciously practice "Protein body therapy" by injecting animal blood, partly by the intravenous, partly by the subcutaneous route, with the following object in view:²⁰ I wanted to produce a certain disintegration in the body. The disintegrative material was to stimulate toward the two great primeval protective forces, the highest achievement of bodily force,²¹ which reacts against all serious noxious invasion, namely fever and inflammation. For that reason I considered threshold reaction (local stimulation) and fever (general stimulation), the latter measured in the usual way of taking body temperature, as absolutely essential to success. I still believe that this is necessary in certain cases, *i. e.*, those in which we desire to cause a revolution in the body, so aptly called sudden transposition by the ancients, one of the many examples of the old and discarded views, to which we now return over great detours and with brand new names. The best example of such transportation cited several times by me is thermo-stasis;²² another will be published soon. We also need such a sudden transposition when attempting to raise the depleted nutrition in the advanced tuberculous patient by the injection of animal blood, designed to produce a powerful nutritive stimulus, a veritable revolution.²³

I cite another illustration: I have seen several patients, who were in extremis, revive completely after a chill had been pro-

¹⁹ *Bier*: The transfusion of blood, particularly of heterogenous blood and its therapeutic value, considered from a new point of view. *M. M. W.*, 1901, No. 15.

²⁰ Note also *Bier*: (a) Curative inflammation and curative fever, with special reference to parenteral protein body therapy. *M. M. W.*, 1921, No. 6. (b) Irritation and Irritability. *M. M. W.*, Nos. 46-47.

²¹ *Bier*: Superlative achievements by way of psychic influences and dictates of self-preservation. *M. M. W.*, 1924, Nos. 36, 37, 38.

²² *Bier*: Curative Inflammation and Curative Fever, etc. *M. M. W.*, 1921, No. 6.

²³ *Bier*: (a) On some of the rarely mentioned or disregarded fundamentals of nutrition. *M. M. W.*, 1923, Nos. 4 and 7.

Kisch: (b) On the rise of Nutrition of the Depleted Tuberculous Patient after Intravenous Administration of Animal Blood. In loc. cit., No. 7. *Zimmer* and *Schulz*: (c) The Influence of Irritant-therapy on the State of Nutrition of the Chronic Arthritic and Myositic. In loc. cit., No. 7.

voked by an intra-venous injection of physiologic saline or of neohormonal, which had been administered for some other purpose. Such favorable results are rare and noted only in selected cases.

My assistants are still in doubt, in the administration of *von Pribram's* Novoprotein treatment of chronic gastric ulcer, as to whether small doses are indicated, which cause no general disturbance in the patient, or whether the chronic ulcer requires a stronger stimulus, with the production of a distinct reaction.

A. Zimmer's researches at our clinic have, however, pointed out that in the great bulk of chronic diseases, where we use above all the irritation-therapy, striking reactions are as a rule undesirable; moreover, as I have mentioned before, they often cause the most violent and irreparable aggravations. We have more and more come to the conclusion, that in the great majority of cases a general reaction should best be avoided and the local reaction confined to a minimum. Here again we are following *Hahnemann's* tracks. He says:²⁴ Small doses act only "on that part of the organism which is most strongly stimulated by and under the influence of the similar (homœopathic-translat) symptoms of the disease." If we choose large doses we produce not only superfluous but often very harmful reactions, which are not needed by the extraordinarily sensitive disease-threshold.

More light can be thrown on this by my views regarding inflammation.²⁵ 1. By the use of a simple physical agent, *e. g.*, the tourniquet, I raised the hyperemia, without in any way calling on the body resources. 2. By the injection of foreign proteins, *e. g.*, animal blood, I produced or raised fever and inflammation. Of course, such injection represents a tremendously aggressive and shocking invasion of the organism, a considerable corruption, noxious to the healthy and diseased alike, much more so to the latter, as I have repeatedly pointed out. 3. Halfway between the two we can mention the production or intensification of hyperemia by heat, especially by hot air, which I introduce for that purpose. This hyperemia likewise is a reaction against noxious influences; any part of the body so treated would burn, were it not for the

²⁴ Organon, Par. 162. (See Par. 155 of the 6th Amer. Ed.—Translator.)

²⁵ I am going to make some definite statements on inflammation in one of the subsequent issues of this weekly.

protection by two factors, evaporation of sweat, and particularly the immensely increased circulation, which acts as a cooling system.²⁶ The noxious influence, however, is small, and the body can cope with it, being constantly obliged to adapt itself to the temperature changes of the outer world. I have often explained, that the second and third instances are only applicable to chronic inflammatory processes, while in the acute inflammations the body usually produces the highest degree of reaction of which it is capable, hence a degree which cannot be intensified by the injection of irritants. It is evident, however, that the second method—the injection of foreign material—*per se*, represents a marked noxious influence, wherein we merely take in as a bargain the benefit derived for the entire body as well as for the disease-threshold; it is left to chance, whether the intensifying of inflammation and fever will yield more harm or more benefit. This also explains why protein and other irritant bodies act so uniformly and apparently non-specifically, when given in large doses, for the body reacts with fever and inflammation against *every coarsely harmful influence*.

An entirely different action results from small doses. The impairment to the body is negligible, while the benefit derived for the disease-threshold is greater. The latter is by far more sensitive than the rest of the body; it does as a rule not require the large doses; we have approached more and more the homœopathic dose and obtained better results therewith, and above all, have avoided harm.

For that reason I consider *Weichardt's* teaching on the "omni-cellular" action of the irritants as dangerous in practice. Of course, I consider it a proven fact that even minimum doses have their action on the entire body, but this influence is not noticeable and is harmless. We should place this dictum in the van of all irritant-therapy. The patient and particularly his disease-threshold are extremely sensitive. Hence only minimal quantities of the irritant are required for stimulation, while on the other hand, large quantities can cause serious mischief. Exceptions, as mentioned above, do occur and should be most carefully ascertained. When, however, we come down to these small doses of irritants, the harmful general reaction is obviated as well as the non-specificity. They become specific at least for the chronically inflamed tissues, which

²⁶ Bier: Hyperemia a curative agent, Leipzig. By Vogel. 5th and 6th edition, 1907, p. 25.

they stimulate, while the remainder of the body remains ostensibly neutral. In still smaller doses they attain a specific selective affinity, one for this, another for that organ or disease. So much seems to obtain from observations made by *A. Zimmer* in our clinic, studies which must be followed up. The same holds true in the so-called organo-specific remedies. Large doses produce an action which is more prominent on the entire body, and less marked on the organs for which the remedies have special affinity.

Here again the relationship to *Hahnemann's* homœopathy is so clear, that I need not go into further details.

For the reasons stated I believe that nothing could be more adapted to show the sound core of homœopathy than the irritant-therapy. I had prepared a treatise, which I wanted to publish here originally. It was certainly much better and richer in content and thought than this present one. Nevertheless I completely changed and remodelled it into this one, because I was anxious to show by examples, which everyone can easily probe, that homœopathy is not the nonsense which it is branded, and that we can learn a deal from it. I have been fully conscious that in doing this I would be confronted by a barrier of prejudice and doubts, and that my efforts might prove futile, had my ammunition been purely scientific argument.

Hence I have selected several practical examples from therapeutics, the purely homœopathic gender of which no one can doubt. But since the average doctor knows practically nothing of homœopathy, or the little he thinks he knows usually has been misconceived, I would probably not be understood unless I prefaced my remarks by a few explanatory words. Everyone who ridicules homœopathy, to this day dotes on the small dose, which he brands as being less than nothing, notwithstanding the fact that this has nothing whatever to do with homœopathy nor the law of similars. In his famous first treatise on homœopathy *Hahnemann*²⁷ does not say a word about the small doses. Only gradually did he arrive at smaller and smaller doses, which finally became so minute that they earned him ridicule and scorn, so that finally many of his staunchest supporters were no longer able to follow him. Eventually, *Hahnemann* went so far as to allow only the smelling

²⁷ Attempts along a new principle for the detection of the healing powers of drugs, with a retrospect on those used heretofore. *Hufeland's Journal*, 2d Vol., 3d and 4th section, 1796.

of his high potencies, a practice which, however, he soon abandoned.

He maintained that crude drugs by succussion and trituration with non-medicinal substances develop an increasingly potent therapeutic value, that they become transformed into a "medicinal influence."²⁸ This procedure produces "such a great, never dreamed of change in the release and development of the dynamic powers of drugs, prepared in such a way, which is short of amazing."²⁹

Gold, silver, coal—essentially insoluble³⁰ and therefore non-medicinal substances—and table salt (inert in ordinary solution) are rendered into strongly active drugs by trituration and succussion. The intensification of drugs by trituration and succussion has been designated as potentizing by *Hahnemann*. He personally used centesimal potencies. To simplify matters, I will only speak of triturations: When one part of a solid substance is triturated with ninety-nine parts of milk sugar, the first centesimal potency (C.1) is obtained. One part of this with ninety-nine of sugar yields the second centesimal potency (C.2), etc. The thirtieth centesimal potency was regarded by *Hahnemann* as the most active in general. It is easily conceived to what infinitesimal amounts this leads (the third centesimal potency still has one-millionth, the thirtieth one decillionth of drug content). All allopathic treatment, excepting minor transient concessions, was rigidly shunned by *Hahnemann*.

This unyielding shunning and particularly the infinitesimal potencies were rejected by many of *Hahnemann's* disciples during his life-time. Even at that time homœopaths separated into two groups, "the pure" and "the liberal." Against the latter, whom *Hahnemann* considered the corruptors of his teachings and as dangerous, he fought an unrelenting war.³¹ Most homœopathic physicians up to the present day have subscribed to the eighteen

²⁸ To forestall misapprehension, let me remark that in homœopathy "high" prescription means high potency, viz., a very small dose, "low" prescribing on the other hand stands for low potencies, viz., large doses. In allopathy, of course, this is just reversed.

²⁹ *Materia medica pura*. 6th Vol., chapter: How can small doses of such attenuated drugs, etc., still develop great power?

³⁰ *Corpora non agunt nisi soluta*.

³¹ *Haehtl*: Samuel Hahnemann, his life and works, Leipzig. By W. Schwabe, 1922, Vol. I, pp. 203-221, and Vol. II, pp. 273-280 and p. 431.

theses of Wolf, which were adopted in the year 1836 at the convention of the central union of homœopathic physicians at Magdeburg.³² These theses were addressed against the "pure Hahnemannians," required the homœopathic physician to have the knowledge of anatomy, physiology and pathology and disapproved the high dilutions (high potencies), which *Hahnemann* recommended in his old days, declaring that they had nothing in common with the spirit of homœopathy.

A hot controversy, which then raged between the two groups of homœopathists, the high and the low potency adherents has practically vanished today; the question of high and low potency does not occupy the high rank it did in former days. The majority of homœopaths nowadays use the lower potencies; many follow the example of *Bakody*, using nothing higher than D.6; others believe that both high and low potencies may be indicated, as the case may be, and that there is an optimum for each remedy in a certain disease, which must be ascertained by experience. *Hahnemann's* contention, that acute diseases require the lower potencies, repeatedly administered, while the opposite holds true for the chronic, has been generally accepted.

Hahnemann's centesimal potentiation is rarely used any more; its place has been taken by the decimal potentiation, *viz.*, one gram of the drug triturated³³ with nine grams of the milk sugar yields the first decimal potency (D.1). In the same manner higher potencies are made. The estimation of the drug-content of the various decimal potencies is very simple. The same number of zeros, as are indicated in the potency-number, are placed behind a 1, the ensuing figure being the denominator of the fraction of 1 gm. of drug content in the trituration. Thus 1 gm. of D. 3 contains 1/1000, of D. 6—1/1,000,000 (respectively one thousandth and one millionth) of a gramme. It is evident, therefore, that even the low potency advocates among the homœopaths largely use infinitely smaller doses than the allopaths.

³² Eighteen theses for friends and foes of homœopathy by Dr. Paul Wolf (with Preface by Dr. Rummel). *Arch. f. Homœop. Therapeutics*, 16th Vol., 1st issue. Reprints by C. W. Reclam, 1836. An excerpt of the 18th thesis can be found in *Haehl*, 2d Vol., p. 306.

³³ For simplicity's sake, I am confining myself again to trituration. For the technique of homœopathic pharmacology, I refer the reader to W. Schwabe, *Homœopathic Mat. Med.*, 2d edition, Leipzig, 1924.

As I have mentioned before, the question of dosage is not an essential in homœopathy, yet it is of great importance, especially from the viewpoint of *Hugo Schulz*; according to the Arndt-Schulz law drug action depends primarily on dosage. Furthermore, everyone who has even a passing acquaintance with homœopathy, and who follows the more recent drug-therapeutics of the "old school" attentively, knows that there is an unnoticed tendency toward homœopathic dosage and not infrequently an unconscious practice of *Hahnemannian* homœopathy. (The homœopaths have called it homœopathia involuntaria.) Let me, therefore, start with a practical example, which shows the efficiency of the small dose, where the large one fails, and which in many directions, as I will explain in detail, is exceptionally instructive. I have chosen sulphur as such an example. Formerly this was an extensively used drug, but it lost its reputation more and more among the allopaths and is only rarely used by them. In homœopathy, however, it plays a great role. There it is one of the so-called polychrests, *i. e.*, a remedy capable of acting on the most diversified organs and diseases, and therefore used very frequently by the homœopathic physician.³⁴

The action of sulphur on the skin is not questioned. Provings on healthy human beings as well as experiences with chronic sulphur poisoning that high doses of the drug—taken internally—cause skin abscess, eruptions and furunculosis. It follows that the law of similars is adhered to in the homœopathic sense, when we treat furunculosis, a common and stubborn disease, with small doses of sulphur, a practice recommended long ago by homœopathy. The homœopathic physician, *Dr. A. Stiegele*, of Stuttgart, advised me to use Sulphur iodat D 3 in tablet form, one tablet t. i. d. *Hugo Schulz* recommended the tinctura sulphuris, 20 drops b. i. d. Compared to allopathic dosage, this is very little, in homœopathic terms a good deal for *Stiegele's* tablets, each weighing 0.1 gm., contained 1/10 mgms. Sulphur Iodide

³⁴ The Homœopath, *Hughes* (a manual of pharmaco-dynamics, London, 1899, by Leath & Ross, p. 837) speaks of sulphur as "a medicine which, if not the most important, is perhaps the most frequently used of all we have." Homœopathy credits sulphur with an additional provocative action, which changes the constitution, especially in chronic diseases. (According to *Hahnemann* it is an "antipsoric".) Sulphur should be given in chronic diseases to render subsequent other drugs effective. I have had several experiences which seem to confirm this.

each, while 1 cc. of the tincture of sulphur represents $3\frac{1}{2}$ tenths of a milligram of pure sulphur. I want to remark at once, that this dosage gave very good results. I was very anxious, however, to show it an easily controlled example, that "really homœopathic" doses could cure. Hence I used the sulphur trituration D 6 in tablet form. The furunculosis patients were given one tablet Sulph. Iodat. D 6 three times a day, half hour before meals, *i. e.*, a daily dose of about one thirteen thousandth of a milligram of sulphur iodide. The entire treatment of furunculosis requires at the most 100 tablets, hence a cure is obtained even in the most stubborn cases by the use of 1/100 milligram of sulphur iodide, or even less. That is doubtless a "homœopathic" dose. (The drugs used were prepared by Schwabe, Leipzig. For our use the 0.1 gm. tablets are most suited. In several cases we also used the trituration D 6 in powder form, enough to cover the point of a small knife, three times a day.)

All in all thirty-four cases of furunculosis were treated in this manner and all were cured. Among these were several cases, which up to three years had constantly relapsed in spite of treatment with quartz lamp, yeast, arsenic, irritants, auto-hemic, etc.; after treatment with sulphur they cleared up rapidly and did not relapse.

Three cases treated by Sulphur D 6 had relapsed, but quickly responded after the administration of a few doses of the D 3.

Several cases of acne vulgaris, its most stubborn variety, the acne indurata and even acne rosacea were cured equally well. In several cases no result was obtained. Thus sulphur in these conditions did not work as accurately as in furunculosis, still in by far the majority of cases, where all other means had failed, the results were quite striking.

Similar very good results were obtained in sycosis non-parasitica, in pyoderma following scabies and in impetigo simplex, *i. e.*, in all staphylococcoses of the skin.

This does not exhaust the action of sulphur on the skin; but I advise for purposes of controls to confine yourself to the staphylococcoses, because there the result is undeniable.⁸⁵

Besides we treated twenty-eight cases of discrete acute furuncles

⁸⁵ Dr. Richter will report exhaustively on the sulphur treatment at our clinic.

with sulphur.⁸⁶ Here we employed a greater dosage in keeping with the precepts of homœopathy and our own experience with the irritants, giving sulphur iodat. D 3, one tablet three times a day, *i. e.*, a daily dose of three-tenths milligram of iodide of sulphur. The results are of course not as convincing, as in the case of the old stubborn furunculosis, since one never knows how long it takes an acute furuncle to get well, without any treatment. Not infrequently we noticed a threshold reaction in the treatment of these cases by sulphur; the furuncle became temporarily painful, later anæsthetic, and then dried up. At any rate, the results with sulphur iodide D 3 in the acute furuncle were at least as good as with any other form of treatment, especially with reference to auto-hemic therapy, so that here likewise I advise a test.

Under sulphur treatment we never encountered new furuncles nor a transition into general furunculosis.

It is, of course, understood that no local treatment was given.⁸⁷ It goes without saying that sulphur cannot cure the large carbuncle, where extensive connective tissue infiltration has taken place. The best procedure here is to excise the entire carbuncle or at least the infiltrated area. In the incipient carbuncle, however, sulphur treatment was successful. Furunculosis is an extremely stubborn disease, which in the past has baffled me a good deal. I have seen cases which only responded after a change in climate, after lasting for years, either continuously or with short remissions. A multitude of remedies has been used against it, yeast, vegetarian diet, vaccines, etc., which have been abandoned as useless. A good measure, which I used almost exclusively within the last years, prior to our trial of sulphur, was the treatment with quartz light in the form of the so-called "Finsen light," which is indicated especially in conjunction with Roentgen ray. I don't think much of the "Finsen light" otherwise; however, in furunculosis it seems to excel other forms of ray-therapy. Sulphur treatment is essentially still better, simpler and cheaper.

⁸⁶ While all the cases cited here were not treated with pure sulphur, but with sulph. iodat., yet I speak of sulphur, because, as mentioned above, pure sulphur, used by way of comparison, yielded the same good results, while iodine alone, as I will subsequently show, did not cure furunculosis. I don't mean to deny either, that the combination of iodine and sulphur was a particularly happy one.

⁸⁷ Neither did we follow Hahnemann's direction requiring a regulation of the mode of living during homœopathic treatment to the exclusion of alcohol, coffee and highly seasoned food.

More obstinate than furunculosis are certain forms of acne, especially the so-called acne indurata, which as a rule are also promptly cured by the homœopathic sulphur therapy.

The same holds true for axillary sweat-gland furunculosis;³⁸ this condition is so intractable that for many years prior to the sulphur treatment I have, as a last resort to relieve this troublesome affliction, excised the entire hairy portion of the axillary skin, which is the seat of the furunculosis.

This goes to show that an accurately chosen internal remedy, given in the proper dosage in a case of clearly infectious type, where other remedies are considered useless, will give a greater result than any other measure, including especially immunization, physical and surgical therapy.* It is important to emphasize this in these days, when internal drug therapy is looked down upon with an air of condescension.

But above all, the example chosen by me—aside from the law of similars, to which I will revert presently with still more striking observations—teaches really all that is required for our purpose, *viz.*:

1. The small homœopathic dose cures an extremely intractable disease very promptly, and better than any other means. The large allopathic dose, on the other hand, does not cure it; for if allopathy could have accomplished anything with sulphur in this condition, it would not have practically abandoned that drug and turned to much more uncertain and cumbersome methods instead.

2. The example shows that D 6 cures furunculosis just as surely as D 3, that therefore there exists no important difference between the two, and that furthermore it is evident that a dose of a thousand times greater strength does not produce an action of a thousand times greater degree. I have no doubt that we would obtain results even with higher potencies.

3. Therefore sulphur cannot be thought of as a disinfectant of the skin, nor as an intestinal antiseptic, said to remove enteric toxins, produced by furunculosis, as I once read. On the contrary,

³⁸ I have a communication from *Stiegeler* to the effect that he has had very good results with sulphur in axillary sweat gland-furunculosis. We can substantiate that.

sulphur can only cure by stimulating the natural reaction of the skin toward termination of the disease.

4. We must give a little more extensive consideration to the peculiar, yet incontrovertible observation, that minimal doses of a material, which we ingest daily in large quantities (the adult may be taking one gram of sulphur in his daily ration of food), will produce an extraordinarily strong therapeutic action. The only possible explanation is, that the form, in which the drug is given, is the deciding factor; thus in our case the homœopath, by extremely delicate trituration according to *Hahnemann's* precept, actually conditions the remedy in such a manner as will most readily allow it to reach and act on the diseased organ. That it can so act in small quantities is easily conceived according to the conception of *Schulz*, who considers drugs as irritants.

The so-called natural philosophic group in homœopathy, and among them especially the high-potency advocates, have attempted to save *Hahnemann's* doctrine regarding the intensification of drug-power by extreme dilution, by means of the following considerations, in accord with the latest scientific researches.³⁹ A drug does not act by virtue of its crude qualities, but like a ferment or a colloid. The efficacy of the latter does not depend on quantity, but on the fine division of the material. The higher the degree of dispersion (surface-tension), the greater the effect. It is just this fine division and surface accumulation which *Hahnemann* is said to have accomplished with genial foresight by his triturations and succussions, thus anticipating science by 100 years.

However, this mode of conception will not solve the riddle and at the end we are not likely to circumnavigate the "mystic" stimulation. Nevertheless the consideration of sulphur alone, as exposed in the foregoing, shows that the "logical" proof of the self-evident⁴⁰ absurdity of homœopathy is not quite so impregnable. One of these proofs in illustration: Homœopathy claims that table

³⁹ (a) Close, translated by O. Schlegel: Potentiation and the infinitesimal dose. *D. Zschr. f. Homœopathic*, 1922, H 3, p. 124.

(b) Leeser: Principles of Therapeutics. *Textbook of Homœotherapy*, Allg. Teil, Buehl, 1923.

⁴⁰ I recommended the perusal of my remarks about the two expressions, used so ardently in science, "self-evident" and "natural": Bier, on several principles of nutrition, which have had little or no attention (Part I). *M. M. W.*, 1923, No. 4.

salt in minute doses is an important remedy. Still we not only were taking large daily quantities of salt, but any tap-water represented approximately a 0.2 per cent. solution of table salt. Against this the homœopathists maintain that table salt in the *Hahnemannian* potency is something entirely different, unfolding quite different powers. I cannot judge how far this is true, since I have no experience with table salt in homœopathic dosage. However, I do not by any means consider this conception as absurd.⁴¹ Another tenet is just as odious to the antagonist of homœopathy as the minimal dose, and that is the claim that, according to a universal law, a principle, or whatever you choose to call it, in fact the law of similars, the proper remedy can be ascertained practically by deductive method. That, then, is branded as an unscientific procedure.⁴² I shall show by two examples that it is perfectly possible to proceed according to the law of similars and find excellent remedies.

For several decades I have been attacked by heavy colds several times a year. They mostly started as a coryza, then successively involved the pharynx and the bronchi; there was moderate initial fever and for two to four weeks I was markedly inconvenienced and incapacitated. My colds were due to the rapid change into the fresh air, after working for hours in overheated operating-rooms. To use the most reliable prophylactic, air-baths, was out of the question during the semester; other means having failed, I tried a homœopathic drug since 1919; this I selected myself according to the law of similars by the following inference: Iodine in larger doses causes coryza and inflammations of the mucous membrane. Therefore, I shall take it in small dosage against such afflictions. At first I put a drop of tincture of iodine in a glass of water, mixed it thoroughly and took one swallow thereof. This remedy helped me, if only I took it early enough, when there was sneezing or slight chills and moderate pain on swallowing. In 1920 *Fink*⁴³ recommended Iodine for coryza and angina, not consciously pro-

⁴¹ Water, too, is indispensable to nutrition, yet distilled water is a strong poison.

⁴² I cannot fathom how many medical men, who boast of scientific attainment, can attach so little value to deductive conclusions. Compare: Bier, on medical viewpoints, especially the mechanistic and the teleologic. *M. M. W.*, 1922, No. 23.

⁴³ *Fink*: A new specific action of iodine. The internal treatment of coryza and angina with iodine. *M. M. W.*, 1920, No. 15.

ceeding from homœopathic premises. For prophylaxis he gives eight drops, for treatment a little more, daily, using an iodine-potassium-iodide solution (pure iodine 0.3, potassi-iodide 3.0, aqua dest. 30.0) and he claims exceptional results. I tried this prescription on myself, but had equally good, if not better, results by taking only one drop of the solution in water. Since then I proceed as follows: When the above-mentioned symptoms of a cold appear I take one drop of the solution: Iodine pur. 0.1, aqua dest. 10.0, Kali Iod. q.s. ad solutionem. Usually one single drop will abort the attack; rarely, especially if I did not use the remedy early enough, I have to fight against the invasion for several days, taking one drop daily for up to a week. The prophylaxis against my former attacks has always succeeded, and for six years I have been free from this annoying nuisance. The iodine did not protect me against an attack of La Grippe during an epidemic, but with one drop of the solution taken daily the attack ran a very mild and short course.

I have also used the remedy in my family with success. Of course neither Fink nor I have introduced Iodine as a remedy for coryza, because homœopathy has used it here long ago according to the law of similars; nevertheless it is remarkable that, without being acquainted with this fact, I found my way easily and selected the correct remedy. I am convinced that a much smaller, more truly homœopathic dose would suffice just the same; I continued with a dose which had stood the test in my case.

Much more convincing is the following example, tested in a vast number of cases, which I procured myself according to the law of similars—or to express myself better, according to the *Arndt-Schulz* law—to be used against a dangerous disease, a scourge of the surgical hospitals, the so-called post-operative bronchitis and its frequent sequel, pneumonia. I have tried everything possible without success; particularly the much-heralded Optochin failed completely, as reported in the *Practice of Surgery* by Bier, Braun and Kümmell; ⁴⁴ I came upon the right remedy, to express it quite naively, through the following considerations: Of the noxious influences causing the pulmonic disease, ether was the foremost; it produced an intoxication, if you choose, a paralysis of the lung. Now I attempt to stimulate the threatened or already diseased lung

⁴⁴ Fourth and fifth editions. Leipzig. By Barth, 1922, Vol. 3, p. 43.

by the same material in a small dose. That this intention culminated in the most striking result is seen from the work of my assistant, *Dr. Riess*, appearing in this issue of the weekly.

Strictly speaking, we are dealing here with an isopathic remedy. Isopathy was founded in 1833 by the veterinary *Lux*, of Leipzig. The substance of the method is indicated by the title of his book: "The Isopathy of Contagious Disease," or: All contagious diseases carry the means of their cure within their own contagium.⁴⁶ Isopathy was a direct outgrowth of homœopathy; it was considered by its founder as merely an issue of homœopathy and for that reason "was presented for the scrutiny of the Coripheans of homœopathy." In lieu of *similia similibus*, *Lux* placed the *aequalia aequalibus curantur*, in place of *Hahnemann's* artificial drug disease he stood by the natural disease. One drop of the product of the disease in question was potentized thirty times according to homœopathic rule and administered internally. Against anthrax he used blood of the anthrax patient, against glanders the nasal secretion of an animal afflicted with this disease, etc.

Isopathy had a varying reception in the homœopathic camp. Some of the homœopaths accepted it enthusiastically, others repudiated it roughly. Among the latter was *Hahnemann* himself, who criticised it very sharply.⁴⁸ Nowadays the great majority recognize it as a justified homœopathic method, while a few still reject it. As a matter of fact, it is difficult to understand *Hahnemann's* decided position against Isopathy, which breathed the very spirit of his work,⁴⁷ which was an outgrowth of his teaching and considered by *Lux* himself as a sort of homœopathy, especially when we consider that *Hahnemann* took credit for pox-vaccination as a homœopathic procedure.

The medical world in general considered Isopathy as the acme of homœopathic nonsense. Such a position is no longer tenable since isopathic treatment has been introduced and scientifically entrenched by the anti-rabies vaccination of *Pasteur* and the tuberculin therapy of *Koch*. The nonsense has changed into a far-seeing heroic hypothesis.

⁴⁶ Leipzig, 1833. By Kollmann.

⁴⁷ See *Haehl*, Vol. 1, p. 219, and Vol. 2, p. 302.

⁴⁸ *Hahnemann* maintained that the drug-disease, in order to cure the natural disease, must be as similar as possible, but yet in its nature fundamentally different; if identical, no cure would be obtained.

I do not want to go into further details of Isopathy, referring the reader to literature.⁴⁸ I merely want to remark that recently two eminent physicians have identified themselves with Isopathy. *O. Rosenbach*⁴⁹ says: "Already in the principles of therapy I have pointed out that homœopathy, more correctly Isopathy, the teaching of specific remedies, etc., shall be sustained anew through the results of modern science," and *V. Behring*⁵⁰ emphasizes very decidedly, reinforced by many examples, how great a theoretical and practical achievement is represented by the "isopathic therapeutic principle."

The moment we use a small dose of ether in the treatment of bronchitis, not due to ether narcosis, the remedy becomes, of course, pronouncedly homœopathic in the spirit of *Hahnemann*.

Unlike iodine, ether has not been used by homœopathy, as one may have expected. Of course, our method of employing the remedy, which I believe to be the only efficacious one—by injection—stands aside of homœopathy.*

Buchner,⁵¹ evidently proceeding unconsciously from homœopathic premises, tried to prevent and cure pulmonary tuberculosis by the internal administration of arsenic, phosphor, antimony, in which he did not succeed.⁵²

Thus we have two homœopathic remedies—sulphur for furunculosis, ether for bronchitis—which, in my opinion and experience, give such striking results, that no one, who has used them in a

* (a) *Mosso*: Contrib. to the History of Isopathy. *Allg. Hom. Ztg.*, Vol. 121, 1890, Nos. 1, 2, 3, 4.

(b) *Nebel*: The History of Isopathy. *Berl. Hom. Ztg.*, Vols. 19 and 20.

(c) *Wapler*: On Isopathy and Homœopathy, their spirit and Scientific proof, 1896.

(d) About the time of the discovery of Tuberculin by *Koch* many essays appeared in the homœopathic periodicals, dealing with Isopathy.

⁴⁹ *Selected Essays*. Vol. 2. Leipzig. By Barth, 1909.

⁵⁰ About therapeutic principles, particularly the etiologic and the isopathic principle of therapy. D. M. W., 1898, No. 5.

⁵¹ There was difficulty in the rendition of this paragraph, as the German text did not clearly convey to me the author's thought. The German follows: "Zudem liegt das von uns gewählte und, wie ich glaube, allein wirk-same Verfahren—die Einspritzung des Mittels—der Homœopathie nicht."—*The Translator*.

⁵² *Buchner*: (a) A new theory of immunity production, Munich, 1893. By Oldenbourg. (b) The etiologic prophylaxis and therapy of pulmonary tuberculosis, Munich and Leipzig, 1883. By Oldenbourg.

⁵³ I shall revert to *Buchner's* experiments in an article on inflammation, to be published shortly.

larger series of cases, can doubt their efficacy. The prevalence of the diseases, in which these remedies were used, permits of checking up at any time. After all, the usual allopathic remedies in these diseases are so powerless, that any physician may well employ simple and easily handled drugs, for which better results have been vouchsafed.

While I have been dealing with drugs, I should like, in passing, to point out a physical homœopathic remedy, the treatment of recent burns by heat; this is an old lay-remedy, frequently used in ancient medicine, but forgotten in these times. My experience with it has been very good. The freshly burned limb was subjected for a short time and only once to a hot-air shower, at a temperature of about 100 degrees. The pain disappears at once, vesicles dry and proliferation of epithelium takes place very rapidly. I recommend this method likewise for a checking-up test.

Speaking of this treatment, *Thomson*, in his excellent book on inflammation⁵⁸ (1820) says, that according to Turner this was a common phrase: "Omne simile simili gaudet, vel similem sibi trahit; ignis ipse est sui ipsius alexiterum."⁶⁴

After all, there is something in homœopathy; to decide how much there is, would be presumptuous of me; to do that I would have to have greater experience with it. However, I believe I can justly claim this: that there is much in it, that we can learn a great deal from it, and that it has ceased to be pertinent for the "old school" to ignore it or treat it with contempt.

Above all, one should attempt to enter into the deeper spirit of the law of similars, which does not only pertain to the field of

⁵⁸ Thomson: On inflammation. German edition by Krukenberg. Halle, 1820, Vol. 2, p. 368.

⁶⁴ It should not be assumed that simply in a schematic manner, based on the law of similars, one can always easily find the proper remedy. Prior to sulphur we tried homœopathic doses of iodine in furunculosis without result. On the other hand, I treated many years ago, according to the law of similars, a case of urticaria with small amounts of animal blood, with good result. Richter used autogenous blood in the same disease with good results, in our Polyclinic. Neither must one assume, according to Zimmer's theory, that every irritant will always produce the same action internally, as it does when injected. Thus we tried, upon homœopathic recommendation, the internal administration of Tuberculin in Hochenlychen without any success; this was prepared according to homœopathic instructions. At any rate, the finding of the homœopathic remedy according to the law of similars is not an easy task. This is vividly expressed by *Widenmann*, who is not a homœopath, but who has occasionally used homœopathic remedies with success, in his treatise "Homœopathy," in *Hufeland's Journal*, 59, Vol. 1828, Second Part.

medicine. Perhaps it may lighten the burden of the inquirer, when he hears that before *Hahnemann* the two greatest in our profession, *Hippocrates* and after a long interval *Paracelsus* were advocates of the principle *similia similibus curantur*. The details of this may be found in a little book by *Hugo Schulz*,⁶⁶ entitled *Similia Similibus Curantur*.

Even *Hahnemann's* priority in homœopathy has been questioned in a preposterous manner. *C. H. Schulz*⁶⁶ went so far as to accuse him of plagiarizing *Paracelsus* without properly understanding him. To quote: "after three centuries he resurrected his teachings for the second time in an unfounded and distorted manner." In a milder form the same claim was made by the homœopath *Katsch*.⁶⁷ (His book was very adversely criticized by *Sudhoff*.)⁶⁸ This is all totally out of the question. Neither the teaching of *Hippocrates* nor of *Paracelsus* have exerted an influence toward the practical application of the law of similars, its sole founder being *Hahnemann*. His assurance that he was in no manner influenced by *Paracelsus* should find ready credit; and even if that had been the case, nothing could be detracted from his merit, as he alone recognized the far-reaching range of this teaching.⁶⁹

The second point, which in my estimation should without a doubt be incorporated in our pharmacology, is *Hahnemann's* drug-proving on the healthy human. It is the prerequisite for the practical application of the law of similars. The healthy are rendered ill by the drug, and only the symptoms arising from this drug-disease point out the remedy.* Finally the homœopathic doctrine is summed up in this sentence: Diseases are cured by small doses of a drug which, when given in large doses, will produce a similar disease in the healthy. Drug-proving on the dis-

⁶⁶ Munich, 1920.

⁶⁷ C. H. Schulz: The homœobiotic school of medicine of Theophrastus Paracelsus. Berlin, 1831.

⁶⁸ Katsch: Studies of the fountain-heads of medicine; the evolution of the axiom of similars from Empedocles to Hahnemann. Stuttgart, 1891.

⁶⁹ Schmidt's Yearbooks, 230. Vol., 1891, p. 267.

⁷⁰ Compare E. Schlegel, Paracelsus and his importance in our time. Munich, 1907. By Gmelin.

*For purpose of clarity and to lead up to the author's next sentence to those uninformed in homœopathy, I will supplement this as follows "And only the symptoms arising" in the course of this drug-disease combine to make the so-called symptomatology of this given drug, which therefore is indicated in any disease presenting a similar set of symptoms.—*The Translator*.

eased human does not yield much information, because he reacts against the remedy in an entirely different manner.⁸⁰

I am fully aware that much can be said against this proving on the healthy human inasmuch as there is great latitude for the interpretation of symptoms, while animal experimentation, which therefore should by no means be neglected, is in many directions more precise and reliable. But the latter has the great shortcoming that subjective symptoms are wholly neglected, though they are of great importance. Moreover, it gives no information regarding the action of the smaller doses, which do not make any impression in the animal experiment, hence it tends toward investigation of drugs in large, often noxious doses, instead of the small, frequently the only useful dosage. Furthermore, our means of precision are too coarse to allow of the recognition of the finer changes in the animal.

The homœopaths endeavor to make the proving on the healthy human more reliable by grouping themselves together for the purposes of proving on their own bodies.

The importance of experiments on physicians is illustrated particularly well by experiences in surgery; *Sleich* experimented on himself with infiltration-anæsthesia, *Hoelscher* with cross-section anæsthesia, and *Braun* tried his novocain-adrenalin anæsthesia on himself. Without this self-experimentation their results would have been more difficult to obtain and less complete, for theirs was a case of testing the subjective interpretation of pain-perception.

Self-experimentation of the physician in its importance even surpasses the request of *Hahnemann* to remain within the harmless zone of drugs. When I introduced spinal anæsthesia with cocaine, at that time the only available anæsthetic, I noticed considerable annoying symptoms, which baffled me, but which I could not correctly interpret from observations on others. Therefore, I had a spinal anæsthesia performed on myself, became gravely ill and thereupon knew exactly that this mode of procedure was dangerous and impracticable. Hence I cautioned against it. My colleagues, however, especially French surgeons, blinded by the

⁸⁰ Of course, there are hardly any entirely healthy humans. In the cases of several of my assistants, who injected themselves experimentally with irritants, old foci of inflammation were rekindled, which they had long forgotten.

brilliant, all-surpassing degree of anæsthesia, did not heed my warning, employing the method on thousands of patients, with the result that many were injured, and a number of fatal issues recorded. After these disastrous results they came to the same conclusion, at which I had already arrived after six other experiments following the experience on myself; like myself, they looked for a substitute for the dangerous cocaine.

Our pharmacology furthermore overestimates the chemical experiment, which, applied to the human body is much too coarse, and it denies the action of small quantities of remedies, which it cannot estimate nor measure, a state of mind which *Hufeland*⁸¹ criticized a hundred years ago. He says: "There is a reagent, which is more delicate than the most delicate chemical reagent, and that is the reagent within the living human organism." He refers particularly to the sense-perceptions. Mentioning Musk he defied anyone to chemically prove the existence of small particles of this material in the air of a room, while the olfactory nerves of man can still appreciate their presence to a severe degree. *Hufeland's* example was often cited in later days, and *E. Fischer* and *Penzoldt*⁸² made it the subject of a scientific investigation. They ascertained that a four hundred and sixty millionth of a milligram of Merkaptan sufficed to produce olfactory perception. At the same time we should consider that the human nose is an extraordinary dull and atrophied sense-organ as compared with that of many animals, *e. g.*, the dog. What unimaginably minute particles may suffice to produce olfactory sensation in the latter! Not to speak of the still more delicate sense perception of insects.

In recent times there is an increasing number of observations, showing that exceptionally small quantities of material bring about distinct physiologic results in the human body. I will refrain from further details.

In my opinion, our pharmacology will finally have to admit the tremendous difference between the action of many agents on the healthy and that on the sick, and among the latter between the acute and the chronic conditions. We have learned it unequivocally

⁸¹ Challenge to the Spa—Physicians of Germany, particularly of Silesia; with a few remarks on mineral waters in general. C. W. Hufeland's minor medical writings. Vol. 3, p. 466, Berlin, 1825. By Reiner.

⁸² On the susceptibility of the olfactory sense. *Justus Liebig's Annals of Chemistry*, Vol. 239, 1887.

from the irritants, and homœopathy has long ago maintained it for its drugs. As a matter of fact, it applies to internal remedies, as far as they are irritants, and at least very many of them are surely that.

I believe in this manner a good many remedies could still be detected, or to be more exact, undreamed of medicinal properties could yet be unfolded from those that are known. Pharmacology would benefit by such a process of enrichment. Where are the days when she reigned supremely among the branches of medicine, when surgery and physical therapy played a minor role? Nowadays, among the great bulk of the profession, as well as the laity, it is considered good taste, so to speak, to look down upon drug therapy as inefficient and to indorse drugless methods. This is an incorrect and misconceived attitude, for which pharmacology by its one-sided position is somewhat responsible. If, as I claim, ether injections cure, almost as a certainty, the post-operative bronchitis in the shortest time, and prevent the murderous sequel of pneumonia, such a fact should go to show how a simple medication can really cure. In times of peace,⁸⁸ therefore, it is a much more important remedy than tetanus antitoxin, because the disease which it cures claims many more victims than does tetanus.

I want to cite another incident to illustrate how a simple remedy used in a very stubborn disease, proved far superior to numerous other modes of treatment, which have been recommended. As a result of one-sided bodily exertion, which I indulged in during the second half of my third decade (prolonged standing during operations, almost daily strenuous horseback riding, frequent chilling and wetting while hunting) I contracted muscular rheumatism. The disease started about the age of thirty. At first it manifested itself as lumbago, which became chronic and soon showed no disposition to remit because the etiological factors continued to operate (undoubtedly there was also predisposition). Since about 1914 the disease likewise involved the upper half of the body, especially the musculature of the neck and right shoulder, thus becoming very annoying. I treated with electricity, massage, baths, hot air and correspondingly selected exercises, but without result. Very gradually, but steadily the illness became worse. Thereupon *A. Zimmer*,

⁸⁸ During wartimes tetanus antitoxin is of course an incomparable remedy. (See Bier: Anærobic wound infection; Brun's contribution. Vol. 101, 1st issue, introduction.

in 1921, cured me within one month by the internal administration of Yatren. Ordinarily I am now free from the disease. Now and then I notice signs during extreme weather changes.⁸⁴ in the region where it originally started, along the left sacro-iliac joint, but these negligible reminders respond to 1-3 spoonfuls of a 1:1000 solution of yatren. This result was obtained by *Zimmer* notwithstanding the fact that the main factor, the long periods of standing during operations, continued to exist, *i. e.*, as it has been so aptly expressed, without "sacrifice of vocation."

Quite incidentally, irritant-therapy leads us to the natural cure, since we are aiding the diseased body in its effort to overcome disease. In its action we must liken it on one side to the rationale of air, light, water-baths and body-exercises, on the other to that of the immunizing and antitoxin therapies.

Apart from this, perfectly tenable, we find *Galen's* *contraria contrariis curantur*. That is the way in which we combat epidemics; also the way of surgical interference, including surgical anti-and asepsis. But at every step we realize that even in surgery these measures do not suffice. What could we do if nature did not heal our wounds? Mechanical stretching alone does not remove cicatricial strictures, but it is necessary first, by the introduction of instruments and the ensuing inflammation, to soften the scar and thus make stretching possible. Even in these branches of medicine there is something of homœo- or isopathy, as *John Hunter* has so thoughtfully expressed it: The cause of wound-healing is the wound, or as *Pflueger*⁸⁵ said: The cause of the damage is at the same time the cause of the removal of the damage.

For the same reason Hippocrates performed the greatest deed ever in medicine, when he enunciated: Diseases are cured by nature (*Physis*). Not only does the body suffer the disease, but it also removes it by its own activity. Cure is therefore a physiologic process. The physician shall let the natural healing process take its full course and not hamper it in any way. But on the other hand he shall support and assist it when its powers are failing; in

⁸⁴ The sufferer from chronic arthritis as well as chronic myositis knows the tremendous influence of weather changes on bodily ailments.

⁸⁵ Pflueger: The teleologic mechanism of the living organism, Bonn, 1877.—The quotation is an instance of his further elaboration, "Teleologic causal law": The cause of every need of the living being is likewise the cause of the granting of that need.

other words, he shall be the servant of nature. This attitude of the physician was afterward emphasized still more sharply by *Paracelsus*.

Although 2000 years old, this bit of hippocratic wisdom, though often quoted, yet understood by but few in all its humble greatness, by far excels all other major deeds in medicine, including anti-and asepis, including the fight against epidemics, including even the great systems of medical teaching, among which *Virchow's* cellular pathology ranks as the most important and successful.

Always beware of partiality. I do not even consider it as impossible, that some day we will accomplish something with the much maligned "internal disinfection." Was I not⁶⁶ the first to make practical tests with *Morgenroth's* "chemo-therapeutic" preparations? They were designed along that very direction, albeit I had to reiterate time and again to the father of the method, that the modest success attending the initial tests was not alone due to the killing of the bacteria, but also traceable to the biologic processes, provoked by the remedy. The same, by the way, was emphasized by *Hufeland*,⁶⁷ long before we had *Lister's* antiseptics. Contradicting *Wedekind*, who presumed a purely chemical action of antiseptics in the body, he says: "The only true antiseptic is the vital power." (Of course we must interpret sepsis and antiseptic literally as disintegration and preservation respectively, since at that time bacteria were unknown.)

It is a pity that today the excessive trend of the physician toward specialization militates against the acceptance of such a general point of view. That it can be practically corroborated has been demonstrated in our clinic. Aside from its abundance of surgical and operative material, it may be said to be the largest so-called "naturopathic institute" * in existence.⁶⁸ (Aside from our 250 beds in *Hohenlychen* for light and air therapy, we also have in

⁶⁶ *Bier*: On the treatment of hot abscesses, suspicious and infected wounds in general, and particularly with *Morgenroth's* quinine derivatives. *B. Kl. W.*, 1917, No. 30.

⁶⁷ *Physiatic. Journal of Pract. Therap.*, Vol. 76, 1833, Part I, p. 16. *Hufeland's Physiatic* is well worth reading today.

* Literal translation, not to convey the meaning of this title as commonly understood here.—*The Translator*.

⁶⁸ Strange to say, no one knew this, when several years ago in the Prussian diet the "school-clinics" were attacked for not utilizing "naturopathy," or if they did know, the speakers were inconvenienced by that knowledge, for none mentioned the fact.

Berlin an exercising ground accommodating 300,⁶⁹ where patients are treated with air, light, water and exercises. In our *Polyclinic Klapp* treats a daily average of 270 crippled children and *Kohlrausch* numerous other orthopedic adults and children by body exercises.) In addition we do not neglect drug therapy.

I am aware that with these dissertations I am stirring up a hornet's nest. But I ask my colleagues, before scolding the infamous traitor of science, to test the two homœopathic remedies, sulphur for the staphylococci of the skin and ether for bronchitis. If—and I do not doubt it—they come to the conclusion that they are of value, then we can further discuss the situation, and we shall present other experiences and remedies.

I simply claim that there is good substance in homœopathy and that we can learn a good deal from it to the point of improving and increasing our remedies. Still I am not a one-sided homœopath. Even if I have a higher appreciation of homœopathy than *Hufeland*⁷⁰ in his age, still I share in his opinion, that it should be regarded as one of several viewpoints, which bring us nearer to the truth and to salvation of human suffering. The same stand is taken by *Hugo Schulz* and many homœopaths, e. g., *V. Bakody*,⁷¹ although they naturally put homœopathy in the foreground of all their deliberations.⁷²

Now, if we are obliged to concede that there is something in homœopathy, and if many reasonable homœopathic physicians likewise give allopathy its dues, why all this wrangling? Should it not be possible to reach an understanding? I know that among the leading homœopathic physicians there is a great inclination to do so. Several have so declared themselves in papers, and some have addressed me in writing as one from whom to expect understanding for their ideas, and have indicated the desire for peace. I may add that they have impressed me as people of highly sensible and sociable type.

* The institution is so popular that we could multiply the patients. We do not allow an increase, because it would defeat our teaching purpose.

⁶⁹ See *Hufeland: Homœopathy. Journal of Pract. Therapy*, Vol. 70, 1830, Part II.

⁷⁰ See *Wapler: Reminiscences of Th. v. Bakody. General Homœopathic Journal*, 1913.

⁷¹ There is a strange longing among allopathic physicians to impose narrow trade regulations on these homœopathic colleagues and to forbid them to use allopathic remedies or at any rate discourage their use.

I can anticipate the objections arising in the allopathic camp, *viz.*: 1. Scientific medicine, let us call it allopathy for purpose of discussion, had been most grievously insulted and belittled by homœopathy. That is true, *Hahnemann* himself set a very bad example. Even the excellent *Hufeland*, who by no means rejected homœopathy and who put his "Journal of Practical Therapy" at the disposal of its founder for purposes of publications, was not spared by him, just because *Hufeland* did not agree with him on all points.⁷⁸ Of the splendid pharmacologist *Gren* he had this to say: ⁷⁴ "The alchemist *Gren*, who understood nothing of therapeutics," because the latter maintained that a remedy was dependent upon a knowledge of chemistry. *Hahnemann* branded the medicine of his day, allopathy, as a pseudo-art, separated from homœopathy by an impassable abyss; ⁷⁵ similar expressions recur in his writings quite frequently. The most extravagant exposition is made in his booklet: "Allopathy, a word of warning to the sick of all types."⁷⁶ In it he attacks the contemporary "old school medicine" in a most unheard-of manner, accusing it of making people ill and ailing, cautioning the laity against this pseudo-art and recommending the only curative method, homœopathy.

A number of his followers copied his example. On the other hand, homœopathy has not been treated too graciously by the opposing side; for, after all, coarse denouncement does not offend the physician, who has the conviction of the truth of his teaching and the value of his actions, nearly as much as to be branded by his colleagues as an unscientific pretender or even a fraud, or again to be totally ignored and despised.

2. A much greater obstacle to conciliation, however, is the large army of real pretenders, frauds and incompetents in medical and lay-circles, which are dangling on the apron strings of homœopathy, much to the disgust of the honest and scientifically trained homœopathic physicians. But this should be no real obstacle; for as soon as the good, which is in homœopathy, is recognized by the "old school," there will cease to be a stimulus for the quack to exploit it by advertisement. *Goldscheider* once very truly re-

⁷⁴ *Mat. Med. Pura*, 3d Vol., p. 45.

⁷⁵ *Mat. Med. Pura*, 3d Vol.: "Illumination of the origin of the ordinary materia medica."

⁷⁶ Introduction to Boenninghausen, 1832.

⁷⁷ Leipzig, 1831. By Baumgaertner.

marked that scientific medicine is itself responsible for quackery, by neglecting good methods of healing. I add, as I have expressed it before: It is a pity and against all reason, when doctors fail to recognize the good some of their colleagues have produced and practiced, and thus let it fall into the hands of the quacks. *Hahnemann* was a very eminent and, in spite of his one-sided homœopathic viewpoint, a singularly well-versed physician. As a dietitian and hygienist he was far ahead of his times. As such he gave excellent instructions, which are exemplary to this day, regarding prophylaxis and disinfection in infectious diseases, regarding the mode of living, ventilation, nursing, bringing up of children, puerperal and infant care (he advocated breast feeding), civic and prison hygiene. With *Pinel* and *Reil* he belonged to the reformers in psychiatry and himself founded a small insane asylum in Georghenthal.

He inured his patients, letting them go barefooted and bare-headed, used hydro-therapy, calling these things valuable adjunct homœopathic measures.

As I mentioned before, he recognized vaccination and he gave its dues to surgery. He prepared careful histories of disease and placed special emphasis on a detailed past history.

It is well known ⁷⁷ that he was an excellent chemist.

My advice is: If we come to an understanding with the scientific homœopaths, if we tolerate the honest fanatics among their ranks, then homœopathy will be enabled to shake off its objectionable entourage.

Above all, I am of the opinion that no one should judge homœopathy, who has not tried homœopathic remedies, and who has failed by reading to familiarize himself with the theory of homœopathy. I advise any one, who wants to do the latter, not to start with *Hahnemann's* writings. I have studied his major works, the so-called catechism of homœopathy, the "Organon of the art of healing," ⁷⁸ "materia medica pura" (6 parts),⁷⁹ and "chronic diseases,

⁷⁸ All these things are carefully recorded by Haehl. I also refer to *Hahnemann's* surprising views on the etiology of cholera; he reduced it to minute organisms, which are transferred from man to man. (*Haehl*, 1st Vol., p. 195.)

⁷⁹ Dresden, by Arnold. (The first edition appeared 1910; 1921 a sixth edition, after manuscript revision by *Hahnemann*, was edited by *Haehl*. It appeared through *W. Schwabe*, Leipzig.)

⁸⁰ Dresden, by Arnold, 6 Vols.

their peculiar nature and homœopathic cure."⁸⁰ I can assure that, according to inclination and point of view, one can read therein both the highest wisdom and the grossest folly.

One of the reasons is that *Hahnemann*, like many of the modern who attain to such a ripe age, gradually altered his views as time went on, and frequently contradicts himself. In spite of my best intentions to adjust myself to his time and views, I cannot follow him in some instances, especially not in his psora theory, which he develops in the chronic diseases.

Add to that the fact that the modern medicus within his profession is void of history and tradition and therefore finds it difficult to enter into the spirit and language of times gone by and hence does not understand them. From my own experience, I know how to appreciate these difficulties; I gradually surmounted them, when—all too late—I realized the great shortcomings in my medical education, turned to the older classics in medicine and found in many instances more complete observation and more accurate thought than prevails today. It was then I learned a lesson in modesty, for I found a great deal, which I was wont to consider my intellectual property, had been detected by others before; likewise that this held true to an even greater measure for others of my contemporaries.

Therefore, I advise my colleagues, before reading *Hahnemann's* writings, to study the following:

1. The excellent work in two volumes by *Haehl*: "Samuel Hahnemann, his life and work."⁸¹ It is uncommonly thorough and compiled with ardent care and endless diligence. While *Haehl* as a convinced homœopath naturally allows his hero to shine forth in the most favorable light, yet he strictly adheres to the subject matter. The book has been of great advantage to me.

2. At least a few works of *Hugo Schulz*, and primarily the resume of his teaching in his essay "Pharmaco-therapy,"⁸² and "Similia similibus curantur."⁸³ Here we have a review of *Schulz's* ideas. Whosoever wants further elucidation should also read "the

⁸⁰ Dresden and Leipzig, by Arnold, 4 Vols.

⁸¹ Leipzig, by W. Schwabe, 1922.

⁸² Textbook of General Therapy, by Eulenburg-Samuel, 1st Volume, 1894.

⁸³ Munich, by Gmelin, 1920.

treatment of diphtheria by cyanide of mercury."⁸⁴ After such preparation the reader will understand *Hahnemann* and will avoid the mistake to overlook and underestimate the good and great in his teachings on account of its weaknesses.

Universal textbooks of homœopathy, such as abound in allopathy, are to my knowledge not in existence. The most practical German textbooks seem to me the two works by *Stauffer*: "Synopsis of Homœopathic Materia Medica"⁸⁵ and "Homœotherapy."⁸⁶ As a reference book for single remedies, I recommended the "Handbook of Homœopathic Pharmacology," by *Heinigke*.⁸⁷ As a short review *Dewey's* "Catechism of the Pure Pharmacology"⁸⁸ is advised.

Even if nothing remained of homœopathy but the law of similars, and even that not in the sense of *Hahnemann* as "an eternal law of nature," but rather as an exceptionally important and useful viewpoint, there would still remain a good deal. But there remains a great deal more of it.

I close with Virchow's⁸⁹ memorable words:

"No matter, whether one seeks to advance through anatomic investigation of the diseased, or another through clinical observation of the processes, a third through pathological, and a fourth by therapeutic experimentation, or one through chemical or physical, and still another through historical research, science is big enough to allow space for all these endeavors, *provided they do not pretend to be exclusive*, provided they do not transgress their limitations, provided they do not claim to perform everything. Extravagant promises always have resulted in harm, exaggerated pretensions always injured, self-overestimation always has offended or else made a laughing stock of itself."

In my estimation, medical science should have space for homœopathy. In that case we must, of course, likewise expect of homœopathic physicians that they subscribe to the second half of Virchow's dictum, which many of them fail to do.

⁸⁴ Berlin, by Springer, 1914.

⁸⁵ Hahnmeannia, Editors, Stuttgart, 1922.

⁸⁶ By Sonntag, Regensburg, 1924.

⁸⁷ Leipzig, by Schwabe, 3d Edition, 1922. Edited by Klier.

⁸⁸ German Translation, 3d Edition, by Voorhoeve; Leipzig, by Schwabe, 1921.

⁸⁹ Virchow: Specificists and Specifics. *Virch. Arch.*, 6th Vol., 1854, p. 5.

ROUTINE PRE- AND POST-OPERATIVE PRESCRIBING.*

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

Surgical technique has advanced to such an extent that operations are performed with a great degree of safety that a few years ago were considered extremely hazardous. Even so, results are not always all that could be desired either in the immediate or the remote effects. It is not alone sufficient to save life, but all procedure should be so conducted as to give the patient the least degree of shock and of discomfort. Undesirable effects of the anæsthetic and of the operation itself are oftentimes projected into the future life of the patient. In a former paper, it was suggested that much could be done, by means of pre- and post-operative prescribing, to improve the patient's chance of perfect recovery. Observations along the lines suggested in that paper show that indications are apt to occur in certain operations that admit of more or less routine prescribing. This helps to simplify the use of remedies in selected cases, without losing sight of the fact that, in general, only by individualization can the curative remedy be selected.

In cases complicated by acute infections or in which conditions out of the ordinary occur, the highest specialized skill in prescribing is required.

Where time permits before any major operation, a course of constitutional treatment puts a patient in much better condition for a successful outcome than submitting the patient to operation the moment a surgical condition is discovered. This is illustrated by the case of a woman who applied at our clinic and whom we discovered to have a fibroid tumor of the uterus. There can be no question about a fibroid tumor being an undesirable thing. It cannot do a patient any good. The viewpoint of the students who saw this patient was that she should be referred at once to the surgical clinic. She had many constitutional symptoms with indications for Sulphur and it was considered good practice to treat her medicinally, for the time at least. She was given Sulphur and improved

*Read before the annual meeting of the International Hahnemannian Association at New York, June, 1925.

so much in every way that everyone was satisfied, in the course of a few months, that she was a much better surgical risk than when she first applied for treatment. However, she herself insists that she is so much better that she does not wish to have an operation; so she is under observation at the present time.

To prepare a chronically ill patient homœopathically by means of constitutional treatment requires extensive knowledge of homœopathic remedies and of the method of applying them to chronic cases. When the time for operation comes, however, the immediate pre- and post-operative prescribing can often be worked down to a fairly satisfactory routine.

In prescribing for operative cases, certain definite purposes must be kept in mind. First, to prevent the injurious effects of the anæsthetic as much as possible; second, to counteract shock; third, to stimulate reparative physiology; that is, to promote healing; fourth, to clear up quickly all after-effects.

The surgeon's viewpoint is naturally mechanistic and this leads him to use active drug measures, with the idea of neutralizing, restraining or stimulating by crude drugs and mechanical means. Therefore, since the anæsthetics affect the fats of the body and the result is to increase acidosis, alkaline medication before the operation is frequently administered.

The use of morphine afterward is almost universal. This direct method is not as scientific as it appears on the surface. The indirect homœopathic method offers a more rational help, for it reinforces the reactions that the patient's organism automatically generates. Each individual supplies his own indication for whatever medication is needed. Certain factors are apt to occur in different types of operations. The two following cases are suggestive of the remedies that are likely to be useful in operations of the upper right quadrant.

A woman of forty-eight had an impacted gall-stone, requiring immediate operation. She was fleshy and not really strong. The operation consisted of the removal of gall-stones and gall-bladder drainage.

I have for years followed the practice of giving Arnica in potency as soon as the patient is removed from the operating table, giving it every half-hour for four or five doses. In a large proportion of cases this is helpful.

In the present case, there was no apparent effect from Arnica, but, as consciousness returned, she had much restlessness, lying on her back, with her arms over her head. She wanted air and wanted to be fanned, and wanted her mouth constantly wiped out with a wet swab. There are three remedies having prominently the symptom of lying with the arms over the head—*Lac. can.*, *Nux vom.* and *Puls.* The air-hunger and the rest of the symptoms are covered by *Puls.*

She was given the 30th, repeated at half-hour intervals, to which she responded very shortly. This relieved the restlessness and the air-hunger and gave positive comfort, so that she slept much the first night. This does not mean complete deadening of pain, etc., but a reasonable amount of relief.

On the second day, the restlessness returned, with a rapid, weak pulse, general weakness and frequent thirst for small amounts of water. These symptoms increased as evening drew near. *Arsenic* covered this picture and the 30th was given at hour intervals for a few doses. There was appreciable relief from the start and the second night was passed with reasonable comfort. No other remedy was given on the third night when a new picture presented itself. Weakness increased, with restlessness, thirst for large amounts of very cold water, with appearance of pus around the drainage tube. A few doses of *Phos.* 30th relieved all the symptoms, although the pus increased. Three days later, a higher potency was given, with a rapid decrease in pus. Convalescence went on rapidly after this and the drainage tube forced itself out in two weeks' time. In the telling, this does not sound much, but to one watching the case, there was no doubt of a prompt and satisfactory result from each prescription.

Now, for the rationale of these remedies. Immediately after the operation, there is the shock from the injury to the tissues that have been operated on and handled, and from the effect of the anæsthetic. *Puls.* is one of our best remedies for counteracting mechanical injuries to soft parts. Probably, in operations in this location, it is a better remedy than *Arnica*. On the second evening, the natural inflammatory reaction following the injury done to the tissues took place. *Arsenic* has a specific relation to inflammation of the liver. Following this was suppuration, with further inflammatory changes, probably including a tendency toward fatty degeneration. *Phos.* corresponds to the latter. These three reme-

dies correspond both pathologically and symptomatically to the conditions as they developed.

I have felt that something could have been saved with a good prescription before operation. The older homœopaths used to prescribe a remedy before operation, but at this time I had never heard what they gave. Soon after this I had occasion to give *Phos.* to a patient with duodenal ulcer just before she was operated on and was struck by the comfortable time she had. Not long afterwards I learned that *Phos.* was the remedy given by the older men. *Phos.* probably combats acidosis. It has affinity for fatty tissues, and the fact that it causes fatty degeneration probably makes it prophylactic against the effects of the anæsthetics.

The next case of gall-bladder operation was in a woman of sixty-two, who had had gall-stones for many years. On the night before her operation, *Phos.* 50m was given. Her course after operation was remarkably comfortable, although she developed, by the first evening, the air-hunger with the wanting of the arms above the head, just as the former case had. *Puls.* met this condition, and her first night without an opiate was also unusually comfortable. On the second night she developed the restlessness, weakness and thirst for small amounts of water, all of which were relieved by *Arsenic* 30th, and she had a reasonably comfortable time that night. There was, naturally, the deep heavy pain in the gall-bladder region, which was endurable; but she was troubled with a sensation of gas lodging at that spot. As she had responded so well to *Arsenic*, no prescription was made for this for three days, but, as it persisted, *Raphanus* 30th was given. This has in its symptomatology the exact description of that sensation. It is one of the useful remedies for incarceration of gas after operation. *China* also is useful, its keynote being that eructation or passing of flatus does not relieve. Her gas pains were relieved the first night.

Following this, sleeplessness was a persistent symptom. She would fall asleep and awake feeling that she had had a long, refreshing sleep, but, on looking at the clock, would find that she had slept only five minutes. *Medorrhinum* has this exact symptom. An added indication was the fact that, in early life, as a result of sepsis at time of childbirth, she had had a pelvic operation. From this time on, her sleep and strength improved rapidly.

For different complications that arise, various remedies are likely to be indicated. These are being compiled for later presentation in connection with remedies indicated in all kinds of surgical conditions. The purpose of this paper is to suggest routine measures applicable to any surgical case pursuing a normal course in order to give the patient every possible aid toward complete recovery.

The only possible way in which we can find the remedies that are useful in these cases is by the skillful homœopathist's studying a large number of cases after operation and having sole charge of the medication. For the purpose of study, the patient should be seen every two or three hours the first couple of days, or for as long as it is necessary. Probably operations on different structures will call for different remedies and but few remedies will be likely to be indicated for any given location.

Rhus tox. is frequently indicated for operations in the lower right quadrant. A series of cases, treated routinely as indicated by the two mentioned in this paper, will demonstrate the usefulness or otherwise of these suggestions. Certainly, the less one uses gross chemical stimulation or restraint, and the more one adheres to gentle, rational treatment, the better is the patient's well-being promoted. There is a question whether the ultimate good of a patient is better secured by the multiple use of drugs in anæsthesia; that is, morphine, then gas, then ether, or whether it is not better to use just the simple gas and ether.

HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY AT PHILADELPHIA, PA.

By BOERICKE & TAFEL

Subscription, \$2.00, To Foreign Countries, \$2.24, Per Annum

Address communications, books for review, exchanges, etc.,
for the editor, to

R. F. RABE, M. D., Editor, 666 Madison Avenue, New York City

EDITORIAL NOTES AND COMMENTS.

What Shall Be Our Attitude Toward Homœopathy?—This question was propounded several months ago by August Bier, the celebrated German surgeon, after prolonged study of the claims of homœopathy. He answered it in two articles, which were published in May of this year, in the *Münchener Medizinische Wochenschrift*. His answer was decidedly favorable to the homœopathic cause and compelled great and immediate attention throughout Germany. This article has been translated for THE HOMŒOPATHIC RECORDER by Dr. Philip J. R. Schmahl, of New York City, himself a homœopathic physician of distinction and German born. THE HOMŒOPATHIC RECORDER owes a debt of gratitude to Dr. Schmahl for his great service to the cause of American homœopathy and takes much pleasure in devoting the entire December issue to his able translation. We are sure that our readers will feel themselves fortunate in being able to enjoy Prof. Bier's remarkable vindication of the principles of homœopathy.

Radiant Commercialism.—There recently came to our notice the case of a woman whose rheumatic twinges had been blamed by her medical adviser upon a pair of "very badly infected tonsils"; the usual medical buncombe had been indulged in by her ultra-modern physician until she was finally brought to a pliant state of mind, willing to undergo almost anything which might promise to avert the harrowing calamities in store for her. Tonsillectomy being objected to by the now thoroughly subdued though frightened patient, she was steered to a medical institution which specializes in radium therapy. Here an oily tongued "director" soon persuaded her that the implantation of "radium seeds" in

her guilty tonsils would speedily, painlessly and entirely do away with the cause of all her troubles—of course, at the customary charge of five hundred dollars—which, however, inasmuch as she had been especially recommended by an influential friend, would be reduced to one hundred dollars in her case. Ten dollars for the “seeds” and ninety simoleons for professional services!

In jig time the implantations were deftly made and our trusting daughter of Eve sent on her hopeful way. But lo and behold, within twenty-four hours she had lost her voice and the pharynx blushed with reddened shame at what had been done; within twenty-four hours more the fauces were burning like the fires of Hell and resembled a throat afflicted with diphtheria; the radiant implanter suggested germ invasion, quite accidental, you know, and most unfortunate, but to be readily controlled by that magic lacteal preparation known as milk of magnesia. A culture, taken by ourselves, was soon reported by the laboratory to be “negative,” thus quickly disposing of the *germ infection* idea; our diagnosis was a severe Radium burn, unwarranted, unjustifiable and bordering upon criminal malpractice. Four weeks of torture followed, scarcely mitigated by anything which we could do, or by the best intentions of an honest as well as skillful throat specialist. Lawsuits were spoken of and other punishments for the Radium expert hinted at. But why sue, when a dozen other “experts” would be called upon by the oily defendant to vindicate his treatment and all twelve distinguished scientists would swear by all that is holy, that what had been done was in perfect accord with the best medical opinion and practice? Such is the farce of medical expert testimony in the dear old gullible U. S. A.

The patient is now a wiser and a sadder woman, with a throat which is still sloughing and which will bear forever after the inevitable scars of this terrific burn. But hundreds of other victims will follow her example and the coffers of the radium institute will be filled to bursting; commercial medicine will be highly satisfied, while the honest practitioner settles back in his shabby chair and wonders at the frailties of human nature.

Encephalitis Following Vaccination.—“Lucksch observed several children who died under the picture of an epidemic encephalitis which began about ten days after vaccination. Necropsy revealed slight reddening and edema of the brain and the meninges

and perivascular round cell infiltrations in the mesencephalon and in the medulla. Rabbits which were injected in the cornea with the vaccine used in the diseased children, developed in 50 per cent. of the cases, a typical encephalitis. It cannot be decided as yet whether the vaccine virus may be identical with an encephalitis virus, or whether the vaccination aroused in these cases a latent encephalitis infection. Similar observations have recently been published in Switzerland and in Holland.”—*J. A. M. A.*

And so we go on, making *interesting* observations on the deaths of innocent victims of modern medicine. Some human always has to pay the price, it seems, that society may be benefited, and as a rule children serve as the sacrificial lambs upon the pagan altars. Why not take up the investigation of “internal vaccination” by means of *Malandrimum* or of *Variolinum* and determine once and for all the value or the worthlessness of this method? Why let prejudice or indifference interfere? Either we are right or we are wrong in our contentions regarding the homœopathic method of producing immunity to smallpox. Why not settle the question for the good of humanity?

BOOK REVIEWS.

Samuel Hahnemann's Ordnung der Heilkunde—Das Organon der Heilkunst, zuerst 1810 erschienen nach der neuesten Auflage und unter Benützung von Vorlesungen weiland Professor J. T. Kent in Chicago, für das Studium der Homöopathie erläutert von E. Schlegel, Arzt in Tübingen. Johannes Sonntag, Verlagsbuchhandlung, Regensburg, Germany.

Emil Schlegel, the dean of the homœopathic profession in Germany, scarcely needs an introduction to English speaking homœopaths; his writings upon homœopathic medicine are both numerous and valuable. His experience as a practical homœopathic physician in the old university town of Tübingen has been an extensive one and his work in the treatment of cancer by homœopathic and local measures has been encouragingly successful.

This book of 147 pages, just published, is an extensive commentary upon and an elucidation of Hahnemann's *Organon*, paragraph by paragraph. Schlegel does not hesitate to draw heavily

upon the genius of our own American philosopher, the late James Tyler Kent, whom he quotes verbatim throughout the work and to whom he accords the highest praise and credit.

Schlegel does not indulge in the fault of blind adulation, but adopts a judicial and temperately critical attitude toward those statements of Hahnemann which have always provoked discussion and disagreement among Hahnemann's followers. Thus, in giving Hahnemann's explanation in paragraph 29 of the mode of cure of the homœopathic remedy, Schlegel sums up by stating, "*The explanation of Hahnemann is by no means binding upon (modern) scientific views and it will be best not to dilate upon it in lecture courses (upon homœopathic philosophy).*"

In paragraph 96, among numerous other comments and citations from Kent, Schlegel says, "*Kent opposes (here) the abstractions that certain remedies are related to certain diseases because they have helped in such diseases, as, e. g., Apis in Bright's Disease. This practice is indulged in repeatedly, by physicians who have not thought along correct homœopathic lines, although Hahnemann warned against the practise most urgently.*"

With the earnest attention which has, more recently especially, been devoted to homœopathic principles by such men as Hugo Schulz and August Bier, Schlegel's work assumes a position of high importance and places it alongside of the works on philosophy by Close, Wheeler, as well as Kent, upon whom this German author draws so freely. We recommend this book most highly to earnest students of homœopathy everywhere. It is to be hoped that an English translation will be forthcoming.