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# THE HOMŒOPATHIC RECORDER

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## HOMŒOPATHY IN GERMANY DURING THE LAST TEN YEARS\*

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The standing of German homœopathy in relation to the entire field of medicine has, with a few unimportant exceptions, changed but little during the last century. Whatever changes and variations have taken place are to be found for the most part within the homœopathic movement itself. Whenever representatives of the allœopathic school, the prevailing method, came into contact with a homœopathic physician, whether in medical discussion or in personal relation, they followed the accepted custom, and used only the conventional forms, which fact did not help to bridge over the deep gulf between the open or secret opponents. Always and everywhere the order to keep away was consistently followed, indeed, there are no single recorded cases in which this most questionable custom was not painfully adhered to. In many cases even the requirements of good breeding were not observed. The followers of the teachings of Hahnemann were branded by every opponent of the sect as preposterous and ridiculous, often as dangerous to public welfare. How far homœopathy, as a steadfast minority during this conflict of over a century, allowed itself to be drawn into indiscretions and practical errors, which increased her isolation, her meagre history has suggested. Perhaps her future history will show more clearly the way and reason of the official ostracism which used the spoken word, writing and deeds to protect the sacred dogma of the prevailing scientific opinion in a period of purely mechanical materials and to save it from attacks and eventually destruction. However all these things may be, whatever may be the factors

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which influence its development, today we stand before the accepted fact that mechanical thinking in medicine is wavering. In vain the exact scientific school of thinking tries to hold back the mightily advancing thought of a vital art of healing, which is in no way disposed to deny its fundamental principle, but aims to show them its place and keep them within their own limitation.

It is not to be wondered at, that at such a time, one comes across questionings and experiences in connection with sick humanity which often consciously (also often unconsciously) approach the problem with an open-mindedness little known before, and consider the subject in the same vitalistic way as the homœopathy of Hahnemann suggests. Without any question homœopathy has played an active part in this entire development, especially in the last century. One might even maintain that it has been the principal factor in bringing medicine to its present status. The essential question is not whether in this or that case the homœopathic treatment, Hahnemann and his distinguished followers, were right in their views and assertions. It is true these are interesting questions and worthy of consideration, but the important thing is to consider how professional recognition in the medical field may be secured. The inheritance from Hahnemann and his school was not entirely unused during the last hundred years but it was not fully used especially in its therapeutic value. Scientific medicine since the time of Hahnemann's life has had his ideals and his experiments at its disposal, and has had full opportunity to examine their validity, to profit by them, and to perfect them; but very few attempts were made and many of them were lost by the destructive attacks made upon them. His propositions and principles were called errors and again the objection to his teaching both in theory and practice was reached.

Today these conditions have changed in many ways, and the change has been to the advantage of homœopathy even in official places. Distinguished scientific scholars took exception to the prevailing method of examining the teachings of Hahnemann and the consequent superficial manner of judgment, and approached the problems in a more impersonal and practical way. This method of procedure Dr. Hugh Schulz introduced to a large

extent in Greifswald, while he was professor of pharmacology in the university at that place. Schulz, the Greifswald homœopath, as the critics soon christened him, upheld in his lectures, in numerous articles and magazines, that which he had recognized as true in his own experiments and experiences. Among these writings are his classical treatises on the action of *Sulphur*, *Silica*, *Iron*, *Chin.*, *Veratrum*, and *Nux v.* upon the healthy man. The Arndt-Schulz biological fundamental principle, Schulz's explanation of the proposition *similia similibus curantur*, his discussion of the potency and of the dose, his teachings of the use of medicine, both organic and inorganic, his publications in regard to the significance of Hahnemann's teaching received little scientific attention. They were either laughed at or pushed aside, they were not even seriously considered by his opponents. For many students this new kind of pharmacology was their first contact with homœopathy. Schulz himself, who on account of his great age has retired, experienced great surprise about forty years after his first attempts with the homœopathic method of dosing when Prof. Dr. August Bier, the prominent surgeon of Berlin University, came before the public with his experience with homœopathy. Bier, who had been with Schulz in Greifswald, got many suggestions from him, as he says himself, in his publication of the year 1925, which has since become well-known (A. Bier, *What Shall Be Our Attitude Toward Homœopathy?* repr. from the *Munich Medical Weekly*). Prof. Bier has secured positive results through his experiments with homœopathic medicine. He feels that Hahnemann has gone to the roots of things. He finds an astonishing attitude toward homœopathic thought which he has come to recognize after a comprehensive study of its sources. He judges homœopathy as no one has done since the time of Schulz, and he doesn't forget the critics. From Bier's clinic come theses on the wonderful healing art (*Zreizkörpertherapie*) written by his assistant, A. Zimmer. This work aroused the attention of scientific circles, because Zimmer went far beyond the old conclusions, and it was not difficult to find a parallel between his theories and the practical experience of homœopathic physicians. Also the reports from Bier's skin clinic, under Dr. Richter, sup-

port Bier's first experiments with *Sulphur iodatum*, and uphold his conclusions in regard to homœopathy.

If we stop here a minute in the year 1925 and cast a backward glance to the situation of homœopathy in the time directly after the war, we notice no visible sign of its later development. If we are to draw any conclusions from the number of its hospitals and clinics, the outlook is very discouraging.

The homœopathic hospital founded in Berlin, in 1904, (Grosslichterfelde) could not pay its expenses after the war, and was given up entirely at the period of the inflation. The small military hospitals in Berlin and Stuttgart, whose work had been made possible through the generosity of a few people, were closed after the war. Since 1883 Munich has had a small homœopathic hospital for which it was indebted to an organization. It was built over in 1912. After the war it was given over to other purposes, but after a few years it came back to its original use. There were polyclinic consultations held in Leipzig, Berlin, Munich, Stuttgart, Breslau and a few other towns; but even these small activities were interrupted from time to time and their continuation was in danger. The new homœopathic hospital in Stuttgart (over 100 beds), which had been guaranteed by private individuals, and plans for which had been decided upon in the year 1914, was worked at during the first years of the war, but the work soon came to a standstill. The organization of the Stuttgart Homœopathic Hospital which was financing this new building lost the money it had at hand at the time of the fall in value of the German mark. Germany was without a homœopathic hospital. More than 400 homœopathic physicians and a few million of lay people, who were used to homœopathic treatment, could do nothing but wait and see how the catastrophe was going to end.

In those days there were not very many new publications in homœopathic literature. Generally physicians were referred to the publications that had appeared before the year 1914. The two publications for physicians (the *Allgemeine Homœopathische Zeitung* and the *Berliner Homœopathische Zeitschrift*) appeared in smaller editions, and they had difficulty in existing through these uncertain years. For the homœopathic laity there appeared, under the same difficulties, several publications: The *Leipzige*

*Populare Zeitschrift für Homœopathie* (publication Schwabe, Leipzig); the *Homœopathischen Monatsblätter* (publication Hahnemannia, Stuttgart); the *Homœopathische Rundschau*. (Homœop. Zentral Verlag, Berlin).

The relation of homœopathy to medicine in general and to science has been mentioned briefly. Only a few homœopathic physicians had succeeded in getting articles into medical magazines. To the "outsider" the medical professional press was, with a few exceptions, entirely closed. The grounds for considering disease according to the method of the homœopathic school became gradually more favorable, as a change took place in the ideas in regard to sickness and health, and the over-worked laboratory no longer was looked to for the only verdict. Constitutional conditions, personality, internal secretions, pathological physiology, and psychology made one breach after another in the wall of the mechanical composition of disease. The chains which had been placed on homœopathy gradually loosened. The respect paid to dogmatic methods experienced many shocks, the worst of which did not come from the homœopathic medical fraternity. The work of great physicians, forgotten for a long time, came again into recognition, Hippocrates became modern, Paracelsus appeared again in literature, the medical art of the ancients was again examined and its teachings were put into up-to-date form. Prof. Hans Much, of Hamburg, was one of the first of these new scientists (of the Schulz school) who began to examine homœopathy. The technique of Much is far removed from the method of Hahnemann's teaching. In many respects the questions that Much asked of homœopathy were justified, and he was one of the scientific men who made the word "homœopathy" acceptable in university circles. "I know that with these observations I am getting into a wasp nest", wrote Bier toward the end of the work we have already mentioned, in which he brought his own experiences with homœopathic therapy together; and that was the case. In the following period there arose a bitter struggle which is not yet ended. It appears in lectures, magazines and the entire literature of medicine and science, even in the daily newspapers. People take sides for or against Bier, for or against homœopathy; historians, internes, pharmacologists, chemists, in

short all professional people, in the course of the years, have taken part in this debate, which still continues, although in a somewhat quieter way. A large amount of literature has grown out of these discussions. The number of scholars who come to examine Hahnemann and homœopathy in a critical objective way has undeniably increased. One of the best informed people in this regard is Prof. Honigmann from the University of Gießen. Relying on historical works, he reaches a critical and a just judgment in regard to homœopathy. Prof. A. A. Friedlander, Freiburg, who gave a lecture at the International Homœopathic Congress in London on homœopathy and medicine, expressed his opinion unmistakably in regard to what Bier had to say in regard to the relation of homœopathy to scientific medicine. He dedicated many articles to this problem, in which he does not reach conclusions against the homœopathic school, but rather tries to discuss the situation frankly, to test it, and to make use of it in the art of healing. The internist, Prof. O. Müller at the University of Tübingen, has been working for years with the homœopathic attitude from the clinic standpoint, and discusses controversial questions in a way that commands respect but does not reach any definite conclusion. The well-known Dr. B. Aschner, of Vienna, considers the homœopathic viewpoint with a great deal of understanding. He has been working for some time at humoral pathology and the work that is about to appear represents more definitely his feeling in regard to homœopathy. Among the leaders in science to whom homœopathy is indebted for important suggestions and still more important deeds, Prof. Wm. Ostwald and his son Prof. Wlfg. Ostwald will render very important service to the theoretical questions of the future. The discussion in regard to potency has not led to a general agreement, but these differences in opinion retreat more and more into the background since the efficacy of high potencies is becoming daily more demonstrable and has been recognized as official, through the investigations of Ergosterin, and its biological effects; and through the discussion of artificial vitamins (Prof. Windaus, Gottingen), and the effects of the smallest X-ray doses. In this connection all the new teaching in regard to food has been of great value. Medical chemists (Prof. Bergell) consider the chemical side of the ques-

tions raised. Colloided chemistry brings forth new and surprising possibilities which seem to be especially fitted to support the homœopathic findings (Prof. I. Traube, Charlottenburg; Prof. Krawkow; Dr. Saxl; Dr. Felix Müller and others). This appears by far the most practical way to demonstrate the power of the high homœopathic dilutions. Prof. Stock, of Karlsruhe, aroused a great deal of interest by his treatise in regard to the influence of the smallest bits of quicksilver in the fillings of teeth. The discussion of this matter has not yet closed. At the same time, a considerable number of old opponents of homœopathy again became interested, aroused by the large number of other interested scientists, many of whom looked favorably upon it. These opponents criticized it more sharply than ever. Without going farther into detail we may say that we do not pretend to any complete description of the opinions of the critics or the supporters of homœopathy. All that we are trying to do is to cover the short span of time between the end of the war and today, during which homœopathy has begun to live, to be taken earnestly, and to be freed from her severe isolation. The truth in the teaching of Hahnemann must be recognized. Sooner or later it must establish itself and permeate and enrich the art of healing. "For truth is of the same eternal origin as the all-wise goodness of God. Men may not recognize it until the time comes when its being in accordance with the will of Providence breaks through the fog of prejudice, and appears to illumine the way of mankind". (Hahnemann, in the introduction to his *Organon*, 6th ed., pub. by Dr. Richard Haehl, Leipzig, 1921, p. 51, footnote)

The homœopathic school developed a decided literary activity as soon as its economic condition permitted. The homœopathic laity founded organizations, but in spite of the large number of followers of homœopathy a final agreement of all the different groups has not been brought about as yet. The lack of practical opportunities for investigation is responsible for the fact that the literary productions of the last ten years became excessive, and the market for homœopathic books relatively small. As a result the publisher became much more careful in publishing new works as was to be expected, believing homœopathic physicians came into touch with the active scientific physicians.

All the scholars who have already been named are in contact with their homœopathic colleagues. More and more there developed between these opponents the necessity for an exchange of ideas, and the fact that they worked together, this consideration of their common problem, helped on both sides and so we find also in homœopathy very earnest attempts to listen to the criticism of the opposition and to use it to its own advantage. This critical consideration concerns itself in large measure with *materia medica*, a matter which is very much in need of being cleared up and better understood. In other controversial matter one finds the desire for sharper precision and order. In this connection we must speak of the most important publications of these years and what part they have played in these recent years of the development of homœopathy. The medical publications which we have mentioned still exist, but the magazine which appeared for forty years under the name the *Berliner Homœop. Zeitschrift* has been changed to the *Deutsche Zeitschrift für Homœopathie*. It is published by the German Central Union of Homœopathic Physicians. It is now in its seventh year, and appears monthly from the German Homœopathic Central Publication Society in Berlin. Its editors are E. Bastanier, M. D., and O. Leiser, M. D. The *Allgemeine Homœopathische Zeitung*, published by Dr. W. Schwabe of Leipzig, dates back to the year 1830, that is, to the time of Hahnemann. Its editors are Dr. H. Wapler, Dr. K. Kiefer, Dr. R. Heppe, Dr. E. Scheidegger. It appears irregularly, several numbers each year. The *Biologische Heilkunst*, edited by Dr. Fenner, formerly published by Madaus and now appearing in Berlin by Lattman & Meyer, is a new undertaking. It stands for open discussion of all biological questions and often publishes articles on homœopathy. The *Neue Homœopathische Zeitung*, published by Madaus, in Radeburg, has come to join the lay periodicals which we have already mentioned.

Dr. Heinrich Meng publishes a list of writings (Hahnemannia, Stuttgart) in which works have appeared by Dr. A. Stiegele, *Die Stellung der Homœopathie in ihrem Verhältnis zur Inneren Medizin*. We shall notice here also by Dr. Stiegele the article, *Grundlagen und Ziele der Homœop. Heilmethode*, a lecture which was listened to in Stuttgart, 1922, at a public meet-

ing of physicians, with great interest by the opponents. Then there is a symposium on sciatica and its treatment by several German authors; a volume on influenza and its homœopathic treatment written by American and German homœopathic physicians; a double volume, entitled *Homœopathie Angriff und Abwehr*, with articles and discussions covering the last hundred years, 1822 to 1926. The entire collection appears under the title *Wissenschaftliche Abhandlungen zum Studium der Homœopathie, der Konstitutionslehre und ihrer Grenzgebiete*. This collection contains contributions by C. Hering, G. Jager, Imbert-Gourbeyne, Heinrich Meng, O. Muller, G. Rapp, E. Schlegel, A. Stiegele, C. A. Wunderlich and J. von Zlatarovich. Before the appearance of this work Dr. R. Planer had published an excellent collection (Hugel, Leipzig, 1926) *Der Kampf um die Homœopathie, pro et contra*. The articles that followed Bier's publications up to 1925 are collected here.

After his larger works, Dr. Karl Stauffer published in the year 1922 a *Leitfaden zur Homœopathischen Arzneimittellehre* (Hahnemannia, Stuttgart, 1922). The second edition appearing in 1926 comprised 1,034 pages and was entitled, *Klinische Homœopathische Arzneimittellehre*, (Sonntag, Regensburg). *Homœotherapie* by Stauffer was published in the year 1924 by the same concern. *Das Homœopathische Taschenbuch* by the same author is published by Madaus, Radeburg. Dr. R. Haehl's edition of Hahnemann's *Organon*, 6th. ed., (Schwabe, Leipzig) had been long needed and was enthusiastically received. It contained a remarkable introduction, extensive explanations and a well-worked out and comprehensive index. Dr. R. Haehl, the most significant biographer of Hahnemann, had his two volume biography of Hahnemann translated into English. It appeared under the title of *Samuel Hahnemann, Sein Leben und Schaffen*. Each volume contains over 500 pages and numerous illustrations (Schwabe, Leipzig).

The overwhelming amount of material that Haehl, after the painstaking work of a decade, has brought together here, received large consideration even in the field of scientific medicine. This work was studied here by Prof. Bier and several others and was highly recommended by them for the study of Hahnemann

and the entire subject of homœopathy. Historians, opponents and supporters of homœopathy placed this work of Haehl's as a masterpiece. Haehl is very productive in the literary field. He published the *Homœopathischen Hausarzt* by Hering-Haehl. In addition to this he is the author of numerous smaller treatises, among them *Wechseljahre der Frau*, *Keuchhusten*, etc. His most recent work, *Die Unfruchtbarkeit der Frau* (Hahnemannia, Stuttgart, 1927) considers exhaustively the matter of sterility from the diagnostic and the homœopathic therapeutic viewpoints.

The dean of the German homœopathic physicians, Emil Schlegel, Tübingen and Lindau, the noted scholar of Paracelsus, published *Die Krebskrankheit, ihre Natur und ihre Heilmittel*, (Hippokrates, Stuttgart, 1927). He also published *Samuel Hahnemann's Ordnung der Heilkunde* (Sonntag, Regensburg, 1925), and *Das Heilproblem* in two editions, (Schwabe, Leipzig). In addition to the above, *Innere Heilkunst bei Sogenannten Chirurgischen Krankheiten mit Heilmittellehre für Krebsbehandlung* (1921), *Paracelsus, His Significance for Our Times* (Tübingen, 1922), *The Religion of Medicine* (Schwabe, 1922). We cannot here mention the many and valuable smaller works of Schlegel.

In the beginning of 1928 Dr. Paul Dahlke of Berlin, one of the foremost and most richly mentally endowed of the homœopathic physicians, died, entirely too early. His work for homœopathy and the art of healing are deservedly praised in the June number of the *Deutsche Zeitschrift für Homœopathie*. His death was a great loss to the homœopathic medical fraternity. His *Gesichtete Arzneimittellehre* appeared in a new edition (Hahnemannia, Stuttgart, 1928). His *Repertory* followed immediately. *Heilkunde und Weltanschauung* (Hippokrates, Stuttgart, 1928) discusses exhaustively the problem of the relation of homœopathy to medicine.

From quite another direction comes the book of another author, *Die Brücke zur Homœopathie*, by Dr. A. Sperling, Berlin (Schwabe, Leipzig.) Here also the question of the introduction of homœopathy into the domain of scientific medicine is largely discussed, and the attempt is made to bring the homœopathic method of thinking into the general consideration of modern medicine, and he tries to find a way for the unification of the

theories of medicine, as the sub-title of the work suggests. Homœopathy, as it has now become scientifically recognized, was discussed by Dr. Leeser of Frankfurt in his work, *Text-Book for Homœopathy* (Hippokrates, Stuttgart). This book had a wide circulation. The publishing house of Hippokrates already frequently mentioned in Stuttgart, Leipzig and Zurich, independent of scholastic opinion and undisturbed by opposition, took upon itself the task of publishing works which could find no other publisher, among them works of homœopathic authors. Dr. H. Meng bought out, with the collaboration of Dr. K. Fiessler, Dr. P. Federn and forty-five professors, physicians and pedagogues, the *Aerztliche Volksbuch*, a large work in the form of a lexicon with about 1,700 pages, over 100 tables and many illustrations. At first in two volumes, it is now in the second edition, in three volumes. An attempt was made to explain the entire field of medicine so that the educated laity could appreciate it. This book, which is scientific in every respect, professes to bring together the contributions of physicians and professional people in all the fields and all the branches of medicine, the alleopathic, the homœopathic and the naturopathic methods of healing, so that the work is really a cross section of the domain of medicine and may serve as a bridge between the most widely separated opponents.

Numerous works from this publishing house have already been mentioned; among others by authors who were not of the homœopathic school, has appeared, *Hippokrates der Grosse* (1926) by Prof. Hans Much. Soon there will appear *Die Krise der Medizin Konstitutionstherapie als Ausweg*, by Dr. B. Aschner and *Die Bekämpfung der Krankheitsdisposition als Heilmethode*, by Dr. A. Theilhaber. Numerous other works from this publishing house treat of the problems of psychoanalysis, pedagogy and general medicine. We must also mention briefly an undertaking of this active publishing house which appeared in May 1928, namely, *Zeitschrift Hippokrates*, a journal for the reconciliation of opposing schools of medicine. It is edited by the university professor, Dr. George Honigmann of Giessen. It appears every second month in large size. Among the editors are to be found physicians of all points of view, including a list of

homœopathic colleagues. "The name of Hippocrates places us under obligation to bring together the separate medical attitudes in the field of medicine today into an art of healing which is grounded in science and is developing to the advantage of the entire science of medicine". So we read in the preface to this publication which is received with great interest. Completing the work of Dr. Heinrich Meng we may mention also the little book by Drs. Leon Vannier and Heinrich Meng which Dr. Meng translated, and to which he himself made contributions: *Einführung in das Studium der Homœopathie*, (Hahnemannia, Stuttgart). Dr. Balzli wrote *Das Taschenbuch der Homœopathischen Therapie*. The publishing house named above distributes it. The same author translated George Royal's *Abriss der Homœopathischen Arzneimittellehre* into German (Sonntag, Regensburg, 1926). Dr. A. Zweig has written *Anleitung zum Studium der Praktischen Homœopathie für Aerzte*, and *Nervenkrankheiten*, a homœopathic clinical compendium of the most important nerve diseases (Sonntag, Regensburg). Other publications collected for the study of medicine are *Ausgewählten Arneiprungsprotokolle* by Drs. Gisevius and Rabe (Hom. Central Verlag, Berlin, 1926), and *Anleitung zum Studium der Homœopathie für Aerzte*, (Schwabe, Leipzig, 1928), which appeared recently in very fine binding. It is a modern and revised edition of the old introduction by Dr. Lorbacher. The homœopathic medicine case is carefully discussed as a practical necessity for homœopathic use. An historical work of value is the publication by F. A. La Brugiere, *De Curatione per Similia* which Dr. Planer had the charge of, (Schwabe), and which he brought out in an edition that did him honor. This work which dates back to the year 1734 was used in Germany by a university professor of the opposition, to bring back into the field of controversy the question of Hahnemann's place as the originator of his system. That his attempt was almost entirely brought to nothing, we are indebted to Schwabe, and for the explanation of these controversial questions, to Dr. Planer. Dr. Planer is in collaboration with others, also the author of the *Therapeutic Pocket Book*, Vol. I, (Schwabe, Leipzig) which explains the preparations and considers in detail the necessity of the physician. The firm of Dr. Wilmer Schwabe in Leipzig has made a very valuable con-

tribution to the publication of ancient and recent homœopathic literature, some of it in foreign languages. We can only speak of a few of the worthy publications of the last years. The recent edition of *Handbuches der Homœopathischen Arzneimittellehre* by Dr. Carl Heinigke, was in the hands of Dr. Klien in 1922. Later there appeared by the same author the translation of Nash's *Leaders in Homœopathic Therapeutics*, and in 1925 W. A. Dewey's *Catechism of Homœopathic Therapeutics*; also *Catechism of Pure Materia Medica* (1921); *Homœopathie in der Praxis* by Dr. J. Voorhoeve, published by the same firm, as was also Farrington's *Clinical Therapeutics*. Schwabe also published the 9th. edition of the large two-volume work, *Lehrbuch der Homœopathischen Therapie*, 1921, and in 1920, Dr. Puhlmann's *Handbuch der Homœopathischen Praxis*, in a revised edition; Dr. H. Wapler's *Hufelande Studies of Homœopathy*, 1921; Dr. A. v. Gerhardt's *Handbuch der Homœopathie*; Dr. J. C. Burnett's *50 Grunde Homœopath zu Sein*, 1921. Dr. Wilmer Schwabe's *Homœopathisches Arzneibuch* is to be regarded as an especially valuable contribution to the principles of scientific homœopathy. The second edition came out in 1924. Among recent works by homœopathic physicians we must mention the book by Dr. Karl Erhard Weiss, *Behandlung der Augenkrankheiten* (Konkordia, Buhl). From the same author comes the translation and revision of *Seven Hundred Red Line Symptoms* from Cowperthwaite's *Materia Medica* (Pyramiden, Berlin, 1927). In this connection we must also mention *Wie ich die Homœopathie Lehre*, by Dr. P. Wassily, which gives in thirty key word pictures the personal experiences of a homœopathic physician who was the teacher of many younger doctors (Hahnemannia, Stuttgart). From Dr. Friedrich Wolf appeared *Die Natur als Arzt und Helfer* (Berlin Publishing House, Leipzig, 1928) with the fine thoughts of this man known as a physician and a poet. Dr. A. Pfeleiderer's *Volksarzt* (Hahnemannia, Stuttgart) is a popular book which discusses homœopathy carefully. There are many other works, many homœopathic physicians, that have made contributions which, although on other subjects, have an indirect relationship to homœopathy, but we have to pass over them. When we come to the question of the development and continuation of homœopa-

thy during the last ten years we reach a very important chapter in the history of homœopathy. It is true that conditions have become very much better since the sad situation of the time following the war, thanks to the efforts of individuals and small organizations; but we are still far from a satisfactory solution of these fundamental questions of homœopathy. At the present time Berlin has a medical school for homœopathy which every year in the spring and fall gives four-week courses with lectures on theory and practical clinical demonstrations. In connection with this course the students have an examination in *materia medica*. Ten to fifteen physicians, also pharmacists, are teachers. Those who take the courses must be physicians or medical practitioners and they may also attend the polyclinic consultations of the Union of Berlin Homœopathic Physicians. They may also use the extensive laboratory of this organization. The course is only intended for physicians who have already acquired theoretical knowledge of homœopathy. It is not for beginners. The laboratory works along scientific homœopathic lines using modern methods and publishes its findings in the periodicals. The Berlin organization controls two polyclinics with consultation hours which may be taken advantage of, and x-ray apparatus. At the close of this course in Berlin, opportunity is given to take the apothecary's examination for Prussians, on the ground that the homœopathic physician has the right to give medicine directly to the sick, which is otherwise not allowed. On account of the unreliability of the preparation of homœopathic medicine, especially in earlier times, in many parts of Germany, this exception was very necessary. Of this we will speak later. In addition to these courses there were offered during the winter, evening courses for beginners and advanced students in homœopathy for which there were also teachers who had not taken their professional position as homœopaths.

In Leipzig a homœopathic clinic has stood for nearly a hundred years. It is now under the direction of Dr. Wapler. Here also numerous guests come every year to study for a shorter or a longer time. In addition there is in Leipzig the large library of the German Central Association of Homœopathic Physicians.

Munich has also a homœopathic hospital, directed by Dr. Boeck, with a surgical division directed by Dr. Erhardt. The hospital has 20 beds, but no opportunity for study. We may not go into details here of the history of the homœopathic hospitals in Stuttgart. The present building has been in existence since 1921 and is considered as a provisional hospital until the opening of the large new homœopathic hospital, the building of which was to have been begun in 1914. A private house was built over for this purpose. It has seventy-three beds, a fine surgical room, X-ray apparatus, violet-ray, electrical bath and electric treatments, and three times a week, polyclinic consultation hours. Dr. Stiegele is the director of the building. Dr. Heinrich Meng had the direction of the women's division. There are also a chief physician and three assistant physicians. Each year this hospital is visited by a large number of volunteers and also by guests from foreign countries. They come to study homœopathy through observation of the consultation hours, the regular instruction and the lectures. Very often medical experiments are made on well people. The applications from physicians exceed the capacity. The homœopathic hospital is overfilled with sick people and the need for the erection of the new hospital that has been planned becomes more urgent from day to day. Thanks to an important friend of homœopathy, the plan for the erection of an institution of 100 to 150 beds will doubtless become a reality within the next few years. This hospital will be built on a beautifully situated hill very near the city of Stuttgart.

In addition to these opportunities for study, since 1926 Dr. Heinrich Meng has organized every two years an international course of instruction at the Stuttgart Homœopathic Hospital. The first course lasted 12 days. Nineteen physicians and teachers of the most opposing views gave readings and lectures before 150 participants, also of the most different viewpoints, from many lands. In August, 1928, 22 teachers gave lectures. In the foreground of these lectures, in addition to homœopathic problems stood the subjects of X-ray diagnosis, X-ray therapy and internal secretions. The school was held in connection with the meeting of the International League in Stuttgart, and the meeting of the German Zentral Organization of Homœopathic Physicians.



Stuttgart has the great advantage of possessing Dr. R. Haehl's Hahnemann Museum. It is housed in Dr. Haehl's house and testifies to Haehl's devotion as a collector for thirty years.

The homœopathic physicians are organized in a German Central Union of Homœopathic Physicians. At this time there are about 300 members, but many colleagues have not joined the union. The entire number of physicians should be between 400 and 500. Dr. A. Stiegele is the first executive of the Union, Dr. Heinrich Meng second executive. In the local unions there is everywhere a great deal of activity. They are interested first of all in increasing the knowledge of the members. They have regular lectures and demonstrations. There are local unions in all the larger places. They unite in districts, to which also individual members of the Central Union belong. The districts are united in the Central Union which holds its chief gathering each year in different cities, 1927 in Lucerne, 1928 in Stuttgart. In the last years outside guests were more often received than formerly in the homœopathic union. Homœopathic physicians had various invitations to speak at congresses before their opponents and to give lectures and courses to explain homœopathy.

There is no lack of lay organizations or friends of homœopathy in Germany. Unfortunately there are no signs of a speedy union between the larger and smaller unions. More than 50,000 lay people are probably members of these different organizations. As an example of the powerful south German organization in the provinces of Baden and Wurttemberg, we mention the membership of nearly 20,000. The relationship between the lay organizations and the homœopathic physicians is excellent in south Germany, thanks to the sure and clear guidance of the leaders. Quackery is not admitted to any of the unions. Lectures and conventions of all kinds are held, in which the physicians take part, and their endeavours to further homœopathy and to bring about a practical realization of their ideals have been already of great service to homœopathy. Popular articles which are read before the unions, or are published, have already been spoken of. The provision of homœopathic pharmacies and medicines was for many years rather unsatisfactory. Several towns had no places where homœopathic medicines could be bought. The country was either

not at all, or very poorly, provided for. On account of this unreliable situation and the questionable reliability of the pharmacists, the physician who could furnish his own medicine was more than ever necessary. Since the war these conditions have become much improved in many places, especially in the trustworthiness of the preparations. In this respect the original preparations of several firms rendered great service because they could only be given out in sealed packages. In regard to others both physician and patient insisted on supplies from reliable firms, so that gradually the reliability of the medicines that could be secured increased. In almost all towns, even in very small places and in villages, there are places where homœopathic medicines may be obtained. Many allœopathic pharmacists who had striven for a long time against it, finally arranged for a homœopathic department in their pharmacy, but on many occasions there is still room for doubt as to their genuineness. In places that have a great need for homœopathic treatment and where there are many homœopathic physicians there are pharmacists who deal only in homœopathy, or there are departments in allœopathic pharmacies which are entirely separate from the rest of the business and attend only to the preparation of homœopathic medicine. The largest best known international firm is Dr. Willmar Schwabe's, Leipzig, which in 1926 can celebrate its sixtieth anniversary. The fine new buildings of the firm with their excellent equipment are, in their clean and exact arrangement, an example for factories of homœopathic medicine. In many places are to be found large homœopathic central pharmacies, for instance, Hofrat Mayer's house in Stuttgart-Cannstatt. The firm Madaus & Co., Radeburg, has added a scientific medical branch to its factory and does a very active business in literary publication. In south Germany, especially in Stuttgart, conditions are very favorable; there are numerous and well managed homœopathic departments in allœopathic pharmacies as well as purely homœopathic ones, so that the different parts of the city are well provided for. The pharmacists in Wurttemberg are under the firm control of a homœopathic physician and a pharmacist, and are carefully examined in every detail.

Another recent occurrence is the chair of homœopathy which was opened in the University of Berlin in the beginning of 1928. Prof. Fassbender has worked for a long time stubbornly with petitions in the Prussian Landtag for its approval. Much ink was used on both sides. Dr. E. Bastanier of Berlin, the present chief editor of the *Deutsche Zeitschrift für Homœopathie*, was chosen as teacher and has undertaken this office. He began his lectures on homœopathy within the year. The University of Frankfurt a. M. also has a chair of homœopathy. These things are received with varying sentiments. The teaching without a clinic, using only the theory of the teacher, is not the ultimate aim of homœopathic endeavor. Experience will show how this new arrangement will work out and whether homœopathy can do its work practically in this theoretical manner. These new homœopathic teachers can expect in the beginning the opposition of many teachers and pupils. This is already seen in numerous instances especially in the press. Here and there are movements for new homœopathic hospitals, as in Dresden, but many of them, carried on for years, have not reached practical results.

The homœopathic physician is no longer in the same situation as formerly and here and there he is not even the *enfant terrible* among his colleagues. In certain cases it has come about that homœopathic and allœopathic physicians work very well together. In the large professional organizations the reception of homœopathic tradition is not refused. The German Central Organization of Homœopathic Physicians requires that its members shall join the local professional organization. The university, with a few exceptions, maintains its old reserve rather than an open opposition toward problems of homœopathy. There is still only a very modest number of scientific people among them, however, some very distinguished ones, who take a much more just attitude toward homœopathy than was the case ten years ago. The fundamental claim to an unprejudiced examination of the teaching of Hahnemann in theory and practice, in the laboratory, at the bedside, in experiments with both well and sick people, is not a matter which receives the amount of attention in medicine that it used to demand, but many of the questions of science

seem still to avoid the word homœopathy, and many a scientist gives the impression of being hindered by the bad reputation which it had in the last century, and from which homœopathy today still suffers. Physical examination, biology, the modern conception of the patient as a personality, the teaching of the latest psychology, the discoveries of chemistry and physics and of pharmacology, as well as of normal and pathological physiology, are of great aid in judging criticism and valuing despised homœopathy, in a better and more practical manner. Fanatics in the homœopathic camp dreamed of a victory of homœopathy and the breaking down of scientific medicine without realizing that homœopathy is not the last word in the art of healing and never can be. To show homœopathy its appropriate place in the art of healing, to recognize in Hahnemann the great physician of his time and of all time, those are results which we are waiting to realize and which can be realized. Standing today in the evolution of the entire art of healing, one sees the way clearer than ever, but to travel it is difficult. In order to maintain and to carry on the teaching that has come to us from Hahnemann as our heritage we must develop a homœopathy which is grounded on science. The path we have to travel includes homœopathic departments in hospitals, our own hospitals, institutions for research, laboratories, examining, confirming and broadening the teaching of Hahnemann, educational institutions for physicians, opportunities for further study: On these the fate of homœopathy depends.

The development of medicine as a whole in Germany appears to be on the way to a more profound and vitalistic art of healing. Whether it will render to the great man who lies dead in the Pere Lachaise the honor which has been kept from him for over a century, the future alone can tell.

"I DO NOT ASK DURING MY LIFETIME ANY RECOGNITION OF THE BENEFICENT TRUTH, WHICH I, WITHOUT ANY THOUGHT OF MYSELF, OFFER. WHAT I HAVE DONE I DID FROM HIGHER MOTIVES FOR THE WORLD. NON INUTILIS VIXI".—S. HAHNEMANN.

STUTTGART, GERMANY.

## SPIDER BITE\*

WILLIAM H. SCHWARTZ, M. D.

In 1926 the Associated Press reported six or eight deaths from a single town in California, caused by spider bite. All were traced to an infected area around a certain woodyard which was finally destroyed with no more fatalities.

From the *Houston Press* of August 27, 1927, I copied the following news item:

"Caldwell, Texas—Funeral services were held at the Catholic Church here Thursday for Henry Fleckenstein, 45, who died Wednesday as a result of having been bitten by a spider just 24 hours previously".

In the issue of April 16, 1929, another fatal case of spider bite is recorded:

"Edinburg, Texas—Funeral services were held here Monday for Miss Omer Vera Dreydry, 14, high school student, who died Sunday from a spider bite on the neck on Wednesday".

A third fatality in Texas is copied from the *Houston Chronicle* in its issue of Tuesday, May 14, 1929:

"A spider bite, one week ago, resulted in the death of Mrs. L. L. Roberts at Wallar, Texas, on Monday".

Considering the small amount of venom that it is possible for a small spider to possess, and even less inject, we are considering for study one of the most violent of all poisons, the product of the *N. O. Araneæ*, which vies with hydrocyanic acid in the intensity of its action.

Our materia medica already includes fragmentary provings, mostly by accidental bite, of the *Tarentulas* (*hispanica*, *lycosa*, *mygale cubensis* and *mygale lasiodora*) and the *Latrodecti* (*kati-po*, *mactans* and *theridion*.—[Ed.]).

The astounding cure of an insane woman with *Tarentula hispanica* by Dr. James Tyler Kent, reported by Dr. A. W. McDonough, in the *Homœopathian* for October, 1923, and partly recorded in Clark's *Dictionary*, opens up a most wonderful and promising sphere of action for the spider poisons. It is a pity that some of the great endowments are not used to further homœo-

pathic provings including the spider venoms. They would, no doubt, prove priceless to the human race; far more valuable than the mediocre results achieved in laboratory experiments on animals, often conducted so inhumanely.

Let me present to the Texas State Homœopathic Medical Society the record of a most remarkable proving from the accidental bite of a spider, probably the *Latrodectus mactans*. I am not quite certain that it was this particular spider as a specimen, secured and sent to one of our universities was lost before it was classified, but from my description it was thought to be the one named. It was a small spider, about five-sixteenths of an inch in length of body including the head but not including the legs. It was hairy, rather dark, with a stripe down both sides of its back. There was either a red dot, or the stripe may have been red, I am not quite sure which, as I failed to make a written description on the record at the time.

Mr. Joe Trinkle, 55, was bitten on the glans penis about 6 a. m., July 12, 1927. He immediately felt so deathly faint that he could hardly get to his house. They at once arranged to take him to Houston for medical treatment, a distance of about fifteen miles. On the way he collapsed and was taken to a farm house along the way. Here he remained until evening when he was brought to Houston, but I did not see him until the following morning about 9 o'clock, when I elicited the following symptoms: No pain or swelling; no subsequent ulceration at point of bite; stinging sensation as though a wasp had stung him at the time of bite; within several hours the inguinal glands began to swell with much aching pain that extended up the back to the upper lumbar region. "It almost knocked me down", he said. This was followed by an awful aching of the hips, thighs and knees on both sides but worse on the left side. Finally the whole body ached. From the beginning to the end there was repeated nausea and vomiting. The vomited matter was green and watery, and there was much griping and colic like pain in the stomach and abdomen. The terrible pain in the stomach was relieved by the application of hot wet towels. The aching was particularly severe from 9 until 11 a. m. the morning of the bite, and again the following morning somewhat earlier. He could retain nothing on his

\*Read before the Texas State Homœopathic Society, October, 1929.

stomach. There was no desire to eat, but there was considerable thirst for cold refreshing fruit drinks. He was averse to drinking water but did drink pineapple juice which was ejected immediately; there was no diarrhœa. There was pain in the region of the heart, and also in an arm which was once broken; repeated attacks of pain over the kidneys which he described as "striking down pain"; the left toes all felt as heavy as lead, much worse in the left great toe; the right foot was not affected. All his symptoms were violent, with much anxiety and restlessness, constant moving, every ten minutes or so, from bed to chair, and back to bed again, notwithstanding his great weakness. He was afraid he was going to die and constantly repeated as he rocked back and forth, "Oh, Lordy! Oh, Lordy! Have mercy, have mercy"! He described all his symptoms as terrible: Terrible burning inside, terrible aching of all his bones, terrible chill, terrible itching, terrible stinging of the legs. It was so violent he could not keep from "clawing it out". Copious, ice-cold perspiration poured from his knees to his ankles, accompanied by this awful itching stinging, with desire to claw at his legs. The arms were hot, the feet warm, but the legs, from knees to ankles, were cold and sweating. The feet were dry. From 12 to 2 p. m. he was burning up inside; pains in the stomach at 4 p. m. that "cut off his breath", relieved by hot wet towels applied to the abdomen; better at 7 p. m.

At 9 a. m., the day following the bite, I found him in a violent chill, shaking all over, even his facial muscles quivered, especially his upper and lower lips. This chill continued from 7 a. m. until he was given a remedy at 9 a. m. He complained of being cold but did not ask to be covered, and as the weather was warm no effort was made to cover him. The burning and stinging of the legs continued with general aching in all the bones. He was unable to sleep during the entire night and continued vomiting greenish water, but not very copiously. "Oh, give me something to make me sleep", was his repeated cry. I did but it was not morphine. I have never found it necessary to give morphine, as the homœopathic remedy in suitable potency will relieve and do it more quickly. I have proved this even in injuries and accidents with *Arnica* or *Hypericum*, or in eye injuries with *Symphytum*.

This man received a dose of *Arsenicum* 10M which was repeated in ten minutes, after which he became calm and dozed off to sleep. He returned to his work on an oil well rig in five days.

The remarkable likeness of these symptoms to those of *Arsenic* suggests the interesting thought "whether the full range of curative medicines may exist in either of the three kingdoms, mineral, vegetable and animal".

In analyzing this proving we notice that the velocity is very rapid, and the pace intermittent. The physical symptoms were restlessness, with relief from motion and from hot applications. Hot drinks might have relieved his stomach symptoms had they been given, for we know, that, while he had a moderate thirst for cold drinks, there was no relief from them. There was no particular dryness of the mouth. In the direction of symptoms there was a left sided tendency, and at first a tendency to extend upward. Perhaps nature later made an effort to throw off the symptoms which then took a downward and natural healing course of direction. The inguinal glands were affected but there was a decided preference for the cerebro-spinal nervous system. This remedy should prove efficacious in la grippe, malarial fevers, anginas, syphilis and zymotic diseases. Seldom do we find a remedy that at once attacks with such violence the three planes of man, physical, mental and moral. I doubt whether the man would have lived 12 hours longer had he not received *Arsenicum*. I am of the opinion that without *Arsenicum* he would have died. Physiological medication, physical therapy, and expectant treatment I believe would have been useless, if not harmful. It would be interesting to know whether *Arsenicum* in the 30th potency, or arsenic in the form of cacodylate of soda, 606, or Fowler's solution would have cured the man. I believe any of the arsenical preparations would have saved him, but I am certain that none of the arsenical preparations could have relieved him any sooner, more permanently, or more gently than the 10M that was given.

It is generally thought that low potencies administered on the same plane of cause, are better antidotes for crude poisons. This may be the case with drugs of less velocity of action, but the spider venom at once attacked the inner man as well as his physical, so I gave him the 10M rather than the 30th. potency.

The spider should be proven in the higher potencies to bring out the moral symptoms. There is much work for all of us. The masters spent much time and suffering preparing the way for us, giving us our start in banking, but how few of us ever think of that promissory note, past due, to do our bit. How many additional lives would it help the next generation of physicians to comfort and save?

HOUSTON, TEXAS.

The first impression of the uninitiated, who first take in hand our voluminous works on materia medica, is to perceive no difference between the recorded provings of many medicines. He thinks on glancing over the pages of the materia medica, that every medicine has caused some giddiness, some headache, some fever, some cough; all and every one of them. He remains unavoidably puzzled on the subject, until he begins to compare the records more closely and accurately, he then sees clearly the differences that exist between the various medicines and the manner in which they are similar and differ. He will first try to ascertain what kind of a pain a remedy generally produces, and on what part of the body, on what organ or part of an organ it is most apt to act. He will find under what conditions the changed sensations in the organism are produced, and these conditions he will subdivide first as to the time, at what time of the day, month, or year, periodically and so forth; under what change of position at rest or in motion, by what kind of food or drink, and by what mental emotions the condition is either aggravated or ameliorated, and lastly in what connection the various changes appear, and their accompanying symptoms. In this manner the progressive student will obtain the characteristic symptoms of each medicine; he will find by so studying each medicine, that various medicines have in some respects great similarities, but that in other respects they differ, in various ways, much from each other; he then makes comparisons as to similarities and differences, and he so finds out their relationship.—AD. LIPPE, 1864.

ANALYTICAL STUDY OF *CAUSTICUM\**  
(AMMONIUM SULPHUROSUM)

PIERRE SCHMIDT, M. D.

GENERAL ACTION

NERVOUS SYSTEM	{	MOTOR	CONSTITUTION
		Sensory	
MUSCULAR SYSTEM	{	BLADDER	SYCOTIC
		LARYNX	Neuropathic
		Extremities	<i>Dyscarsic</i>
			Pre-cancerous
RESPIRATORY SYSTEM		RHEUMATIC	
Cutaneous System		Gouty	
Side, right		Uremic	
TEMPERAMENT: Lymphatic		<i>Hydrogenoid</i>	
		(Grauvogel)	

TYPE: Tall, thin, dry, spare; face yellow, waxy; black hair; brown eyes; lips white or bluish violet.

PARESIS or PARALYSIS, motor, (isolated nerves).

FACE: Uni-lateral, with sensation of constriction and soreness in the jaws; great difficulty in opening the mouth and swallowing.

TONGUE: Stammering, indistinct speech; mutism.

THROAT: Swallows the wrong way; post-diphtheritic dysphagia.

UPPER EYELID: (Oculo-motor commissure): III rd. pair. *ptosis*.

LARYNX: Aphonic, voice weak, especially in preachers and singers. Extreme muscular weakness hinders sufficient contraction of the glottis. No voice, or abnormal voice. The sputum cannot be expelled, rises only to the epiglottis, or the sick person must swallow it because he hasn't strength enough to spit it up.

BLADDER: (Sphincter): Retention; in infants who urinate involuntarily during the first sleep. *Urine escapes involuntarily while blowing the nose, sneezing, coughing, during convulsions, laughing, sudden surprise and walking.*

\*Trans. from *L'Homœopathie Française*, IX, 113.

RECTUM (Muscle fibers): Inactivity or weakness; urging without result; very painful, with anxiety and congestion of the face; *stool passes only when standing* (Verified).

UNI-LATERALITY (Hemiplegia): After hæmorrhage or softening of the brain; tension and muscular asthenia; pains, dull, bruised or drawing in the coccygeal region.

DELTOID: Impossible to raise the arm to the head.

#### SPASMOPHILIA

EPILEPSY: Recent. During puberty; aggravated during the new moon; cold water causes recurrence of paroxysms; involuntary urination and very offensive, putrefactive odor from the nose and mouth during and after the attacks.

CHOREA: Convulsive movements with distortion of the eyes, face, and tongue, on the right side.

CONVULSIONS: With grating and grinding of the teeth and violent movements of the body. Involuntary and abundant urination during the attack.

RHEUMATISM AND ARTHRITIS: Contraction of the flexors and stiffness of the joints; enfeebled action of the articulation of the jaws; sharp, shooting pains; bruised sensation in parts lain upon; paralytic weakness and trembling; *acid nocturnal perspiration; arthritic deformities. Impatience: constant agitated motion during the night.*

#### LARYNGEAL-TRACHEAL CATARRH:

HOARSENESS: Rough, scraping sensation in the throat and chest as if to the quick.

APHONIA: Sudden loss of voice from chilling. Cannot speak a single word out loud.

COUGH: Dry, hoarse cough caused by tenacious mucus in the chest; ameliorated by taking a little cold water; unable to expectorate or raise the phlegm. Paresis. *Every attack of coughing causes a little involuntary spurt of urine; bruised, burning sensation along the trachea and under the sternum.*

COLIC: Flatulence during menses. Bends double with pain (*Bry., Caps., Cham., COLOC., Iris, Mag. phos., PULS., Rheum, Rhus*

*tox.*). Aggravated by the least bit of food and by tight clothing; painful distension, borborygmus on drinking.

WARTS: LOCATION: Face, about the nose, eyelids, hands, fingers anus. KIND: Old, large, inflamed, ulcerated, painful, horny. After eruptions quickly suppressed.

The characteristic of *Causticum* is its paralytic weakness, just the opposite to *Arsenicum* which has irritability of nerve fibers. The agitation of *Causticum* is similar to that of *Arsenicum* and *Rhus tox.* which are indicated in rheumatism and arthritis, and which are aggravated especially at night; but this paralytic weakness of *Causticum* is a constant expression in all the organs which it affects; in the large colon, for example, there is faecal accumulation without the power of evacuation, every effort causes, especially in infants, much pain, anxiety, redness of the face, etc.

On the mental side, *Causticum* is timorous, fearful, melancholy, profoundly depressed, a veritable *neurasthenic*.

*Fear* and *anxiety* are the most typical mentals of this remedy (characteristic symptoms in all sycotic states) and they almost always follow chagrin, mortification, vexation and overstrain, which make him very taciturn although very critical. He is suspicious, indecisive, sad, inclined to tears with phases of transient irritability and sudden attacks of anger.

Although fearing death it is not the fear of dying of *Aconite* and *Arsenicum*, nor the fear of losing his senses and reason of *Calcarea*, but he lives continually in a state of apprehension of misfortune, which hangs over him, day and night, like the sword of Damocles, literally paralyzing him and doing away with his will and confidence in himself, and making him most unhappy and restless. He is sure that something terrible is going to happen.

Especially there is fear at night, in the darkness, and if it is an infant who is afraid, he will not go to bed all alone.

When sick, the eyes of terrible images, of grimacing human faces appear to him. The expression is lean, sad and dull. Everything appears dark to him and the frequent fears are similar to those of *Pulsatilla*.

When an old wound or traumatism, already healed; or a cicatrix or burn become painful again; when during nursing the

milk diminishes and then disappears prematurely because of the excessive fatigue of the mother, or worries, prolonged night watching or anxiety; when during the menses there is no flow at night (*Puls.*, *Bov.*, flow only at night), when, after the menses, slightly foetid losses continue; when white leucorrhœa appears only at night; in people with dark hair or children with a delicate skin: your choice can fall only on *Causticum*, which, administered in infinitesimal doses, will restore order and equilibrium and reestablish health in all those cases which are curable.

GENEVA, SWITZERLAND.

Certain drugs do not manifest all their symptoms at the same time, but some symptoms at one time, some at another. For example, the head and chest symptoms of *Amm. mur.* have their exacerbation in the morning, the abdominal symptoms in the afternoon, and the symptoms of the limbs, skin, together with the feverish symptoms, in the evening. The second point is, that when a drug produces opposite symptoms, we have to consider with great care, which of the two ought to be considered as exacerbation. *Nux vomica*, for instance, has most of its exacerbations in the open air. That form of coryza which is characteristic of *Nux*, frequently becomes a violent fluid coryza in a room, and, in the open air, is immediately changed to a dry coryza which is not very troublesome; dry coryza, and a suppression of the secretions in general, belong to the principal primary symptoms of this valuable drug; fluent coryza, of itself, ought therefore to be considered as an alleviation of the symptoms.—C. VON BŒNNINGHAUSEN, 1864.

A number of remedies may be indicated in any given case of disease, and, indeed, a number of homœopathic agents may bear upon a disease; but only one remedy can be truly homœopathic to the disease, and correspond not only to the principal symptoms but to all the secondary circumstances and phenomena.—C. VON BŒNNINGHAUSEN, 1864.

## STUDIES IN THE PHILOSOPHY OF HEALING

C. M. BOGER, M. D.

Ever since Hahnemann pointed out the homœopathic method as the law of healing there have been all grades of followers, from such as merely admit its validity and use it incidentally, to those who cling to the precepts of the *Organon* for guidance. It is a variation common to every sort of human endeavor and really depends upon instruction, ability and will. To teach anything less than the ideal makes for final retrogression because execution is necessarily made by fallible mortals.

Quickly enough does the neophyte feel his limitations and lack of firmness in his foothold; then, having but a loose grasp of the philosophy of healing, descent into the murky shades of palliation and suppression will be swift and sure, and at the cost of many a saddening failure.

The mental attitude of most medical men is a clear example of how far distorted reasoning may subvert logic; withal, a few rise above their training and thereby pay a glorious tribute to the power of indwelling light and truth. These men soon outgrow the fetters of an ultimately reactionary teaching, being helped materially thereto by disinterested work for the uplift of others.

The miseries of the cancer problem are a hideously sad commentary on the materialistic viewpoint of life in general and disease in particular, leading as it must do, to attempts at forcible removal of what it cannot cure. Its devotees are not given to trying to find out why the most diverse remedies have incontestably cured cancer. If among such cures there be but a single actual success, the entire materialistic structure falls to the ground.

It is a closed and unworthy attitude of mind that rejects the possibility of arousing vital energy to the point of throwing off all abnormal action, and yet gives unbounded credence to a science (?) that does not agree with itself long enough to make it worth while. When the indications are clear there is overwhelming evidence of the power of the similar remedy to cure every sickness not already in its terminal stage, because human beings react individually to disturbing influences, including disease excitants, to the point of self stabilization.

All disease complexes from their incipency held some peculiarity, often obscure, with increasing tenacity, hence the minutiae of the prodrome demand the closest scrutiny, not only in malaria where it has been found so indicative, but in all others as well, especially where it is apt to be most occult, as in cancer, etc. Seemingly functional disorders often contain a symptom or two, the very germinal of future disaster, but as yet easily curable, if studied in its connotations.

In every assemblage there are discordant or apparently contradictory symptoms that easily mislead us into overstressing single factors, unless we hold firmly to the concept of unity in diversity and regard them, significant as they are, as the surface play of a deeper and more coherent movement, whose nuances we must fully grasp.

It is at this juncture that the two schools of thought diverge; one, following the path of least resistance and the deceptive senses, emerges in the bogs of materialism and consequent violent action. The other, attributing all symptoms to mutations of the vital force, studies effects of exteriorization of such modifications and is governed thereby, realizing that they must all be consistent and of a piece. A crude apprehension of this thought lies at the bottom of the idea of specifics, and has harmed medicine not a little.

If every symptom is a little picture reflected from the central disturbance, a composite picture will most nearly depict the whole. This is what we mean when we speak of the symptom complex or the totality of the symptoms. Each one of these small pictures contains at least two elements, the main strain and the variations. As the latter increase in number the former is obscured and harder to detect; for which reason the apparently most discordant symptom rubrics are placed in apposition, in order to find the basic drug or drugs common to all, which will surely again stabilize vital action.

It does us small credit to see some one who has always had homœopathic care develop tuberculosis, cancer or what not. Remedies were evidently similar enough to remove passing disease pictures, but not deeply acting enough to eradicate true causative factors, in other words the *simillimum* had never been found or

given. This sort of work is much too easy for the ultimate good of our patients, and it imitates traditional medicine too closely to be a cause of boasting.

The individualistic way in which the patient reacts affords the best point of departure for inquiry into the more obscure, yet highly essential details for the successful prescription. Uncovering these takes time and patience, and is not altogether attractive to minds obsessed by the incubus of a devitalized science which presents the strange spectacle of viewing life from the standpoint of dying matter. It would be really ludicrous and absurd were the results not so tragic, and did not the arrogant materialists take themselves so seriously, with their absolute dependence upon the tricky senses and the trash piles of disease, where the materialistic approach gropes after the origin of disease in the dead house. But if in nature "likes call to likes" or "as man thinketh . . . so is he", be true, most assuredly the fruitage of morbidity in thought or deed can not advance sentient life, not even by injecting organized matter from a lower into a higher order of being. The assumption is incontestably false, as well as a true child of black magic. Medicine will advance safely only as it learns its lessons from the way spirit integrates matter.

When the ebb and flow of vital energy grows irregular it spells sickness, nothing less, and ineradicable except through similarity of action. If the earliest evidences of disease are disorderly vital action its finality must be an intensification of the same movement, partaking of the same nature, never being transformed into something else. Obviously cure depends upon bringing this movement gently and safely, almost synchronously, back to normal again.

If the type of the disease holds true throughout its course, its only possible modifiers are personal reactions thereto, the very factors upon which the accurate prescriber must depend. These remain more or less constant for the life time of the individual. While symptom alignments are beyond numbering they are all pervaded and modified by these basic factors, which Hahnemann attributed to the influence of what he inferentially termed *mi-asm*s. All instruments fail to disclose the vital dynamis and why



its repercussions are violent in proportion to its repression, a very significant fact and not always understood.

Inferentially and practically, curing is a mild and gentle process, devoid of suppressive measures, narcotics, etc., all of whose finalities lean deathward. Devotees of such wrongheadedness misguide and repress human energy to the limit, trusting that the rebound will suffice to insure recovery and perhaps final health. We should keep in mind that the finer energies of the human economy can not be manhandled in such a crude way with safety. It reminds one forcibly of blacksmiths attempting to repair watches and is a relic of the positive, dead end, soul destroying materialism of the past century, dying so hard in this; but its break up is inevitable.

Dynamism, until lately laughed out of court, is about to rend asunder its mockers before the whole world and it is high time to realize that it is not a thing apart, but an essential factor of our very nature and life and must be reckoned with if we would be efficient healers of the sick.

Most of us know something of the things exacted of him who would practice medicine. They are intended to condition him, elevate the profession and benefit the community. Actually we see the reverse; want of logic, incoherence and prideful selfishness. If there be lack of harmony among us our foundations can not be very secure and no amount of subtle reasoning can make them so, hence we have no right to call ourselves scientists, much less artists.

If science or art holds anything at all for the benefit of man, by that much is medicine concerned therein. This being true how are we going to disassociate the dynamics of action from action itself. Preposterous as the idea is, it is just what is being attempted in everyday practice.

Acute observers soon reach the conclusion that present day practices will utterly shatter the profession unless it turns another volte face and drops its ostracism, its blind bigotries and its self-efficiency and adjusts itself to the trend of general scientific thought. If its traditionalism is still too powerful and its culture too lopsided to do this, it can not hope for universal ac-

ceptance of even the fragment of truth which it clutches so tenaciously.

#### A CLINICAL CASE

*Sciatica*—Mrs. J. K., aet. 42. For six weeks has had stiffness and aching in lumbar region on rising or sitting down. Now confined to bed by throbbing, quivering, soreness, numbness and shooting pains down right sciatic nerve to foot, which feels as if she were stepping on a ????? and the thigh as if lying on rocks; pains agg. on outside of thigh. Aching in right calf on standing and right sole burns.

Menses profuse, with backache and hydroæ or aphthæ. Leucorrhœa causes itching. Sleeps in catnaps.

Easy fatigue in *hot weather*.

Thirsty. No appetite.

Nervous, weepy and restless.

*Hot flashes*.

*Aggravation*: Morning and evening. *Pressure of clothes*. Before storms. Trifles.

*Amelioration*: Rubbing. Motion. Heat, locally.

1929-12-26. R̄ *Lachesis* 200 one dose. Better in five days and in ten days entirely well.

PARKERSBURG, W. VA.

If I am not mistaken, and if my friend and teacher Hahnemann has shown me the true path—that the *materia medica pura* ought to be read and studied; and not until the beginning practitioner shall have diligently gone through that preparation will he be able to prescribe promptly, safely, and homœopathically, without being obliged to spell the symptoms into a group, as the child does its letters. He will then be able to discover the differences and characteristic peculiarities of the antipsorics which seem to be so much like each other, precisely because they correspond to a vast number of diseases of a similar origin, and will not be obliged to choose a new remedy all the time, whereas it is so essential to let the antipsorics act a long while.—C. VON BËNNINGHAUSEN, 1864.

## AN OLD REMEDY\*

LOUISE ROSS, M. D.

I can tell you nothing new about an old remedy, but I can be brief, and for that you will commend me. These observations are interesting only in that they are a little out of the ordinary.

Mrs. A. L.: White, widow, now 72 years old.

On December 18, 1923, I had her X-rayed, with a resulting diagnosis of inoperable cancer of the cardiac end of the stomach, and also the discovery of an aneurism of the arch of the aorta.

Some time previously I had made my own diagnosis of cancer of the stomach, from the clinical symptoms, but I frankly admit that I never suspected the aneurism. The X-ray was to confirm or refute my diagnosis of cancer, and, incidentally, enable the roentgenologist to break the news to the patient's daughter.

Her remedies were chiefly *Pulsatilla*, and particularly *Lycopodium*. Bear in mind that she had been pronounced inoperable, so that the dependence on remedies was not my responsibility alone. In October, 1924, I stumbled onto a history of much malaria many years before, in Ohio, for which she had received enormous quantities of quinine; whereupon I gave her *Natrum mur.*

She has had no other remedy since, except an occasional one to meet an acute condition such as a coryza. Oh, yes, she is still living, very much alive, she still goes to church and goes out to other affairs. She was at my office just a few weeks ago, enroute home from a social function.

Of course she still has her symptoms of carcinoma and aneurism, but I am so glad to have her alive that I do not quarrel with mere ameliorations. Six months after the X-ray, I saw the roentgenologist and he was so astonished that she was still alive even then that he opined she must have had leather-neck contraction of the stomach instead of the cancer.

So much for *Natrum mur.* in this particular case. Of course it is not classical or even ideal prescribing. But it has helped the patient.

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

Some years ago I gave a brief report of the good work done by *Thuja* in clearing up symptoms of many years' duration which had supervened upon an old-fashioned vaccination. These symptoms had been obscured by a subsequent fall that might have occasioned the conditions prevailing. *Thuja* really does not have many symptoms allied to the effects of a fall, nor does *Natrum mur.* readily suggest itself in a case of cancer; but may we not assume that in Mrs. L.'s case the remedy that is able to correct, at least in some degree, the ill effects of overdosing with quinine, has sufficiently restored order in her economy for her to weather the conditions of her disease thus far.

WASHINGTON, D. C.

## DISCUSSION

DR. K. A. MCLAREN: We frequently read of cases where pathology and the remedy run very close. Also, as Dr. Ross has just prescribed, we meet with cases where the pathology apparently has no relation whatever to the remedy that gives the relief. Let me give you an example of such a case. I was called to see a young man with stomach ulcer. He was having the second hæmorrhage when I was called in. I couldn't find any remedy indicated. I gave him *Hammelis* but it didn't give him any relief and he soon had another hæmorrhage. I was getting pretty worried about him but still couldn't seem to see any indications for a remedy. I went downstairs after I had made the last visit and was talking to his wife and mother-in-law. They said it seemed too bad that this sickness had occurred so soon after his recent bereavement. I inquired about the bereavement and found that his mother had died suddenly about three weeks previously. I went back upstairs and gave him a dose of *Ignatia*. There were no more hæmorrhages and there was a rapid and complete recovery.

In comparing the known pathogenetic symptoms of drugs, we discover very soon a considerable quantity of differences, but they are not all of them equally useful. What is worse, in many remedies we have no point to start from in our comparisons. The drugs have not always been proved with reference to peculiar conditions, or for the sake of comparing their symptoms with the established analogous symptoms of other drugs. This deficiency has to be supplied by contrasting the totality of symptoms of various drugs, and by studying the genius of a drug from its symptoms.—C. VON BÖNNINGHAUSEN, 1864.

## HOW BEST TO TEACH THE STUDENT HOW TO APPROACH AND STUDY THE MATERIA MEDICA\*

A. PULFORD, M. D.

It is impossible for any mind to remember every symptom of every drug or even every symptom of any single drug in our materia medica, but it is absolutely necessary that the successful physician should have an acquaintance with as many drugs as is humanly possible, and, above all, a knowledge of how to approach and study each and every proven remedy. No teacher can teach one materia medica, the very best that they can do for us is to teach us how best to approach and study it, and it is to this end that we shall attempt to take up this task.

First of all it is necessary, if possible, to find the essential symptom or symptoms which must be present in EVERY case requiring the remedy under consideration. This, or these, when found, will be easily remembered. If this cannot be done our next step will be to find that group of symptoms which is characteristic of the drug under consideration, which symptoms form the skeleton of the drug upon which the rest of the symptoms are built. Then we must find as many symptoms as possible of undoubted reliability which appear under no other known remedy than the one under consideration, and lastly, all those symptoms for which the remedy under consideration is the undisputed leader. In this way one studies from the center or heart of the remedy to its circumference or from its most important to its least important symptoms. For the rest of the less important symptoms the repertory will be of the greatest importance.

In prescribing intelligently and accurately the first and most important consideration is a knowledge of how to approach and study the patient to accurately elicit such symptoms as are absolutely necessary for the proper selection of THE indicated remedy. This is erroneously styled "how to take the case".

We are going to take up our task today by introducing *Aconitum napellus*, the common *Aconite*, monk's-hood or wolf's-bane. *Aconite*, which is a deadly poison to the human, has been eaten by elephants with impunity, showing that animal experi-

ments with drugs for the purpose of prescribing for the human is useless and of no avail whatever.

The leading symptom which is a constant companion and requisite to an *Aconite* case is AGONIZED TOSSEING ABOUT. According to the late Dr. T. F. Allen this is essential to a case requiring *Aconite* and therefore should always be present when *Aconite* is indicated and prescribed. It is the characteristic, the red strand that runs all through the cases requiring *Aconite*. These characteristics or red strands should never be prescribed upon alone, unless they occur under no other known remedy or in a case with a paucity of symptoms, but they will serve in an emergency to point to the rubric in the repertory to confirm your finding. If it is not the ONLY remedy mentioned the rubric will give you the most logical list of selected remedies with which to compare.

Our next step is to get a list of those prominent symptoms which are the most constant from which to form a skeleton, just as one would take the common constant symptoms in a disease to form a diagnosis.

Under *Aconite* the skeleton symptoms would be: Agonized tossing about, intense anxiety and restlessness, fear, especially of a crowd or of death, expression of fear and anxiety, dry mouth, bitter taste, great thirst for cold water, full, bounding, hard, rapid pulse, and a dry hot skin, even during the chill the head and face are hot. Thus we get a skeleton of *Aconite* easy to remember.

In relation to other remedies having anguish, anxiety and restlessness, *Aconite* is one of degree of intensity just as *Mercurius cor.* is one of degree of intensity in tenesmus. The expression of fear is only equaled by that of *Stramonium*. The fear of a crowd is equaled by no other known remedy. So we note from this, then, that if *Aconite* removes only the restlessness, the other symptoms remaining, it is time to stop the *Aconite* at once and look for some other remedy for that particular case. Also, when *Aconite* has caused the dry hot skin to perspire, it should be stopped at once. A peculiar thing about *Aconite* is, that while its taste is bitter to all things, water becomes an exception. *Aconite* and *Stannum metallicum* are the only two known remedies having bitter taste to everything except water.

Now that we have gotten the red strand and skeleton of the

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

remedy let us take a glance at those symptoms that are covered by *Aconite* alone, found under no other known remedy, so that in cases with a paucity of symptoms we may get a strong clue to the remedy needed. We have fear of death in pregnancy; pain in the forehead above the eyes from cold, dry wind; inflammation of the eyes from the same source; sensitiveness of eyelids to cold air; tearing pain in teeth aggravated after going to bed; inflammation of the stomach after cold things; pain in the abdomen extending to the chest during stool; burning pain in region of umbilicus; involuntary urination with thirst and fear; cutting pain in the chest after the chill; sense of boiling water poured into the chest; tingling of the foot extending upward; fever with one cheek red and hot, the other pale and cold.

The above group of symptoms, as far as known, belong to *Aconite* alone and are of the highest grade and therefore characteristic of the drug. We do not remember of their ever having been stressed or especially mentioned by any one, but whenever and wherever they occur they are final so far as the remedy goes, as well as important, but they are only final for prescribing purposes when there is a paucity of symptoms. In such cases a knowledge of them is very important, also they are important deciding factors when they occur in cases where two remedies run close together.

Our next group in enlarging the sphere of *Aconite* will be the symptoms for which *Aconite* is the leading remedy. They are: Delusion that one is about to die; nervous excitement; fear of death, predicts the day; vertigo, sways to the right; boiling sensation in the head; stitching pain in eyes from motion; redness of eyes from injuries; sensitiveness of the eyes to cold air; face feels enlarged; pain in sound teeth; in teeth in raw, or cold dry wind; blood oozing in the throat; stools looking like chopped spinach; tension in the bladder; ineffectual urging to urinate in children; inflammation of the ovaries from suddenly checked menstrual flow; sharp pain in the uterus; palpitation after fright; sensation of hot water in chest; coldness of the toes; numbness of the left forearm, of the legs on sitting; fever alternating with chill at night. A knowledge of this group is quite important, especially in the absence of an available repertory, and very im-

portant, when a repertory is available, as a guide to the proper rubric where other remedies may be found for comparison. It is, also, a deciding factor when in doubt about two apparently similar remedies, as a group of symptoms in which one of the remedies has the most leaders would undoubtedly fix the choice on that remedy.

The outline of this remedy is by no means final but it is a means of enabling one to find the proper lead into the heart of the remedy, and it gives the student a proper clue to the gateway of the path that will lead him intelligently to the goal he seeks.

In the absence of the above knowledge the repertory will be an important factor in the accurate selection of the correct remedy, but do not forget for one moment that the repertory is intensely mechanical and that you get out of it exactly what you put into it. It cannot sort out and classify your symptoms for you. Many collect a mass of symptoms, put them through the repertory and come out with the wrong remedy, then blame the repertory for their failure. It is just as necessary to have accurate symptoms to put through the repertory as it is to be able to prescribe without it.

After the student has learned how to approach and study the materia medica, his next and most important step is how to approach and study the patient in order to be enabled to elicit those symptoms peculiar to the patient and his ailment. This is erroneously referred to as "taking the case". You have already taken the case when you have accepted the patient, therefore "taking the case" does not mean anything and is a misnomer.

The greatest factors, then, in the science and art of prescribing are, first and greatest, how to approach the patient to study him and elicit only that which bears on his individual case, in the absence of which knowledge the rest is useless; second, a knowledge of how to approach and study the materia medica, which is equally as important as the preceding; and lastly, how to use the repertory. It is our opinion that this latter has been a little overly stressed, especially to the student early in his career. The majority of the rubrics are too lean to give any degree of

accuracy, therefore more stress should be laid on the materia medica in order to get a better foundation of the drugs.

A word as to the term *simillimum*. The term *simillimum*, to us, does not really mean anything. It is simply the Latin for MOST SIMILAR. Any remedy may mean to many minds the most similar whether it be THE indicated remedy or not, or, in the language of Pope, "'Tis with our judgment as with our watches, none go just alike yet each believes his own". So it is with those who prescribe, each is positive he has found the *simillimum* (the most similar remedy) yet Nature fails too often to verify their judgment. We would like to suggest to this body that they cast aside blind precedent and coin the word SIMILIMUM as a changed form of the English word SIMILAR and defined as THE INDICATED remedy, which admits of no comparison, and which includes the correct potency.

We have yet to learn the relationship of the various potencies to the various forms and grades of disease, as well as to the various temperaments and sensitivities. We must consider whether the ailment is purely acute, or an acute outburst of a deep chronic ailment, or subacute or purely chronic in character, and how to apply our remedies to each. All those phases must be accurately known before we can become, or even consider ourselves, thoroughly masters in the science and in the art of prescribing.

Here is a practical application of the skeleton of the drug to a case requiring *Aconite*. Mrs. N., age 45, robust and plethoric, a former resident of Cleveland, was the victim of what her allopathic doctors diagnosed "gall stones". She had frequent attacks of colic. The best they could do was "hypodermics". It took her from three days to a week to recover from this treatment. Just before 8 p. m., March 22nd., the telephone bell rang and a male voice asked if we would make a call on a lady who was suffering severely from an attack of gall-stone colic. We put a half dozen remedies in our vest pocket and at promptly 8 o'clock the gentleman called for us. At 8:05 we were at the bedside of our patient. As we entered the sick room we heard a pitiful plea for a "hypodermic". Here is what we found and saw: A plethoric, robust woman of 45 years, writhing and tossing about the bed

in the greatest agony; extreme fear and anxiety depicted on her face; calling continually for water; dry, hot skin; full, bounding, hard, rapid pulse; high fever, etc. There could be no doubt of the remedy. We put a few drops of the 30x in one-quarter glass of water and gave two teaspoonfuls without asking any questions. In just five minutes by the watch she lay back on the pillow and heaved a sigh of relief. Before the end of 10 minutes she entered into our conversation and her agony and tears gave way to smiles. We stayed until 8:25 when we left with the injunction that no more medicine be given until absolutely demanded. At 8:30 we were back home. No more medicine given than that single dose. We have seen the lady several times since and there has been no return of the colic.

TOLEDO, OHIO.

#### DISCUSSION

DR. MACFARLAN: About three years ago I made a re-proving of *Aconite* but it was only in the third potency. It is a very quick acting drug. I found two symptoms, referring to modalities which are very characteristic of *Aconite* in the third potency. I am only speaking about the third potency. One of these symptoms, and it has never been stressed in materia medica, is aggravation after sleep. I have found this much more indicative of *Aconite* than of the *Ophidia*. The other modality is aggravation on motion which is very characteristic. I think it is much more characteristic of *Aconite* in the low potency than perhaps of *Bryonia*. Another indication which I find in the third potency of *Aconite* is the fact that drinking increases the thirst. I have never seen this in any repertory; I got it from practical experience. Drinking water actually seems to increase the thirst. *Aconite* seems to have more effect on the rapidity of the pulse than it does on the fever in the third potency. Also I discovered that when you fail to cover them they stop sweating. Covering seems to increase their sweat very, very markedly.

DR. C. L. OLDS: I think that Dr. Pulford did not mention one very characteristic thing of *Aconite*, at least I have found it such. When newborn babies do not urinate in twelve or eighteen hours, *Aconite* will invariably bring about a natural flow of urine.

DR. G. ROYAL: I have enjoyed this excellent paper, but there is one thing that he left out, individualization, which is a corollary of our law. It is just as necessary for the student in studying materia medica as it is in prescribing. How you are going to teach the student to approach the subject depends altogether on the individual. Let us take for illustration, someone comes from an allopathic school. She has had her anatomy, her definition, her pathology, her diagnosis, etc. This is the basis of her viewpoint. This other individual hasn't had any information at all. He comes as a novice to study materia medica. What books will he study? You certainly can't give them both the same book.

Let me tell you what my experience is. I would put into the hands of one Dr. Lyle Hughes' *Thermodynamics*, and into the hands of the other Dewey's *Essentials of Materia Medica*. I would say to the one, "Read, study, think.

Read Hughes through". I would say to the other, "Study *Aconite*. Don't you read the book".

One of the most important things I learned in college was how to read. The professor said, "Read a sentence, then a paragraph, then down a column, then down a page". He would say, "Royal, I will give you two minutes to read ten pages, and then I will give you five minutes to tell me what you saw in it".

Individualize your students and give them the information just as you would your patient. Give them the indicated remedy.

DR. C. M. BOGER: I am going to say some things that are not exactly orthodox. The first thing is, don't study too much *materia medica*, and don't study too hard. The thing to do is to watch, not your approach to the patient, but the patient's approach to you. That is the thing. See how he approaches you.

What is a symptom complex? A symptom complex is another term for what the women nowadays call ensemble. It is a co-ordination of certain things. The first thing you want to do is to get all your symptoms co-ordinated and put in order. This isn't a very rapid process. Then hunt them out. If your predilections in the line of study are much toward this remedy or that remedy or some other remedy, you have already prejudiced the case. You want to look at it from an unbiased standpoint and you can't select a *simillimum* with your mind already prejudiced as to what the patient should have or shouldn't have.

DR. A. H. GRIMMER: This is a wonderful paper. It is a matter of viewpoint a good deal. Some of our doctors didn't quite hear what Dr. Pulford was trying to put over, which is the fact that whether you use the repertory, prescribe inspirationally, or from your knowledge of *materia medica*, there are a few points that are essential. The first is the ability to reject the symptoms that are common to all provings, the symptoms that are common to diseases, as therapeutic guides. Of course your remedy must have the symptoms that are related to the disease, but they are not going to be the guiding symptoms for your individual case. When he spoke of the great characteristics he spoke of those mental states, those rare, unusual distinctive characteristics that labeled this case an *Aconite* case, or a *Belladonna* case. I like that point very much, it is the essential thing. We overload our students, as Dr. Boger says. Give them the essentials; start them out with the study of sickness; let them know the things that are common to every sickness so they may know the things that are uncommon. When they learn the common things the uncommon ones stand out much better and so they understand the *materia medica* and are able to apply it better.

CHAIRMAN STEVENS: I would like to ask in speaking of *Aconite*, how the symptoms that come under *Chamomilla*, one cheek red and the other pale, compare with the one you spoke of under *Aconite*. Will you close the discussion, please?

DR. A. PULFORD: Certain children will have red cheeks on one side from hyperanæmic conditions which will pass away, but the *Aconite* red cheek will not pass away when the pressure is taken off, and the other cheek will be pale and cold. I have found this to be true time and again, and it has been a leading symptom in a great many *Aconite* cases.

Furthermore, I intended to bring out that every remedy has its own individuality. When I look at Dr. Royal, I don't have to see whether he has gray hair or black hair or whether he stands five feet; I know him by his characteristics, and each remedy has its similar characteristics. When our *materia medica* is fully completed our prescribing will become a very simple thing. You will see the remedy as you see the individual.

## DILUTIONS OR DYNAMIZATIONS\*

CHARLES L. OLDS, M. D.

There has been a great diversity of opinion in the past and much controversy in our school of medicine over the question whether our potencies were simply dilutions of medicine and nothing more, or something dynamic that could not be brought about by mere dilution. Many wordy wars have been fought over this question, but up to the present the conflicts seem to have been drawn, and each faction is of the same opinion still. Hahnemann's position on the question has never been scientifically refuted, nor has it been scientifically proved, but there seemed to be no doubt in his mind that in the making of a homœopathic remedy far more than dilution was involved; in fact, that the power inherent in a potency was not at all a matter of dilution, but essentially one of succussion. I quote you the foot-note to paragraph 270 of Dudgeon's translation from the fifth edition of the *Organon*:

In order to maintain a fixed and measured standard for developing the power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized). There are however, homœopaths who carry about with them on their visits to patients the homœopathic medicines in the fluid state, and who yet assert that they do not become more highly potentized in the course of time, but they thereby show their want of ability to observe correctly. I dissolved a grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and this fluid was in potency and energy equal to the thirtieth development of power.

In the sixth edition of the *Organon* the foot-note to the same paragraph reads as follows:

We hear daily how homœopathic medicinal potencies are called mere dilutions, when they are the very opposite, i. e., a true opening up of the natural substances bringing to light and revealing the hidden specific medicinal powers contained within and brought forth by rubbing and shaking. The aid of a chosen, unmedicinal medium of attenuation is but a secondary condition.

"Simple dilution, for instance, the solution of a grain of salt will become water, the grain of salt will disappear in the dilution of much water and will never develop into medicinal salt which by means of our well-prepared dynamization, is raised to most marvelous power".

In paragraph 238 of the last edition of the *Organon* Hahnemann, speaking of the repetition of the dose in intermittent fever, says in part: "When the character of the symptoms has not changed, doses of the same medicine may be given without difficulty by dynamizing each successive dose with 10-12 succussions of the vial containing the medicinal substance".

Such was Hahnemann's belief. I shall not comment upon it in this paper. Instead I shall relate a few simple experiments that may shed some light on an heretofore obscure subject, and this can be so only because we now have a means of definitely measuring our potencies.

EXPERIMENT I. I made the 3rd. centesimal potency of *Sepia* according to Hahnemann's instructions. I then put it on my machine (a McRobert's energy detector), and measured it; it measured the 3rd. centesimal. I then put one drop of this 3rd. potency in 100 drops of water, being careful not to succuss it; it still measured the 3rd. potency; but after giving it 5 shakes or succussions it measured the 4th. potency. With this same 4th. potency still in the vial I gave it 100 hard shakes; it then measured the 24th. potency. I continued the succussions until they numbered 1,000, and the machine gave me the 204th. potency, that is, one potency for every five succussions.

EXPERIMENT II. I attached a vial containing the 2x liquid potency of *Puls.* to the rocker arm of an electric sewing machine. After running the machine for one minute I examined the potency and it read 2,600.

EXPERIMENT III. A vial one-fourth full of *Acon.* tincture was subjected to the same succussion as in experiment II, but with no result as to potency.

EXPERIMENT IV. A liquid potency of *Acon.* 1x was shaken on the sewing machine arm for one-half a minute; it registered the 1300th. potency.

EXPERIMENT V. I poured eight gallons of water into a washing machine called the "Easy". This machine had an up and down movement of 70 strokes to the minute and produced very vigorous succussions. Into this water I placed one drop of *Acon.* tincture. After allowing ten minutes for the *Acon.* to become diffused in

the water, a sample of the mixture was taken and tested for potency; no potency was found. Then at a height of two feet two additional gallons of water were poured into the washing machine. A sample of this tested out as the 2nd. centesimal potency. The machine was then set in motion for five minutes, when a sample was taken and tested. It registered the 3521st. potency.

EXPERIMENT VI. A tumblerful of water was placed in a bowl and one drop of *Cactus* tincture added. Tested it measured no potency. This mixture was then vigorously stirred with an egg-beater for one minute. It then measured the 12600th. potency.

EXPERIMENT VII. I filled a two-dram vial one-fourth full of *Tarax.* 200th. in pellet form. This vial was then attached to the rocker arm of a sewing machine which was operated for three minutes. Tested it gave a potency value of 89000.

I have not used any of these potencies clinically, for the reason that these experiments were concluded but a few days previous to this meeting. Therefore I make no comment in this paper, but trust that it may provoke a healthy discussion of the subject.

PHILADELPHIA, PA.

I think it an error to say that psora is that which gives us a susceptibility to all other troubles and lays the foundation for syphilis, sycosis, etc. The error lies in looking at it purely as a disease. The susceptibility to outside influences was present at the beginning of life itself, or there would be no life, for there could be no reaction. The disease part of it resulted from too strong external stimuli and man's ignorance in trying to overcome them.

The mental phase as a cause of this state was ignorance, which first bred fear; then a desire to overcome it by cunning and overt mental acts. The effects of the original appetites of men were primarily due to ignorance. He instinctively did things which pleased him most and did not control his appetites by intelligence.—D. PULFORD.

## APOCYNUM CANNABINUM—WITH SOME COMPARISONS\*

C. A. DIXON, M. D.

*Apocynum Cannabinum* is said to be fatal to dogs, thereby getting the last part of its name, cannabinum. It is sometimes called Canadian Hemp, or Indian Hemp. This last name is apt to be confusing as it may be confused with *Cannabis Indica*, the hashish of India. The name Indian Hemp was given because in the early days the Indians used it to make cordage, fish nets and even a rough cloth from its tough bark. In homœopathic literature it is often referred to as the vegetable trocar, thereby very aptly defining its chief sphere of action. It has so often been used empirically by loose prescribers for all dropsical conditions, that a careful study of its modalities may be well worth our while.

*Apocynum* was first proven by Dr. Freitag in 1833, later in 1856 by John C. Peters who used large doses of the tincture. It was also proved in the 3rd. potency by Dr. Marcy. The provings of the drug are incomplete and little is known about the mental symptoms, most of which are clinical.

In trying to visualize the *Apocynum* patient we expect to see a low-spirited, nervous, bewildered patient, with a bloated face, dropsical, hydrocephalic, with hydrothorax and abdominal ascites, and very likely rheumatic. In infants there is hydrocephalus, with restlessness, involuntary movements of one arm or one leg, harsh dry skin, thirst, but water is soon vomited, urine nearly suppressed, bowels loose, perhaps with involuntary movements.

The chief modality here is the patient is cold and craves heat. *Arsenicum* craves heat and water in small quantities and does not vomit it when taken in that way, it has a real prostration not present in the *Apocynum* patient. *Apis* must be ruled out by the desire for heat but *Apis* is aggravated by heat. In *Apocynum* the excretions are all diminished, the skin is dry and can not perspire, he drinks plentifully but the water all goes to dropsy of the cellular tissues, cranium, chest, scrotum, etc. These dropsies are apt to be preceded by a rheumatic fever. The joints swell and pit on pressure as in *Apis*, but again that modality of heat

will distinguish between the two. Do not carelessly overlook this one symptom because it predicates the patient and is of far greater value than any particular. Another peculiar *Apocynum* symptom is that the bloated face is relieved as soon as the patient sits up.

There is amenorrhœa in young girls with dropsy in the abdomen and legs, metrorrhagia, continuous or paroxysmal, which may go on till they faint if they raise their heads from the pillow. These hæmorrhages are often followed by a dropsical condition for which the routinist is very apt to give *China* instead of *Apocynum*. Here we may have to eliminate *Phos.*, *Ipecac.* or *Secale*; and here again, you must remember the picture of the *Apocynum* patient, worse from cold, weak, pulse almost imperceptible, dyspnœa when lying, dry skin, thirst for water which is soon vomited. There may be a loose cough with rattling or wheezing that makes you think of *Antimonium tartaricum*.

The materialists have used this remedy in the tincture or infusion until it, like *Dig.* and *Gels.*, is not often considered in the higher potencies. To my way of thinking a large percentage of its value is lost by this method of using the drug. Personally I prescribe it in potencies not lower than the 200th. and from that up. In conclusion let me say that if you have never used it above the 3rd., try my way on the next clearly indicated case you come across, and I believe you will be gratified with your results.

AKRON, OHIO.

The third great mistake which the homœopathic physician can not too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted for eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms had shown themselves again on such or such a day, if the dose had not been renewed.—HAHNEMANN.

\*Presented at the I. H. A., Bureau of Materia Medica, June 1929.



## POINTERS

*Gunpowder* is useful in such septic conditions as furuncles, abscesses and boils, which show discoloration, extreme toxicity, an angry looking infection with a good deal of swelling and pain.—P. BROWN.

I have found *Gunpowder* useful in suppressed eczema, especially when followed by carbuncles; and in advanced infantile eczema of long duration.—PERRY.

In the vesicular stage of poison ivy try *Sang.*; in the pustular stage, *Crot. tig. Anac.* is useful sometimes in poison ivy prophylaxis.—R. L. THURSTON.

*Rumex crispus* has the following symptoms—cold air cuts in the nose like a knife, itching shins.—R. L. THURSTON.

Fish-brine odor occurs in *Calc. carb.* (rectum), *Graph.* (scab of ulcer), *Med.* (moisture from anus), *Tel.* (ear discharge) (*Trimeth.*), as well as in *Sanic.*—J. H. CLARKE.

In herpes zoster (zona, shingles) compare *Thuja, Rhus, Graph., Kali iod.* and *Mez.*—J. T. KENT.

I have found *Thyroidin* in low potencies useful in the distressing itching of psoriasis.—A. SCHOLTA.

*Sepia* has cold sores on the lips; enlarged tonsils from every cold taken; chronically enlarged tonsils; worse in the evening; nausea better from eating. In pregnancy vomits all food and drink; nausea at sight or thought of food; nausea until evening; throbbing at pit of stomach, as if hernia would form in right groin; retained placenta at full term with absence of other symptoms; bleeding from a fall; in pot-bellied mothers compare *Amm. mur.* or *Aur. mur.*—R. L. THURSTON.

*Sepia* is indicated often in obstinate remains of acute rheumatism.—C. HERING.

Patients long on *Sepia* will manifest *Nux vom.* irritability. *Sepia* is more important to *Nux* than *Sulph.*—J. T. KENT.

Sensation as if bed were sinking through the floor is found in *Secale.*—R. L. THURSTON.

*Rhus tox.* dreams of fire.—H. C. ALLEN.

*Rhus radicans* has periodicity; sleepless after 12 midnight (*Rhus tox.* before 12 midnight); pain in back when swallowing

(*Rhus tox., Kali carb.*); rawness better from continued swallowing; muscles of the neck sore to the touch; sore throat better swallowing solids; sensation as if hernia would form.—R. L. THURSTON.

*Kaolin* as well as *Spongia* has cough as if sawing through a board.—R. L. THURSTON.

If *Rhus* fails in lumbago from strain, with pain worse from rest, better from slight motion, better from warmth try *Calc. fluor.*—R. L. THURSTON.

Try *Rhus* for urticaria when heated or in bed.—R. L. THURSTON.

Malignant syphilis of the throat and larynx often yields to *Mercurius chromatus.*—GISEVIUS.

Choleric at onset of menses is a characteristic of *Ammonium carb.*—L. VANNIER.

Menstrual flow only at night or in the morning; think of *Bov.*—L. VANNIER.

With passive clotted metrorrhagia, bright or black with much ovarian pain, think of *Ustilago.*—L. VANNIER.

*Stannum* has leucorrhœa with weakness which localizes in the chest. Worse speaking or reading aloud.—L. VANNIER.

When mother's milk is so poor that the infant refuses it or vomits it immediately after taking it, consider *Silica.*—L. VANNIER.

Profuse menses with black clots and obscuration of vision is found in *Cyclamen.*—L. VANNIER.

*Ammonium carb.* has bleeding from the intestines with each monthly period.—L. VANNIER.

When menses are slow by day and cease at night and leucorrhœa flows at night and never in the day consider *Causticum.*—L. VANNIER.

When menses flow only at night or on lying down, and cease on walking consider *Mag. carb.*—L. VANNIER.

In labor the pains of *Kali carb.* begin in the middle of the back and instead of coming forward extend down the sacrum.—L. VANNIER.

*Zincum* has cough after eating sweets.—L. VANNIER.

Chronic cough and hoarseness with loss of voice when singing or talking is found in *Spongium.*—L. VANNIER.

COMMUNICATIONS\*

Mohegan Lake, N. Y., Nov. 28, 1929.

To the Editor of *The Homœopathic Recorder*:

In the little friendly dispute on the potency question there seems to be almost entire agreement on essential facts but a good deal of misunderstanding of different statements. It seems to be agreed that the choice of potency makes a great difference in therapeutic results.

The old question of the extent to which matter is divisible is very admirably expressed by Dr. Coleman in the sentences quoted below. I quote the whole because it is a concise statement of the problem, the solution of which, to my mind, would settle some of the disagreement between the so called low and high potency camps of the homœopathic school.

"It is my conception that in the potentization of a remedy we must retain the same chemical structure in the ultimate subdivision. *Pulsatilla* must remain *Pulsatilla*, *Arsenicum* must remain *Arsenicum*. In other words the molecule must be preserved.

"We do not know just how many molecules there are in the drops of our tinctures. There must be a certain definite number, however. No concrete mass can contain an UNLIMITED supply of its constituent parts. In the potentization of remedies there is a place in the dilution where the final molecule disappears. At what potency does this occur? . . . Nobody knows. From our scientific knowledge of the construction of matter, it must be in far less dilution than any potency such as the CM's, DM's or MM's, if such really exist".

It would be very helpful if we could determine at just what point in the potency scale the molecules became so few and far between that the chance of getting one into the patient in an average dose would be negligible. What would be the decision on the CM's, DM's and MM's? Would one be forced to descend to the lower potencies in order to get the results he thinks he now gets with the high?

In spite of the statement that nobody knows to what potency this limit of the material stretches, it so happens that we have a very accurate figure from which to calculate this point. There are  $2 \times 10^{21}$  (2,000,000,000,000,000,000,000) molecules in a drop of water. This calculation is based on a figure given us by Professor Robert A. Millikan, which enables us to find the number of molecules in any desired weight of any substance whose molecular weight is known. Millikan says that in a gram molecular weight of any substance there are  $6.062 \times 10^{23}$  (606,200,000,000,000,000,000) molecules of that substance. This figure (known in chemistry as the Avogadro constant) has been verified by several independent experimental methods, and is said by E. Rutherford to be accurate to within at least 1% and probably to 1/10th of 1%.

The imagination need not be troubled to try to grasp the immensity of this number as that is not our purpose at the present time. What we desire to know is its decision on the question under discussion. The potency where there remains only one molecule in a dose of 1 cubic centimeter is easily found by simple arithmetic. It varies with the molecular weight of the drug in question. I give below the result of this calculation for a few drugs.

NAME	FORMULA	MOLECULAR WEIGHT	LIMITING POTENCY
Radium Bromide	RaBr <sub>2</sub>	386.24	10.60
Plumbum	Pb	207.2	10.73
Natrum mur.	NaCl	58.46	11.01
Sulphur	S	32.06	11.14
Phosphorus	P	31.04	11.15
Fluoric Acid	HF	20.008	11.24
Carbo	C	12.005	11.35
Hydrogen	H <sub>2</sub>	2.016	11.74
Hydrogen	H	1.008	11.89

As long as Dr. Coleman gives nothing higher than the 12th. centesimal potency (provided the potencies are accurately made), he is true to his conception that the identity of the chemical substance must be retained, but he himself tells us that he has run up his own potencies by hand to the 30th. and uses potencies as high as the 1000th. In so doing he is on the other side of the fence and might just as well give a CM, DM, or MM, (if such can be made) for he has already proven to himself by his own clinical results that potencies still act when beyond the realm of the matter known to modern science.

The question for us to decide is not, "Do high potencies act"? but "Do potencies above the 12th. centesimal act"? On this point I believe all homœopaths are in perfect agreement and should work in harmony to convince the world.—N. R. SPEIDEN.

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POTENCY AND POLARITY\*

I believe that the question of polarity is destined to make our homœopathic prescribing far more exact than we now realize. It will solve many of these questions of potency, and it will tell us why many remedies, apparently similar, do not give the response that is expected.

We have taken our cases carefully, given our remedies along the approved lines, and have been disappointed in the results. Sometimes we have attributed to external causes, such as the inhalation of camphor, to the ingestion of other drugs, or to other external interferences, but I believe that polarity is the answer. I have experimented a good deal with this subject for the last two or three years and have confirmed over and over the fact that within a minute after giving a remedy the polarity of the patient is changed. There is an almost instant reversal of polarity.

At one time I had a case which seemed to show that at last I had found a break in my theory. The patient was feeling very badly and I could not get the correct reaction. I suggested that perhaps his polarity was down, and sure enough it was, way down. We gave him a dose of *Nux vomica* which was indicated by his symptoms. We then tested his secretion within a minute and his polarity was completely reversed. The reactions were now correct.

In addition to the negative and positive polarities, there are two other polarities that are recognized by scientists. These I have been able to bring out in the blood specimens and in our homœopathic remedies: I have divided a large majority of our remedies into four groups according to their polarity, negative, positive, neutral and bipolar. A patient with a positive polarity will require a remedy from the group of negative remedies, the symptoms, of course, agreeing; one with a negative polarity, a remedy from the positive group, those with bipolar or neutral polarities, remedies of the same polarity. This puts the patient's polarity into the negative state which is nearer normal. Most normal cases, or cases that are approaching normal, register a negative polarity.—A. H. GRIMMER.

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To the Editor of *The Homœopathic Recorder*:

The potency question is inseparable from, and a vital part of, the homœopathic law.

Just what do we understand the term remedy to apply to? The substance which contains the potential, or the potential contained therein? Is it the *container* that we are pleased to call the "drug" or remedy? Is it not the potential contained therein that is the *real* remedy? Does not every so-called "drug" contain an individual potentiality? If not, what makes one drug differ from

\*From the discussion of "A New Remedy", by C. L. Olds, M. D., at the I. H. A., June 1929.

another? What makes dead plants inert? If potency is of no consequence why is it necessary to grind crude minerals and metals, if not to free their potentiality or power? In the "scientific" explanation of the disappearance of the "drug", are we sure that it is not the drug container and not *real* potential or remedy that gradually disappears from view? Just what do we understand by potentization? Can you lend power to an already existing power without changing that power? Is not our method of so-called potentization merely an amplification or expansion of that power to convey just enough of that power to cope with the patient's needs? If the "drug" you select happens to be a plant, dead and dried, you have the drug, then what makes the drug practically inert? The drug you thought you selected is still there. If it is not true that each individual therapeutic agent represents a different and fixed potential, why is it that tea is not as potent as *Nux* or *Opium*? Is it not true that each therapeutic agent represents an individual fixed potency or power, which when freed to operate on the healthy human body produces signs or symptoms peculiar, and *fixed*, to the sphere of that agent, representing the result of a *fixed* force which *always* operates *the same*, so that *no other* "drug" force can take its place, which signs or symptoms are used for what? Is it not to help you to *select* that *same* agent again? Here, then, have we not a potency producing signs to direct us explicitly to the *same* potency again? How would we find that proper potency in any other manner? If this be true what if "POTENCY PLAYS NO PART IN THE SELECTION OF THE REMEDY"? FROM BEGINNING TO END POTENCY PLAYS THE ALL AND MOST VITAL PART IN BOTH THE SELECTION AND ACTION OF THE REMEDY. It is the remedy itself.

Our idea of so-called potentization is merely amplification or expansion of the ALREADY EXISTING POTENCY. WE MERELY SELECT AND NOT MAKE THE POTENCY. We merely grade it to the patient's requirements at the time. Potency is like confined steam, both of them have to be released before they can exert their force. Potency is power or force and it is force that creates disease; therefore, to eradicate disease, force must be met by *equal* force, and each therapeutic agent represents a force that, when indicated, matches the force producing the disease. Thus, when the two meet they kill each other off, and the more the force is freed and amplified or expanded, the greater the energy displayed, which accounts for the greater curative power of the higher potencies WHEN INDICATED. By this we mean when the remedy is *positively* indicated.

If the proper and the higher potencies "cut no figure" why should the statement be made that "Few doctors can afford the time necessary for such work, if it is to be properly done". Our own little modest practice, where days of 70 and 80 patients are no strangers to us, allows us to take time to do it to the best of our ability.

Of the low potency men cited one has made real noteworthy contributions to homœopathy, namely, Dr. Timothy Field Allen. He is often referred to and quoted for the value of his observations, but even he did his best work after soaring just a little in the potencies. On the other hand Kent supplied us with a *materia medica* that was a distinct contribution, and our first and most logical philosophy of homœopathy. James B. Bell gave us the one really reliable monograph with explanatory notes and guides to the selection of the right remedy. Henry N. Guernsey gave us reliable obstetrical hints. Yिंगling gave us the only reliable *Accoucheur's Manual* we have. Boger gave us the only *Synopsis of Materia Medica*, a most valuable contribution that very few of us either do, or are able to, appreciate. Farrington gave us a splendid *Clinical Materia Medica*. Of the three men who compiled our most unabridged *materia medicas*, Allen, Clarke and Hering, one cannot claim that they were consistently low potency men. It may be true that the bulk of the material

for our *materia medicas* was furnished by low potency men but only for the very reason that the field of higher potencies had not been explored and was practically unknown, but it has remained for the exponents of the higher potencies to explain and put on the finishing touches.

The potency and its potentization are part and parcel of the homœopathic law, although *not* yet entirely *understood*, and must positively be reckoned with in the selection of the remedy. The atomic and molecular disappearance of what we understand as the "drug" is but the material disappearance of the real remedy's container. What we consider raising the power or potency of the real remedy by potentization is a mere amplifying or expanding of the remedy's area of action by so thinning the coat of its container that the restrained power may the more easily free itself. Thus the less restraint created by reducing the bonds of our method of so-called potentization, the more free is the remedy to exert its force and so it becomes more powerful, deeper and more rapid in its action and the results are more final and permanent so that fewer repetitions are required.

Our efforts are merely to arouse the members of the homœopathic profession to establish a method by which to arrive at some degree of accuracy. If this is "intolerance" we are sorry. Poor old Hahnemann was intolerant because he wanted to set the prejudiced alloëopath right. Poor old Galileo was intolerant because he wanted to set the good people right about the rotundity of the earth, and so it goes. Medicine is like the painter's art, most of us can select the color and the quality of the paint, but few of us have the ability to apply that paint to defy criticism. Ignorance and ancient superstitions are both hard to pull away from, but made easier as intelligence and a desire for conviction displace them. "What is needed is less of this so-called scientific medical knowledge and more critical thought".

In due time we hope that some men will come into the medical arena with sufficient intelligence and persistent energy to settle the right potential energy required long, *long* "before the sun cools off".—A. PULFORD.

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To the Editor of *The Homœopathic Recorder*:

Referring to Case I. by Dr. Boger in the *October Recorder* where the symptom "impulse to move and laugh when in pain", which was cured by *Hura*, I would like to report a somewhat similar symptom cured by *Nux v.*, although the complex of symptoms in the two cases was quite different. About fifteen years ago I was called to a man suffering with nephritic colic. During the paroxysms of pain he rolled about the floor in agony, but laughing, singing and joking. Note the *Nux* disposition seemed to be reversed. Several remedies were given with no abatement of the pain. Then it was found that there was frequent, ineffectual urging to urinate, together with ineffectual urging to stool. *Nux CM* stopped the pain in ten minutes. A calculus, without pain, half the size of a pea, was passed from the bladder a few days later. There was a recurrence of the colic about three months later, when the *Nux* again relieved all pain.—C. L. OLDS.

## EDITORIAL

It is a striking and saddening fact that of the original homœopathic publications, whether books or monographs, which are sent in to the *Recorder* offices, a large proportion are from foreign authors. The Germans are notoriously prolific, and in this number of the *Recorder* you have had opportunity to see listed some of their output of the last few years. Our Mexican colleagues are hardly behind them numerically, although their writings are more often single articles. Some of our Swiss colleagues and many of our French ones are continually contributing original material at least to the journals. Spain and Brazil have active writers. Some of English and Scotch confreres are bringing out valuable new material, mainly, it is true, along certain lines of continuous research. But from the large quota of homœopaths in our own country what have we to show? A recent text book by a professor in one of our medical schools, where some homœopathy is taught, is reviewed in this issue, and three or four of the maturer minds of our homœopathic fraternity are distilling their wisdom for us in pamphlet or book form almost constantly. But what of the others? That many of them do irreproachable practice we know, but aside from the good they do their patients and the inspiration of occasional students and converts, what lasting influence have they? A good book is a kind of immortality to its author. It is a milestone on the thought road of the age. The writing of it has various uses even to him who labors at it. It clarifies his concepts and necessitates deeper and more consistent use of our too vegetative and habitual minds. It raises the writer above the minutiae, often so harassing, of the daily round. It leads the writer's mind into provocative by-ways of thought, along vistas of open road or of trackless wilderness. In the effort of precision of statement the haze of activity is pierced by rays of lambent logic.

To the readers of such a book comes some stimulation, whether the encouragement of concurrence or the goad of disagreement. Something new bearing the individual's stamp is offered in the arena, and if the lions rend it, sport is served and

muscle hardened. If, like a Daniel, it is preserved, it becomes a by-word and a part of prophecy.

The main obstacle to such writing, aside from pressure of time, is that it often necessitates prolonged scientific research. Research is a drug of which our profession should acquire the habit. Once begun the appetite increases and absorption ensues. Books are needed, for teaching purposes, simple, clear and systematic from the very beginnings; for the purpose of widening our knowledge of the remedies, giving us monographs on the rare remedies, with botanical and pharmacological and zoological, as well as clinical data; manuals to make accessible the precious but chaotic classics; articles which correlate through imaginative hypotheses, supported by marshalled facts, the truths of homœopathy with the facts and future of science; new methods of approaching our patients and selecting their remedies; possible programs of research, verification and demonstrating; and simplest, but perhaps most needed of all, large numbers of careful statistics of actual treatment in cases, with full laboratory checks given showing the indubitable influence of our homœopathic remedies over organic disease, definite pathology and laboratory results. These last, presented in form acceptable to the scientific mind of today, yet truly homœopathic in content, will form an undefeatable phalanx in the battle of homœopathy for her place in the sun.

Publishing is expensive, the details of presentation are technically intricate, the opportunities of publication in medical journals are few. The *Recorder* solves all these problems. It remains only for you to create.—E. W.

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### THE SPIRIT OF APOSTLESHIP

From ancient times until the present, and for all future time, it will be true that it is the spirit of apostleship that has pushed forward every great movement for the advancement of progress in the world. At no time in the history of the world have greater advances been made than at times when the spirit of apostleship has been present in the minds and hearts of great leaders. This is particularly true when it is applied to medical science.

*Apostle* comes from the Greek word *apostolos*, a messenger. This is a combination of two Greek words, meaning literally *to send off*. It is necessary that the messenger be thoroughly imbued with the principles of the message that he carries, and that he carry this message that has been entrusted to him to the designated place.

Being thus thoroughly saturated with the truth and the message of deliverance from sickness, both acute and chronic, one becomes so fired with the spirit of apostleship that he will not be content until all peoples of the earth have experienced the joy and gladness that come from the rehabilitation of health and vigor through the application of the homœopathic law that has brought new light to the medical world.

It is humanly impossible for us to go to the uttermost parts of the earth, but the International Hahnemannian Association has had for the past two years a messenger of the truth that proclaims to the world the great teachings of Hahnemann and their application to a suffering humanity, and that this law is not bounded by race, nation or kin.

We are sending this message to forty-nine different countries, to chosen vessels in those countries who are acting the part of leaders and apostles in again carrying the message still further. The goal of the I. H. A. will never be attained until every race has been blessed by the influence of homœopathic knowledge.

—H. A. R.

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#### WHAT DOES THE TERM HOMŒOPATHY MEAN?

The term homœopathy was derived from two Greek words—*omoio*, like or similar, and *pathos*, condition, feeling or suffering. This term was applied by Hahnemann to his discovery in order to distinguish his method from the already existing method of alloëopathy. Hahnemann had become so discouraged with the chaos, the uncertainty, the impotence, and the utter lack of true knowledge of the healing art, that he set about to either discover or devise a real and a truly scientific method of finding and applying remedial agents for the eradication of disease. In his researches he came across the rough diamond he was in search of.

Unlike his predecessors he was intelligent enough to know what lay beneath the crude exterior. He ground away the crude exterior only to find that he had within his possession the only real and the greatest medical gem of all time. Thus Hahnemann discovered the ONLY system of medical healing existent founded on a natural law, which will live and remain the only scientific method of medical healing as long as natural law survives. This system Hahnemann named HOMŒOPATHY because he found that every remedy would eliminate from the sick only such conditions as that remedy alone would produce similarly on the healthy human being. No other physician of all time ever left the impress on medicine that Hahnemann left, nor has any other doctor ever left a complete system of medical healing. Hahnemann alone has accomplished this task. The search is finished. All that remains for us is to complete the assembling of the additional curative agents.—A. P.

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There is in the relationship of *Sulphur* to diseased conditions, as their curative, no law which separates it from the law which declares and constitutes this relationship for all other drugs. There is no exceptional element by which it is removed from the domain of the common law, which requires similarity of the characteristics of the drug and the disease for the constitution of this relationship. Neither is there anything in the division of diseases into the two classes, acute and chronic, which removes either of them from the authority of this common law, in the discovery and establishment of their curative relations. This division evolves no new relations and imposes no new conditions. It is the similarity of the required elements and this alone, which declares that this or any other drug will cure a given case. If this similarity be ascertained, it does not matter whether the case may have been classified as acute or chronic or whether the drug has its place with the psoric or apsorice; the one will be cured by the other in all cases and conditions where cure is yet possible.—P. P. WELLS, 1864.

## CARRIWITCHETS

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

63. What are the most frequently needed remedies for bichromate of potash injections?—R. E. S. HAYES.

64. Why should the most valuable symptoms of a proving be those that appear last, that is at the end of a proving? (See Dec. *Recorder*, Drug Proving, page 580, lines 16 and 17.)

Why should any symptom of a remedy, in reference to time sequence, be more important than any other symptom?—E. B. LYLE.

65. What is the basis of complementary relationship of remedies and how may it be practised by the prescriber without merely submitting to the authority of tables, or how may it be practised when the tables do not supply the desired relationship?—R. E. S. HAYES.

### ANSWERS TO QUESTIONS IN NOVEMBER ISSUE

A. *Where may original literature be found concerning antidoting? How dependable are the references given by Hering, Guernsey and Kent, and from what source did they obtain their recommendations?*

B. *What are the qualifications of an antidote?*

C. *What principles are to guide the prescriber in improvising an antidote?*

D. *What relation, if any, has an antidote to a remedy that "follows well"?*

E. *When does an antidote follow well?*

The original directions for antidoting may be found in Hahnemann's *Organon*, section 249:

Every medicine which, in the course of its operation, produces new and troublesome symptoms not peculiar to the disease to be cured, is incapable of effecting a real improvement, and is not to be considered as homœopathic to the case. If the aggravation produced by this medicine is very perceptible, it should speedily be partially counteracted by an antidote before prescribing the next remedy, which is to be selected with greater care in regard to its similitude to the case. . . .

Also in Hahnemann's *Chronic Diseases* (second German edition, translated by Tafel), pages 119, 120, 121:

But if the symptoms are different and had never before occurred, or never in this way, and, therefore, are peculiar to this medicine and not to be expected in the process of the disease, but trifling, the action of the medicine ought not, for the present, to be interrupted. Such symptoms frequently pass off without interrupting the helpful activity of the remedy; but if they are of a burdensome intensity, they are not to be endured; in such a case they are a sign that the antipsoric medicine was not selected in the correct homœopathic manner. Its action must then be checked by an antidote, or when no antidote to it is known, another antipsoric medicine, more accurately answering its symptoms, must be given in its place; in this case these false symptoms may continue a few more days, or they may return, but they will soon come to a final end and be replaced by a better help.

Least of all, need we to be concerned when the usual customary symptoms are aggravated and show most prominently on the first days, and again on some of the following days, but gradually less and less. This so-called homœopathic aggravation is a sign of an incipient cure (of the symptoms thus aggravated at present), which may be expected with certainty.

But if these aggravated original symptoms appear on subsequent days still of the same strength as at the beginning, or even with an increased severity, it is a sign that the dose of this antipsoric remedy, although properly selected according to homœopathic principles, was too large, and it is to be apprehended that no cure will be effected by it; because the medicine in so large a dose is able to establish a disease, which, in some respects, indeed, is similar to it; with respect to the fact, however, that the medicine in its present intensity unfolds, also, its other symptoms which annul the similarity, it produces a dissimilar chronic disease instead of the former, and indeed, a more severe and troublesome one, without thereby extinguishing the old original one.

This will be decided in the first sixteen, eighteen or twenty days of the action of the medicine which has been given in too large a dose, and it must then be checked, either by prescribing its antidote, or, if this is not as yet known, by giving another antipsoric medicine fitting as well as possible, and indeed in a *very moderate dose*, and if this does not suffice to extinguish this injurious medicinal disease, another still should be given as homœopathically as possible.

Now when the stormy assault, caused by too large a dose of medicine, although homœopathically selected, has been assuaged through an antidote or the later use of some other antipsoric remedies, then, later on, the same antipsoric remedy—which had been hurtful only because of its over-large dose—can be used again, and, indeed, as soon as it is homœopathically indicated, with the greatest success, only in a far smaller dose and in a *much* more highly potentiated attenuation, *i. e.*, in a milder quality.

The physician can, indeed, make no worse mistake than *first*, to consider as too small the doses which I (forced by experience) have reduced after manifold trials and which are indicated with every antipsoric remedy, and *secondly*, the wrong choice of a remedy, and *thirdly*, the hastiness which does not allow each dose to act its full time.

Hering, Guernsey and Kent, from their ripe experiences, elaborated the directions for the use of an antidote. Hahnemann contends that it is impossible to antidote completely, using the illustration of two triangles with equal sides and angles which can cover each other exactly, but that inasmuch as there are no

two medicines which are identical, there are always some symptoms left which will not be antidoted, therefore the qualifications for an antidote are that the antidote shall be similar in general action.—H. A. ROBERTS.

—A. In the writings of the early masters of homœopathy, chiefly in the various editions of Jahr, and in the several introductions to these different works; also in Hering's own writings, e. g., in the introduction to the *Guiding Symptoms*; in Hahnemann's introductory remarks to the *Materia Medica Pura* and the *Chronic Diseases*; in Dr. R. Gibson Miller's small booklet on the *Relationships of Remedies*; and finally, Boenninghausen worked out these relationships in more detail than any other writer, and his deductions are given in a separate chapter in *The Therapeutic Pocket Book*. To Boenninghausen's original list, Dr. T. F. Allen has added twenty-one new drugs in his third American edition.

Undoubtedly the data given by Hering, Guernsey and Kent are reliable to the extent that any and all such observations are subject to the circumstances of the case in hand. Their sources were undoubtedly Hahnemann, Boenninghausen and Jahr.

Anent the question of duration of action, Jahr has this to say in his introduction, which is not printed in Hempel's Jahr (*Symptomen-Codex*) edition of 1848, but is to be found in Snelling's Jahr (*New Manual of Homœopathic Practice*) edition of 1862, and it is as follows:

It is never necessary, in any *chronic* disease, to change the medicine without having observed, at least during five or six days, the aggravation which seemed to demand it; and, likewise, those which sometimes occur after the cessation of a medicine administered by spoonfuls ought to be treated after the same manner—that is to say, to allow the medicine to act so long as there is any room to hope for improvement.

We can lay down as a principle that, if the *general state*, and especially the *moral* condition of the patient be ameliorated, the physician should await the action of the medicine, whatever may be the state of the local signs in other respects; but, whenever the patient is worse in these respects (the general state including the moral), without any promise of a favorable termination, the medicine should be changed. The time justly required for observation, before deciding for or against, should be at least, 5, 6, or 8 days in *chronic* diseases, as we have before stated; and in *acute* diseases from 15 to 30 minutes, or from 6 to 12 or 24 hours, according to the degree of violence and the more or less rapid progress of the disease. Thus, on examining the state of the invalid, we have frequently witnessed the salutary action of the medicines prolonged to 24, 48, and 96 hours, in *acute* diseases, and to seven and eight weeks in *chronic* maladies. These are the views we have wished to make known in indicating the duration of the action of each medicine.

In Jahr's tables and explanations, the remedy is given (alphabetically) according to name, with synonyms, English and German, its comparisons and antidotes, both chemical and dynamic. The duration of action is given in these various editions, as under *Aconite*. For example, under *Aconite* it is stated as "from half an hour to 48 hours, or several weeks, according to circumstances". The duration of action is given in all the editions of Jahr; and also Hering's footnote (in the American editions) regarding dosage, and repetition. According to Hering:

When the patient, after taking medicine, begins to feel better, however little, he must cease taking medicine; but as soon as his convalescence ceases, he should begin to take some of the same medicine, or another appropriate one. It not unfrequently happens that the medicine aggravates the symptoms and makes the patient temporarily worse, which is, nevertheless, a good sign. In such cases, the patient should cease to take any more, and wait for the effects of what he has taken. If the aggravation is very violent, let him smell of *Camphor*, but not change the remedy. But should the beneficial effect of the medicine be interrupted and cease altogether—the patient growing worse, in consequence of taking cold, eating improper food, etc.—he should take something to counteract the cause which occasioned this interruption, and then recur to the same medicine which had previously produced the favorable change.

Dr. Miller observes that "The duration of the action of a remedy depends greatly upon the nature of the disease and upon the patient. Consequently the time of action here given can only be regarded as approximately correct". He quotes as his authorities:

Hering's *Guiding Symptoms and Condensed Materia Medica*.

Kent's *Lectures on Materia Medica*.

Guernsey's *Key-notes*.

Boenninghausen's *Manual*.

*Duration of Action of Medicines* by Lutze.

H. C. Allen's *Key-notes*.

He apparently does not mention Jahr's *Manual* in this list, yet a comparison with the 40-day duration of action of *Agaricus* would seem conclusive that this corresponds with Jahr, who gives Hahnemann as his authority. Some have suggested that the method by which these more or less arbitrary periods were determined may have been gleaned from the provers' notebooks, in noting the appearance (and even the reappearance) of symptoms at certain definite time periods after the remedy was given (or ceased to be given). Kent's very painstaking directions for ob-

serving the effects of medicines cannot be improved upon, yet its teachings may be traced down through the different generations of writers from Hahnemann to Kent, Boger and other present day authorities on materia medica.

—B. Respecting antidotes: Jahr gives first the antidotes for poisoning (chemical or physical agents); then homœopathically (i. e., dynamically) such and such remedies are to be used. Laurie, in his *Homœopathic Domestic Medicine*, reiterates Hering's recommendation for the use of *Camphor* when an immediate antidote is to be given; aside from immediate antidotal effects, it is most generally considered to be the part of wisdom to select the dynamic antidote upon the basis of its symptomatology.

—C. The principles to guide the prescriber in antidoting a given remedy, can be none other than the above mentioned basis, namely, that of symptom-similarity, that is homœopathic antidoting. In the ordinary chemical or physiological antidote we seek dissimilarity rather than similarity.

—D. The relation of an antidote to a remedy that "follows well", or what is generally spoken of as a complemental remedy, is thus referred to by Laurie: "It has repeatedly been found that some remedies act very beneficially when administered after the previous employment of certain others. . . . the remedy to be selected must be in accordance with the symptoms".

Here again, we see that the rule of succeeding remedies must be that of symptom-similarity, thus vindicating again Hahnemann's dictum that the law of similars (or the rule of similars) must not only be a universal one in medicine, but that of all the available modes of applying drugs, the specific or homœopathic was not only the most salutary but the most universal.

—E. In accordance with the foregoing dicta, an antidote should follow well when it is given for the specific symptoms that have developed in an orderly manner, after the first efforts on the part of nature (or aided by art) have been directed toward removing the poison from the system by elimination (as in lead poisoning), by antidoting chemically when necessary its immediate effects, then prescribing such homœopathically indicated remedies as are dictated to the reason and insight of the prescriber by minute and detailed study of the symptomatology. Thus

we are told (and experience amply supports this statement) that lead is antidoted on the dynamic plane by such remedies as: *Alum.*, *Alumen.*, *Ant. crud.*, *Ars.*, *Bell.*, *Caust.*, *Hep.*, *Hyos.*, *Kali brom.*, *Kreos.*, *Nux vom.*, *Op.*, *Petr.*, *Plat.*, *Sulph. ac.*, *Stram.*, *Zinc.* Of this number *Ars.* and *Bell.* "follow well". Thus it may be said that the dynamic antidote may or may not follow well a given drug.

Gibson Miller's list of inimicals is also valuable, as he gives under *Rhus* as complements, *Bry.* and *Calc.* "*Apis* disagrees but *Phos.* follows well" (Kent), while *Bell.*, *Bry.*, *Graph.*, *Lach.*, *Sep.* and *Sulph.* are both antidotes and follow well.

From the above it may be deduced that all these questions of antidotal, complemental and inimical relationship are dependent upon the remedy under consideration, the reactions of the patient, and the general and particular circumstances under which, and for which, the prescription is made. No very arbitrary rule can, therefore, be laid down with safety. It would be much safer, we feel, to leave these questions to the wisdom and judgment of the prescriber, based upon the conditions under which the medicine is prescribed.—B. C. WOODBURY.

*Is giving a homœopathic remedy for a specific symptom not a form of suppression? For example, Ceanothus given for that type of hæmorrhage to which it is similar. To me it appears that, if the hæmorrhage is a constitutional expression, the only non-suppressive remedy would be the constitutional one. Would the hæmorrhagic tendency be handled too slowly by the chronic remedy, and, if so, is it justifiable to suppress the bleeding by an acute remedy such as Ceanothus and then follow with a deeper chronic one?*

—Many make the mistake of considering remedies as "chronic" or "acute". A patient may be suffering from a chronic or an acute manifestation of disease, and many remedies may be indicated in both acute and chronic manifestations.

Hæmorrhages are accidents that may cause loss of life and must be controlled, either by mechanical or medicinal means. Where a remedy in potency controls a hæmorrhage, it is homœopathic to it, else it will not control. In these desperate cases



Nature calls the loudest for the indicated remedy. For instance, in uterine hæmorrhages, with acute pain from the pubis to the sacrum, *Sabina* is indicated; in hæmorrhage with nausea we think of *Ipecac*. It is so with every hæmorrhagic remedy; it is the peculiar, unusual symptoms that stand out. Another remedy may follow well after these acute manifestations of hæmorrhage, but only as indicated by symptoms that may show themselves.—  
H. A. ROBERTS.

*In cases of suppression should we prescribe for the symptom picture before the suppression took place or for the present post-suppressive syndrome? Would the same answer apply to a coryza suppressed by local applications and to menses suppressed by cold sea bathing? In the first there is a local condition in a small part of the respiratory system, while in the latter the menstrual story is deeply expressive of the whole patient.*

—There is no way under the sun for prescribing curative medicine except by the symptoms presented, be that suppression or any other condition that has developed. You cannot reestablish a suppressed menses without taking into consideration as a symptom the cause of the suppression; neither can you reestablish a nasal discharge or a gonorrhœal discharge without taking into consideration the causes as a part of the symptom complex. These several suppressions affect the whole being as well as the local complaint; therefore they must be met with a general consideration of all the present symptoms obtainable, together with what may be gathered of the cause.—H. A. ROBERTS.

#### ANSWER TO QUESTIONS IN DECEMBER ISSUE

*Will someone who knew Kent intimately kindly tell us how much practice in acute cases he had or whether his work was chiefly chronic consultations?*

—I knew Dr. Kent many years; first when we worked together in the old Post-Graduate Clinic, and afterward as my personal physician and consultant; but in all of those years we never discussed the size or the character of his practice, so, probably I am not the one to answer the above question. Nevertheless, I would like to say that in the old Post-Graduate days I saw him

do wonderful work in both acute and chronic cases. During those days when I was a troublesome pupil, and since that time, I took many cases to him, both acute and chronic, and I never took a case to him without receiving help. He was a wonderful prescriber no matter what the case. He was always ready to help, wherever help was needed. Here is another thing that may shed some light on the question. Those who have treated their chronic cases as Dr. Kent taught them, have found that their patients have grown less and less susceptible to acute diseases.—F. E. GLADWIN.

*What did Kent think of J. H. Allen's views, theses and prescribing for the chronic miasms? What was H. C. Allen's opinion?*

—Fundamentally they were in unison. J. H. Allen was a master in objective remedy selection. He entered in the subjective phase less than either of the other two. He was a close student of miasmatic interpretation of the skin and I have seen him often give the remedy after a careful examination of the same, remarking that the skin tells the whole story if we understand.—  
J. W. WAFFENSMITH.

*Where can one find in the Repertory the following questions, which came up in one of my cases?*

*Involuntary urination while vomiting.*

*Pain in the head alternating with rheumatism of the extremities.*

*Always feels much better both physically and mentally during menses.*

*Palpitation on eating. Has to stop eating if palpitations become too strong.*

*Angina and pain in the throat immediately after the menses.*

—Knerr gives involuntary urination with vomiting and diarrhoea, *Dig.* Knerr's *Repertory* is a *Repertory of the Guiding Symptoms* but if you look for this symptom in the *Guiding Symptoms* under *Dig.* you will find that it is retention instead of involuntary urination under those circumstances. Our repertory makers don't seem to have found this symptom brought out by the provers but they have found another symptom produced in much the same way. In vomiting the abdominal muscles are sud-

denly and violently contracted, causing pressure on the bladder. In a cough the same muscles are violently and suddenly contracted causing pressure on the bladder—either might cause the involuntary urination. Remedies that produce involuntary urination from coughing or laughing would be quite likely to produce it from vomiting.—F. E. GLADWIN.

—*Pain in the head alternating with rheumatism of the extremities*: Hempel's *Repertory of the Symptomen Codex*, Allen's *Symptom Register*, and Kent's *Repertory* have each noted alternating symptoms but not one of them have found the above symptom. The nearest symptom to it is "pain in the forehead alternating with gouty pains in the joints *Sulph.*, and pain in the occiput alternating with pain in joints *Sulph.* Kent's *Repertory*, 3rd. edition, pages 155 and 162.—F. E. GLADWIN.

—*Always feels much better both physically and mentally during menses*, physically and mentally about covers the patient. Look for it under generalities, ameliorated during menses, page 1374, 3rd. edition of Kent's *Repertory*.—F. E. GLADWIN.

—*Palpitation on eating. Has to stop eating if palpitations become too strong* does not appear in the *Repertory* as it stands, but this is the kind of a symptom that we are permitted to find by combining symptoms. If it were characteristic of a patient that his symptoms were aggravated while eating, then we could expect that his palpitation would also be aggravated by eating, therefore find the remedies that run through palpitation, page 873, and also are found in aggravation while eating on page 1357, Kent's *Repertory*, 3rd. edition.—F. E. GLADWIN.

—*Angina and pain in the throat immediately after the menses* is found among the remedies that have "pain in throat", page 458, and also have "aggravation after menses", page 1374, Kent's *Repertory*, 3rd. edition.—F. E. GLADWIN.

—Knerr Rep. p. 598, Boenninghausen-Boger Rep. p. 367 also suggestive.

—Kent Rep. pp. 136, 1047. If not satisfactory Knerr p. 120 is suggestive.

—Kent Rep. p. 1347. If not satisfactory take other modalities of same and use cancellation.—R. E. S. HAYES.

—Boger's *Synoptic Key*, pp. 13 and 276. Menses ameliorated

Kent's *Repertory*, p. 1374. After eating, Kent's *Repertory*, p. 1357. After menses, Kent's *Repertory*, p. 1374.—J. W. WAFFENSMITH.

*Where can one read in all scientific clarity observations on proving? On what are the so-called characteristic symptoms based?*

—Well now! I wonder just what you mean by "in all scientific clarity observations on provings". You see the provings were made mostly by the laity and they used simple language in telling the symptoms. To go beyond that would be going into the realm of guess work and that is not permissible. The characteristic symptoms of a remedy are those symptoms that have most frequently been cured by that remedy, usually they also appeared most frequently in the provings.—F. E. GLADWIN.

—Will not the questioner state exactly what is desired, whether directions for procedure, observed phenomena, the material phenomena solely, etc.? and thus safeguard the time for research to answer. If mere literary clarity will do Hahnemann's *Organon* and Kent's *Lectures on Homœopathic Philosophy* are available at once.—R. E. S. HAYES.

—Allen's *Encyclopædia of Pure Materia Medica*; Hahnemann's *Materia Medica Pura*. Characteristic symptoms are based on experience both in proving and in clinical work.—J. W. WAFFENSMITH.

*What remedy do you advise; in what dosage and under what conditions to be able to make a proving on one's self to be certain of obtaining a result?*

—Why allœopath, dear, if you want to prove to yourself that there is such a thing as a proving, take *Ip.* in allœopathic doses. If you really want to find the fine symptoms of a remedy take in a high potency, the thing that you are most susceptible to. Every one can't prove every remedy but if you find that you are nauseated whenever the *Ailanthus* trees are blossoming or that you get a case of poison ivy every time you come near the vine, then you would be most likely sensitive to *Ailanthus* or *Rhus tox.*, then take a high potency of the one that affects you the most but remember that the high potencies are two-edged swords and must be handled with care.—F. E. GLADWIN.

## BOOK REVIEWS.

*A Compend of the Homœopathic Principles for Students in Medicine*, by Garth Boericke, M. D., Professor of Materia Medica and Therapeutics at Hahnemann Medical College, Philadelphia. 176 pages; price \$1.50; published by Boericke and Tafel.

This book is just what it purports to be—a compend. A compend is always limited in scope; it necessarily must be by its very nature. The book is divided into twelve chapters. In the introductory chapter there is an effort made to compare the two schools of medicine. One could wish that the principles of homœopathy had been put forth distinctly and clearly without the many parallels. While homœopathy is described as an art, which it truly is, there is no emphasis placed upon the fact that it is an art based upon scientific principles. We feel that the author places too many limitations upon the use of homœopathy in medicine. He emphasizes the work and development in the materia medica, and insists that the schools must be separate until materia medica is taught in all colleges. This is true, but it is not the only thing that separates the two schools, for the philosophy of homœopathy is the most important engaging thing in the whole realm of medicine.

The next chapter, Homœopathy and Medical Science, states the author's idea of the relationship of homœopathy to the allied branches, chemistry, preventive medicine and immunology, and the attitude toward physiological medicine.

The third chapter has Dr. Boericke's evaluation of the therapeutic method, showing the relative value of homœopathy over the other methods of drug study. In chapter four, The Foundation of Homœopathy, the author speaks of drug proving; the necessity for non-medical language and the phenomena observed in drug proving; the sensitivity of patients; the rules for drug proving, and the sources of the materia medica.

It would have been a pleasure to have had the privilege of extending chapter five, The Homœopathic Principle of Cure, beyond Dr. Boericke's outline, and to have embraced the principle of vital energy, and its reaction to the similar remedy.

Chapter six, The Analysis of Symptoms, is very clear and will be very helpful to the student; and in chapter seven, dealing with the origin of the symptoms and their relative value from the homœopathic point of view, the author condemns most decidedly the slipshod method of prescribing remedies in alternation. The eighth chapter outlines the theory of the homœopathic dose.

Dr. Boericke has given a very good chapter in the one following, on the taking of the case; and in chapter ten, Application of Homœopathy, the student will find much helpful material. Chapter eleven is devoted to the reasons for Hahnemann's philosophy, and the author discusses dynamis, giving theoretical justification for potencies; discusses acute and chronic diseases and the definition of psora, psychosis and syphilis, and gives some space to a general discussion of the treatment of chronic diseases, and the signs of the progress of the disease under the action of the homœopathic remedy. Chapter twelve deals with the preparation of the homœopathic medicine; and there is appended a short life of Hahnemann.

The beginner will get many things of value from this book.—H. A. R.

## CURRENT HOMŒOPATHIC PERIODICALS\*

### A HOMŒOPATHIA

(In Portuguese)

(Rio de Janeiro: Jan.-Dec. 1928), I, 1-48

*A Homœopathia* appeared for the first time in January 1928, edited by Dr. J. A. Galhardo. It "will attempt to demonstrate the incontestable advantage of the therapeutic system which has for its fundamental law: *Similia Similibus Curantur*". Among some of the more interesting articles are a resume of the history of homœopathy in Brazil, a daily journal giving interesting points in the development of homœopathy in this country, numerous cases demonstrating the efficacy of homœopathy, the treatment of yellow fever, and the progress of homœopathy in different countries.

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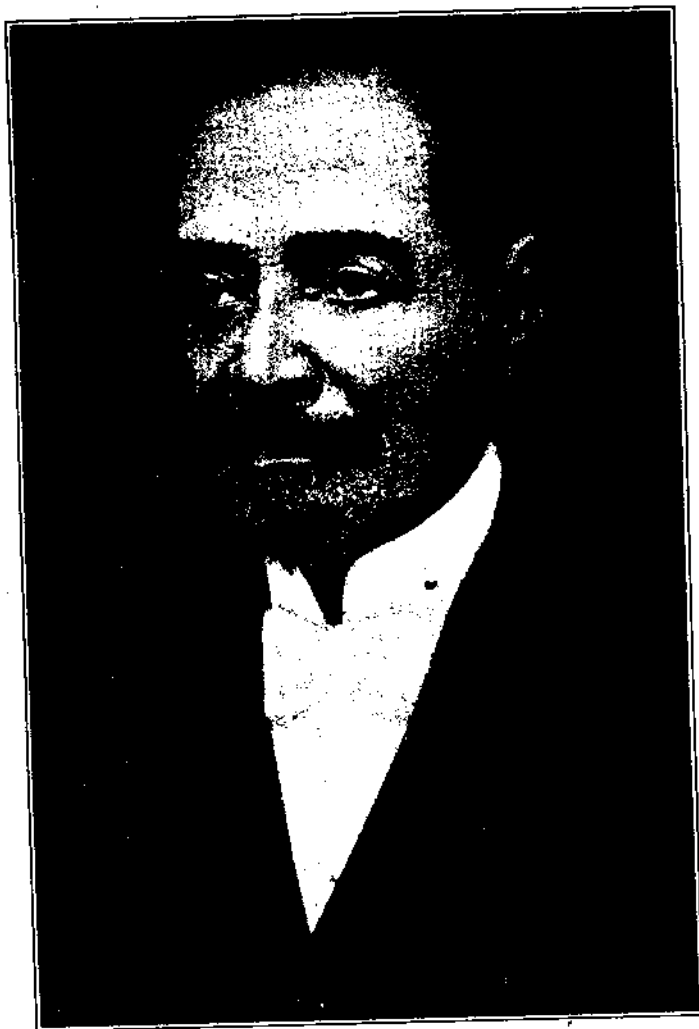
In homœopathy, based upon an immutable natural law, we find the first real union between science and the healing art. It is the first successful step towards establishing a system capable of philosophic demonstration. By it, the chaotic vagaries of the past, held together by no central principle are reduced to comparative order, and the art of medicine aspires to a position among the exact sciences.—A. R. MORGAN, 1865.

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President of the Hahnemannian Institute of Brazil

## THE HOMŒOPATHIC RECORDER

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### NOTES ON THE NOSODES\*

E. UNDERHILL, JR., M. D.

Used in its strict sense a nosode is pathologic material derived from vegetable, animal or human sources. *Secale cornutum* is therefore a vegetable or semi-vegetable nosode. *Tuberculinum bovinum* an animal nosode, and *Medorrhinum* a human disease product.

The endocrine remedies such as *Adrenalin* and *Thyroidin* should not be included under this group but should be studied in relation to the other glandular remedies, such as the pituitary and ovarian products, these all being physiologic and not intentionally pathologic derivatives.

Continuing within the limits of our definition *Lac vac defloratum* and *Lac caninum* cannot be regarded as nosodes any more than *Apis mellifica*, *Cantharis* or *Lachesis*.

It would seem to clarify our understanding of remedies somewhat to definitely and correctly classify them. What remedies then shall we include as strictly nosodes? The chief ones are: *Ambra grisea*, *Anthracinum*, *Lyssin*, *Malandrinum*, *Medorrhinum*, *Psorinum*, *Pyrogen*, *Secale*, *Syphilinum*, and *Tuberculinum*.

The following may possibly merit inclusion: *Cholesterinum*, *Diphtherinum*, *Malaria officinalis*, *Vaccininum*, and *Variolinum*.

Of all the nosodes the ones that stand out as meriting the closest study are *Medorrhinum*, *Psorinum*, *Pyrogen*, *Secale*, *Syphilinum*, and *Tuberculinum*. These are all frequently indicated and are profoundly deep antipsorics. No homœopathic physician should be without these great medicines and he should clearly know the symptomatic and constitutional indications for their employment.

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

Right here allow me to emphasize the point stressed by Kent, Allen, Felger, and others that the nosodes are to be prescribed on the symptoms and not for the disease of which the particular nosode is a product. When you prescribe let it be always upon the essential symptoms similarly existing between the patient and his remedy. This important rule of practice need not hinder us from observing that *Tuberculinum* is frequently indicated in obstinate and confused cases where there is the family history of tuberculosis, and that *Medorrhinum* is often indicated in conditions undoubtedly sycotic in origin.

If the case is sycotic there are a number of remedies as frequently indicated as *Medorrhinum*, and if Neisserian infection be present, either acquired or congenital, does that thereby exclude the possible presence of tuberculosis, syphilis, diabetes or other disease entity?

*Calcarea carb.*, *Calcarea phos.*, *Phosphorus*, and other remedies are as frequently indicated in tuberculosis subjects as is *Tuberculinum*, and I have seen *Syphilinum* do apparently nothing in known syphilitic cases both inherited and acquired. But I have also seen it work wonders in other cases, perhaps syphilitic, perhaps not, where the symptoms of the patient match those of the remedy.

Now for a few outstanding characteristic symptoms of some of these great medicines.

#### *Medorrhinum*

The knee chest posture in children—sleeps in a kneeling position with face almost buried in pillow. (Compare with *Æthusa cynapium*, *Petr.*, and *Sepia*.)

Amel. lying on abdomen.

Timid apprehensiveness with marked fear of the dark.

A hurried impatient feeling.

Marked sensitiveness.

Inordinate craving for sweets.

Marked amelioration at the seashore.

Amel. in the open air.

Worse in the daytime. (I have never felt at all sure of this modality.)

Enuresis in children—passing a large quantity of pungent, strong smelling or ammoniacal urine.

Pungent body odor.

Penetrating pungent odor to stool.

Marked tenderness of the soles and heels. (Confirmed a number of times.)

#### *Psorinum*

The *Psorinum* patient is usually cold, dirty, offensive, itchy, eruptive and gloomy.

He is much like *Sulphur* but much colder and is averse to uncovering and especially wants the head covered.

Poor reaction following acute illness (*Carbo veg.*, *Sulph.*, and *Tub.*)

Bad effects of suppression and palliation.

Hunger during headache—amelioration while eating.

Bad condition of hair and scalp—untidy and uncleanly appearance.

Very offensive almost putrid body odors—this usually also applies to all the excretions. In this respect it resembles *Pyrogen* which I have several times observed to be indicated in an acute septic and putrid state, and to be followed during convalescence with symptoms calling for *Psorinum*.

Periodicity is a strong feature of *Psorinum*—periodic headaches, especially where preceded by or associated with putrid stool.

Lingering and recurring complaints.

Acts especially on the skin and sebaceous glands.

Especially sensitive to drafts about the head.

Putrid chronic otorrhœa in dirty cold subjects.

Agg. from bathing—like *Sulph.* and *Calcarea*.

Worse on exertion.

Agg. from woolens.

Agg. from heat of the bed.

#### *Syphilinum*

All symptoms worse at night—from sundown to sunrise, from darkness to daylight.

Many times have I seen this symptom verified, and upon

meeting with it I am sorely tempted to reach for the *Syphilinum* bottle and pronounce judgment before taking the rest of the testimony and properly summing up the case. But we must not be hair trigger, one symptom prescribers. Let us look further.

The aggravation comes on slowly and wears off slowly.

This is one of the remedies indicated where there is deficient reaction in conditions essentially chronic.

Sometimes there is evidence of syphilitic infection, sometimes there is not, and don't be too sure that you can spot a case of syphilis every time. I have seen cases of syphilis in both men and women which I have observed either from the chancre or from the secondary stage, and observing them again months or years later, and carefully hunting for evidence of the disease, I have been unable to discover any—in some such cases the Wasserman would be still positive, in others negative. Syphilis is often present where one would least suspect it. It exists in any of a hundred, I am almost tempted to say a thousand different forms.

Just here may I suggest, but by no means insist, that possibly what Hahnemann called psora might after all have been the endless train of symptoms and sufferings consequent upon inherited syphilis and sycosis, and possibly also congenital tuberculosis together with the terrible results of suppression in both the congenital and acquired cases. If syphilis and gonorrhœa can be transmitted through one generation why not through several? Is not every one after all more or less syphilitic and more or less sycotic? Now the case requiring *Syphilinum* may be no more nor as deeply syphilitic than one requiring *Psorinum* or *Tuberculinum*.

Another well proven symptom of this remedy is leucorrhœa—profuse, soaking through the napkin and running down to the feet. More than any other type of leucorrhœa will the *Syphilinum* type do this very thing. It is difficult for the patient to take care of it.

Chronic headaches and periodic headaches associated with falling out of the hair—a strong feature of this remedy. Bone pains and bone aches—when worse during the entire night. The pains compel frequent change of position.

### *Tuberculinum*

Ever changing symptoms. This requires explanation. It often works this way—you get a rather clear cut picture of a remedy and give it with that satisfied “well done thou good and faithful servant” feeling we have all experienced after a careful and accurate prescription. Perhaps the remedy works. Perhaps it does not. In any event, in a short time the patient is back and gives us just as bright a picture of some other remedy, and we give it with less of that feeling and again fail to really bring about satisfactory reaction. One remedy picture after another.

This is one of the cardinal and characteristic symptoms of *Tuberculinum*. Change is the word, for the patient wants to roam and to travel, first here, now there, both near and far, a restless urge that knows no peace, no tranquillity.

Always taking cold—often without adequate, apparent cause or occasion.

Glandular disturbances.

Chronically enlarged tonsils—very likely here comes in the family history of tuberculosis which many times can be elicited—more often than the history of syphilis or gonorrhœa for various and obvious reasons.

Ecematous tendency—often observed where there is tubercular history.

Tendency to lose flesh.

Often an easy sweating tendency. (Compare *Calc. phos.* which has a number of features in common with *Tuberculinum*.)

Air hunger—loves to breath in the cold fresh air but takes cold if he does so.

In cases hard to spot where there are enlarged tonsils, glandular involvement and the family history of tuberculosis it will sometimes work wonders.

In cases of advanced tuberculosis—beware! It will occasionally produce a fearful aggravation like *Phosphorus* under similar circumstances.

The other nosodes it is to be hoped will receive some consideration in the discussion.

## DISCUSSION

DR. KRICHBAUM: I have a striking case of a woman who hasn't had a normal bowel movement for over twenty years. I was treating her, and she thought I was doing very excellent work. She came in and said she had to go down to Atlantic City to look after some property, and as soon as she returned, she was going to the hospital for observation, and if necessary, she was willing to be opened to find out what was the matter. She had only a few minutes before she had to catch the train and she remarked, "If I could feel as good during the day as I do at night, I would be all right. From the time the sun comes up until it goes down, I feel badly". I didn't ask her any more questions. I gave her *Medorrhinum*. She had been having an attack of colicky pain. She thought she had appendicitis. She had symptoms of it without the fever. She left on the train, and I didn't see her again. She wrote me in about two weeks to send her some *Medorrhinum*, which I did, and which she took—four grams of *Sac. lac.*—very religiously. She came back about four weeks later and she said, "I had some of that pain for about four hours after I left your office and it has never returned". She is now having normal bowel movements and I haven't given her a repeated *Medorrhinum* once. I think I gave her one other remedy. She has been paying for sugar, but she is well.

DR. GREEN: I would like to tell of an experience along the same line, but not so successful. A lady had a husband who died of tuberculosis and their children had inherited tubercular tendencies. While her husband was very, very ill, she had what the doctors at the time called sleeping sickness. Nobody seems to know whether it really was that or not. Within perhaps five or six years from that time she began developing rigidity in the muscles of her jaw, some of the muscles in her face, and then it spread. I lost track of her for several years about that time, and when I saw her again she was a pitiful looking sight. The doctor she had had, had diagnosed it as paralysis agitans. However, she was emaciated to a very sad degree. The expression of her face was changed completely; she did not look nearly so intelligent as before. The stiffness had grown worse. She held her hands out in front of her and walked rather stiffly. She said, "I wish I could tell you how I feel. I am so nervous. I wish I could tell you how it feels inside".

That is about all I could get out of her. Her mother told me that when she felt the worst, she would go upstairs and do what she called "putting her head down". I had her illustrate to me what she meant. She meant sitting down on the edge of the bed and bracing herself on the edge with her hands and tipping her head over until it hung over the edge of the bed. She would stay that way for from a few minutes to an hour at a time. She said it made the nervousness inside less. Then her mother told me that at about nine-thirty every evening all this nervousness and the rigidity would rather suddenly let up and she also looked forward to that time of day because for the rest of the evening she would feel much more like herself and look much more like herself. She was in the habit of sitting up until one or two o'clock in the morning in order to get the benefit of the amelioration, and then she would sleep in a relaxed way until her regular waking time, and as soon as she awakened and started the day, the rigidity would return with all the distress.

I gave her *Medorrhinum* and there was a slow amelioration, so that she herself said that all the symptoms were less. She could use her hands much better. She could handle herself at the table, and dress herself, comb her hair much better, and gained a little in weight, but it didn't last, and repeating the *Medorrhinum* didn't bring about as much amelioration the second time as the first. The family, in other branches, were so importunate with the mother that they finally went off to some other kind of treatment and had a lumbar puncture and various other things, so I don't know any more about them.

These apparent *Medorrhinum* symptoms are interesting to me and I never met a condition anywhere like this.

DR. ESMOND: I would like to relate a case in regard to *Medorrhinum*. A few months ago a young woman brought her daughter, five years old, to me. She said, "Every once in a while this child will have a soreness around the vulva and the anus and sometimes a slight discharge from the vulva". I asked particularly in regard to gonorrhœa in the father and the mother, but I could get nothing satisfactory. If there was any such thing, they denied it. But notwithstanding, I gave a dose of *Medorrhinum*, 1m and in ten days the whole condition cleared up and has not returned. That was several months ago, and she had attacks every few weeks.

DR. FARRINGTON: Madam Chairman, I liked the doctor's paper very much, and especially the stand that it takes that we should prescribe these remedies symptomatically and not give them merely on the supposition of a preceding miasm, either inherited or acquired.

Speaking of *Medorrhinum*, I have cured several cases of asthma in children with it. The leading symptom usually was that the child took that knee-chest position at night, and I know positively in one of the cases that the child had no asthmatic valves.

I would like to relate a short case for *Tuberculinum*. Many years ago I was called to see a lady of about 69 years of age. After careful examination and questioning, I could get practically no symptoms whatever. The only things that I could ascertain were that she was emaciated and although she had a fair appetite, her strength was declining and the left shoulder was getting stiff. I did not prescribe at first, but during the several days in which I was giving her expectant treatment, the shoulder became almost ankylosed, at least I could not move it. I gave her a single dose of *Tuberculinum* and very shortly noticed an improvement in tone and in strength, and the shoulder began to limber up so that inside of ten days it was as good as the other. The woman got well, at least as well as a woman of that age could be. Apparently there was no inflammation, no previous history of trouble in that shoulder joint, no history of tubercular heredity, nor anything of the sort.

DR. WOODBURY: I have verified two symptoms of *Psorinum* that were set down in the books as characteristic of them—hunger at night, accompanied by headache, a long, standing, chronic headache, and dyspnoea relieved by lying down. There are only one or two other remedies that have that symptom, but when one can get that peculiar complex, it is striking. I have also verified the action of *Syphilinum* in the constant washing of the hands. I have verified *Tuberculinum bovinum* in the tonsillar growths of children.

I have had some results with *Medorrhinum* as an intercurrent in cases of chronic gonorrhœa.

*Secale* disappointed me in a case which had arteriosclerosis. I thought *Secale* was the remedy, but I found that *Sulphur* very quickly changed the whole condition.

*Ambra grisea* I have verified in its peculiar nervous symptoms.

DR. SLOAN: I had a case of asthma for several years past which I relieved, but didn't cure. Finally I awoke to the fact that the attacks came on about bedtime and *Syphilinum* cleared it up very quickly, and so far it has remained cleared up.

DR. WAFFENSMITH: We cannot cure all patients who come to us. Some of them die. I want to call attention to one important phase of *Tuberculinum*, and that is in euthanasia. It has been of good service many times in this respect, and especially in cases which have had an active prior tuberculosis which has become improved or quiescent. Later on in life when they pass through the crisis or when a malignancy or other incurable condition appears, think of tuberculosis. I had one particular case last winter which made quite

an impression upon me. This case had been digitalized and suffered intensely from all the important characteristic symptoms of digitalis. She was a prover of digitalis. I had never seen a more perfect proving. In the progress of the treatment of this case, I secured very little result. The first remedy I gave was *Ignatia*, which did a great deal to modify the neurotic symptoms, but the patient rapidly went back to her former condition. After a careful study I concluded that she had but a very short time to live and that the remedy indicated as far as I could see, was *Tuberculinum*. Within six hours *Tuberculinum* cleaned up all of the hyper-activity and the nervous irritability, and the patient, who was known to have an intense fear of death, called her mother the night before she died, entered into the discussion of business affairs very quietly and peacefully told her that she was going to die. The family repeatedly thanked me for this euthanasia condition that that *Tuberculinum* had given in this case. I remember another case, a homœopathic physician, to whom I gave *Tuberculinum*. There are two remedies that I always consider in this neurotic state prior to death, *Tuberculinum* and *Tarentula hispanica*.

DR. FARR: I didn't hear Dr. Underhill mention *Bacillinum*. I inherited the drugs of a Brooklyn physician a number of years ago, and among them I found *Bacillinum*. I also had *Tuberculinum*. I don't know just what the difference is between the two remedies. I am using *Bacillinum* much more than *Tuberculinum* in the conditions which sometimes follow the grip or flu, where we have a small afternoon rise in temperature, a lack of appetite and a general tubercular looking condition. I find *Bacillinum* comes in very often in such cases. I have tried the *Tuberculinum* and do not get good results. I have *Tuberculinum* in the 1000th. and in the *Bacillinum* I have the 200th.

DR. KAVCIC: I am sure that Hahnemann would have known that psora is at the bottom of tuberculosis if this really were true, because Hahnemann also knew tuberculosis as well as we do. Psora is, perhaps, in the class as tuberculosis, but it is surely not tuberculosis, because tuberculosis does not attack a healthy man. A man who sickens with tuberculosis must have some constitutional weakness. Only so will he contract tuberculosis. Very often you will find tuberculosis and no psora, but you will also very often find psora and no tuberculosis. Hahnemann surely saw that.

In London and in Glasgow, Dr. Blash, Dr. Gesing, and Dr. Wheeler think that psora is an intestinal intoxication. You find many people who have intestinal intoxication, and they have no psora. So we must not think that we know more than Hahnemann. I think psora will soon be explained as a disease called avian tuberculosis. Perhaps this will be much closer to the truth than everything else.

DR. BOGER: Psora and itch were usually considered the same thing until Baggenhouse exploded the idea and said that the after effects of itch was only a psoric susceptibility. Now about tuberculosis, there are two startling things that came to my notice. I talked this subject over a great deal with the late lamented Dr. Patch. One day I said to him, "Dr. Patch, do you think that a tuberculosis in the body is ever destroyed?" He said, "No, the patient never shakes it off". I said, "What makes you think so?" "Well", he said, "my father-in-law, who was raised near Lynchburg, Virginia, had tubercular hæmorrhages when he was a young man. His lungs healed up, but in his old age somewhere in the eighties he developed an obscure brain trouble. We were not able to diagnose it and he died. We did a post-mortem on him, and found tubercular nodules in the lungs".

I am very much of the same opinion, that no case of tuberculosis ever eliminates the germ. True, it may become quiescent, but it is never eliminated. A recent occurrence in my practice bears me out very strongly in this respect. A young woman who belongs to the "poor white trash" class, that is the very lowest type, came into the office one day and said, "Doctor, look at that wrist.

All the doctors tell me that I have rheumatism and there is no use to take any medicine; that in six weeks I will get well without any medicine. I can't stand the pain". I looked at it and said, "What do they say that is?" "It is rheumatism". I said, "Have you a cough?" "Yes, I have a cough". "Do you have night sweats?" "Yes, I have night sweats". "How is your appetite?" "I can't eat". "What kind of pain do you have in that wrist?" "I feel all the time as if water were slowly running through my wrist". The wrist had a peculiar oval look of tuberculosis of the joint.

I gave her one single dose of *Tuberculinum* and in five days you could see all the ligaments in the wrist. There was ankylosis there. The pain all left. She rested well. Her appetite came back, and the cough stopped in about ten days. A month or two after that a friend of hers was in the office and I asked what had become of her. She has gone to the City Hospital to have that wrist broken over again. Can you imagine any man who considers himself a physician breaking that wrist open again? That is the kind of a person who tries to tell homœopaths what to do.

DR. FARRINGTON: The doctor says that a tuberculosis is never dissipated. I presume he means that the remains of it are never dissipated. It can become innocuous by being encapsuled, and also by being calcified. No doubt every one of you has had the experience of giving medicine to a patient and having him cough up what he thought were little pieces of bone, or of having enlarged glands suppurate and discharge pieces of calcareous matter.

Just this last spring a patient of mine died in convulsions. He was a young man of 34 and had never been sick a day in his lifetime. He never knew what it was to be tired, but four years previously he began to have spasms. They started in the tongue, involved the organs of speech and swallowing, and finally the right arm. For four years he was treated with luminal. I took him off the luminal and he immediately began to have the grand mal—major convulsions. The trouble always started, though, in the tongue. He had aphasia and was unable to speak before and after the spasms. It seemed to me there was trouble in the speech area on the left side. I called an eminent specialist and he confirmed this. He said that an operation was the only thing that would save that young man. He operated, but it was operated too late. He found a tumor an inch and a quarter in diameter in this area with a calcareous center.

DR. WOODBURY: Doesn't the fact that the X-ray films show tuberculosis deposits in the chest around the hilus of the lung bear out the idea that the tuberculosis is there, but, as Dr. Farrington suggests, it becomes encapsulated? The calcareous element prevails and that is where the danger comes in in using remedies such as *Sulphur* and *Silica* in tuberculosis.

DR. ALLEN: Last winter my son at Bucknell was sick and I had considerable conference with the anatomist. He said he was surprised to know the number of encapsulated tubercular glands that had been there for years.

DR. UNDERHILL, JR.: Mr. Chairman, Dr. Farr brought up the question of *Bacillinum*. I have not had any experience with *Bacillinum*. I guess chiefly because I haven't happened to have the remedy.

*Spigelia* is another remedy that has, I believe, an aggravation from sunrise to sunset, especially in neuralgic pains involving the face.

*Ethusa cynapium* in infants that are fed every time they cry, draws up the knees when carried, in the same general position that the *Medorrhinum* assumes, but *Ethusa* patients do not sleep in the knee-chest posture, as far as I know. I came across one eighteen-year-old girl who slept in the knee-chest posture and for whom *Medorrhinum* was the indicated remedy. This is the only time in an adult that I have found this particular symptom. It interested me so much that I asked her why she slept in that position. She said at times she had a feeling in the abdomen as if there were ten thousand worms twisting

around in there and when she took the knee-chest position, the feeling immediately ceased.

As to the cure of asthmatic cases, I have observed cases of asthma cured by *Medorrhinum*. Dr. Waffensmith spoke of *Tuberculinum* used for euthanasia. I think almost any homœopathic remedy, if it absolutely fits the case, is able to act as a curative when the disease is curable, or as palliative in fatal cases. It will also fearfully aggravate cases which have developed considerable pathology but are just on the borderline of curability.

Vitamine deficiency is not only a cause of subsequent conditions, but also a result of a constitutional state or perhaps of a dietetic imbalance.

In regard to what Hahnemann might have possibly meant by psora, as far as I recall he did not go very far into the question of inherited syphilis or syco-sis. Does anyone know whether this is true or not? Possibly what is understood in his writings as psora may be due to inherited syphilis or syco-sis or a combination of them from perhaps one, two or more generations back.

The knowledge of the characteristic symptoms of medicines is indispensable if we wish to be successful in the practice of homœopathy, because it is one of our fundamental practical rules, that the characteristic symptoms of the only truly curative remedy must correspond with the characteristic symptoms of the patient. This, as one of the most important rules of our school, enters also largely into the study of the materia medica, and for this reason we must deprecate the arrangements of medicines according to groups of pathological conditions sought after and supposed to exist in groups of symptoms recorded in the provings. Before we seek the characteristic symptoms of the remedy, we must possess the characteristic symptoms of the patient, or what is falsely termed the disease. The truly characteristic symptoms of the patient exist exclusively outside of the pathological groups of symptoms of the discerned disease; nay more, they are symptoms which never necessarily belong to the disease or any form of it, but which appear absolutely accidental. The symptoms present and necessarily constituting and belonging to the disease, we may term essential symptoms; characteristic, we term those symptoms which are found on the diseased individual besides the essential symptoms, either on account of his constitution or from other accidental and unaccountable causes. If it is so, and if the experiment has established this rule to be correct, we would gain nothing by classifying the provings of our medicines in such a manner as to press them into pathological livery.—AD. LIPPE, 1865.

## IMMATURE CONCEPTIONS OF HOMŒOPATHY: ITS EFFECTS\*

R. E. S. HAYES, M. D.

When the light generated from undiluted homœopathic theory and its consistent practice is thrown into the corners of the homœopathic closet not one but many skeletons are seen. This brief study of the homœopathic skeletons is not only made from our own standpoint we are certain, but also from that of many who have found homœopathy most efficient, and practically sufficient, for all but a small fraction of the human ills, aided only by a simple hygiene and reinforced only by a negligible fraction of manual therapeutics of any kind. From this standpoint, then, we will attempt an interpretation of some of the contents of our family closet.

One of the things coming under this head from which we always have to suffer is empirical homœopathy. This is either the adolescent stage through which most homœopaths pass, or homœopathic thought nipped in the bud, arrested development, a state pitiful to behold; or it is homœopathy stultified by some other interest taking up the space needed for expansion. With this form apprehension of the scope and principles is lacking, remedies being prescribed on reputation and routine, in combination, or alternation, or accompanied or displaced by various non-homœopathic expedients. This kind of homœopathy has a definite relation to this association and its honorable traditions and needs immediate attention. The writer believes that the remedy, so far as this association is concerned, is the immediate restoration of the probationary or associate membership and the restoration of the teeth in the Declaration of Principles. These provisions of an earlier time were wise ones. Associate or probationary membership cuts favorably both ways. To the member on probation it is, if he really is a potential homœopath, a stimulus and an inspiration, a means to better appreciation of homœopathic art and of the association itself. It simplifies and clarifies the work of the censors and enables them to do justice to both the applicants.

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and the society, whereas, under the present conditions it is impossible to do justice to either. The writer suggests the immediate restoration of probation.

Another thing to be included in the bony list is the traumatism of homœopathic practice by the specialties. Now, the writer does not forget that on rare occasions, very rare, he has been grateful for the assurance and technique of a specialist in one thing or another. Indeed, he would refer to specialists oftener for semiologic relations and advice were it possible to keep the patient under control and prevent his vitality from being perverted and tissues damaged by local treatments and examinations. With regret we are compelled to say that in many instances he makes himself an excoriation by his local treatments, disturbing the central vital harmony or obscuring it altogether. If all physicians understood homœopathic principles and the outflowing processes of life, specialists would be few and far better. Individual understanding and cultivation of homœopathics should regulate specialism and the specialist automatically. Homœopathy is the great central fact and sun of medicine and when some ten or fifteen centuries hence the fog and darkness is lifted, the specialties will be seen to be relatively small affairs. We should attempt to cultivate an understanding with the specialist as to his real relation to homœopathic medicine.

Another nuisance when he is not desired and a joyful help in time of real need is the surgeon. The surgeon, like the poor, we shall have with us always. As to modern surgical technique we have nothing but admiration, and as to surgical judgment as we have seen it in some individuals, that thing so much finer and more comprehensive than mere operation, we have still more admiration, and often wish that it could be coupled with homœopathic understanding.

On the other hand we could never understand why such prestige and glamour should surround the devoted head of the surgeon compared to the faint flicker from the purely medical man. One reason, we suppose, is that the surgeon deals with concrete findings and therefore can present his views accordingly, a procedure which is adored by the common mind. Little does the general medical and lay man realize that most of that with

which the surgeon deals is mere precipitate of the organism and that much of it is in a fluescent state and could be reclaimed by homœopathic treatment; the enlightenment conferred by homœopathic understanding would see surgical need as but a speck on the map of medicine.

Also, we could never understand why we should always be advised to have a surgeon at our elbow to say whether pus is present or to tell us when to operate; nor why the homœopathic prescriber must never, never take chances, why he must throw his responsibility over to the surgeon without delay. Of course, from the surgeon's standpoint there is one good reason, viz: to avoid late surgery. But there always seems to be surgical misapprehension as to the power of homœopathy and the value of the homœopathic knowledge of constitutions. Therefore the surgeon may toy with life and health with impunity, but condemnation hovers over the daring prescriber, even though surgical deaths outnumber the homœopathic by 100 to 1. To illustrate homœopathic treatment in critical conditions we will cite two cases of appendicitis.

Case 1. A woman of thirty-three was seized by a constant belt-like pain about the waist which soon gravitated to the right iliac region. There was nausea, vomiting, thirst, but repelled by the taste of water and aggravation by the least motion. *Bryonia* was prescribed. The next morning the pain was found to be intense, with doubling up and screaming, copious sweat, rigid abdomen, the right side like a board, white coated tongue. P. 108, temp. 104.

*Lachesis* 1M was then given. Early the next morning the cutting pains had disappeared and there was less tenderness. Watery stools appeared and in a few days recovery was complete.

Case 2. A stout, dark, muscular woman of thirty-six while on a feasting visit with friends was taken with an attack of pain in the epigastrium, which gradually shifted to the right iliac region. The local doctor diagnosed acute appendicitis, advised immediate operation and gave various drugs. Disregarding the advice, but not the drugs, the patient journeyed home 200 miles in an automobile and we also found a well marked appendicitis. The paroxysms were cutting, aggravated by motion, jarring, after

taking anything into the stomach and by vomiting. They were accompanied by cold sweat. *Lycopodium* was given in the morning. In the afternoon the pain became much more severe and constant, ameliorated by loosening the clothing, by eructation and a little after a stool, the tongue was white coated, and the inflamed area now extended to the right hypochondria and was hypersensitive. *Sulph.* 1M, 4 doses, 2 hours apart was prescribed.

Next morning found some improvement in general feeling and appearance. This continued until the following day when a marked change of symptoms occurred. The general illness was no worse but the inflamed area was extremely sensitive. She was most comfortable lying on the right side and it was impossible to lie on the left. There were watery stools with much flatus, preceded by rumbling but no pain, yellow coated tongue and yellow sclerotics, thirst for cold, oily sweat, icy cold feet and legs. A dense mass of adhesions had formed about the cœcal region. The temperature remained at 102 and the pulse 100.

*Mercurius* 1M was given and the result would have appeased the most exacting demands.

Eleven days later much of the mass was still present with drawing sensations while in certain positions. A slow stye with white stringy pus was doing its best. *Kali mur.* 1M ended the entire trouble.

Here were two hair-raising cases which by all the rules of ordinary necessity should have been wheeled along the usual course with ambulance and tables.

Nevertheless, with due respect to the good warnings of our surgical mentors there were good and substantial reasons, not apparent to them, why these were occasions of opportunity as well as necessity, to which the patients also had an ethical right.

The *Lachesis* case was a woman with fairly well marked tubercular diathesis which had been modified considerably by occasional homœopathic prescriptions during six years. Suddenly we were startled by a rapidly moving attack of acute appendicitis. Could it be that the improvement of six years was spurious? Had the central vitality gained nothing that it should now be overcome by this sudden thrust at life? What if there might be some exciting cause! The very form of the attack shows that a

pent up miasm had burst forth in a way characteristic of the remote syphilitic. The tubercular constitution had been so modified, the central vitality so increased, that it could now take on the acute expression. Here was an opportunity to eliminate, probably forever, while surgery would spoil forever. We took the homœopathic choice with the result that during the last eleven years the woman's complaints have been trifling.

The other case was similar in a general way, the first prescription being apparently futile, and the *Sulph.* causing improvement in the general condition while the local pathology increased steadily in a vital effort to eliminate. But the decided change to *Mercurius* symptoms showed the way to safety. Later still another element came to the surface, the fibrosis, which was also removed by the appropriate remedy. We should have included the fact that nine months later and for three months thereafter the patient suffered attacks simulating the crises of cholecystitis which cleared up entirely after *Lyc.*, *Sul.* and *Carbo veg.* During the three years following there has been no apparent need for medicine.

During twenty-five years of active homœopathic prescribing we have had about four cases of suppurative peritonitis including the acute, gangrenous, appendicial type, one ruptured gall-bladder and about four calcular impactions. One abdominal case only has been lost and that one was highly alcoholic and the infection took place a week or more after the operation. We watch these cases closely, making three calls a day if necessary. We have sent but one case to operation needlessly. In this instance a surgeon had been called and though *Coloc.* had apparently ended the attack he said to the young man in his gravest manner, "You have HAD an attack of appendicitis. You had better have it out". Three sisters and one brother stood about the bed, all with their appendices elsewhere. The writer could not bear to thwart such beautiful family concord.

One stultifying influence which runs all through contemporary homœopathy is a servile and self-effacing faith in science. As commonly seen, we can hardly term it anything else than faith, for it is part and parcel of the common modes amounting to superstition with its lack of perception and relative intellectual



helplessness. The infallibility and prestige of material science with its efficient specialties and technicalities has bumped our heads so often and with such apparent finality that the influence amounts to an obsession, in that it is seldom questioned in relation to the higher creative principles.

Material science has its place and we have due regard for the scientist as such, but man can live better with a moderate dispensation of it. The excess of it, reaching into every department of human activity, visibly threatens his very existence. In medicine we should have less popularity of science and more thought. This negative influence of science really is its worst effect. It substitutes modes for independent thought. It distracts attention from higher forms of truth. And it is not the highest use of the mind. Even a cursory examination of the most ancient science known proves that our modern scientist, with the exception of certain mechanizations and technicalities, tells us only what ancient science and those who study know already and know better, because they recognize the general governing principles. It is amusing to see one wonderful discovery after another made by modern scientists which had already been thought out by ancient science according to principles.

As to homœopathic science, it occupies that central and vital polarity between material science and the science of mind. We should give each its due credit and also its due scepticism. For one thing, the excessive collecting of material facts is essentially servility to fashion as is also the intemperate mechanical accuracy; and the demand and deposits of scientific proof is too often not worthy of mature men. Let us think, perceive, speak more and copy less.

Another degenerative sign, though probably not especially long-lived, is the adoption of sera, vaccines, etc. The writer hastens to confess that in two cases of laryngeal diphtheria he did use antitoxin for the purpose of softening the membrane, though to be still more honest, it was done for the experiment as much as anything. The results in these two pharyngeal cases were loathsome. Also we do not refuse to vaccinate children under the law so as to be able to offset the effects when possible. But we let our objections be clearly understood. The empirical use of

these inventions by homœopaths speaks in language well understood by the thoroughgoing homœopath. These dyscrasia producing methods have no place beside the well nigh universal art of healing.

One of the influences slowly choking the vitality out of homœopathy is politics and organization. This we may forgive but should not forget. It results from a fundamental misconception of the tremendous negative power of homœopathy and to a lack of vision as to its possibilities as a negative influence. In this respect many of our organizations appear almost hopeless. As to this particular organization, in a presidential address a few years ago the writer gave a warning as to the purpose and function of this association. At that time it was given with but faint assurance but the issue now is clear. The radical point of departure appears to be in two different conceptions as to the purpose of organized homœopathy. One conception is the militant one of going forth to gather in the sheaves, tares and whatnot and build up with numbers, spreading the organizing gospel to every living creature with lining up and face-about-march efficiency. To accomplish this the inevitable clique and machine is developed, extension of official influence is spread out, doubtful homœopaths are run in and degeneration has begun.

The other conception appears to be as our organization was at first, a close association of homœopaths capable of practising the art in its purity, devoted to two things, the protection and intensive cultivation of the philosophy and art of homœopathy and the attraction thereby of minds with vision and will to do likewise.

Bernard Shaw said, "What you organize you kill". While this is true in a special and spiritual sense yet organization is thrust upon us by the very conditions in which we live. At least we all believe so, which amounts to the same thing. Let us take organization and politics in as small a dose as possible for the inevitable end product is the development of self interests.

The writer believes that the roots of all the evils from which organized homœopathy suffers is first, of course, immature homœopathic conception and second, a dim vision of the power of the purely negative, that is, concrete homœopathy, both in de-

tail and in general influence. This is the thing that makes issues. This is a time of issues. Even in this heretofore close association the time is at hand when we must decide to devote our interest to evangelical homœopathy with the consequent deterioration of ideals and standards, or whether we should maintain probation, restore the teeth in the Declaration of Principles and preserve that severe and worthy standard of membership and work which was the honorable purpose and tradition of the organization for many previous years. If we do not decide beforehand these issues will bring the inevitable cleft. Anyhow, there is no need for worry for there is more fun in relativity than in homogeneity, take it as you will.

The last item of which we will speak at this time is economics. Economics is so inextricably woven with every phase of modern life that it is difficult to say where it begins or ends, or where it is not. How extensively it influences organized medicine probably no one knows not even the insiders of its central vortices. So powerful is the pressure in our modern system of living that we cannot always distinguish economics from commercialism. That there is commercialism in the regular old school almost every mail delivery is a demonstration. That it exists in the homœopathic school one has but to turn the advertising pages of our homœopathic journals. We must admit, though, that here it is a great help. Because if you can't find the indicated remedy here is plenty of everything else to go with the glass and water or to take the place of it. As to the Hahnemannian or pure homœopaths our financial status is more economic, for the back cover of our official journal is testimony to the fact that we are doing business on the magnificent basis of five dollars per head per annum plus the other receipts.

All these conditions mentioned are but symptoms of a constitutional state of homœopathic sluggishness both of the psyche and the mind. Homœopathic thought and vision comes best with occasional visits to the higher realm, the pure mountain air of individual meditation and invocation. How to escape to it from the pressure and constraints of modern life is a most serious problem for everyone.

## DISCUSSION

DR. KRICHBAUM: I have made it a rule for some time not to spank a baby because it can't walk. I changed from the other school to this, and I am sure if I had been told that I couldn't sit with gods anointed until I had my robe washed, I would never have gotten in. I am glad I am in. I don't think it is wise to hold a fellow out who is trying to see the light. So I make a plea for us younger fellows.

DR. UNDERHILL, JR.: I enjoyed Dr. Hayes' excellent paper and it almost seems as if he had tuned in on the same broadcasting station that I did when writing a paper along similar lines. Of course it is "everybody to his trade". A surgeon cuts, naturally, that is his business, that is what he is equipped for; you can't expect him to do anything else. When a tailor looks at you, he is bound to notice your clothes. You look like a suit of clothes to him. You look like a shave and a haircut to a barber, and so on through all the departments of life. There is an enormous amount of unnecessary surgery. I venture to say 90 per cent of it is unnecessary. If it were all done for charity or for reasonable remuneration there would be practically no unnecessary surgery. There is money in it and so they grind their knives.

If a man is practicing medicine and limiting his practice to homœopathy and an appendicitis case comes along, it is criminal to prescribe for that patient. If he dies, the doctor ought to be sent to jail, but if he gets surgical care, whether he has appendicitis or perhaps pneumonia and dies, of course the operation was successful! And so the merry war goes on.

DR. PULFORD: I enjoyed Dr. Hayes's paper very much. He touched on admission into this association. I want to say right on this floor, whether you put me out or whether you don't, that I was disappointed when I got in, and I think we should go back to the first principles for which this association was originally formed, that is, every member should come in on probation. I firmly believe in it. I think it is right and just.

This association represents everything that is in homœopathy; if not, it doesn't represent anything. The A. I. H. has gone to the wall, and we are just as rapidly following. If we are going to keep up the standards for this association as it was originally organized, we must put up the bars.

DR. MCLAREN: Talking about unnecessary operations, I would like to ask the members of this association to furnish reports of the bad effects of tonsil removal. This subject was brought very forcibly to my mind a few days ago. A young man of 32 or 33 consulted me for a very serious trouble with his head which he had had since he was 8 years old. I didn't see him, but he wrote to me from a distance. From the age of eight his head had never been quiet except when he was asleep; there was always a jerky motion. I asked him if he had had a fall or an injury to his head or spine about that time, about the time his trouble began. The response came back promptly, "No, I had no fall and no injury; I had my tonsils removed".

The fundamental rule in treating chronic diseases, is this, to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative 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.—HAHNEMANN.

## VIOLA ODORATA, RE-PROVEN

D. MACFARLAN, M. D.

A few years since, at a meeting of this society at Atlantic City, I read an article on what I called definitive prescribing. The drugs I re-proved were *Aconitum*, *Cuprum metallicum*, *Mercurius vivus*, *Lycopodium* and *Sulphur*.

This work consisted in a new kind of re-proving. Various types of both sexes were subjected to the influence of a definite drug in a definite potency. Parenthetically I might add that dilution is a bad term, as it is quite misleading and inaccurate as well. I firmly believe that the provings should be made without the prover's knowledge. Then nothing is imagined. For, imagination rules the world (General Bonaparte).

By collecting what developed a kind of numerical superiority complex appeared on the horizon of the provers. It is to be remembered in this connection that the remedy is definite and its force or potency is also definite. *Aconitum* in the 3rd. potency, for instance, is a very definite thing and will remain such if applied in Siam or in Philadelphia, and its definitive prescriptive value in a diverse host of unsuspecting male and female provers will be the same.

In other words, despite the differing mental and physical terrain worked upon such and such would bite through their defense mechanisms and assert their symptom rights as sick producing powers. Just as the eye surgeon recognizes the unflinching merit of atropin sulphate in material dose as a pupillary dilator preparatory to a cataract removal, just so should one try to get an unflinching concise codex for the drug in the dynamized state. In the listing the writer has attempted to add the attendant modalities in the same fashion, that of descending import. As Dr. Boger well calls them, "the natural modifiers" of disease, they not only are of great import for purposes of exact disease resemblance, but will serve as means to differentiate between remedies. This may have been the main reason why Hahnemann considered von Boenninghausen such a skilful prescriber, for it was due to the latter that these natural modifiers were first discovered.

The following is my re-proving of the *Viola odorata* and it will be at once seen to be an often indicated remedy in respiratory disease.

THE DESCENDING DEFINITIVE SCALE. VIOLA ODORATA 3RD. POTENCY.

(1) Cough, dry in the daytime but loose at night. Expectoration is thick and yellow but often white. The cough is always worse on lying down with frequent nasal stoppage. A morning painless hoarseness and tickling in the throat may be consensual.

(2) Dyspnoea only at night and in the morning, often left-sided and often knife-like. *Worse when breathing*. Dyspnoea in warm weather, from pressure, and when the belly is bloated. Lung soreness better after the cough, and fresh air ameliorates the dyspnoea and pain.

(3) Uncontrollable, fidgety sleeplessness after midnight. The lung pain, constant cough or thirst prevents sleeping. Confused and frightening dreams. Unrefreshing sleep. Laughing in sleep.

(4) *Headache and earache*. The former is most typically *frontal, dull and intermittent, with morning aggravation*. May be

\*Read before the I. H. A., June 1929, Bureau of Materia Medica.  
sharp, may be occipital. Better from coffee. Better from cold water application. *The earache is worse on the left side*. The pain is sticking and sharp or dull. *The deafness is worse when the nose is stopped*. It is worse swallowing. The ache often intermits. Hears better at times, then worse.

(5) In morning, an upper belly distension. Nausea followed by slimy vomiting. Worse after eating (seen in soreness, weight, bloat and belching). Belching relieves. Worse from hot coffee. Worse from milk (crampy diarrhoea). Marked hunger for breakfast and luncheon. Worse from sugary grape juice.

(6) *Dry mouth with thirst in the morning. Dry throat in the daytime*, often with no thirst. Dry tongue, hardly movable so affected, better after breakfast. *Dry lips*, (constantly wetting them). Dry gums (also a constant wetting).

(7) Constant right sided backache, dull and sharp, worse at night, worse walking, worse sitting, better by rubbing, better by lying down, better by standing, better by heat.

(8) *Cold face sweat worse in morning; the sweat is worse*

*in the back (not cold). Worse after exercise.* At night when covered, the sweating improves the lung pain. Sweats one minute, chills the next. Chills generalized worse at night (especially 1-2 a. m.), worse motion, better from urination, shaking chills and goose-flesh.

(9) Giddy with weakness in morning, joints of lower members give way. Heaviness of body with drowsiness, (daytime) worse on any bodily motion, with blue nails and face and palpitation. Vomiting precedent.

(10) *Burning states.* (a) burning under nose, (b) burning micturition at night and *burning before act which is long in coming* (at night), (c) burning raw throat, (d) burning in back, (e) burning about epigastrium, (f) burning in stomach, (g) eyes burn, (h) burning rectum with painful diarrhoea, (i) both feet burn, (j) burning low down in the throat (like a lump there), 65% of symptoms left sided.

MENTAL SYMPTOMS: No ambition (lazy all days); frightening dreams; cannot quiet herself at night, she wants to walk around and hates the night to come; after luncheon, very nervous, shook all over but the feet; started to cry; dreams very frightening and confusing; dreams of being in a fight; very restless, always wants to be moving around; restlessness worse around 7:30 p. m.; awakened at night; thought she heard noises (a little scared); restless around 3:30 p. m.; feels like crying around noon; bad dreams about automobile accidents; prover wanted to laugh instead of cry when by her dead friend; noises make her jump; *confusing dreams*; bad dreams of dead people; laughing in sleep; fidgety, worse in the daytime; nervous and fidgety; dreams of water and swimming; queer dreams of thirst (drinking out of a large pitcher freely); prover felt lazy around supper time.

PHILADELPHIA, PA.

#### DISCUSSION

DR. WOODBURY: I verified *Vipera* in the 1000th. in a case of phlebitis and also we had a man at our evening clinic in Boston who had been bitten by a rattlesnake. He had the same periodicity, returned symptoms at the same period in the year. I gave him *Lachesis* with the idea of giving *Crotalus* later, but he never had to have it. I was relieved.

I am always interested in Dr. Macfarlan's provings. We had the history of it once before at another meeting. It originated with his father, was carried down through a good many years, and Dr. Hering had the benefit of it in the compilation of the *Guiding Symptoms*. You will find many references to provings by his father scattered about through the older literature.

DR. SLOAN: I would like to ask if any of his provers showed that wrist symptom that I referred to.

DR. MACFARLAN: There were a few provers who developed that, not very many. It is marvelous for pneumonia and bronchitis. It helps respiratory diseases in the most miraculous way, especially when it is associated with the earache.

DR. OLDS: I am very much interested in these provings of Dr. Macfarlan's, and I wanted to ask if there will be an opportunity later to put forth a motion to the house regarding the possibility of the association taking up the subject of provings. We haven't had any real large, constructive provings for a long time. I feel that that is one of the very essential things for us as homœopaths.

The American Institute of Homœopathy will meet at Chalfonte-Haddon Hall, Atlantic City, June 15 to 19, 1930. Among those of note coming from abroad is Dr. Kotschau, the great German pharmacologist, who was probably more responsible for the German government investigating the claims of homœopathy, than any other man of the present generation. The President of the Institute, Dr. Metzger, reports the prospect of a valuable meeting, with the cooperation of the Board of Medical Education.

The vote of the membership conclusively settled that the meeting place of the fifty-first annual convention of the I. H. A. will be Chalfonte-Haddon Hall, Atlantic City, June 14-17, inclusive, 1930. At this early date the Chairmen of the Bureaus report an unusually good program. Plan to attend this convention, which you can make a very helpful and valuable meeting. All physicians are welcome to attend this convention. We are expecting several visitors from abroad.

The Bureau Chairmen are: Dr. J. W. Waffensmith, Guilford, Conn., Homœopathic Philosophy; Dr. John Hutchinson, New York City, Materia Medica; Dr. T. G. Sloan, South Manchester, Conn., Clinical Medicine; Dr. C. M. Boger, Parkersburg, W. Va., Surgery; Dr. Eveline B. Lyle, Brookline, Mass., Obstetrics and Pediatrics.

## IS HOMŒOPATHY IN DANGER?\*

G. E. DIENST, M. D.

From the standpoint of certain people, the answer is yes. From a careful study and analysis of homœopathic literature and history the above answer seems hasty.

For the sake of argument, however, let us notice, briefly, the advocates of this danger. First, there are people who think it in danger because they are *glad* to think so. This class you will find among the thoughtless, the prejudiced, those who have been misinformed, and among the poorly educated or the ignorant practitioners. There are many men and women who are unable to think on any line but the grossest materialistic, and who have never used a sufficient amount of gray matter to solve even the simplest problems of life. They have not been taught to think logically nor reason accurately, for such a task is too painful for them. They say homœopathy is in danger of extinction because they fail to see the difference between an opinion and a principle.

Second. Some would be glad to believe it in danger, but they are afraid it would jeopardize their business and standing in society. You will find this class among certain physicians who practise in homœopathic neighborhoods, and, who, for commercial reasons, would contribute to the danger if it were not for the reason given. They are cautious in their statements, except under certain favorable conditions when they throw out their insinuations against the principle and its adherents, and cast aspersion on the noble healing art.

Third. There are a great many people who accept caricature for argument, ridicule for reason and rhetoric for logic, and accepting these, cry from the house tops that there is nothing to the system, for it is a system of foibles, the outgrowth of morbid imaginings, the obsession of hallucinations, and unworthy the consideration of scientific thinkers. As it has done no harm except to the venders and practitioners of barbaric medicines, these hallucinated beings, trained in the gift of rhetorical climaxis, cry loud and long, AWAY WITH YOUR SUGAR PILLS AND POWDERS, we want none of it; and, unfortunately for them, they do not get it, for they prefer to die in their sins rather than live in truth.

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

Then, there is the fourth class which does not come out into the open, but secretly, consciously or unconsciously, seeks to undermine the faith of those who believe in homœopathy. This class is found in the parlor, club room, lodge room, in certain charitable organizations and among certain lobbyists who are always seeking laws that will enhance their own hobbies and befuddle the minds of the people. These have a spine similar to that of the jelly fish. A spineless individual in any vocation soon falls by the wayside and is forgotten. They belong to the DESTRUCTIVE rather than the CONSTRUCTIVE type of thinkers.

Fifth. The greatest advocates of the so-called scientific teaching of medicine which is opposed to the principles of homœopathy are found among our college professors, members of the official state boards and local, national and international societies. They assert that they are broad-minded in all things scientific, and all the while are trying to show that homœopathy is full of errors. Why, in their broad-mindedness, do they not sometimes mention the errors found in certain so-called scientific circles, and compare them, judiciously and honestly, with the so-called errors of homœopathy. *They are too prejudiced to be manly, too ignorant to be judicious.* They employ their time in planning campaigns of health, which, in fact, are campaigns seeking authority to compel the public to submit to their nefarious and unscrupulous methods of prophylaxis and treatment of disease.

Some of these men are learned, some are brilliant, but all dangerous, and must be watched at all times and under all circumstances, for some of them, like Satan, are capable of deceiving the very elect.

I desire now to present six reasons why homœopathy is not in danger:

1. Because of its history. Homœopathy has triumphantly survived the acid test for more than one hundred years. The present attacks against homœopathy are not new. Many of them are but old gags in new clothing. The original assaults against homœopathy were extremely bitter; but these gave increased energy to its advocates to fight harder for the principle. Really, the more it was assailed by its enemies, the more it denounced barbarous and unscientific practices of the age, in which it was universally victorious.

Its uncompromising demands for purity in practice demanded the consenting thought of the public. It was not by legal force or legislative effort that it won its way into hearts of a thinking public. No sooner was homœopathy promulgated than it met the hatred and opposition of the professional world. Men tried to stamp it out and destroy it, but they failed. Please study the life of Hahnemann and his contemporaries.

There are no new arguments against homœopathy, for in the bitterness of past opposition every conceivable argument was used and failed. Both space and time forbid the mention of some of these arguments so well known to all of you.

2. Homœopathy meets and satisfies the deepest needs of man. It has an answer to every cry of the human soul, a balm for every wound, a remedy for every disease, a supply for every need.

(a) The first need is healing from an innate, inherent producing miasm. The human family is in the grip of a death producing element, and unable to break away from it. Homœopathy can stay the ravages of this element and where practised in its purity, unhindered, can curb its ravages and add years of health and happiness to mankind.

(b) It gives a comfort in sickness, even in incurable cases, neither known nor found elsewhere. Man of knowledge, of learning, of reason, will not sacrifice this hope in exchange for things hopeless.

3. Homœopathy is not in danger, because there is nothing else to take its place. Homœopathy, correctly interpreted, contains all the truth necessary for the healing of the sick.

*The Organon*, that masterly work on the science and art of healing the sick, has no equal. Last year, a book reviewer made a statement in the *Medical World* to the effect that the *Organon* was out of date, full of errors and unscientific. I challenged him to show me a book which contains as much or more truth of the healing art, more scientific in its teachings and deductions than the *Organon*, but to date have not heard a word from this critic as to the acceptance of my challenge, neither do I look for such an acceptance.

4. Homœopathy is not in danger because it has a hold on the intelligence of the public which cannot be shaken; it has the confidence and affection of the wisest and best of men and women.

The confidence of those who know and employ homœopathy cannot be overthrown. THOSE WHO KNOW IT BEST LOVE IT MOST. In the minds of the educated and intelligent superficiality and empiricism create distrust, while a deep, thorough and accurate knowledge creates love and confidence. Those who opposed Hahnemann most and flung at him the bitterest invectives have gone into oblivion, but Hahnemann lives. The knowledge of, and confidence in homœopathy as witnessed in the unprejudiced and in the intelligent public sustains it.

5. Homœopathy is not in danger because it is truth. Truth is indestructible. If the word homœopathy and all homœopathic literature were erased from all languages and cast into the depths of the sea or destroyed in a bonfire, this truth would rise again and be proclaimed by someone, somewhere. It would reach all nations and spread in all languages, for there is no power on earth that could or would banish such a truth from mankind.

6. Homœopathy is not in danger because an honest and earnest searcher after truth can learn to a certainty for himself that it is truth. Think of those, who, like St. Paul, marshalled all their forces to destroy the church, and upon a thorough study of it, in spite of innate prejudice, became converts to it and its most ardent advocates. Its truths and principles will stand while opinions fail and fall. Because of its universal application, and the sacred trust with which it has endowed us, it demands our most careful thought and stimulates our profoundest faith.

AURORA, ILL.

#### DISCUSSION

DR. ROBERTS: This paper must have left Dr. Dienst's office the day before he was stricken, and it is probably the very last thing he did.

DR. FARR: I feel honored to be asked to read this paper, because all of us who have listened to Dr. Dienst or read his writings have been impressed with him as a man who has the good of homœopathy so strongly at heart that if this is his last paper, it is going to be worth while.

DR. ROYAL: I have enjoyed the paper, and recall a little visit, or coincidence, if you please, with George Sidelitz of St. Louis. We were discussing practically this same subject: Is homœopathy in danger? Sidelitz said, "Yes, organized homœopathy is in danger, but real homœopathy, which is truth, can never die, for 'Truth crushed to earth shall rise again.'" It seemed for a time that truth was crushed. Is there anything we can do so that the truth can rise a little more rapidly than it could without our assistance? I would like a suggestion along that line.

DR. BOGER: Yes, there is something we can do, that is make people stop bastardizing homœopathy.

## CLINICAL PATHOLOGY—AN AID OR HINDRANCE IN PRESCRIBING\*

I. L. FARR, M. D.

At first thought, clinical pathology has no part in the making of a homœopathic prescription for the whole fabric of homœopathy is based upon the proving of remedies on well persons, with a recording of the abnormalities and peculiarities, or so-called symptoms then produced.

But these symptoms were the result of changes produced in the bodies, organs or minds of the provers, and these changes were seen, therefore they were clinical. The provers were temporarily ill. Now illness is a departure from a state of health or regular function of the bodily economy; perhaps due to transitory pathological changes and the recorded symptoms might be evidence of pathological differences. If these premises are tenable, then clinical pathology should be an aid to prescribing.

On the other hand, anything which catches the attention of the listening physician, so that his mind fails to grasp the whole picture presented by the patient's recital of his symptoms, obscures the view, and the physician may fail to see the *simillimum*. Looked at from this angle, clinical pathology would be a hindrance to the best prescribing.

To illustrate: A physician and an ambulance surgeon were sent for, post haste, late one summer's afternoon, to minister to a fat Italian woman who spoke no English. Neither doctor spoke Italian.

The woman was gasping for breath, the face was alternately red and bluish, the chest filled with bubbling mucous rales and it was plain to both doctors that the woman had a broncho-pneumonia and was drowning in her own secretions. The ambulance surgeon turned on his heel and said, "Nothing can be done. I cannot take her to the hospital, she will die before I arrive and I will only bring censure on myself". So the ambulance left. Here was a dying woman. She could not give her symptoms, yet the clinical pathology wrote the symptoms so clearly that the ambu-

lance left her to die. The frantic family begged that something be done. As *Antimonium tartaricum* seemed well indicated, the sixth was prescribed, rather for the sake of attempting something, than with the real belief that the remedy would save a life.

The physician left with the promise to look in again before bed time. Imagine his surprise when he called later to find, not a corpse, but a fairly comfortable woman. The prescription was repeated and next morning, in the midst of the smiling family, the woman decided that the doctor need not call again. "Me all wella, now", she said.

Here the clinical pathology proved both a hindrance and an aid, just depending upon its interpretation.

So far as is known, the old masters of homœopathy, with no laboratory facilities, had only a general knowledge of pathology and therefore their writings, as well as many of their close followers, verbally discourage the seeing of aught but the symptoms in the taking of the case. Their successes were and are phenomenal, and cure after cure has been reported, while today, even with all the added aids to diagnosis and treatment, more and more patients each year come to operation, many times for conditions which should be curable by medicines if prescribed according to the Hahnemannian law.

Yet, with modern requirements of teaching in our medical colleges today; with the lack of enthusiasm among our recent graduates to keep up the study of homœopathic materia medica as laid down in the books; with the skepticism manifested by the medical student and even by the graduate, in the action of the infinitesimal dose; if with their training in pathology, they can see symptoms as written by clinical pathology, it may lead to a keener interest in correct prescribing. As an illustration note the following case: Again it is an Italian woman, pale, emaciated, with suffering written all over her. She had had a major operation, an abdominal section three months previous. As the woman spoke very little English it was impossible to learn what was done. Following her return from the hospital, she had been in almost constant pain. Several doctors had been to see her with no relief. The pain was sharp, confined to the left side, traveling from the abdomen up the side, through the heart and chest to the head.

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

It was spasmodic and interfered with the heart. This description of the pain is supplied by the physician, for the woman could only murmur "Pain, pain, pain", and sweep her arm from the pelvis to the head, and hold the hand over the heart.

What pathology had made necessary the operation, was not learned, for only the verbal symptom of pain was given. The fact that an operation produces trauma to nerve as well as muscle tissue and that it was a left sided, spasmodic, clinical picture, suggested *Spigelia* which was given in 3x potency. The next day the woman looked happier, and while she said she had pain, it was less severe. Three days later the family said the doctor need not come any more for the patient was well.

Because clinical pathology may aid in the selection of the remedy does not make it a scheme, *per se*, for prescribing. It is to be considered as one more plan to be tried when other modes of reasoning do not bring results. Again, a knowledge of pathology cannot be substituted for a knowledge of materia medica, for no one can prescribe a remedy homœopathically until he has some idea of its symptomatology, as well as sufficient knowledge or experience to make remedy comparisons. For example, consider the following case of an intelligent, cultured American lady suffering from a tendency to neuritis, only manifest when she became over-fatigued or exhausted from long hours, or undue exposure. She had been seen in a number of attacks and had soon cleared under *Rhus tox.*, *Bryonia*, *Cimicifuga*, *Anacardium* and *Sulphur* according to the symptoms. The attack in question was a bit more general in location, in that it involved the hands and wrists, then the shoulder, and finally settled in the left knee. Here it remained and none of her accustomed remedies did any apparent good. Electricity yielded no better results. The knee was stiff, though she could walk, yet it was painful to climb the stairs or get in and out of a car. Pain and soreness were of only moderate degree. At last both doctor and patient became worried, the doctor because he took great pride in relieving the patient's attacks, the patient because she was soon to take an automobile trip, on which she wished to do some walking and climbing. Therefore the doctor again went over the case and discovered that the good woman had slipped on the ice, some months

previous, had wrenched this knee but had not thought it worth while to speak of it. Clinical pathology, in the form of trauma to deep tissues, of long standing, pointed the way to a deep-acting remedy for bruised tissue, tincture of *Bellis Perennis*, as recommended by Dr. Burnett of England. This was prescribed and the patient took her trip and walked in comfort.

In conclusion, may it not be suggested that clinical pathology oftentimes comes as an aid in remedy selections.

MONTCLAIR, N. J.

#### DISCUSSION

DR. HUTCHINSON: The old teachers of homœopathic art stressed very delightfully an interpretation of the symptoms and frequently used as an illustration the infant who, of course, never gave any symptoms verbally. The homœopathist was quite ready to interpret any action of the sick infant by his emotions, his appearance, his color, the history or complaint and other clinical symptoms.

It seems to me this delightful paper of the doctor's brings us back to that important phase of things in estimating cases, the analysis of the case just as it stands, with all its symptoms assembled and evaluated.

DR. KAVCIC: Sometimes we are obliged to prescribe only on pathology, because we have nothing else. I had a very important case where I prescribed only on one pathological symptom. That was a cartilaginous sarcoma of the second right rib. It was as large as my fist, and was growing very rapidly. The woman had already been treated alloëopathically with X-rays and with all sorts of external remedies, without success. I found that *Argentum metallicum* was the remedy. I gave it and it acted promptly. In three weeks the sarcoma was completely cured.

DR. GRIMMER: The doctor has stated clearly the tenets laid down by some of our leading masters from Hahnemann down. We study the *Organon* and the writings of Hahnemann. We find that he stresses the totality of the symptoms. He didn't mean just the totality of the mental symptoms alone; he included every symptom that he could get. Hahnemann went over his patients; he examined them. Everything that he could learn about his patients was recorded. That formed his picture. And so it is with the use of pathology. Dr. Kent says it has a place, a relationship, it is in the schema; it has a valuable place sometimes. As the doctor here just stated, sometimes there is nothing left for us. How many unconscious cases of apoplexy are we called to prescribe for, often very successfully, only on what we can see?

DR. KRICHBAUM: The totality of the symptoms very often is quite a confusing term. What is the totality of the symptoms? Often you get nothing but one pathological symptom. Is that symptom a fact or a condition? You will have nothing on which to base a prescription. There was a woman who had been to the Mayos, she had been X-rayed in Minneapolis, she was in New York for a while, and I failed just as completely as the others on the two first attempts.

I went up to see her again but could get no definite symptoms, no new ones, at all. I sat and talked and laughed with her but I was trying to think. She had been losing her hearing for ten or twelve years and my conclusion was that the woman had suffered from grief and nothing else during this pe-



riod. I had no symptoms whatever to prescribe on, except the one of suppressed grief. I didn't find an *Ignatia* symptom about her. I gave her *Ignatia*, however, and she has never had the pain since, so I infer that *Ignatia* was her remedy. With pathology we get the same thing.

DR. STEVENS: In a good many of these cases that have been cited, it seems to me that the question is reduced to finding the cause, and that is one thing that we have to stress over and over again. If we find the cause, it may be part of the clinical pathology, but it certainly leads us to the remedy.

DR. FARR: There are one or two points which have come up in the discussion that I want to mention. I am glad that the point has been brought out relative to the totality of the symptoms, because I consider that the whole story, and that was the thought that was in my mind when I prepared the paper. The whole schema of homœopathic prescribing is to fit the totality of the symptoms to the *simillimum* and anything can be used which will help to produce this result.

To attempt to detail the symptoms of all the drugs that cure catarrhs, I should have to read the materia medica from beginning to end; not only read the nasal symptoms of each drug, but detail the peculiarities of each, noting all accessory symptoms: for if a patient presents himself to us asking to be cured of the *catarrh*, he makes a great mistake; he wants to be cured as a *patient*, and we are bound to cure him as such. If he speedily dies of consumption, the catarrh disappearing, we have lost the patient even though the catarrh be cured.

Further, the local catarrh manifestations are of the least importance in finding our remedies. Six patients may, any day, come to us with organic changes in the nasal passages; the extent of change may be equally great and yet six different remedies will have to be given. The treatment must, in the highest sense of the word, be constitutional.—T. F. ALLEN, 1865.

We claim superiority for homœopathy in that it gives us the means of selecting our remedies with a reasonable certainty of their effects, and we rightly claim that medicine should not rest content with anything short of a method which, given the symptoms of a disease, points us to a *certain* remedy if our materia medica contains it; or, given the pathogenesis of a drug, indicates to us, *a priori*, the complex of symptoms which the drug will remove.—*American Homœopathic Review*, 1864.

## CHILDREN IN THE JONES FAMILY\*

T. G. SLOAN, M. D.

These few simple cases occurring in the children of one family show how the homœopath must differentiate in his prescribing.

1. Psoriasis, cured by *Medorrhinum* c. m. and *Iodum* c. m.
2. Wart on one child cured by *Causticum* 10m., on another by *Thuja* c. m.; on another by *Causticum* c. m., and on another by *Hepar sulphur* 40m.
3. Nocturnal enuresis cured in one child by *Sulphur* 500; in another by *Phosphorus* 30.

4. A girl of twelve who has not menstruated, cries easily, easily offended, and has general aggravation from heat.

*Pulsatilla* relieved the disposition and she soon menstruated.

5. Another girl of six is very irritable and unstable mentally, poor appetite, has repeated crops of styes and a yellow leucorrhœa. *Sepia* in various potencies cured.

I have not of course included all the various illnesses and conditions which have been prescribed for in the last fifteen years, but have chosen a few to show how diversified our prescribing must be.

This case is a boy of two and a half, the son of very wealthy parents. He has been under the care of a pediatrician since birth, but still has eczema, mostly dry and scaly behind the ears, on the face, buttocks, and in the flexures of some joints. It is not severe and not constantly present but is annoying. It is aggravated by eating celery, meat, fruit and sugar. He has clammy feet and his back sweats profusely on exertion, he is high strung, picks at his finger nails, masturbates, and for several days at a time it is almost impossible to make him eat. He has occasional attacks of vomiting. Nursemaids are changed frequently.

Dec. 22, 1925—He was given *Sulphur* 1m.

Jan. 23, 1926—Has developed a yellow urethral discharge, and was given *Silica* 1m.

Feb. 20, 1926—The urethral discharge is gone and he is free from eczema.

\*Read at the I. H. A., June 1929, Bureau of Obstetrics and Pediatrics.

Mar. 13, 1926—The only symptom remaining is a return of the foot sweat. *Silica* 1M.

Dec. 3, 1926—Some back sweat. *Silica* 1M.

Feb. 12, 1927—He was given *Sulphur* 1M. Since this time he has been given *Psorinum* 200 on two occasions on account of a return of the eczema. He has been free from all his symptoms for over a year and has developed into a robust boy.

SOUTH MANCHESTER, CONN.

#### DISCUSSION

CHAIRMAN WRIGHT: I would like to ask Dr. Sloan whether he considered that the return of the eczema after several months showed that it hadn't been thoroughly cleared up, or whether something new happened to bring it out.

DR. SLOAN: I think it hadn't been cured.

DR. WOODBURY: Was the urethral discharge in a boy?

DR. SLOAN: Yes.

DR. WOODBURY: Was it syctic?

DR. SLOAN: Yes.

DR. WOODBURY: Warts are my strong point. I suppose I have cured more warts than anything else. I always delight to see warts come. I had one wart of my own. I tried vainly to take it off with the fulguration method. The result was I got two warts. I took some *Sepia*, and *Sepia* immediately took them away. I have used *Thuja*, *Causticum*, and *Dulcamara*.

DR. GREEN: The interesting thing to me about warts is that when one is treating a chronic case and doesn't get all the symptoms, the patient will come back and say, "Do you know, since I was here before I have lost the whole crop of warts". In one case, I never knew anything about the warts, and they disappeared before we were acquainted with them.

The building of theories to account for facts in science is a very pretty amusement, always innocent, perhaps, and no doubt often profitable. But let us beware how we make any theory our Shibboleth, the pronouncement of which shall admit or exclude a man from our brotherhood. But let us rather give ourselves to such careful experiments and observations as we may, and give to our brethren as we can from time to time the results of our studies. Thus and thus only may we hope to build up our system to the beautiful proportions of a perfected science. Any other course dooms us to the same condition of bigotry and dogmatism which characterizes the old school of medicine.—W. A. HAWLEY, 1864.

#### PROGRESSIVE HOMŒOPATHY

H. A. ROBERTS, M. D.

Homœopathy is the method of treating disease according to the formula *similia similibus curantur*. Homœopathy is the only distinctive curative system of medicine, based upon a fundamental law. The exercise and practice of homœopathy is an art based upon the scientific principles of the law of cure. The practice of all art is based upon science; it is not the science itself, but it is the method of making use of scientific principles, and becomes a fascinating and intensely deep study of art. The study of architecture is an art in itself, but it is based upon scientific laws, the law of gravity, the law of stress.

So with the art of homœopathy: he is the best prescriber who knows best the scientific principles upon which his art is based. This presupposes a thorough knowledge of the law of similars; a thorough knowledge of drug action as proven on the healthy human being; a thorough knowledge of the totality of the symptoms of the patient, and a thorough knowledge of the totality of the symptoms of the drug; the use of the similar remedy; a knowledge of what constitutes the minimum dose. When one is possessed of these qualifications, he is in a position to exercise the art of healing, for with this equipment he has gained an insight into the extent of the curative effect of drugs and he is better able to know where remedies are applicable.

It was Hahnemann who advocated most strongly the removal of hindrances to the cure, even advocating surgery in special cases, not as a cure in itself, but as placing the patient in a position where cure could be made. At no place did he point out the value of any other curative method, with the possible exception of mesmerism.

The most valuable part of Hahnemann's work as shown in his writings was his keen insight into the forces of disease and the sources of life. His recognition of the vital energy, of the concept of the power of being given to the cell to develop its own individuality, is almost on a par with his discovery of the law of similars. In weighing the value of Hahnemann's work we must

remember the gross materialism present in his day; but with his deep insight into the sources of life, he realized that this vital energy is the power that makes for health, and that this life-giving stream, when it becomes deranged, is likewise the cause of the disease manifestation.

Probably no greater mind has ever appeared during the whole history of medicine. It was Hahnemann who first pointed out the necessity for diet regulation; the necessity for control of epidemic diseases by segregation; and the first to blaze the way for immunization, for he foreshadowed in his research work the basic law of immunity, by the protection of the individual against epidemics by the use of the epidemic remedy as indicated by the law of similars. It was Hahnemann who first took recognition of mental derangements and their proper hygienic care and cure. It was he who first recognized that it is the mental symptoms that are the most important for the consideration of the individual, as well as of the individual drug.

Hahnemann died in 1843. During his life he proved seventy-four remedies on healthy human beings. It has not been possible to improve on these provings except as more modern instruments of precision have been perfected since his day.

The question now arises as to the further development of our knowledge of the healing art. Has it progressed since Hahnemann's time?

The immediate followers of Hahnemann proved many remedies that have been incorporated in our knowledge of drugs. Since the '90's, due to the insistence of many materialistic minds, much of the finer work in proving has been discontinued. There is, however, a spirit abroad fostering this same careful investigation with new remedies, like the recent provings of *Radium* in potency; a very thorough proving a few years ago of *Kali phosphoricum* by the I. H. A.; the proving last summer of *Huang nan*; the proving of some of our metals, like *Cadmium*. These provings must be continued if progress is to be maintained.

Millikan has said that we can define progress as increased control over environments. Applying this to medicine, Hahnemann's concept of acute diseases is that they are self-curative

or self-limiting in their action. This is true, but many an acute disease would prove fatal were it not for the application of the law of similars to assist Nature in the cure. Progress has been distinctive along this line since Hahnemann's time, as our knowledge of remedies has been developed. Just think how imperfectly we would practise medicine without *Baptisia*, *Gelsemium*, *Lachesis*, and many other remedies whose action was unknown to Hahnemann! To make the materia medica comprehensive, the followers of Hahnemann must insist that the provings be made on human beings, and that the results be recorded in the vernacular. In this way we can carry on the development of new remedies and the fuller development of the older ones, with more accurate instruments of precision, both physical and chemical.

Furthermore, the facilities in the use of this materia medica have been greatly enhanced by the repertorial works which have been provided by the indefatigable work of some of our leaders, which render the seeking out a choice of remedies much more quickly and accurately accomplished.

We are fortunate that we have the system of classification and schema that Hahnemann devised, for we can the more readily make use of this vast storehouse of knowledge.

Hahnemann has given us the most masterly piece of work extant on chronic diseases and their cure in his book, *Chronic Diseases*. His concept, which has been proved true many times and is still true today, was that chronic diseases never cure themselves; but we have made distinct progress since his time in the cure of these chronic ailments, many of them considered incurable by ordinary physicians, because of our greater knowledge of remedies. What physician who has practised successfully according to the law of similars over a period of twenty years has not seen unquestionable cures, (not a suppression of conditions), in individuals who have suffered from such conditions as cancer, fibromata, nephritis, pyelitis, tuberculosis, asthma, hay fever, cardio-vascular conditions; even pernicious anæmia, tic douloureux, chronic arthritis, the many sinus troubles, and so on almost indefinitely?

Now what is to be done to further this progress? The American Foundation for Homœopathy has answered this ques-

tion by adopting the following program of work for a period of ten years, which will put the knowledge and practice of homœopathy on a much firmer basis, and a basis of vastly more usefulness, because more students will get a clearer concept of the healing art and the laws that govern it.

PROSPECTIVE PLAN FOR THE DEVELOPMENT OF THE AMERICAN FOUNDATION FOR HOMŒOPATHY DURING THE NEXT TEN YEARS  
DEPARTMENTS

1. Permanent Headquarters to be maintained in Washington in keeping with the scope of the national organization; to act as a general clearing house for the Foundation.

Development of the clinic already established in Washington.

2. Post-Graduate College:

The center around which the Foundation plan develops. To be open in sessions of such length as may be required, and as many sessions during the year as may be required.

To be equipped with

Laboratories  
Library  
General classrooms  
Offices

To have connected with it

Hospital  
Outpatient clinics  
Home and hospital for miasmatic children  
Research department  
Dormitories

- (a) The hospital should be thoroughly equipped to obtain a high rating. There should be laboratories and all proper equipment to provide the best possible service as well as to provide material for the students and the research bureau.
- (b) Outpatient department will act as a feeder to the hospital, and will provide clinical material for the school as will

- (c) The home for miasmatic children; this will clearly demonstrate the work of homœopathy in restoring to future health and usefulness these little ones.
  - (d) The research department will keep in touch with all these departments, as well as carrying on provings and reprovings, and research into the collateral sciences and their relation to homœopathy.
  - (e) The dormitories will provide accommodations for students in the atmosphere of the school and hospital.
3. The publication department will have charge of the republication of valuable out-of-print material; an occasional bulletin pertaining to the development of all research and information relative to homœopathy and the Foundation, both for the laity and for the medical profession.
  4. Suitable publicity work of homœopathic progress and work throughout the world.
  5. The creation of an endowment sufficient to carry on this work.

PERSONNEL

1. A full time secretary:
  - (a) A man of strong character and personality; a physician by preference; grounded in the philosophy and art of homœopathy.
  - (b) To have general supervision of the Foundation work under the Board of Trustees.
  - (c) Who should have under his direction:
    1. An assistant
    2. Librarian  
to be responsible for the care, indexing and classification of homœopathic books and literature, and to index and classify such literature from Bradford's time on, to and including current literature.
    3. Bacteriologist and laboratory technician required to be thoroughly conversant with homœopathic philosophy and practice.

4. Pathologist  
required to be grounded in homœopathic principles.
  5. Hospital superintendent  
trained in homœopathic principles.
  6. Such medical assistants as may be necessary to fully develop the plan.
  7. Such lay assistants as may be necessary.
2. Instructors:
- (a) Thoroughly trained Hahnemannians, to teach  
Homœopathic Philosophy  
Homœopathic Case-Taking  
Homœopathic Materia Medica and Therapeutics  
Use of the Repertories
  - (b) To be as nearly as possible full time instructors.
  - (c) To have charge of the provings, with the Research Bureau, according to the rules laid down by Hahnemann.

Homœopathy has shown steady growth up to the present time. The vision which the American Foundation for Homœopathy has for the next ten years, and their determination to reach this objective within this period of time, will carry the banner of homœopathy still higher during the present generation. Homœopathy has progressed and it will progress; it is imperishable and it cannot die.

DERBY, CONN.

There are many drugs whose local manifestations are not essentially different. Taking these symptoms alone, one will often be puzzled to know where to refer any case of catarrh. For the choice of the drug we must look outside of the local trouble in the patient as well as in the drug; the concomitant symptoms, the conditions of appearance, aggravation and amelioration, in fact everything that is peculiar to our case in hand; and the peculiar drug must be found, it exists somewhere; it may be in Japan, or in the Rocky Mountains, it is very likely in our pocket case.—T. F. ALLEN, 1865.

## ARE EXPLAINABLE SYMPTOMS PERMISSIBLE AS A BASIS FOR PRESCRIBING?\*

D. T. PULFORD, M. D.

In the last session of the Post-Graduate School of the American Foundation for Homœopathy there was considerable discussion among the students over the elimination of certain symptoms in case analyses, on the grounds that they were explainable and therefore could not be used in finding the remedy. It would be illuminating to hear the matter discussed by this body. It often happened that there were not enough symptoms left to find a remedy after the case had been analyzed. Some of the symptoms eliminated seemed to be good guides to a remedy.

Such a state of affairs would indicate but two things, namely, that some symptoms that could be explained could be used in the remedy picture, or, that the case was poorly taken. With the latter, of course, we have nothing to do here.

It seems rather trite to mention again the much discussed totality of symptoms, but it is necessary to do so as there are in reality two totalities which may be called the gross and the net. The gross includes every symptom and sign of the malady, both explainable and non-explainable. The net includes only the symptoms on which we prescribe and is arrived at only after careful deliberation. It should be so synthesized as to make a picture that will indicate a remedy. The question is: May a symptom, even though it may be explained as due to the pathology if sufficiently marked and characteristic be included in the net totality.

Here are a few things to be taken into consideration:

Kent taught us that there were many features of a disease that had to be taken into consideration besides the symptoms the patient gives, such as mode of onset, type of fever, etc. Many of these things we now believe to be explainable; at least there are hypotheses for them. Not the pathology so much as the type of pathology, e. g., *Silica* in schirrus conditions. I believe Kent gave more weight to disease than we usually think but his great skill lay in that he prescribed on a full picture which was clear to his perception and not on a symptom list.

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

Explanation is a very relative procedure and is it possible that many things now regarded as explainable might later be found to be as mysterious as those which we now consider to be non-explainable? In our present ignorance of both pathology and physiology might it not develop that later much of what seems strange to us now might be as clear as day? Supposing we stood in that Utopian land where knowledge is complete and everything is thoroughly understood, would homœopathy cease to function because there would be no more strange, rare, and peculiar symptoms left? It would not, and I believe this for the following reason.

If every drug could be thoroughly and completely proved the complete reaction produced in the individual would be as distinctly typical of it alone as it appears to be in the partially proved state. It is not a few symptoms alone which point to the remedy but the sum of many, so arranged as to make a picture. Several might run very close but there would be a feature added that would cause them to separate. So, in the end, we will know better how to synthesize our picture and not have to spend our time worrying over whether this or that symptom can be explained.

The problem of the so-called key-note will be solved. This term is a misnomer and should be key as it merely unlocks and does not give the tone of the remedy. At the stage of which I speak we will have practically no use for such symptoms except as a part of the whole picture.

In the net totality we may find any type of symptom, mental, physiological or pathological, as long as it is sufficiently characteristic. I do not plead for pathological prescribing. It depends on the type of symptom holding back the case, or perhaps at its root. The case of pulmonary tuberculosis which Dr. Stearns told of being cured by *Ignatia* is a warning against stressing any type of symptom, and it depends on exceedingly good judgment to know where to throw the most weight.

Burnett made some very remarkable cures by understanding the pathology and yet knowing but little of the strange, rare and peculiar symptoms of the drugs he used.

To know what is curable in disease, what is curative in the

remedy and how to apply the two is, in the last analysis, very much of an art, and in the handling of the collected symptoms allows great freedom. Dr. Rabe said in one of his editorials, we are sometimes compelled to look cock-eyed in order to see the picture. It is this freedom and lack of empiricism that is homœopathy's strongest fort. It affords us many angle or avenues of approach to the indicated remedy and we should therefore set down no prescribed method of approach.

TOLEDO, OHIO.

#### DISCUSSION

DR. PULFORD: I don't think that any symptom should be eliminated. In the majority of cases, the case taking has not led to a particular remedy. What is necessary is to take into consideration all symptoms, for many symptoms, such as clinical ones, appear on top of other conditions. A remedy not producing the symptom itself, but that symptom being brought about by other conditions, will point clearly to the indicated remedy, and the consequences are that none of these symptoms should be eliminated.

DR. KRICHBAUM: Why certainly explainable symptoms are necessary at times. A man sprains his ankle, and he has a sharp pain when he does it. I have been unable to get a definite statement in all cases whether there is an aggravation from motion and a relief from exercise. If a man had a syphilitic condition complicating his other symptoms, certainly, in my opinion, it would have a bearing on our prescription. Personally, I can't see how we can separate an explainable symptom from our picture complex.

PRESIDENT WILSON: When I came into the room this afternoon, our stenotypist said, "Doctor, I have a pain in the back of my shoulder", and went on to explain about it. I don't know why one shouldn't take her explainable symptoms as to the cause of her pain in her shoulder as a basis for prescribing. She came by train and sat near the open window. We see many such cases. I certainly think that her symptom is explainable.

DR. ROYAL: I think if we are not going to use the faculties that we have to get at an explanation of the symptom and we are going to reject them, the best class of homœopaths would be those that didn't have brains enough to understand anything.

DR. WRIGHT: I was just going to say that this brings up the whole subject of eliminative symptoms, and it seems to me in regard to explainable symptoms, that very often we need to know some of those so-called diagnostic, well-explainable symptoms, because we must use real remedies which have it in their power to produce the sort of disease that the diagnosis may cover. For instance, if we have an inflammation of a serous membrane, we must use a remedy which has it in its power to excite and inflame serous membranes.

DR. FARR: If there is anything in the individuality of the patient and of the remedy, it seems to me that the explainable symptoms are the ones that would show the individuality.

DR. STEVENS: I didn't hear the paper, but the remarks that I have heard would suggest that many of the explainable symptoms simply lead us to the cause and that certainly is one of the things we have to consider in prescribing.

DR. PULFORD: I want to thank all of you. I didn't really write the paper as a final thing, but to raise the question and have the matter discussed, and I think it has accomplished its purpose, and that will be all.

FURTHER NOTES ON THE IMMUNIZATION OF DOGS  
AGAINST DISTEMPER BY THE USE OF *DIS-*  
*TEMPERINUM CANINUM*

H. B. F. JERVIS

Since publishing my little booklet *The Treatment of Canine Distemper with Potentized Virus*, a discussion of its further use as a purely prophylactic agent might be of interest to your readers. This remedy is fast proving itself to be a most valuable thing to dog breeders and fanciers. Realizing that homœopathy can carry its great work into the field of starting the immunization of puppies *in utero* I am using this product in all pregnant bitches with a view to starting the immunizing of the puppies before birth.

It is a well known fact that the lower strata of perverted life, where psora first establishes itself as impurities in the finest fibrous and cellular structures, can be restored to normal by means of the deeply acting anti-psoric remedies. Medicines chosen wisely and given to the expectant mother, can benefit the coming puppies.

Dr. Kent said "if *Tuberculinum* be given in 10M., 50M., CM., and MM. potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored".

Working along these lines with *Distemperinum* I find that a pretty good immunity can be built up in puppies in much the same way. I start the puppy off on the 30th. potency at weaning and wait a month or so before putting him onto the 200th. After this, at monthly intervals he has three doses of each ascending potency up to the CMM., when you have a pretty immune puppy. The numerous deaths from distemper in puppies given the Laidlaw Dunkin inoculation made me think that this method should be given out in order that it may be taken up, either by the veterinarians, or failing this, by the dog breeders themselves. It would seem a pity if, just because the veterinarians would not use this God given method, that the poor little puppies should be swept into eternity without a say so in the matter.

SANTA MONICA, CALIF.

HOMŒOPATHY IN TROPICAL CONDITIONS IN  
EAST AFRICA\*

E. L. DAVIS, M. D.

Why do the natives of East Africa prefer mission hospitals to those of the government? Why will they often refuse the free feeding and gratuitous professional services that government institutions offer them, and go to similar institutions carried on by missions where they will have to pay for their food and medical attention? The cost may be a nominal fee, often below the cost, but they are willing to pay it. Why is it that a number of the natives will pass by even another mission hospital in order to reach the place where homœopathy is practised?

Many reasons may be given, but here are a few of the main ones. "Is not this the place where the good medicine is"? they will often reply when asked. Another reason that has been given by white and brown and black patients is that they receive more personal attention. As homœopathy requires the personal questioning and examination by the doctor himself, the patient feels that he is receiving more attention than he is accustomed to at the hands of any sub-assistant surgeon (Asiatic) or native helper that tries to make a diagnosis or give a prescription. Then there is this factor of human nature to be reckoned with: what is paid for is valued more than that which is received free. Undoubtedly the results achieved with the homœopathic remedies have had some result in drawing patients to our institution.

Homœopathy, though unknown as such to the black people, has great opportunities in this dark continent, and it has been able to give relief to many needy people of many tribes and races. One does not have to hunt for the sick and diseased—they are everywhere. Ignorance of hygiene and the common rules of proper living, gross superstition compelling and impelling them to all kinds of injurious practices, fear on all sides rendering life an almost continual nightmare, and the great, though waning, power of the witch-doctors, all these and other factors combine to render human mortality high indeed.

Instead of writing about homœopathy in tropical diseases, it

\*Read before the I. H. A., June 1929, Bureau of Clinical Medicine.

has seemed wiser to write about homœopathy and its work in tropical conditions. As our hospital is situated 7,500 feet above sea level, we are not living and working in true tropical conditions. We are in the tropics, being situated less than two degrees south of the equator, yet this high altitude does not favor the distinctly typical tropical diseases which are so prevalent and flourish so well in the lower and warmer areas. Having a colder atmosphere and an almost continuous cool wind, insect life is not as well favored here and we are saved somewhat of that scourge, though we have enough of them as it is.

As to the tropical diseases, some of them are rarely seen. I have met only one case of relapsing or tick fever. An occasional case of elephantiasis is seen and that always of the leg variety. Little can be said of the homœopathic treatment, though now with my experience with *Sulphur* I believe that it may be of value if used for a sufficiently long time.

Two cases of what I considered black water fever were in our hospital and in both cases *Phosphorus* seemed to be the remedy, and both recovered. Four cases of anthrax have been under our care and two of these died, one having two areas of infection.

Yaws is occasionally seen in the acute stage, but too infrequently and for too short a period of time to really know what homœopathy alone can do for it. It is my rule to ask all new patients if they have had yaws, and if they reply in the affirmative, then I expect a stubborn case of some kind to deal with. *Arsenicum album* and especially *Sulphur* are often thought of as possible remedies in such patients.

Trachoma has been met a number of times, usually in the early stages. I have found *Sulphur* to give the greatest help in such cases. A few patients afflicted with leprosy have come to us for treatment, the tubercular and anæsthetic varieties being the common kinds seen here. Different homœopathic remedies have been tried with uncertain results. "Alepol", the drug supplied by the British Leprosy Association, does seem to help.

Amœbic dysentery is another occasional visitor that is never welcome. *Arsenicum album* and *Sulphur* seem to give some relief. Just today I prescribed *Colocynthis* for a case that may be amœbic, though a positive diagnosis has not been made.

Liver abscess is not a pleasant case to have about and in the native death is a common sequel. We have in the hospital at present one young man whose liver reaches down to the iliac crest; 782 ounces of purulent liver fluid were removed from the abdomen before drainage was instituted.

Malaria and its complications and sequelæ are much more common now that the natives travel about the country so much more and contract the disease even when they do not live in directly infected areas which may be few. The spleen is not enlarged as a rule in the form of malaria seen among the people about us, but it is a noticeable feature in those coming from the lower-lying districts. Liver trouble is common to all of them. In this disease homœopathy does much good and gives relief more cheaply and more satisfactorily than the bitter, deafening, corpuscle-destroying quinine and its derivatives.

Many remedies have been tried for malaria and I have come to consider *Arsenicum album* and *Natrum muriaticum* of the greatest help and the chief and almost the only needed medicines. Of late I have been seeing *Sulphur* indicated in many of the chronic conditions and have had good results with it in this disease and its liver complications. The common modalities and generalities seem to be the reasons for using these polychrests.

Diarrhœa and dysentery are common among these people, especially when the rains and the cooler weather come, as they go insufficiently clad for the changing evening temperature, and also eat so unwisely. After many experiences I have come to rely on *Mercurius vivus* as of inestimable value, and when it or some other form of *Mercury* does not give relief, then *Sulphur* generally suits the case and clears it up nicely.

In the warmer districts jiggers are a great pest and many a child is seen with one or more toes missing as a result of the infection that resulted from the neglect of the jiggers. More than one European patient has told me of the benefit of *Sulphur* for insect bites which all of us suffer from at some time or other.

Of course ulcers are very common in this land, generally the result of neglect of a small scratch or sore. They are difficult to treat and require much patience. We had one patient, a woman, who had had a leg ulcer even before her marriage, and they mar-



ry early here. When she came here she had a married daughter. The leg was amputated well above the ulcer, but laboratory examination showed epithelioma and she subsequently died.

With the great variety of intestinal parasites to be found in the tropics we may be confident of seeing our share of cases afflicted with these creatures. Eating meat insufficiently cooked, so prevalent a habit in many of the tribes, is the source of the tapeworm after which I inquire in all new patients. Here *Sulphur* again comes to our help, and a patient under treatment with *Sulphur* will eventually show whether or not he has tapeworm in his system. The removal of a tapeworm has caused the removal of many complaints, even of a paralysis of the lower limbs, as was recently told me by another physician.

In my years of medical work in East Africa there have been some experiences that I might pass on for what they are worth to others. I came out here with the idea that enlarged epitrochlear glands formed one of the evidences of syphilis. This may be true in America, but I have learned that they are generally associated with a tubercular infection, and so with enlarged glands almost anywhere, in the absence of a definite and apparent reason.

Somewhere I learned that the black people are sensitive to Mercury and it should be given to them carefully. This I have found to be true from many experiences with the lower potencies, but in the higher potencies it is one of their best friends.

The common experience of having a remedy act for three to six months, as at home, has not yet come to me out here. The remedy seems to need more frequent repetition, especially in the native, and it seems to act for a short period of time, even *Sulphur*. One missionary who had received some training in homœopathy told me that the effects of *Sulphur* 200 in her own case lasted only nine days.

There are many conditions that are peculiar to the tropics and that are seen so often by us. The natives of the tribe where we work have a habit of piercing the lobe of the ear and then enlarging the hole and stretching it until a large block of wood or an empty condensed-milk tin can be inserted. The tin may serve a useful purpose as a receptacle, but it does not add to the beauty of the human body created to serve a nobler purpose.

When the natives really are converted and want to separate themselves from the evil ways of the past, they come to us to have their ears sewed up to remove this evidence of their old life.

A large number of natives, when they come to us, show fresh or old marks of incisions that have been made on their bodies, a dozen or more cuts into the skin, even in tiny babies. This is done to let out the evil spirit that is supposed to be causing the sickness.

Some of the tribes desire to improve their personal appearance by pulling out their eyelashes. You may be sure that this brings in business for the doctors, on account of the resulting conjunctivitis. Another pernicious practice is that of chipping the upper incisors to a sharp point. This brings premature decay. Pulling teeth is a part of the work of physicians and of any one else who is able and willing to undertake it. Pyorrhœa is a very common disease and the source of much trouble.

The removal of the lower two first incisors may have arisen from an epidemic of lockjaw, but there is doubt of the explanation. There are too many foolish customs to apply that reason. At times babies of six months of age will have their four eye-teeth dug out to cure diarrhœa. It is said to be a good cure.

Superstition being so rife in this land, one may naturally expect some peculiar actions in the life of these people. Twins are considered as bringing bad luck and often have to pay the penalty with death. One woman was brought to us who had given birth to twins. Following the birth of the first child, there was found to be another, so she was carried out into the bush to die alone. Three nights she lay out in the damp, cold, black African night, the wild animals about, her only companion being her mother who did have sufficient concern to stay with her. When they were compelled by the European owner of the farm where this took place to bring her here, she was too far gone to recover and another life paid the penalty of going contrary to the dictates of superstition.

A breech presentation is considered also to be bad luck, and it may be in more ways than one. Similarly a babe born in the caul is looked on with disfavor and the caul and babe will be buried together, no effort being made to remove the child and

resuscitate it. Thus cheaply is life held in this land. Among the Agikuyu with whom we are working it has been the custom to carry the dead or seriously ill out into the bush to become food for the hyenas and other denizens of the bush and forest. One tribe says that to bury a person defiles the ground.

So we might go on enumerating many sad and strange and unpleasant happenings that are all too common in this land of heathen darkness. These are not conditions to be cured by homœopathy, though it will wonderfully relieve many of the resulting afflictions. They require moral and spiritual teaching and instruction, and we are rejoicing in seeing some of the teachings of years bearing fruit, slowly and timidly, but surely.

For the young man or woman who is seeking to make his life useful and to serve the greatest number of suffering mankind, here is a unique opportunity. The fear of the white man has passed. We can operate on almost any condition or disease we care to undertake. The inmates of a hospital do not now want to leave when another dies. They are building better homes, wearing nicer clothing, using some sanitary measures, and beginning to see the benefits of some of the innovations brought in by the white man. There is much yet to be done and everywhere there is need for efficient medical and surgical men and women.

KIJABE, KENYA COLONY, AFRICA.

An enthusiastic and energetic homœopath seeks an association with a future, either with a homœopathic institution or with a private practitioner. Hard worker, healthy, Protestant, middle aged, small family.

Address: Doctor, Box 116, Waco, Missouri.

By comparisons alone can we obtain a proper and lasting knowledge of each single medicine. We compare first single symptoms with similar symptoms of other medicines, and so we proceed, until later we compare medicines belonging to the same natural class or family or groups of medicines which by their similarity of action form a relationship with other similar classes or groups of medicines.—AD. LIPPE, 1864.

## RANDOM JOTTINGS\*

D. C. MCLAREN, M. D.

CASE I. A man came to me in July 1927 wearing dark glasses and a heavy pad over the right eye. It was a bad case of chronic ophthalmia of ten years' standing, caused by a steel splinter penetrating the eye during the war. All this time it would heal up for brief periods only, and soon break out again. He could not hold a job long on account of these recurrent attacks which knocked him out for three or four months each time. He had been almost constantly in the hands of eye specialists, and what they did to the eye was worse than the original injury. The corneal ulcers had been frequently cauterized, in addition to the constant use of astringent solutions; there was apparently not much hope of a good recovery. Throbbing carotids and pulsating pains in the eye were sufficient indications for the remedy, and he received *Belladonna* CM, one dose, followed by most satisfactory improvement. About three weeks later *Sulphur* 200 was given, with continued steady improvement all summer until Sept. 17th. when a slight recurrence required another dose of *Belladonna*. He remains perfectly well ever since with a far better eye than I had dared hope for.

CASE II. A troublesome condition of the eyelashes which curl over inwards, and irritate the conjunctiva in a young child. This was doubtless caused by the free use of boric acid in the eyes; one dose of *Borax* MM cured promptly and permanently.

CASE III. A young girl was brought to me from two hundred miles away, coming direct to my office from the train. There was a history of six days' illness; the first three days rapidly sinking, and the second three days critically ill. The alloëopath in attendance called it spinal meningitis, and warned them against attempting the journey. After looking her over I gave *Stramonium* 3M; this was followed by profuse sweating and rapid recovery. No other treatment was required. She is a fine healthy girl today.

CASE IV. A boy about ten or eleven, always the least robust child of the family, was just getting over an attack of measles when this crisis occurred in the night. He moaned and twitched,

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

talked and grasped at flocks, the eyes were rolling, bright and shining, skin cold and dry, and no pulse was to be felt. The entire body was exceedingly cold. External warmth was provided and his mother lay beside him the rest of the night to keep life in his body. In the morning she came to my office. On inquiring I found the child had always liked a little light at night, and could never bear to be left alone. *Stramonium* not only cured the acute condition but changed him from a delicate, quiet little fellow to a more normal boy, able to play with the others and hold his own.

CASE V. A young lady came in great distress one Sunday morning after a very bad night. She had been trying a new cosmetic for the face the evening before. The eyes were puffy and swollen almost like *Apis*, and a burning, irritating rash had broken out on her neck and the upper part of chest. She had been unable to remain in bed, up and down all night. The diagnosis was arsenical poisoning, and *Arsenicum* 70M was given. She came again next day, no better as to appearance, but as she had slept better I knew the remedy was doing good, and gave *Placebo*. All the symptoms subsided in a day or two.

CASE VI. A thirteen months old child was brought to me suffering from post-scarlatinal dropsy. Face waxy, eyes puffy and almost closed. Urine scanty and frequent, and full of albumen. *Apis* CM made a quick recovery, and a second dose a month later completed the cure.

CASE VII. I was summoned to a child eight years of age. On entering the house, her screams told the tale. She was unconscious, or only semi-conscious during quiet spells, restless, waving one hand in the air, rolling the head on pillow, tossing about trying to throw herself out of bed unless restrained. Evidently serious meningeal trouble was threatening. *Apis* 50M resulted in a steady improvement and by the fourth day recovery was complete.

CASE VIII. Chronic diarrhoea in a man 39 years of age, following dysentery during the war. Painless; no formed stool for ten years or over; stool always loose; regularly a stool on rising in the morning; one prolonged soft stool or at most two; sometimes acute attacks with frequent and scanty, bloody, mucous

stools. On March 6, 1927, he consulted me during one of these acute attacks. *Belladonna* CM gave prompt relief. I did not see him again until May 2nd. when *Sulphur* 200 was administered. Complete cure resulted and he remains well to date.

CASE IX. A man of 40, tall and fair, was losing weight. He had scabies badly during the war, and an appendectomy four years ago. He now vomits easily, has a bad stomach, with frequent regurgitations of bitter fluid, great thirst for cold drinks, and an empty weak feeling relieved for a short time by drinking cold water, after which it begins again. *Phosphorus* 200. When he came back in three weeks, the change was marvelous; he was eating well, keeping his food down, and getting back his old snap and vigor.

CASE X. A man about 37 years of age had been badly wounded during the war and had acquired the liquor habit at the same time. There were frequent outbreaks of drunkenness to the despair of his family and friends. Shortly before Christmas last, he developed eczema all over his head, face and neck. This almost disappeared under *Sulphur* when a huge carbuncle came on the nape of the neck. This yielded nicely to *Rhus tox.*, but in two or three weeks the annoying eczema broke out again, with a new symptom; a strong disposition to curse and swear. This furnished the classic trio, *viz*: the eruption, aggravation from prolonged dipsomania and the mental condition. *Anacardium* 10x completed the cure and now there has been over six months' freedom from the craving for liquor.

OTTAWA, CANADA.

#### DISCUSSION.

DR. MACFARLAN: We haven't had very good results with *Belladonna* in eye cases. About a year ago I made a proving of *Cuprum metallicum*. I was surprised to find out the number of eye symptoms it produced. It has the most remarkable eye symptoms you ever saw in your life.

I went to the *Chronic Diseases*, and I found them all corroborated by Hahnemann. I produced hypermetropia, which we see in these chronic diseases. I produced twitching of the eye, which is characteristic; photophobia, and many other eye symptoms. I never thought that *Cuprum metallicum* would do it. I found it out through proving.

I was glad Dr. Woodbury spoke this morning of the value of provings. You learn things from provings which you really learn in no other way. It

indelibly impresses on your mind certain indications which you associate with definite individuals. I worked one time at the navy yard in Philadelphia. I proved *China* on a man there. I have never forgotten it. I could even close my eyes and draw the chair that he sat on. He used to sit in the chair in a certain way, and whenever I see a man who needs *China*, I always think of that fellow. When you see it in the natural disease, you make very good cures, and very quick ones.

DR. GRIMMER: I would like to add a little note on the remedies of eye lacerations. Last year I had brought to me a little child whose eye was punctured near the pupil so that the vitreous humor was exuding. Of course I didn't want the case. I told the mother it was a case for a specialist, but I didn't think they could do anything about the sight. She said, "Doctor, you have done so many wonderful things, I think you can help us out here". I gave the child a powder of *Cineraria* 10M on condition that she go to a good ophthalmologist whom I named. The specialist said there was nothing to do but wait and keep the inflammation down with cold compresses (which I permitted). The wound healed, there was no other treatment needed and the sight today is perfect. I am sure we saved that child's vision with *Cineraria*, so it is well worth remembering along with other remedies.

Only a few weeks ago a gentleman called for medicine for his wife. Knowing he had been under homœopathic treatment for a catarrh of long standing, I asked him how he got along. "Oh, finely, but your little doses won't do, they are too slow for my case; they are the thing for my wife, but they didn't do up my catarrh. I went to an alloœopathic doctor and have had two injections of nitrate of silver, pretty severe, but my catarrh is most well". I congratulated him and thought that if that old catarrh was being so suddenly stopped, such speedy cures are impossible, he would have trouble. Not long after, he returned to the slow method; he had become frightened, for after three or four applications he began to grow deaf. There is not one here but has noted the production of tubercles in the lungs following the suppression of nasal or laryngeal catarrh; the treatment drives it down out of reach as well as the patient. Intelligent persons are learning that it is dangerous to suppress hæmorrhoids, scrofulous glandular swellings, etc., etc. They are finding out the same things as regards catarrhs and, in fact, all local manifestations. We must keep in advance of our patients.—T. F. ALLEN, 1865.

## POINTERS

"I don't seem to git nuthn outen this", said the old Irishman, after we had spent several mutually interesting moments while he was mumbling the thermometer about with his lips.

We wonder what our readers are getting out of the pointer department. Are you finding anything of which you could say "Value received"? If so, do you add the materia medica items to your lists in the repertory where they may await their turn for resurrection, excavation, or assimilation like the eterno-temporal molecules of the earth or perhaps bolt into attention like a grouse from the thicket? Do you feel that these isolated hints are but inordinate fragments, some of them, at least, or are they even worse so far as you are concerned, simply amorphous and of "no account"? Have any of them led to a tenstrike or snapped in as a link that was missing in the chain?

If not, they should.

Pointer symptoms are like the parts of a puzzle picture; they must have intelligible relation to the completed picture.

We have seen some funny things happen in the practice of homœopathy because facts were not put in their relative places.

We have seen a beautiful mirage composed of hospitals, medical white wings and all sorts of entrancing paraphernalia dissolve away with the morning mists while the surgical villains who had camped there during the night slunk back to their lairs with no gall-bladder to their credit, just because Burnette or Clarke or somebody had been mean enough to extol in print the pacifying virtues of the English daisy—ha! ha! long may the little flower lady gaily swing and nod at the rollicking breezes!

We have seen an angry appendix wilt so fast over night after *Bryonia* that in the morning as soon as the visiting surgeon's back was turned a portly steak passed by, apparently unnoticed.

We have seen a sciatic *impasse* not movable with remedies be quickly crunched into place by manual adjustment so that in about four minutes the patient had taken up her bed and walked; though we believe she did put the bed down after a few steps.

We knew of a rapidly growing abdominal tumor (was it—?)

no, it was not our case that time) that underwent spontaneous and unexpected expulsion at the end of the well reputed nine months, effected by treating the patient, not the disease.

We have been privileged to see a sky scraping diagnosis of hyperæsthetic neurosis, together with a most beautiful word diorama, the cause of homœopathic failure, in the patient, of course, collapse! while cure rose from the ashes by the magic of some too familiar but correct remedy.

We have seen spoofy monsters that were supposed to be the outgrowth of grandpa's (or grandma's) mistakes, refuse to be smoked out with the CM or MM of some nosode, but turn tail and vanish around the corner in a jiffy from a single pinch of *Aconite*.

We have seen imposing and dignified memorabilia of urates, phosphates, red and white corpoblasts and multifarious findings glitter like gold in the sunshine of hope for a short and easy cut to the *simillimum*, only to oxidize and disappear from inevitable neglect, quickly forsaken and forgotten.

We have seen the X-ray reveal an intact clavicle and a negative diagnosis inscribed and undersigned therewith though the fragments were easily movable with the examining fingers and displacement visible to the naked eye.

Why! even before we trotted off the stage with the lamb-skin parchment we had seen an adorable microscopic view of cancer tissue, so the old professor said, composed entirely of cigar ashes.

So must it sometimes be.

How frail, oh Lord! are the tendrils of human certitude (as seen by others)! but strong as Gibraltar is human belief. What assaults that will stand? How prone man is to believe; how feeble in knowing how to know! How fragmentary that which he thinks he knows, how lacking in correlation.

*Correlation!* that's the word! Let's correlate more! What is correlation? Why, it is seeing the relations of any problem so that its parts take their proper place to form a whole.

So also, is the human organism, a unity. The toe nail responds to a wave from the solar plexus; a certain headache comes from the collective effect of an empty stomach; a tooth may suffer from the same affliction as the liver though its expression

be modified according to its anatomical and physiological functions, while both represent an imponderable though real, ethereal or psychic disharmony, etc.

Correlate! excepting mechanics, isolate only for synthetical purpose. In union there is responsiveness; and the more comprehensive the correlation therein the more powerful the response.

Who can find a better pointer?—R. E. S. HAYES.

*Carcinoma* 10M. (Finke). Constant dull, nagging pain in region of sigmoid of many months' duration, worse at night, forcing patient out of bed. One dose. No return of pain in 6 months.

*Crot. h.* 500. Bleeding from right nipple.

*Ignatia* 200. Pain in right thigh as if the bone were broken, with great sensitiveness to touch, restlessness, chilliness, cold hands and feet, desire for heat which does not relieve pain. Attacks every night between 7 or 8 p. m. and midnight. Pains very intense, of a boring, dislocating and breaking character, causing agonized moaning. *Vide Guiding Symptoms.*

*Ignatia* 200. Whooping cough. Cough followed immediately by inability to breathe or swallow. Paroxysm is preceded by a sensation of bubbling in larynx. Cured in 20 days.

*Kali c.* 200. Severe pain in upper part of right arm, the painful part sweats. *Vide Kent's Repertory.*

*Lathyrus s.* 200. Infantile paralysis. Right side affected. The picture looks like *Bell.*, but that remedy fails. Cure in one week.

*Lobelia* 200. Hay fever. Sensation of constriction of lower chest as if bound with a cord. Nausea and profuse flow of saliva.

*Phaseolus nan.* 30. Heart failure. Weak, intermittent pulse. Complete collapse. *Vide New, Old and Forgotten Remedies.* In punctured wounds with great pain applied locally it is equal if not superior to *Ledum*.

*Primula* 30. Frequently found curative in primrose poisoning.

*Rhus tox.* CM. During a milk flu epidemic where most of the cases ran to *Rhus* the following tonsillar case was encountered: Thick, yellow deposit on both tonsils. Deposit was width of a little finger nail and one inch in length, had a leathery appearance and was surrounded by a darkish red inflammation. Other characteristic *Rhus* symptoms present. Membranous deposit entirely gone after 14 hours. *Vide Guiding Symptoms.*

*Syphilinum* 50M. After this remedy a constipated patient passed a formed stool two feet in length.

*Tabac.* 1M. Hiccough after eating.

This list of unfrequently met symptoms have been verified by cure.—C. L. OLDS.

—Indented tongue, *Ars.*, *Merc.*, *Rhus tox.*, *Cup.* If coated white shading into bluish, *Ars.*, *Cup.*, also think of *Cup. ars.*—H. C. SCHMIDT.

—Severe backache, has had suppuration of kidneys, worse left, *twisting pain from left kidney to heart, twisting pain from heart to surrounding upper part of left femur.* *Benz. ac.* 45M increased flow of urine and rendered hard tense muscular tissue of body flabby within 24 hours.—H. C. SCHMIDT.

—Hard tense muscular tissue left shoulder, painful, extremely sensitive to touch, very irritable, two cold spots in back led to *Spirantes*, which cleared up the whole complex.—H. C. SCHMIDT.

The specific action of a medicament has no resemblance to chemical or physical phenomena; and therefore the theory of "small doses" can neither be supported nor controverted by a reference to such phenomena. Medicinal influence is not produced by the action of portions of dead matter upon each other, it is the result of an operation upon living organized tissues. Nor is this all: two factors are necessary to the success of a specific remedy—one is the presence of a *living* organism in a state of *disease*, and the other is the homœopathicity of a remedy to that disease.

Much of the ridicule which has been pointed at the system of small doses has emanated from those who have ignorantly taken it for granted, that the operations of a medicine within the human body are guided alone by some physical or chemical law: they have, therefore, attributed to an infinitesimal quantity of a drug, the mere force which it would display if brought in contact with other matter in the test tube of the chemist: they have forgotten, or have refused to take into consideration, the important influence of the *vital principle*.—*Homœopathic Review*, 1858.

## COMMUNICATIONS\*

January 10, 1930.

*The Homœopathic Recorder:*

The enclosed resolutions were unanimously adopted at the last meeting of the Des Moines Homœopathic Medical Society in December, 1929:

DR. GEORGE ROYAL AT THE END OF HALF A CENTURY.

When they said to John Huff that he was wrong, he told them they were wayward in their behavior, wayward in their thinking and wayward in their conclusions; and then they builded a fire 'round about him and they erected a memorial above his ashes to tell the world that a vigorous, purposeful, immortal soul had been pushed over the borderline into a passionless eternity.

For a hundred years, they told a virile group of vigorous medical men that their premises were faulty, their experiments inconclusive, their deductions valueless. Dr. George Royal was a frontline tackle in that virile group. In the healing art, he has read extensively, spoken freely, and written much.

From his class room work, many anchored themselves to a secure foundation and caught the inspiration that has carried them successfully through the years.

As a prescriber of remedies, based on the law of similars, there are those of us who have known him well for years, who believe that he has no equal among the living, and that he has no superior in the long list of able men gone to a deserved rest, who worked with an abiding faith in that same law and wrought mightily to relieve their fellow men.

Fifty years ago, Dr. Royal, in Coventry, Connecticut, met Ella J. Kingsbury, loved her and married her. The one daughter is happily married and lives in Des Moines. The three sons turned out to be doctors and lawyers and are all happy and now he is as proud of his five grandchildren as he has always been of his own.

His diploma from New York Homœopathic Medical College bears the date of 1882 and carries the signatures of Helmuth and Allen and other names which in their day stood across the medical horizon with a brilliance unsurpassed.

Two old wooden bridges across the Des Moines river connected up the thirty thousand who peopled the capital and the metropolis of Iowa when a freshly painted sign over the doorway at five hundred and ten Walnut Street, first announced the name "George Royal, Homœopathic Physician".

When Dr. Dickinson laid down the labors of half a century, Dr. Royal assumed the toga at Iowa City and for thirty years gave of his time and his ability that the school there might carry on. All over the country there are able and successful men who will tell you that they are successful in proportion as they have profited by the lectures and the clinics heard while sitting on the benches at Iowa City, at his hands.

The roll call of the Presidents of the A. I. H. would, in measuring success and the purposes and activities during any period, accurately fix the rank and the rating of that leadership, just as would the roll call of the Presidents of the United States or the Prime Ministers of Great Britain, be a parallel to listing the measures that have meant prosperity or adversity during their incumbency. Dr. Royal was President of the Institute at the very peak of its greatest activities and influence and his helpful leadership was recognized by everyone.

Medical papers of merit have appeared in unbroken succession over his signature for near half a century and publishers have gladly given to the pro-

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

profession, extensively read volumes from his pen. Editing the *Iowa Journal* for so many years and being connected with the Institute and the Institute journal for so long a period, it is doubtful if, in the long list of able leaders, any other name in all this time is better or more favorably known.

In Iowa there has always been a pardonable pride in the pioneers who fought and won the battle; and when the time shall come for Cogswell and Royal to lay aside the active leadership everywhere recognized, there does not now appear above the horizon any name that bids fair to forestall the oncoming, in our commonwealth of a great void that threatens to be perpetual.

The axiom that a "Man is not without honor save in his own country" is strangely amiss when applied to the subject of this brief outline. At home we have always gladly accorded the respect, seniority and leadership that were long since earned, and in which we have always been uniformly happy.

It is not essential, that with some of us, our grasp and our faith have failed to carry us along lines always parallel to his inclination. No man finds profound satisfaction or commendable pride in blind unbridled endorsement by those who accord him leadership.

We have been favored in a congeniality and a companionship that is commendable and we, as a group, regard our situation as alike fortunate and satisfying.

I am glad to submit this as expressing the feeling which I have long since learned, is uniformly held by all in any way associated through this and our State Association.—A. H. HATCH.

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## BOOK REVIEWS.

*The Practitioner's Otology*, by Gilbert J. Palen, A. B., M. D., F. A. C. S. and Joseph V. F. Clay, M. D., F. A. C. S., both Professors of Otology in Hahnemann Medical College, Philadelphia; published by Boericke and Tafel, 1929. This is the second edition and contains 240 pages.

This volume is written primarily for the general practitioner. The authors have been successful in presenting the diseases of the ear, their cause, symptomatology, pathology and prognosis. The chapter on the examination of the ear is particularly valuable. The cardinal danger points are clearly pointed out. The treatments are exceptionally clear; the subjective and objective symptoms are clearly marked, both in pathological and functional conditions, giving a refreshing view of the general symptomatology of the patient as well as the local manifestations of diseased conditions of the ear.

In the chapter on the treatment of particular disease conditions, the more frequently called for remedies are named without the indications, but an entire chapter is devoted to homœopathic therapeutics and remedies, disassociating them from the individual local symptoms but giving brief general indications for the remedies before the local indications are given.

All in all, it is a valuable addition to homœopathic literature.—H. A. R.

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To reason from diseased conditions we need hundreds of cases—absolute knowledge of a drug from the healthy needs but comparatively few provers.—T. F. ALLEN.

## EDITORIAL

In our January editorial we mentioned our project of having a brief course in homœopathy in the 1930 *Recorder*. Our reasons for this are manifold. Less than one-fifth of the subscribers to our journal are members of the International Hahnemannian Association. A large number are self-taught homœopaths in countries where strict homœopathic education is not available; an increasing group are students with varied and frequently inadequate concepts of true Hahnemannianism; many are partial converts in rural communities, isolated from their peers. *The Recorder* does, and should, increasingly come into the hands of allœopathic practitioners dissatisfied with their results. Even our masters have novitiates whom they refer with trepidation to the schools where at least some homœopathy is officially taught, and into whose hands they would gladly put an epitome of intrinsic homœopathy. To all of these groups, and many unenumerated, a simple yet comprehensive outline of homœopathy with suggestions for ampler study and, of course, with bibliography, would be a boon.

The tentative outline of the course we have in mind would be as follows:

1. The Meaning of Homœopathy.
  - a. The inception of homœopathy.
  - b. Comparison of homœopathy and allœopathy.
  - c. The homœopathic vocabulary.
2. The Epitome of Homœopathic Philosophy.
3. Know the Patient.
  - a. Getting the patient's story.
  - b. Individualizing (mentals, generals, modalities, particulars, "strange, rare and peculiar" symptoms).
  - c. Thorough scientific physical examination including laboratory tests.
4. Know the Remedies.
  - a. How the materia medica is made: Provings.
  - b. Suggestions for studying the materia medica.
  - c. Materia medica bibliography.
5. Evaluation of Symptoms.
  - a. Methods of Kent, Boger, Stearns, Boericke, etc.

6. Repertorizing.
  - a. Methods of Kent, Boenninghausen, Boger, card systems, etc.
  - b. Bibliography of repertories.
  - c. Cases illustrating each method.
7. Prescribing.
  - a. Potency selection (for acute, subacute, chronic, desperately ill and incurable cases).
  - b. Repetition.
    1. Single or multiple doses.
    2. Second prescription.
    3. Duration of action.
    4. Placebo.
  - c. Aggravations.
  - d. The laws of cure.
8. Remedy Sequence.
  - a. Relationship of remedies.
  - b. Antidoting.
9. How the Homœopathic Remedies Act.
10. Suppression.
11. The Dangers of the Homœopathic Remedies.
12. The Preparation and Care of Homœopathic Remedies.
13. A Working Homœopathic Library.
14. Conclusion.
  - a. Subsidiary measures.
    1. Diet in relation to remedies as well as to disease.
    2. Local applications.
    3. Etc.

We will welcome criticism, suggestions or amplifications of this schema from our readers and ask especially that any such be sent in immediately as the first article of the series will appear in the next issue.

It is of course distinctly understood that only the most salient high spots which distinguish homœopathy from other systems of medicine can be touched upon in so brief a series of articles, but the essential framework will, we feel, be erected and it remains in this, as in all other, study for the artisan to complete the structure by his own labor.—E. W.

THE TEN-YEAR PLAN OF THE AMERICAN FOUNDATION FOR  
HOMŒOPATHY

The annual meeting of the Board of Trustees of the American Foundation for Homœopathy was held at headquarters in Washington early in December. At that time the Foundation adopted a plan which has in view the development and preservation of homœopathic teaching through the Bureau of Research, the Bureau of Instruction, the Bureau of Publicity and the Bureau of Publication. This is a tremendously large contract, but it is a looking forward for years to come, and the program which was adopted for the next ten years is a goal toward which to strive.

While maintaining the permanent Headquarters in Washington in keeping with the national concept of the American Foundation for Homœopathy, this program accentuates the Post-Graduate College and makes it a center around which the whole Foundation plan develops. The Post-Graduate College will have equipment for a library, general classrooms and offices, and will have connected with it a hospital, laboratory, research department, out-patient clinics, and a home and hospital for miasmatic children.

A publication department will be maintained for the republication of valuable out-of-print material, as well as for the publication of research bulletins, both for the medical profession and for the laity, and valuable new material. Another department will give suitable publicity to homœopathic progress throughout the world; and the creation of an endowment sufficiently large to carry out this program.

It is hoped that this extensive and comprehensive program will offer sufficient material to rouse the interest and co-operation of both laymen and physicians, for there will be uncounted opportunities for their co-operation, service and interest in the development of this plan.

The Foundation is to be congratulated upon the scope and thoroughness with which they have seen the vision of the needs for the development of homœopathy as a post-graduate proposition.



The American Foundation for Homœopathy is attracting attention all over the world, and its post-graduate course last year had one student from Jugoslavia and one from Sweden. There are already two students registered for the coming session from India, and these students have already secured their passports.

This plan as it develops will strengthen the whole homœopathic profession, and will preserve and promulgate all that is best in homœopathy, which embraces the only system of the healing art based on scientific principles.—H. A. R.

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#### WHAT DOES THE LAW OF SIMILARS MEAN?

Hahnemann, while translating articles on materia medica, was so struck with the action of *Cinchona* that he decided to take large doses of it and note its actions or effects on his own body. He was surprised to find how the symptoms thus produced on his own healthy body corresponded to the symptoms of the intermittent fevers he was recording. His curiosity becoming aroused he concluded to test out other remedies in the same manner only to learn in the end that each and every remedy tested out produced a fixed set of symptoms peculiar to itself. This persistency of cause and effect caused Hahnemann to prescribe such remedies as had produced a given set of symptoms on the healthy human body to ones who were ill and exhibited a similar set of symptoms. The cures produced by this method were so radical and so consistently persistent that he concluded he had discovered a new law, which from the similarity of the symptoms produced by the drug on the healthy human body to those removed in the sick, he named THE LAW OF SIMILARS and expressed in it the phrase *Similia similibus curantur*. This law is fixed, accurate and unchangeable. Our translation of it would be, from practical experience with it—likes by likes ARE CURED.—A. P.

It is the destiny of homœopathy not only to effect a glorious revolution in the art of healing, but to lead to new views of the constitution of matter.—JOSLIN.

## CARRIWITCHETS

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

4. The mother tincture of *Calendula*, on keeping a few months, shows a deposit. Is this deposit detrimental and, if so, should it be filtered off before using? Not long ago, I asked a doctor, a homœopath, whether *Calendula* was as good as tincture of iodine for immediate local application to injuries such as cuts, lacerations by garden tools, animal bites or scratches (especially of dogs and of cats). He told me that *Calendula* had as much antiseptic power as iodine, and advised me to use the iodine. Would an expert kindly give his opinion about this?—A. H. MARSHALL.

5. Under what remedies does the symptom "sucking the thumb" come?—A. PULFORD.

6. For what remedies are the following the abbreviations: *Scleros.*, *Egg vac.*, *Gland. supra sic.*? From what gland is the last made?—E. LYLE.

#### ANSWERS TO QUESTIONS IN NOVEMBER ISSUE

*What principles are to guide the prescriber in improvising an antidote?*

—An inquiry has come asking just what I meant by the word "relativity" in replying to the above query.

To antidote properly is to counteract or neutralize a direct poison; to "antidote" (which is a misnomer) homœopathically is to counteract the direct results of the effects of a poison.

When we spoke of the word *relativity* in our answer we had this in mind, taking *Rhus* as an example. Neither remedy nor poison act alike on each and every patient or person, therefore the so-called antidote must, in its choice, relate to both the symptoms of the patient and the peculiar symptoms that both the remedy to be administered and the remedy to be "antidoted" bear to each other. For example, *Rhus* has listed 10 antidotes as follows: *Bry.*, *Bell.*, *Camph.*, *Coff.*, *Crot. tig.*, *Grind.*, *Merc.*, *Sang.*, *Sul.* and *Verb. h. Bell.*, therefore, will antidote *Rhus* only, then,

in a *Bell.* patient, so that the so-called antidote must bear relation to the symptoms of the patient who would otherwise call for *Bell.* plus those symptoms, otherwise *Bell.* would either be entirely useless or only do partial work. They must all correspond if perfect work is to be done. Possibly we may be mistaken in this and what we have said may not be logical, but since no remedy has a FIXED antidote how shall we work the matter out in any other way?

It is said that rabbits can thrive in fields of *Belladonna*; that pigeons can take 12 grs. of morphia, and dogs as much as 37 grs.; that a hedgehog can take as much morphia as a Chinaman can smoke in a fortnight and wash it down with as much prussic acid as will kill a regiment of soldiers, etc. The power to poison seems, then, not to be in the crude envelope or container of the real drug, but in the power of the body to liberate the contained power therein. Therefore, the antidoting consists not in neutralizing the drug but in rendering the system incapable of acting on the remedy's container or envelope. In the attenuated remedy this envelope or container is so broken up that the little that remains acts instantly by its container being immediately broken open and the entire power being freed all at one time, its contained power acting and passing off instantly so that all that remains is the continued result or effect of that action which must be met quite differently from that of the pre-action of the so-called crude drug.—A. PULFORD.

#### ANSWERS TO QUESTIONS IN DECEMBER ISSUE

*Will someone who knew Kent intimately kindly tell us how much practice in acute cases he had, or whether his work was chiefly chronic consultations?*

—I knew Kent intimately for several years, in fact lived in his home for many months. He did a general as well as a consultation practice at that time, so his work was in both the acute and chronic fields of practice.—C. L. OLDS.

*What did Kent think of J. H. Allen's views, theses and prescribing for the chronic miasms? What was H. C. Allen's opinion?*

—I should hate to be quoted as to my views on Kent's

views of someone else's views. It might be like the version of Shakespeare that was translated from the English into the French, and then from the French back into the English again. Kent's views on almost every subject having relation to homœopathy, may be found in his published writings.—C. L. OLDS.

*Where can one find in the repertory the following questions, which came up in one of my cases?*

*Involuntary urination while vomiting.*

*Pain in the head alternating with rheumatism of the extremities.*

*Always feels better both physically and mentally during menses.*

*Palpitation on eating. Has to stop eating if palpitations become too strong.*

*Angina and pain in the throat immediately after the menses.*

—(a) In *Repertory of the Urinary Organs* by Morgan is the following: Micturition, during, vomiting: *Canth.*, *Merc. s.*, *Par. brav.* By inference this means involuntary urination, as it would hardly be voluntary under such circumstances. Compare also the rubrics under Involuntary urination while coughing, sneezing and blowing the nose. The forces are similar.

(b) Pain in head alternating with rheumatism of the extremities. As I do not find that symptom in any repertory, I would suggest the rubric, Pains changing location.

(c) Always feels much better both physically and mentally during menses: *Lach.*, *Zinc.*

(d) Palpitation on eating. Has to stop eating if palpitation becomes too strong. *Vide* Kent p. 863, Palpitation of heart after eating.

(e) Angina and pain in the throat immediately after menses. I had one patient who month after month had this post-menstrual sore throat, but I was never able to find the symptom in the repertories. I hope that someone will have found it and will publish it, for it seems to be a very unusual and peculiar symptom. Where a symptom like the above cannot be found in the repertory I work it out like this: Make two rubrics of "pain in the throat" and "worse after menses" and eliminate in the usual

way. This is "beating the devil about the bush", not from choice but from necessity.—C. L. OLDS.

—"Involuntary urination while vomiting", p. 640, Kent's *Repertory*, 1897 edition, under "Involuntary urination with vomiting", *Crot. hor.*

"Pain in head alternating with rheumatism of extremities". P. 141, under "Pain in head alternating with pain in joints", *Sulphur*.

"Amelioration of all complaints during menses", p. 704, *Lachesis, Zinc*.

"Palpitation on eating. Has to stop eating if palpitation becomes too strong", p. 848, under "Palpitation during dinner", *Calc., China, Crot. tig., Hepar, Ignatia, Phos., Pulsatilla, Silicia, Stramonium, Sulphur*—S. P. ROBERTS.

*Where can one read in all scientific clarity observations on provings? On what are the so-called characteristic symptoms based?*

—One can read in all scientific clarity observations on proving in the *Organon* n. 105-145. Also in Kent's *Lectures on Homœopathic Philosophy* p. 211 *et seq.*

The so-called characteristic symptoms are based upon individuality, that is to say, they are the peculiar or unusual symptoms that by themselves or by their close relationship to other symptoms form a symptom-picture that differs from every other symptom-picture in the materia medica. This is more striking the better the remedy is proved and the greater has been its clinical use.

How do we know one friend from another? Not by the fact that he is a man and has hair on his head and eyes in his face, or that he laughs and smiles and talks. These things are common to all men. But it is because he has certain peculiarities, oddities and rarities, both physical and mental, that characterize and individualize him as different from all others. So it is with our remedies; they are just as individual as are we. Let us take for example a few of the symptoms of *Kali bi.* that give it character. Everywhere the mucous membranes may produce a tough, sticky, yellowish discharge that can be drawn out into long

strings or ropes. Everywhere these same membranes may ulcerate, giving rise to ulcers having a punched-out appearance and with a tendency to perforate. The formation of elastic plugs of mucus or clinkers in the nose with pain at the root of that member. Pain as of a load or weight in the stomach immediately after eating, and often extending to the back. Pain in small spots in different parts. The formation of false membranes, as in croup or diphtheria with a hoarse, metallic cough. Tongue mapped, or red, dry and shining as if varnished. Cough with pain from mid-sternum to back. Weak heart which feels cold.

These few symptoms aid in forming a picture of *Kali bi.* They are some of the important characteristic symptoms that make it different from any other remedy in the materia medica.—C. L. OLDS.

*What remedy do you advise, in what dosage and under what conditions to be able to make a proving on one's self to be certain of obtaining a result?*

—*Scopolomine hydrobromide* 3rd. to 6th. cent. any size dosage at two-hour intervals. Action guaranteed with almost any conditions within a week or ten days.—R. E. S. HAYES.

—Take one tablet of *Glonoin 2x* every 15 minutes until satisfied that you are producing symptoms. Then stop, or take *Lac. can.* 200 every 2 hours until symptoms appear.—C. L. OLDS.

—Try *Glonoin* in low potency, repeated doses, until effect is produced.—J. W. WAFFENSMITH.

*What are the most frequently needed remedies for bichromate of potassium injections?*

—The greatest lesson we homœopaths have yet to learn is—that THE INDICATED REMEDY is paramount to *all* temporary expedients. We have thoroughly tried both methods. In the event of NO OTHER remedy being indicated, we should be inclined to think of *Kali bichromicum* high, or perhaps *Hydrastis*. In all cases, if the individual is properly prescribed for, barring impending fatal poisonings, the effects of the drug used will soon pass away leaving no after effects, for the effects of the drug are artificial.—A. PULFORD.

*Why should the most valuable symptoms of a proving be those that appear last, that is at the end of a proving? Why should any symptom of a remedy, in reference to time sequence, be more important than any other symptom?*

—More characteristic of the deeper nature of the patient, the keystone, and a sure direct symptom of the remedy. If the time of aggravation is meant because different forces operate at different times of the day. And as the remedy is itself a force it is necessary that that force be met by its equal force, thus the two become the most important factors. It is absolutely necessary that ALL our remedies be proven and registered on SUN TIME that there may be no conflict with those already proven.

If the time elapsing is meant instead of the time of aggravation, then it is because the conditions are more fully developed, therefore more expressive of the real action of the remedy.—A. PULFORD.

—The most valuable symptoms in a proving are always the last to appear. This is undoubtedly because these are the finer distinctions of the remedy in its reaction to the vital energy; whereas the more crude reactions are less dynamic, having less effect on the vital energy, and thus appear first, possibly as a sort of irritant instead of expressing the real dynamic action.—H. A. ROBERTS.

*What is the basis of complementary relationship of remedies and how may it be practised by the prescriber without merely submitting to the authority of tables, or how may it be practised when the tables do not supply the desired relationship?*

—If homœopathy were completed, complementary remedies would *not* be needed. They are only needed to complete, if possible, the cure of a case for which we can find no specifically indicated remedy. It is no credit to us or to our art to have to resort to this method, for it can not be practised intelligently nor scientifically, it must be practised empirically which is entirely un-homœopathic, for there is always in such cases something present of which we have no knowledge. No remedy, complementary or otherwise, should be given on any other ground than on its specific indications. Every remedy, like every individual,

has its own individuality and in every instance will carry the case through to a successful termination without the aid of any other remedy, if that remedy is specifically indicated. This we can not ignore. Whether complementary or antidotal the remedy should only be prescribed on its own individuality. If this were not true NO REMEDY would ever complete a cure alone.—A. PULFORD.

—The relation of the complementary remedies is on the basis of their similarity. Those remedies having the most in common are almost always complementary, like *Allium cepa* and *Pulsatilla*; *Puls.* and *Kali sulph.*; *Puls.* and *Sil.*, etc. This is in contrast to the antagonistic remedies, like *Rhus* and *Apis*, which have practically nothing in common, and therefore are incompatible. There are many tables of authority for complementary remedies which can be used as one would use a repertory; but if one bears in mind the similarity of symptomatology as a basis for complementary support, it will lead one naturally to the desired sequence.—H. A. ROBERTS.

Inasmuch as no terminus of annihilation of homœopathic remedies by potentization has been reached as yet, our high potencies are new testimony for the *imperishability of matter*, which was successfully sustained by Moleschott, and has since become the basis of research in natural science. "Matter, however subtiliated, is matter still" (Boyle), and "Material substance can neither be created nor destroyed, and the distinctive qualities which appertain to them, remain forever unchanged", (Draper).

This is the greath truth, so beautifully illustrated by Dr. Du Bois Reymond in his celebrated Preface, that it bears repeating. "A particle of iron is and remains assuredly one and the same thing, no matter whether it is propelled into space in a meteoric stone, whether it thunders along upon the railway in the wheel of a locomotive, or whether it pulsates through the temples of a poet in a blood-cell; in the latter case, as little as in the mechanism of the human hand, was anything added to the properties of this particle nor was anything removed from it; those properties are from eternity, they are inalienable, intransferable".—B. FINCKE, 1865.

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sensitive to stimulation. The very minute dose of the perfect *simillimum* acts as the mildest of irritants and stimulates the cell to throw off the toxins. "If it (the remedy) has not the same toxin effect, as the diseased cell has, a small dose, not being suitable, has no irritant effect whatsoever". In this acute case the remedy must be repeated until the desired reaction has taken place, that is until elimination of the toxin is well established. In chronic disease the cells, already overworked trying to remove the toxins, are depleted, inactive, half dead. The *simillimum* slightly stimulates them and they resume the fight. In the chronic diseases this stimulation should continue only till reaction occurs. The remedy should then be immediately discontinued and the cell left to do its own work, for there is great danger of adding an insidious drug toxin from which the already over-loaded cell would be unable to recover. Therefore in such cases repetition is to be avoided. This seems a very reasonable explanation and entirely in line with the action of these mysterious substances in the body, such as hormones, etc., which act merely by stimulating the cell to action and not in any other known way.—E. L.

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GRACE STEVENS, M. D.

## THE HOMŒOPATHIC RECORDER

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INTERNATIONAL HAHNEMANNIAN ASSOCIATION,  
JUNE 14 TO 17, INCLUSIVE, 1930

The meeting of the International Hahnemannian Association next June marks the beginning of the second half-century in the life of the society. It should therefore "set the pace", so to speak, for the coming years, establishing a standard even higher than we have had before.

This means strenuous work, indeed, for we are justly proud of our past and it would be difficult to surpass many of the papers presented at former meetings. But here is one thing that we can do: through these busy winter days let us store away in our minds or in our note-books all our new observations regarding the action of remedies and then we shall be able to add much to the discussions which form such a helpful part of our programs.

Let us have a record attendance and the best kind of a good time!—GRACE STEVENS, M. D., President.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

### I

#### THE MEANING OF HOMŒOPATHY

What is homœopathy? The orderly mind has a notion one should begin with definition, and resorts first to various dictionaries. In this instance the result is unsatisfactory as the definitions are, for the most part, partial and even the positive statements often inaccurate, as in the case of Dorland's *Medical Dictionary*. As far as derivation goes the word in the Greek, means "similarity of feeling".

The four fundamentals of homœopathy, as stated by Hahnemann, in his *Organon*, may be briefly put as follows:

I. The proving of substances to be used as medicines, on the healthy.

II. The selection and administration of so-proved medicines according to the Law of Similars.

III. The single remedy.

IV. The minimum dose.

Granting that these are the four fundamental tenets of homœopathy, as set forth by its official sponsor and founder, Hahnemann, the question of the status of homœopathy arises. Is it a system of medicine? Is it a purely sectarian term? Is it a therapeutic specialty? In order to be able to answer this question of status we must get down to simple facts and see, not only how homœopathy differs from regular medicine but what they have in common. We always like to begin with a common basis. What is the object of all conscientious physicians? We would answer, categorically: To cure the sick, to prevent others from becoming ill, to raise the standard of health in all people. How does modern medicine try to accomplish this? *First*, by finding out what normality is, through the study of anatomy, physiology, physiological chemistry, etc. *Second*, by finding out what the varieties of ill health are. Modern medicine emphasizes the fact that many disturbances of health are due to psychic or sociological causative factors. Aside from these it searches for anatomical or physiological changes in the sick person and classifies these changes, when found, under some disease nomenclature.

This search is called diagnosis, and it feels that the possibility of cure depends, in large measure, on the certainty of diagnosis. The organic structural changes due to ill health which it finds before or after death, it terms pathology. It finds that many "diseases" are accompanied by some variety of bacteria which it considers to be one of the causative factors. In short, modern medicine feels that it must find out all the "facts" which fit in with its concept of disease.

To all of this the homœopath subscribes, but he feels that this is but the beginning of what he must learn about his patient. The spontaneous, characteristic things that each patient longs to tell, be they very general or minutely particular, are of special interest to the homœopath for they individualize the case, bringing out the particular patient's reaction to the "disease" he suffers from. These salient points the busy modern doctor feels that he does not need to know, as to him they are not sign posts but clutter.

At this point modern medicine is ready to try to cure the disease it has diagnosed. What laws of cure does it follow? First, the common sense principle of rectifying anything mechanically wrong and instituting appropriate hygiene, diet, etc. When it comes to the giving of actual drugs, each year fewer and fewer are taught in the medical schools and—with the exception of new proprietary substances—are found in the pharmacopœia or in common usage. Those that are given are not uniformly governed by any one law. The intent is to give them on a physiological basis, which means that they are experimented with in the laboratories in crude dosage, mainly on animals. It is more or less expected, by analogy, that what slows the heart in the frog, rabbit or dog will do so in the human. Only very occasionally, recently, are pharmacological experiments done on relatively healthy humans. In addition to the laboratory data on animals, many remedies are tried out empirically on patients and pass into general usage in accordance with their success. Some few forms of modern therapy are aimed at the individual as a whole taken as a type, for instance, endocrine therapy, but the majority of modern drugs are given for a definite physiological effect on some one organ or function of the body, and so given irrespective of the varying individualities of the patient who may have that organ

or function disordered, as for instance, cholagogues, digitalis, diuretics, etc., etc. A large part of modern therapy is not even aimed at physiological alteration (the drugs being given according to the law of contraries) nor at chemical antidoting (such as alkalis for acid stomach) but is frankly and only palliative (as in the various anodynes for headaches, neuralgias, etc.) Most of the modern drugging, in short, is aimed at individual annoying symptoms and makes no attempt to get back to the constitutional cause of the disease. The success of this type of therapy is necessarily uneven. More and more modern medicine has come to realize that a deal of it is suppressive. For instance, some asthma specialists hold that the removal of eczema with salves brings out asthma; some syphilologists hold that the checking of early syphilis by salvarsan and mercury treatment leads to a marked increase in the number of the tertiary neuro-syphilis cases; some medical men feel that heavy salicylate dosage drives rheumatism in on the heart, and that the classical quinine does not eradicate malaria, as it often returns yearly or is frequently superseded by neuralgia. It is an interesting fact for further systematic study that many cases of apparent cure prove to be those in which the drug given on a physiological or symptomatic basis was, unknown to the prescriber, a similar, in the homœopathic sense, to the case in hand.

Let it be, then, clearly understood that homœopaths need the accepted scientific training, procedures of diagnosis and laboratory data, that their special technique begins at the moment of starting therapy, although they bring to this crisis of cure a broader philosophy of illness and special knowledge of each individual patient. What this philosophy behind them is, will be the subject of our next lecture. What the extra knowledge of the patient must be, and how to get it, will be the subject of a subsequent lecture.

Homœopathic therapy is based on the hypothesis, ancient as Hippocrates, that like cures like (*similia similibus curantur*). That this principle is a viridical law of nature, the persistent and enlightened practice of homœopathy can prove. It must also be demonstrable by laboratory technique, but the systematic working out of this has not as yet been done, mainly because homœopaths are so beguiled with the practical application of it that they have not given suitable attention to the laboratory end.

We have sketched modern medicine's approach and attitude and have shown up to what point homœopathy concurs. It may not be amiss to give briefly the main points of difference between the two which will be more fully developed in the rest of the course:

1. That there is a natural law of cure, like cures like.
2. That the basis of therapy is a *vital* rather than a *physiological* one, i. e., that the vital force must be stimulated to cure the patient and that only so can he be really cured, that any other drug therapy is palliative or suppressive.
3. That the single remedy at a time is all that is needed, which follows from statement 1, because there cannot be two things most similar to another. (The single remedy has the further advantage that when one thing is given one can evaluate its action, whereas, if four are given you cannot know which helped, or in what proportion).
4. That a minimum dose is essential. This is based on the Arndt-Schultz law that small doses stimulate, medium doses paralyze and large doses kill, in other words that the action of small and very large doses of the same substance on living matter is opposite. Under this head comes in the whole potency question of which you will hear more in a later lecture and which is, by many, considered the greatest snag in homœopathy but which together with the Law of Similars is the key to the whole matter.
5. That the *materia medica* must, because of the Law of Similars, be composed of the results of remedy experimentation with small doses on relatively healthy humans (so-called provings).
6. That disease is not an actual entity but a name given for classification purposes to manifestations of departures from normalcy in individuals.
7. That individualization is essential, i. e., that no two people are exactly alike in sickness or in health, and that although even homœopaths must classify, they draw vastly finer distinctions. For example, to ordinary medicine, there is but one disease pneumonia; though with several sub-types, broncho-, lobar, types I, II, III, and IV; to homœopathy there are as many types as there are remedy symptom pictures (any drug in the homœo-

pathic materia medica may be called for in pneumonia although one will rarely need anyone outside of thirty or forty in frequent use). Theoretically there should be as many types of pneumonia as there are people who have it, but, owing to the small number of proved remedies compared to the substances that might be proved, there can only be as many pneumonia types to date as we have remedies for. Homœopaths, in other words, classify pneumonias as *Aconite*, *Bryonia*, *Gelsemium*, *Phosphorus*, *Tartar emetic* pneumonias, etc.

8. That suppression is one of the greatest dangers in medicine. This will be taken up in one of the latter lectures.

9. That chronic disease is a constitutional matter and has a philosophic bearing on prescribing which is of inestimable importance. One cannot do true homœopathy without a concept of chronic disease.

Having given the main points of contact and difference between homœopathy and regular medicine we can now return to our previous question as to the status of homœopathy. It is not a sectarian term, although even a slight study of its history will often show how it has been necessary for it to be considered one, both by its opponents and its adherents. It is a therapeutic specialty and, as such, is more easily grasped by the modern student, but *it is much more than that*. "System of medicine" is a term which conveys little to my mind; it sounds like somebody's text book or a treatise on one of the minor "opathies". Homœopathy is not an "opathy", it is the first part of the term, the homœo, the similarity, which we must bear in mind. It is a method of cure according to law, based, as all great things are, on a far reaching philosophy. *It is the central core of medicine, whether recognized or not, and is thoroughly compatible with the best of modern science!*

#### READING LIST

- The Law of Cure* by Ridpath.  
*The Patient's Dilemma* by T. M. Dishington.  
*The Principles of Practice of Homœopathy* by C. E. Wheeler.  
*A Symposium on Homœopathy, The Homœopathic Recorder*,  
 Vol. XLIV, May, 1929, p. 293.  
*The Organon of the Art of Healing* by Samuel Hahnemann.

## TWO CASES OF SCORPION BITE\*

GUSTAVO RODRIGUEZ DEL SOLAR, M. D.

### I

In the temperate and frigid countries, owing to the lack of poisonous animals in their fauna, to the rarity of bites from such animals on men, and consequently to the exceptional cases of poisoning by venoms of animal origin, there has been and still is something to be gained from the clinical, anatomical, pathological and therapeutic study of individuals suffering from such accidents.

Because of the lack of interest manifested in this type of study and because of the lack of literature concerning it, most medical schools give their students a very limited preparation on the subject. Such deficiency has the following result: When the students, and particularly homœopathic students, finish their course and leave the lecture halls of the schools and universities to enter active practice, many go to tropical countries where there is an abundance of animals whose bite is poisonous. As a result of their deficient training, when called to treat an individual suffering or dying from the bite of such animals, the symptoms are not comprehended, and not knowing what can be expected of homœopathic treatment, they waver in its use and doubt its efficacy.

The uncertainty and vacillation of those who have studied and practised homœopathy reflects necessarily on the public, which, desiring a doctor with a better knowledge of the subject, believes too frequently that the action of the homœopathic remedy, because of the infinitesimal dosage employed, is too slow to cure cases of poisonous bites which are so rapid, so alarming, so profound in action. And so they are prevented from receiving the benefits of an efficacious, suitable and economically valuable type of treatment.

Thus there is need of banishing the false ideas of the public concerning the slowness of action of homœopathic remedies, and also need of spreading more fully among homœopathic physicians the literature on this subject, and the necessity of promoting and

\*Translated from the Spanish, *Revista Homeopatica Internacional*, Vol. IV, No. 2 and 3, by E. B. Lyle.

stimulating work, study and related experimentation on the subject of bites and stings of poisonous animals.

For this reason I present this subject quite fully with particular attention to the bite of each of the innumerable poisonous animals which, on biting, inject their poisonous venom. As such a study should be superior to my own knowledge and clinical experience I will combine with it the zoological study of the scorpions which are so abundant in hot climates and so fatal in their bite. I will add the description of two clinical cases of poisoning, review the therapeutics employed, especially the homœopathic, and end with the conclusions drawn from the study.

## II

### NOMENCLATURE, CLASSIFICATION AND DESCRIPTION OF THE SCORPIONS

The Mexican scorpion whose scientific nomenclature is *Centrus Mexicanus*, Koch, is an animal of the branch Arthropoda, class Arachnida, order Scorpionidea, family Androctonidea, genus *Centrus*.

One should be able to trace its geographical distribution in this Republic on a climatological map where the torrid zones are marked. Notwithstanding, there are regions and cities where the abundance of these animals and the virulence of the venom is proverbially known. Such are the states of Durango, Nayarit, Colima, Morelos and Guerrero and all the isthmian territory.

This animal lives beneath stones, under ancient ruins and old rotting timber. It is insectivorous. It goes out from its hiding places chiefly in the night in search of victims, to capture and eat them, and so the biting of this insect is more frequent in the night than in the day-time. It is from three to eight centimeters in length, its appearance is repugnant and in color it varies from yellow (*alacranes gueros*) to obscure coffee color (*alacranes morenos*).

They are provided with maxillary antennæ in the form of nippers or claws, with maxillary feelers lengthened into the form of feet with nippers, and with four pairs of legs ending in double claws. The simple eyes, arranged in three to six pairs, are located mostly in the center of the cephalo-thorax.

The entire posterior part of the animal, commonly called the tail, is made up of two parts, the pre-abdomen, formed of seven segments, and the post-abdomen, narrower, formed only of six segments terminating at the very end in a sting provided with a gland which elaborates the poison.

The male scorpions have broader claws and a larger post-abdomen.

The nervous system consists of a bilobulate cerebrum; of an oval, ganglionic mass; of seven or eight slightly enlarged abdominal ganglia; and of a nervous visceral apparatus. Completing this system is a small ganglion situated at the beginning of the œsophagus which sends nerve fibers for the conduction of digestion and which joins the cerebrum by nerve fibers.

The circulatory system is formed by a straight dorsal blood vessel, which acts as a heart, divided into eight chambers by muscles in the form of wings, and encircled by a pericardial cavity which receives the blood and afterwards distributes it to the anterior, posterior and lateral arteries. Thence the blood goes to the capillaries from which it returns by veins, passing through the venous receptacle.

Respiration is accomplished by four pairs of tracheal comb-shaped organs, or pulmonary sacs, opening in stigmata on the abdominal segments.

The digestive system consists of a tube which extends through a large part of the animal's body. In the pre-abdomen it is surrounded by a liver which is large and many lobed.

Joined to this, in the system of elimination, are two Malpighian ducts, similar to glomeruli of the same number in the kidney, and two coccygeal glands.

The sexual organs pass out of the lower abdomen by two special appendages in the shape of a comb. Reproduction is viviparous, the eggs developing in the ovaries.

## III

### SOME HISTORICAL DATA AND ANECDOTES

The shape and appearance of the scorpion is so peculiar and characteristic, and the danger from its venomous bite so terrible that man should be impressed by the decisive influence which is

manifested in the sign of the Zodiac, in hieroglyphical figures, and by the many anecdotes transmitted from mouth to mouth and recognized by writers.

The native Mexican, according to documentary evidence and more recently according to the article written by the distinguished writer, don Jose G. Montes of Oca, calls them *coloti*, derived from *coloa* which signifies the peculiar habit of twisting the tail at the moment of stinging. The constellation of the scorpion presides under the name of "Teoiztctlachpanqui", and in hieroglyphical writings it symbolizes hot water and the hot vapor emitted from it because of the burning heat produced by the bite.

In Durango, land of the scorpion, where the interesting article I have just mentioned was written, there has been such an abundance of these animals that it was necessary for the government to take a hand in the matter and dictate methods for their extermination. A measure was instituted at the time of the emperor Maximilian, and it appears has been continued to our day, of placing a bonus on these animals, paying a fixed price for the males and doubling it for the females. This measure had the result of creating a real profession, that of the scorpion hunters, *alacranceros*, most expert in their dangerous art of trapping scorpions, and cutting off with their little finger nail the extremity of the tail just where it buds off, thus rendering harmless these frightful arthropods. The story is told of one of those boy hunters of scorpions who, running rapidly to the office to convert into money a great quantity of scorpions which he carried in a large glass bottle, stumbled and fell breaking the bottle into bits, and, as he had not taken the precaution of mutilating his captured animals, succumbed in a few minutes, victim to the accidental freeing of the animals.

Some people become so accustomed to the scorpions that it is said they carry them under their clothes in direct contact with their skin without the precaution of mutilating them.

Small reliquaries are made, if one can call them such, which are sold at a good price, consisting of two concavo-convex crystals fastened together at the edge by a band of gold and containing within a specimen of this terrible arthropod.

Some people make sure of escaping the approach of the

scorpions at night by surrounding their beds with rope or Mexican cord made of coarse fibers.

As efficacious medicine against the bites of the scorpion people are advised to take large quantities of wine or *aguardiente*, or pork fat, and to rub themselves in "oil of scorpion" made of olive oil in which some scorpions have been left to die.

#### IV

##### CLINICAL DESCRIPTION OF THE INDIVIDUAL AFFECTED BY THE SCORPION STING

The doctor is called suddenly, more often by night than by day, to attend an individual who is dying from scorpion sting. In the majority of these cases the patient knows positively that the animal which has stung him is a scorpion, because either he or his family has seen it. Often after the attack they have killed it.

In other cases this data can not be obtained with absolute certainty; perhaps because the victim is a young child which does not know what has happened and only weeps from the pain, and the animal having run away after the attack, the family of the child has not seen it and only presumes that it must be a scorpion; or perhaps, if an adult was the victim, he could not discover the kind of animal which wounded him because it ran away after the attack and he did not have time to see it, but is inclined to incriminate the scorpion because he knows the great abundance of this animal in all the region, and in his special case, because the pain from the bite is burning which is characteristic of the sting of the scorpion.

The doubt and uncertainty concerning the identity of the stinging animal ought not to disconcert the homœopathic physician; the progress of the poisoning, unfortunately, is rapid immediately after the prick, nevertheless prescribing the indicated *simillimum* will usually cure the case and save the sick person, no matter what animal has caused the accident.

The symptoms presented by the sick man are divided into local, which are of less importance, and general which are more dangerous and alarming.

A. Local symptoms.

Usually the individual has been stung by his poisonous enemy on an arm or hand on attempting to pick up some object; or on the foot, if he, as is common among the native Mexicans, goes barefoot or only wears sandals or "huaraches" which leaves nearly the whole foot uncovered, protecting only the sole. To be more precise we will say that in a majority of cases the fingers or toes receive the poisonous injection.

At the point of the sting one sees only the smallest puncture wound opened by the animal's sting, surrounded by an inflamed red area with local elevation of temperature.

The patient says he feels in the bitten finger or toe an intense, hot, burning pain which has the tendency to ascend the arm or leg, and a sensation of numbness and slowness of movement in the parts which likewise has a tendency to ascend and invade the whole limb. This sensation of numbness or torpor, rather soon, in an hour or so or in a few minutes in the most serious cases, changes to a paralysis, and even to a real spasmodic contracture of the injured limb which is very painful and alarming.

#### B. General symptoms.

It appears that these, though very similar, have differences; not only do the poisoned individuals differ but also there is a difference in the animals of different regions. So, while Dr. Manual Mazari, distinguished homœopath of the Free School of Homœopathy of Mexico, in an interesting article published in *La Revista "C. R. O. M."*, Vol. I, No. 3, April 1920, from which I have taken very useful and accurate data, on making a notable, interesting, detailed description of the symptomatology presented in individuals stung by the scorpions of Jojutla in the state of Morelos, refers to the constant and repeated sneezing as a constant, characteristic, pathognomonic symptom. I have never encountered it in those bitten by the scorpions of Colima, which are those that I have been able to observe; but as I said, except this and some other minor differences presented by the sick person, the symptoms are practically the same.

As I said before, the sensation of numbness and torpidity which first appears in the injured finger or toe, soon ascends, invading the whole corresponding limb. Later this same sensation

ascends even further and is felt in the neck and the throat, and the sick one experiences the subjective symptom of having a tangle of hairs in the throat which interferes with swallowing. This dysphagia is accentuated more when the numbness invades the muscles of mastication and establishes a contracture of the levators of the interior maxilla, resulting in a lockjaw which absolutely stops movement of the temporomaxillary articulation.

Also the position, the appearance, the facies of the sick individual are characteristic: one or two limbs are immovable from the paralysis, the head and neck are slightly extended on the trunk. The restlessness and desperation of the patient are impressive. It makes him sit up, get up out of bed or toss about, and excites all his senses. The temperature rises alarmingly, 40 degrees or more, the pulse is rapid, more than 100 a minute. Copious sweat bathes the entire body. Respiration is also affected, becoming frequent and laborious. The difficult respiration causes rapid movements of the *alæ nasi*, and the nose discharges a more or less transparent mucus. The jaws, pressed firmly against each other, leave the lips half opened, from which a gluey spit runs, forming long strings, and the saliva is apt to be foamy.

The eyes are injected, the palpebral border reddened, and the facies contracted and congested.

To this impressive picture there is often added a more or less marked anuria, nausea and vomiting, intestinal symptoms such as tympanites and obstinate obstruction, headache, photophobia, and towards the end many hæmorrhages which complicate even more the frightful state of the patient.

The development, the progress, the prognosis, and even the presence of definite symptoms, depends, as I have said on a multitude of circumstances. Such are:

a. The country, the region where the accident has occurred.

The scorpion stings of hot regions are extremely malignant, while in cold and temperate countries practically inoffensive, as happens in this Federal District, and in Pachuca, capital of the State of Hidalgo, where it is reported that many months in the year the sting of one of these arthropods is without greater consequence than the discomfort and the peculiar pain of the patient.

b. The season, the time of the year in which the individual is attacked.

In summer, in the hot months of May and June the poisonous scorpion acquires great virulence and is very active. So much so, and so proverbial and well known is this phenomena that the inhabitants of districts rich in scorpions say of an individual of very bad conduct, evil thoughts and wicked deeds, "he is like a scorpion in May".

c. Of the place on the body where the venomous injection was made.

The symptoms are more serious and the progress more rapid the higher the wound. The development is much more rapid and serious in a sting of the upper limb than is a sting on the lower limb.

d. Of the age of the injured person.

Prognosis is always more serious in young children than in adults who resist the effects of the poison better.

e. Concerning the sensitivity to the scorpion's poison.

This differs for each individual, whatever may be the age or sex. While the poisoning may result fatally for one individual, for another, possessed of a natural immunity or one acquired from previous scorpion stings, there is practically no effect.

f. Concerning the opportunity and efficacy of the treatment employed in the severe cases.

Death is practically always the result in those individuals treated by elimination and the curative power of the organism. Attended several hours after the injection of the poison, it is very difficult to stop the progress of the serious and alarming symptoms and to make them disappear. If an intelligent treatment is instituted immediately after the original accident, the probabilities of saving the patient are almost absolute.

## V

### THERAPY EMPLOYED IN THE TREATMENT

Many forms of treatment have been contrived for the sting of this terrible arthropod, most of which are merely empirical, such as the local application of burning cigars or cigarettes which

mitigate somewhat the burning pain produced by the sting; this method is characteristic of the majority of hot applications (*similia similibus*). Pork fat is used in great quantities, also wines and *aguardiente* to the point of intoxication and the "oil of scorpion", (scorpions dead in olive oil). Perhaps the efficacy attributed to this can be explained by isotherapy or even by homœopathy.

The school of *contrario a contrarius* has used large doses of bromides, opiates, morphine, pilocarpine, musk and other remedies. Such treatment is justly censured by Dr. Mazari in his article which I have mentioned. Also some patent medical compounds such as "antialacrania" (anti-scorpion) and antitoxin have the same results.

Homœopathy, always rich in medicines capable of curing the most violent sicknesses and the most virulent poisons of which man is the victim, even in these impressive and alarming cases of scorpion sting, relies on wonderful remedies, which employed opportunely, with attention to the law of similars, cure the most varied symptoms and save from death a large number of men who are victims of the poisonous animal.

In our therapy we use many various and efficacious remedies which react rapidly and actively on the organism, and which should, in all cases, be administered according to the law of similars.

Thus we find that *Arsenicum album*, used immediately after the stinging, ameliorates the burning pain produced and many times stops the progress of the poison. *Belladonna* and *Ipecac* help the headache and stop the nausea. For the marked ptialism *Mercurius cyanatus* is indicated. But there are medicines that will also cure all the many symptoms which have been used with wonderful results. Such are *Arsenicum album*, just mentioned, and *Simaba cedron*, which constituted the basis of treatment used by Dr. Mazari in 48 cases treated by him. *Lachesis trigonocephalus* is frequently indicated in cases where the dysphagia and throat symptoms are very marked. *Opium* ameliorates or prevents the lock-jaw and *Sulphur* is indicated when the urine has been suppressed or the patient does not react well.

All this has been collected in the work of Dr. Bas of Carta-



gena, Spain, presented at the Homœopathic Congress at Madrid in May of this year (1929) titled *Bathus Occitanus (Scorpion)*. *Original Pathogenesis and Personal Clinical Cases.*

## VI

## MY TWO CLINICAL CASES

I will give, in order to show typical cases and to clearly demonstrate the excellence and efficacy of homœopathic therapy, the two following cases treated by me in the city of Colima during my residence there.

A. A woman of about 50 years, strong, well preserved and always well. On closing a wooden gate at the entrance of her house, she was stung on the middle finger of the left hand. Although she sent to my house, it was an hour and a half later before I saw the sick woman as I was in a neighboring town. I suggested no treatment as before I arrived they had given her "antizootoxina". An hour or two later I was called again as the paralysis had appeared in the hand, the forearm and the elbow joint; the restlessness of the sick woman was impressive, and the pain intolerable. I ordered the administration of the preparation she had been taking stopped, and prescribed *Arsenicum album* and *Opium*, both in the 6x. to be taken alternately, 10 globules each every five minutes at first, then 5 every hour.

After the first doses of the two medicines the restlessness was better, and the pain was so much better that she could sleep.

The following morning the patient was perfectly quiet and could get out of bed. The pain was practically gone, the numbness was only present in the hand and the lower part of the forearm, and the paralysis much less than the day before, affecting only the hand. I ordered the *Arsenicum* stopped and substituted for it a drainage medicine, *Sulphur*, which caused a rapid and good elimination. The *Opium* and *Sulphur* were administered separately every two hours. I allowed the patient to take hot drinks and a little later she ate vegetables.

During the next two days the pain was insignificant and the numbness and paralysis very much modified, persisting only in the finger which was stung. I continued the same medication

but lengthened the time to every four hours and allowed a complete and varied diet.

A day later the patient was completely cured complaining only of a lingering numbness and deadness in the injured finger.

B. A child of 8 or 9 years, delicate constitution, but well.

I was at the home of the family of the child when the following occurred. In company with his little brothers and some other children he was playing in the second patio of the house, when, interrupting the cries and noise of the play we heard a sudden sharp scream of pain. A moment afterwards we were told that the children going to take their bath were playing barefoot, and that one of them had been stung by a scorpion.

They sought my help, and on examining the little victim I found that the sting was in the big toe of the left foot. I touched the site of the wound with iodine and prescribed *Lachesis trigonoccephalus* and *Opium* to be taken alternately, six globules every five minutes.

He presented no alarming symptoms and there persisted only a slight pain in the injured toe. In half an hour the enthusiastic little fellow wanted to join the play with his little companions. Having seen the very slight discomfort of the bite, and as there were no alarming symptoms, I let him get up from the couch where he had been lying and play again. But I continued giving the same medicine, as a precaution, every half hour for the rest of the day.

## VII

## CONCLUSIONS

The hot torrid regions are very extensive where the abundant presence of these poisonous animals is not only a danger to those people who live there but also a veritable calamity which has many victims. To lessen this great number of victims it is necessary to place at their disposition better and more efficacious measures of protection. One of these is to supply to those individuals suffering from the fatal poison of these animals an efficacious and real therapy. Moreover, as is commonly known, the study and literature relative to the bite and sting of poisonous

animals is not as abundant and encouraging as it should be. True knowledge should be spread among the doctors who are going to practise in the hot climates.

Because of these things, and also because homœopathy offers to sick people poisoned by venomous animals, as well as to other cases, a gentle aid, a humanitarian soothing, which brings back health rapidly, gently and permanently, I therefore submit to the wisdom and learned judgment of the members of Congress, and beg their approval of the same, the three following points:

- I. It should stimulate education;
  - a. Of those studies relative to the species of animals which are producers of poisons.
  - b. Of the clinical and anatomical-pathological study of individuals affected by poisonous bites and stings.
  - c. Of therapeutic studies relative to these same cases of poisonous bites and stings.
- II. It should secure for homœopathic medical schools a sounder and better preparation in these courses relative to cases of poisonous stings of animals.
- III. That to secure better and more efficacious results, homœopathic treatment should be used in all cases of poisoning by venomous animals.

MEXICO, D. F.

We say to the opponents of homœopathy—give medicines, one only at a time, in accordance with the law, in your own doses if you please, and see the result. You will find very soon that you must reduce your doses, and you will come to those that are fractional and even to those that are infinitesimal.

Quantity is incomparably less important than the selection of the right drug. The homœopathic histories teem with cures made by medicines from the lowest to very high dilutions. Some very able men are *realists* and use comparatively gross doses, and other able men are *transcendentalists* and use only the higher dilutions. Each of these classes boasts of success.—*Homœopathic Review*, 1858.

## HOMŒOPATHY A COMPLETE SYSTEM OF MEDICINE\*

ALFRED PULFORD, M. D.

Some little time ago we had some stickers printed "Whenever there is a *better* system of medicine discovered or devised than *homœopathy* we will practise it". We pasted a few of these stickers on some postal cards and mailed them to a few of our friends, and the only one out of whom we got a "rise" was our most sincerely esteemed friend, the late Dr. Philip E. Krichbaum. The doctor wrote on the back of the card, "Homœopathy is not a system of medicine, but 'a law of therapeutics'", and suggested that we use the term "guide" instead of the term "system".

Webster's *International Dictionary* defines system as: "An aggregation or assemblage of objects united by some form of regular interaction or interdependence; an assemblage of objects arranged in regular subordination, after some distinct method, usually logical or scientific; a complete exhibition of essential principles or facts, arranged in a rational dependence or connection; a mode of operation governed by general laws or rules".

Homœopathy is a system of correlated facts, interactive, interrelated, interdependent, logical and scientific, all governed by rules and natural law, hence again, a system—the only system of medicine known at the present day. Allœopathy is not a system for it is composed simply and solely of a chaotic assemblage of non-correlated states governed by no law whatever.

Surgery is a purely mechanical method which may assist but, in itself, cures nothing and bears little or no relation to medicine proper, and it is not necessary for a good operator to be a good prescriber and *vice versa*. As we have remarked before, it was ignorance of medicine that bred the supremacy of surgery as it rules today, a condition that time will eventually compel to be reversed. Surgery, being purely a mechanical method and the patent right of no method of healing, has no authority whatever to dictate just what method of healing shall be known as the system or method to which all other methods or systems must either be part or specialty. This surgery is all that the so-called "regular system" contains to make it a "system".

\*Read before I. H. A., June 1929, Bureau of Homœopathic Philosophy.

Anatomy is essential to all medical methods of healing and the patent right of none, and, next to surgery, is more essential to and a part of homœopathy's system than of any other, for the homœopath alone must know the part affected, location, direction, etc.

Physiology, the real basic principle of medicine, and the one subject least understood by all doctors of all schools, is absolutely essential to all methods of medical healing, but more especially to the homœopathic system, for the homœopath must know the bodily functions in both health and disease for both curative and pathogenetic reasons.

Histology, chemistry, botany, mineralogy, metallurgy, astronomy, etc., are all more essential to and a part of the homœopathic system than of any other method of medical healing known today.

Leaving, then, the common ground in which we fail to see wherein alloëopathy qualifies as a system of medicine, and coming exclusively into our own field, let us look at homœopathy's assemblage of principles, facts, etc., all governed by rules and natural law, and which we think conforms strictly to Webster's definition of the term system.

After we have diagnosed our case from every angle and selected our remedy from one of the various substances, our first step is to take that remedy and prove it on the healthy human being, not on animals, in order to get its sphere of action and see that it accurately corresponds to the indications required of it. First, the drug must be properly prepared for this proving. The preparation of this agent is not haphazard, it must be done by rule so that it fits into the next step. After the remedy is properly prepared and potentized it is administered to the individual for one or two purposes, either pathogenetic or curative, and this again according to rule. The symptoms produced on or in and elicited from the healthy human being are brought out according to a natural law, and therefore, never vary in the main, and the remedy must be applied and operate on the body according to the same law, all of which amounts to knowledge, hence strictly scientific.

The selection of the potency is on a par with the selection of

the remedy and just as important, if we are to get a permanent result, for the remedy acts instantly and but once and rarely, if *the* indicated remedy and *not* interfered with, needs to be repeated. In our humble opinion there are no such things as long and short acting remedies. The length of time elapsing for the outward manifestation of the cure to take place does not depend on the length of time the remedy is supposed to act, for the same remedy in the same potency seems to act more quickly in some cases than in others, instead of with the same rapidity in all cases, but it depends upon the depth of the disease, in other words, the length of time which the remedy is supposed to act is the length of time it takes and the rapidity with which the system is capable of reacting and the length of time it takes to clear away the debris.

After the proper remedy is applied it again works according to rule or law, from within outward especially, and from above downward, in other words in reverse order. Thus we note from the beginning to the end that homœopathy is an assemblage of correlated, interrelated, interdependable facts, all governed by rules and natural law or laws, hence a perfect system of scientific medicine within itself, the only one, in fact, to which all other methods are subservient.

The giving of too much medicine, as the too frequent repetition, or the giving of too low potencies, etc., is too often more dangerous than the disease itself. If properly done the door needs to be unlocked but once if the right potency accompanies the indicated remedy. To try to force the lock with the wrong potency or by frequent repetitions is not only to wreck the lock but also to spoil the case.

Serums, vaccines, antitoxins, narcotics, anodynes, soporifics, alteratives, styptics, laxatives, tonics, sedatives, etc., are all the children of, and required by, the medically ignorant. Whenever homœopathy is fully unfolded and completed and we become more intelligent, all those things will vanish and fade away. Lack of proper knowledge of unproven remedies and how to proceed, as well as impatience in not allowing nature time to act in clearing away the debris, all contribute to our failure to intelligently control disease.

The Abrams's method, osteopathy, chiropractic, hydropathy, baths, massage, etc., are all temporary medical expedients, and as such, mute testimonials to our medical ignorance in our having to resort to them. Fifteen years of real homœopathy after 30 years of so-called modern homœopathy has proven to us that the more homœopathy we know, and the better homœopathy we practise, the less necessity we have for other methods. Your practices are no more severe nor exacting than ours, your cases no more severe or varied, yet we are rarely compelled to depart from the straight and narrow path. Indolence, prejudice and a desire to curry favor with the A. M. A. are the only reasons why homœopathy is not the predominating system of healing today and they block the completion of its unfolding. If we are not going to work for homœopathy and homœopathy alone, we may as well quit right here, for, by insisting that we are a part of modern medicine, we are simply running around in a circle and getting no place, and we are apparently too dense to realize it.

Modern medicine is the most ignorance-embracing method of medical healing known at the present time, and none but the medically ignorant could possibly foster and sustain it. It reflects no lustre on the intelligence of those who either practise it or support it. It is for this very reason that it is imperative that homœopathy be divorced from it entirely and have its own colleges, hospitals, licensing boards and be perfectly independent of all other methods of medical healing whatsoever, that is, if homœopathy is to be retained, expanded and propagated. The sooner we wake up and realize this and throw off our indolence and lethargy, the better and easier it will be for homœopathy and all concerned, for, as the late Dr. Carroll Dunham said: "We cannot unite with them in any associated labors without ignoring and disavowing what we believe to be the true theory and practice of the all-important part of medical science—the science of therapeutics. *They will not unite with us* in associated labors for the development of this science".

Perhaps you think I have exaggerated the allœopath's ignorance, if so kindly allow me to disagree for a moment and reproduce a few lines of allœopathic intelligence. If you will take the last edition of *International Clinics*, Vol. 2, you will find an arti-

cle on the treatment of pneumonia beginning on p. 15, by A. H. Gordon, M. D., Associate Professor of Medicine, McGill University, physician in the Montreal Hospital, who has this to say:

The history of the treatment of pneumonia is in retrospect a commentary upon the resistance of the human body. If it could resist the well-meant assaults of its medical friends of the past, there is no reason to despair of its outliving the attacks of its germ enemies of the present. We may well be proud of our calling and at the same time not a little amazed that with the mortality of pneumonia almost constant from century to century, our forefathers, like ourselves, could take up the gauntlet that Fate threw down, and could with hope stand up against him over the prostrate body of each new victim. The amazement comes when we remember that with succeeding periods the weapons used, and the manner of using them differed not only in material form, but were absolutely opposed in principle, and in spite of this and of the monotonous recurrence of twenty or thirty deaths per hundred sick, there was still hope left, and even enthusiasm, over each new form of treatment.

And again:

But while we are in sight, perhaps, of the Promised Land, we must not forget that we are still wandering in the wilderness, and for this day and time we must continue to care for and guide through a dangerous illness, people sick of it, and that, without any weapon in our hands against it which we can confidently trust. In this predicament our greatest danger comes from those whom Dr. John Hay aptly, though irreverently, calls Gawdsakers, those who demand action. "Let's get something going. For Gawdsake, doctor, can't you do something?"

If all this is not the personification of medical ignorance, just what is it? How any doctor who claims to be a homœopath can attempt to disgrace homœopathy by side-tracking it for the above is a conundrum to me.

Let it not be said of us that: "There are those among us, as there are men in other walks of life, who, for the sake of what they call *peace* and *union*, would join hands with what they know to be false! aye, even though they do it, they should have to 'cut off the fanatics', who adhere to Hahnemann—to leave the 'brains of their system' out in the cold". And let us ponder over the words of Kent, who said: "What a pity that such differences should arise among us when we have so perfect a truth to guide us".

Let us all go home resolved to study and practise more and purer homœopathy, and educate our patrons into our art, that they may be the better enabled to understand the difference and the reason for their choice and belief. Let this association live up to its real and original *raison d'etre*—the preservation and propagation of true Hahnemannian homœopathy. Let us restore to our stationery and signs the word—homœopathist—and let

the world know that it is that for which we stand, and that we are proud of it, proud of the name we bear as representing the only scientific system of medical healing the world has ever known. Let us homœopaths exclaim with Pat who, when asked if he could not be an Irishman what would he be, promptly replied, "I'd be ashamed av meself", and if I could not be a homœopath I'd be ashamed of myself too.

TOLEDO, OHIO.

#### DISCUSSION

DR. OLDS: I want to commend Dr. Pulford for this very excellent paper. There is one point that I wish to bring out. He spoke of the length of action of our different remedies. There is at the end of Hering's *Guiding Symptoms* a note to the effect that such-and-such a remedy acts thirty days, and such-and-such a remedy acts forty days. I think this is very misleading. The length of action of a remedy is absolutely according to its similia, both as to its symptom *similia* and its potency *similia*.

DR. ROYAL: I wish to speak in regard to union with the other schools. As Chairman of the Council of Medical Education for fifteen years, visiting and examining the colleges and the hospitals, I think I know pretty well what is the cause of the disintegration, and why we are today with only two colleges. One cause was that delusive will of the wisp, "Oh, take them in, they are brother physicians". We took them in, or they took us in, and when we were in they were the lion and we were very closely united. I object to any such condition. Some say that they want everything taught. You can't teach pan-pathic medicine. I began teaching when I was seventeen. I am still teaching, and I will be seventy-six next month. I have never yet seen an individual with gray matter enough to take a lecture on alloëopathic, homœopathic, eclectic medicine and the other treatments, and to separate them and use them. It is an impossibility.

DR. BOERICKE: I would like to ask some of those present who have had a great deal of experience, their opinion on this: For instance, we have a case of pneumonia in a semi-collapse stage that has symptoms of *Ammonium carb.* He is warm, has bubbling rales, cyanosis, and a fluttering heart and pulse. We give such a case *Ammonium carb.* and he snaps out of it again and again.

A good deal is said about repeating the dose of a drug once its ill effects have been seen, and that it is a bad thing to do. I would like to bring this out just as a matter of thought. It cannot do any harm because, according to our homœopathic theory, a drug will only give a reaction if symptoms calling for it resemble a pathogenic action of the drug. The case having reacted, there are no longer symptoms of *Ammonium carb.*, so why continue? I have often thought about this point because I have a lot of ward work all the time. The nurses sometimes give drugs right along when I don't know anything about it, but I have noticed again and again that the result has been there and the patient gets along all right without any bad effects.

Have you any other thoughts on this subject? It seems to me a homœopathic drug is self-limiting as long as the sickness is there. You don't need to worry about discontinuing. It discontinues itself as soon as the symptoms change.

DR. HUTCHINSON: Doesn't it depend upon the dosage and the potency, on whether it is the tincture or a low potency, or a high one?

DR. BOERICKE: I had in mind the sick patients. For instance, we have a cough that calls for *Rumex*. The cough gets better. The patient, unless he is well versed in homœopathy, will continue the *Rumex* for several more days and it doesn't seem to do any great harm. I was just wondering whether, after all, our homœopathy is a self-limiting proposition, or whether, according to the old masters, we should stop the drug immediately. This is the ideal thing to do, and I try to do it, but I have noticed that you don't always do it.

DR. HUTCHINSON: My experience is only one, but I find it disastrous to continue the drug. I am very particular to give a single dose, or a repetition of the remedy, in perhaps three doses at short intervals and then discontinue it.

DR. PULFORD: Wouldn't this analogy hold, doctor? If you go out and take a cold and get a chill, would a second chill leave you where the first one did?

DR. UNDERHILL, JR.: I don't know what doses Dr. Boericke uses in his practice, but I am generally using from the 30th. potency up for any type of illness. I use a single dose on the theory that one dose of the actual homœopathic remedy will start a cycle of action, which should be allowed to work itself out to its completeness, without further interference of any kind. It is perfectly right to follow it up with *Placebo*, and that I do according to the needs of the patient. I do not believe in allowing nurses or interns or anyone else to prescribe for my patients. I prescribe for them myself, although I allow nurses and assistants to give *Placebo* under my direction. I have everyone of my remedies duplicated in *Placebo* form, with the corks stamped and bottles labelled so that if I prescribe *Bryonia* for a patient, the nurse can put up *Bryonia* for that patient, so to speak, although it is *Placebo*.

I think the unnecessary repetition of the real homœopathic remedy can do nothing but interfere with the action of the medicine.

DR. SLOAN: Years ago, before I knew anything about homœopathy, I used a combination grip tablet. It had *Bryonia*, *Gelsemium*, and so forth, in it. I used to have the patient take two tablets every two hours. I noticed if I kept the tablet going two or three days, the patient became worse. If I stopped reasonably soon, the patient got better and stayed better, I certainly got a lot of aggravation from that tablet.

DR. WRIGHT: It seems very dangerous to let the patients repeat the remedies. Suppose you have *Lachesis*, even if you only gave it in a 30th., just think what would happen if they got more than a single dose, or certainly more than a single dose divided into a few hour intervals for the first two or three times. There would be a terrible aggravation. In my early days I had the indiscretion to repeat a high potency, just one dose, too soon and got some dreadful results. I would like to give that to Dr. Boericke for his consideration.

DR. MCLAREN: I think we all work under a misapprehension about the strength of these high potencies. Some years ago I went to a doctor for hay fever. I know that he had practically no remedies in his desk under the 200th. He took a bottle of No. 40 and put some alcohol on it, then he took one of these bottles of potency—it must have been from the 200th. up—and he put a few minims of that in the bottle and shook it up and said, "Take it every couple of hours". There was enough in that bottle to last about a week.

Three weeks ago I had a case of rheumatic fever in a young fellow. He was worse every morning, sweating a great deal; it was going to his heart. The nurse said by evening he was feeling some better. He was expectorating a great deal. I gave him *Mercurius*. He didn't get any better, so I changed my prescription to *Lachesis*. I gave him an M.M. of *Lachesis*. I gave it that night, the next night, the next night, and the next night, five doses of *Lachesis* in all, and I never saw anybody get well so fast in my life.

This sounds like rank heresy, I know. I was talking to a student in whom Dr. Terrill took quite an interest, and she told me it was quite common for Dr. Terrill to give two or three doses of the 200th. potency every day for a week or two. Dr. Terrill had some wonderful results.

I had a case of heart trouble in a little child last year. I gave the cm. potency of *Digitalis* every other day for two months. The child at that time was swollen with dropsy, and was a dark blue color up as high as the hips. There was apparently nothing ahead but death. The other day the child walked into my office. There was no sign of any trouble at all. These cases show my reason for saying that I think we somewhat exaggerate the dangerous effects of giving high potency.

DR. WOODBURY: There is something to be said on both sides of this question. I began practice with 200ths. when I was on district work in medical school. Then I followed men who used the 3x. and for about five to ten years I used more or less low potencies and high potencies. At the time I left New England for Hawaii in 1916 I was using the 30th. and 200ths. in my regular work. From then on I progressed to the 1M., the 10M. and the 50M. I now practise with high potencies and single doses, repeating only when I feel that the action of the single dose is exhausted. But I can see how there might be cases in which the action was not sufficient in the single dose and that several repetitions might be needed.

In Honolulu I had the pleasure of following Dr. George Augur, one of the finest, strictest Hahnemannians I have ever known and a member of this association. He told me he started using the single dose only, which was recommended by Hahnemann and his followers. He found there were many cases in which he had to alter this method and use, for example, the 200ths. in water, given every two hours, always noting its action. When the action had been accomplished, he ceased giving the remedy. He gave also the 1x. and higher potencies in the same way. Kent's rule was, repeat the potencies at least twice or three times, as long as it acts. Kent also said that if you found your last remedy was effective you could give another dose and its action would do no harm, because the action had been completely exhausted. This may explain in a measure how you can use repeated doses in some cases but there is the danger of doing it. Perhaps with low potencies you do not get such confusing effects. We had a patient in our medical clinic in Boston who was given a high potency *Arsenicum* and had such a reaction from it that she had to be taken to the hospital in an ambulance. Personally I have seen very few aggravations from potencies in any form.

DR. UNDERHILL, JR.: On hearing further discussion, I ought perhaps to qualify my previous remarks. I had a case this past winter of persistent hic-cough, accompanied by convulsive twitchings which had been going on at intervals for three years. I was wrong in my first remedy selection and the case was in such a desperate situation, apparently facing death, that I called a consultant who decided that *Arsenicum album* was the indicated remedy. He said, "She is in such bad shape we had better give it low and repeat", which we did. We started her on the 6x. dissolved in water, as Dr. Woodbury suggests, and repeated it every half hour until improvement occurred, and then stopped the remedy. She began to have these paroxysms less frequently and went on for several days without any further trouble, and then another attack set in. When I went to the house the next time I didn't happen to have a low potency of *Arsenicum*. I happened to see three or four teaspoonfuls of the original solution in a glass. so I took the glass into the bathroom and soon had all the medicine I needed by simply adding water. I gave that in the same way as before. It has now been several months and she is making a beautiful recovery. Up to the present time she has had no other medicine. She has gained some 10 or 12 pounds in weight and has had no more of the

paroxysms. Now and then she has a very mild attack that one could scarcely call a paroxysm.

I think as a general rule, however, the single dose is the best ground to stand on, especially if you are dealing with higher potencies.

DR. HAYES: There is one serious objection to giving repeated doses and that is late aggravation, especially in chronic cases. I have seen quite severe aggravation occur several weeks, even as many as twelve weeks, after good improvement.

DR. WOODBURY: No one has mentioned the matter of plussing the potencies, which is done a great deal. Dr. Blunt takes the remedy and carries it up. It reminds me that there must have been something similar to that in the old days, because my father used to do that same thing that Dr. Underhill has mentioned, after he had used a certain amount of one potency, take some of that out of the glass and carry it right along. I would like to mention one of my cases, a very aged woman who was very ill. I could not determine whether it was a localized pneumonia or bronchiectasis, or something of that sort, but at any rate she was seriously ill. After *Carbo. veg.* failed I gave her a 200th. of *Ammonia carb.* I have never witnessed a more remarkable result from any remedy. The woman lived for several years afterward.

DR. OLDS: In the last edition of the *Organon*, Hahnemann speaks of giving a dose of a certain potency of medicine and then never repeating that potency but giving higher each time. I don't know how much that is tried out, going higher merely by succussing a little, something similar to plussing.

In regard to the repetition of the dose in high potency, I do not believe that it is necessary if you have the most similar remedy. If you have not the similar remedy you may have to repeat frequently to get a result. I believe it is because you have a similar remedy but not the most similar remedy.

DR. BOERICKE: Just one word about an interesting statement I came across in a pamphlet which has the opinion of all the teachers of materia medica in all the homœopathic colleges about forty years ago on how best to teach materia medica. Everyone of them dodges this subject of dosage. It is very hard to get any actual opinion on dosage. One man came out flatfooted—I am telling you his opinion because it is interesting to me as I never heard it before—and said, "With young people, high potency; with old people, low potency", and he justified it because he said old people have very slack vital force, they don't react well, whereas with children and infants, their vital force is high and you can give a high potency and get a low dose. I thought I would pass that statement on.

DR. UNDERHILL, JR.: I would like to modify the statement to this effect: While a disease is in the functional plane, give a high potency; where you have advanced pathologies, give low potencies.

DR. ALFRED PULFORD: The difference of opinion shows quite clearly that truth lies somewhere. It is up to us to go ahead and find out where it is.

At all events, an honest attempt is never made in vain, even though no immediate success attend it. It is far better to deserve success than to achieve it.

All the reasoning in the world weighs nothing against authentic facts.

## EPHEDRA VULGARIS—VAR-HELVETICA\*

K. A. MCLAREN, M. D.

The popular Chinese name is Mahuang and ephedrin is the alkaloid. Structurally this drug is rather similar to epinephrine.

This drug has been shown to raise the blood pressure, cause dilatation of the pupil, contract the uterus, relax the intestinal and bronchial musculature, increase the blood sugar, stimulate the heart under some conditions, and depress it under others, stimulate the central nervous system, cause death by heart failure, and to possess a relatively low toxicity.

Rise in blood pressure is slower, lower, but longer lasting than that caused by epinephrine. By repeating the dose quickly the rise continues, but lower with each dose until after a few doses it may fall. It can then be called forth once more to nearly the usual extent by a dose of adrenalin. This shows that the two drugs do not act in an identical way, but in a very similar way.

The minimum lethal dose for dogs was from 70 to 75 mg. per kilogram of weight. Thus a man of 150 pounds would be fatally poisoned by some 60 to 70 grams if injected intravenously. The usual clinical dose is 1 to 2½ grains and 6 2-3 grains have been given in a single dose with no untoward results. Parke Davis and Company furnished the above data.

This drug has come into prominence among the old school during the last two years. It is used largely in capsule form for the relief of asthmatic attacks and seems to answer well if given at the very commencement of an attack. Later on it does not act so favorably. One patient to whom I gave this drug complained of a very, severe nervous twitching and trembling sensation in his legs following the usual dose of 2½ grains. He did not like to use it because of this effect.

Miss W., another acquaintance who has asthmatic attacks, states that following one or two capsules, she experiences a trembling sensation in the lower limbs, which ascends to the lumbar region and remains there.

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

The nose and throat men use the drug in solution as a nasal spray, and claim that the relief in nasal hay fever is more lasting than that of adrenalin.

A short experimental proving was made using the 1x. dilution. Dosage 10 pellets No. 40 at frequent intervals for three days. Nothing was noticed until the 3rd. night when the prover complained of insomnia lasting nearly the whole night. The mind was active, but one train of thought predominated where as in the proving of coffee there is a constant change from one subject to another.

The prover did not complain of being restless or feeling a tension, but stated one train of thought predominated. The sleeplessness lasted until 3:30 to 4 a. m. The day following the prover complained of a sensation of heat in the chest. This was described as a continued heat and not like a flush. The skin felt at the time as if in a gentle perspiration, but on touch did not appear to be perspiring. This sensation of heat in the chest was first noticed about 8 p. m. on the fourth day and lasted for two hours. That night insomnia recurred, and with it the sensation of heat and perspiration. During the night the prover sneezed several times, and there was a slightly increased respiratory rate.

In the morning, he was quite short of breath. Ordinary exertion caused respirations to be wheezing in character. There was no expectoration or nasal discharge, but the feeling of heat in the chest remained.

The drug was discontinued and by the following day all symptoms had subsided. One week later the drug was taken as before, and the same symptoms recurred. The pulse rate remained practically unchanged. There was no sign of weakness, trembling or twitching. These symptoms might of course be brought out by a more prolonged proving of the drug in higher dilutions.

From the foregoing it would seem that here we have a remedy, which is very likely to prove useful to hay fever sufferers especially of the asthmatic type, who are troubled also with the feeling of fever or heat so common in these cases. The proving was made in the spring upon a patient who has the autumn type of hay fever, but who has never had asthma.

A more extensive proving would likely be of much interest and value.

## DISCUSSION

DR. FARR: I have a patient who regularly has hay fever, a slight attack coming with roses, and a very serious attack coming when rag-weed first begins to bloom. Last year in early July he went up to the Maine coast and had begun, without any orders from me, the nasal spray of Ephedrine. He stayed there through July and August. He came home about September 10. I saw him, and I said, "How have you been"? He said, "I haven't had a touch of hay fever and I have been pretty well all summer". Within three days he was sick in bed with the most beautiful attack of asthma and bronchitis that he had had in many a year. In talking with him about it, I discovered that during the summer, while he had not had any hay fever, he had had more or less cough, more or less bronchitis, and a most beautiful herpes over his nose and lips and part of his face. Whether he had his asthma and the Ephedrine simply controlled the hay fever symptoms and sent the asthma into the bronchial tubes and mucous membrane of the mouth and from there to the face, I don't know, but I had him under treatment about three weeks before he was able to return to business. In my judgment, the Ephedrine did him more harm than an attack of hay fever.

DR. GRIMMER: I have never used this drug in my practice but I have had patients who had used it for a short time while they received benefit and their symptoms were palliated. Afterwards the trouble came back with three-fold force. It is very, very difficult to find the *simillimum* after this remedy or adrenalin has been administered any length of time. It requires the use of a series of remedies, and one has to work hard and long to get order in those cases.

DR. MCLAREN: There is not much to say, except if we could produce asthma, we might be able to do something along homœopathic lines. That is why the experiment was undertaken. I think some time we will get a real proving of it and it may be of some value to hay fever sufferers.

Subtract what you please from Hahnemann's psoric theory and enough remains to show that he was substantially right. It has been objected that modern physiology disproves this notion of his; that the perpetual molecular changes which take place in the body are incompatible with his doctrine. How so? Cannot a going-out atom infect a coming-in atom, as well as a giant in *esse* may affect a giant yet in the germ? What becomes of the doctrine of hereditary or inherited diseases—a fact beyond doubt—if this argument against Hahnemann's theory could be maintained? Who knows anything of ultimate causes? Assuredly no human being. It is easy to measure a Mount Atlas, but not easy to measure the vitality of one of the creatures that swarm in a leaf or in a drop of water.—*Homœopathic Review*, 1858.

## CLIMACTERIC REMEDIES\*

C. M. BOGER, M. D.

- Amyl. nit.*: Face flushes on slightest emotion; tumultuous and irregular heart < mental emotion; organic heart disease, during; paralytic sensations in extremities; flushes followed by *drenching sweats*; opens clothes, must have fresh air, cold air and cold water.
- Belladonna*: Congestive headaches, plethora, sudden relief from sweat.
- China*: Excessive sensitiveness to cold; hot flashes followed by *drenching sweats*; throbbing headaches and anæmia.
- Cimicifuga*: Melancholy, low spirits and nervous headache on vertex; suspicious; thinks she will go crazy; numb sensations; bruised, sore muscles.
- Cocculus*: Menses reappear after a year's cessation; sea sickness from carriage or boat riding; exceeding weakness during menses; palpitation, nervous weakness, fainting.
- Conium*: Nervous states during and after climacteric; morning weakness; vertigo on lying or turning in bed; urination intermits in flow; old maids; suppressed sexual desire; soreness of mammæ at menses; hard tumors, cancerous tendency.
- Crocus*: A live sensation in abdomen; dark, stringy menses; < least exertion; hæmorrhage.
- Ferrum*: Fiery red face, with enlarged veins; nervous cases that cry and laugh immoderately; sweats from every motion; vomits solids.
- Graphites*: Burning vertex pain, delayed menses, obesity and constipation; leucorrhœa, menses, hæmorrhages, etc., come in gushes; cicatrices in mammæ or cervix; unhealthy skin, glutinous exudates; every injury suppurates.
- Lachesis*: Hot flashes of dry heat; pressure and burning on vertex; metorrhagia frequent, alarming; < on waking; > flowing; < lying on left side; < touch; left sided symptoms; loquacity.

\*Excerpted from *The Medical Century* and other sources, for ready reference.



- Magnolia*: Mental and physical inability and lassitude of mind and body, leading to despondency. Confusion, apprehension and dulness of hearing.
- Merc. sulf.*: Sweats followed by chill; in folds where limbs are crossed, etc.
- Phosphorus*: Hæmorrhagic cases; small wounds bleed much; hæmorrhages from any outlet, replacing menses, etc.
- Pulsatilla*: Epistaxis replacing menses; mild, tearful; > open air and cool room.
- Sanguinaria*: Migraine; flashes of heat and leucorrhœa; burning and redness of cheeks, ears, palms and soles; pulmonary symptoms, lower (right) lobe; gastric symptoms; burning heat in stomach; heart irregular; muscles of neck and down back weak and sore.
- Sepia*: Pelvic and kidney symptoms prominent; fœtid urine with claylike sediment, tightly adherent to vessel; yellow patches on skin; prolapsus with burning headache; sad.
- Sulphur*: Low spirited; ill humor; weeping; constant hot, vertex headache; acidity of stomach; skin symptoms or piles, suppressed, pruritus ani or vulvæ; weak, faint spells in a. m.; menorrhagia; flashes followed by prostration, hungry feeling or cold sweat; skin dry; hunger at 11 a. m.; suffocation, wants window and doors open.
- Sulph. ac.*: Flushes with perspiration or profuse perspiration on upper part of body only; debility; internal trembling (*Caul.*); perverted sensations, as of a film on face; hurried, restless and nervous.
- Thyroidin*: Faintings, lividity, palpitation, jumping sensation about heart; flushings with nausea, < on upper part of body; *profuse sweats on least exertion.*
- Verat. alb.*: Despondency; cold sweats, even in a warm room; very nervous, as if she must fly; constipated and depressed.
- Xanthox.*: Intense flashes, as if to die, wants to be bled; nervous and apprehensive, noises and shadows frighten; sighing and constant desire to take a deep breath; dysmenorrhœa, patient pulls her hair in agony.

PARKERSBURG, W. VA.

## PANARITIUM\*

C. M. BOGER, M. D.

- Anthracin*: With sloughing and *terrible burning*; after *Ars.*
- Apis*: Burning; stinging, throbbing; run-arounds; *dissecting wounds*; sense of looseness of nails; fine burning and pricking.
- Arsenicum*: Gangrene; wants parts wrapped; *burning.*
- Fluoric acid*: *Amel.*: cold bathing, *left hand*; points on *dorsum*; bone felons; deforming nails; blister on part; discharging an acid fluid; burning, as if; prickings in.
- Hepar*: *Agg.* least touch or weight of poultice, *right hand*; chilliness; *throbbing*, gathering pain; > heat; *sticking pains.*
- Lachesis*: Gangrene; bluish color; proud flesh; visible pulsation; jerking; < by covers; gnawing or *crawling in.*
- Ledum*: From punctured wounds, hangnails, etc.; > cold; upward pressure under nail; as of needles under nail; periosteum sore.
- Nat. sul.*: Begins as a blister (*Flu. ac.*); > outdoors; run-arounds; lives in damp places; burning in fingertips; boring, drawing, pressing, *stitching pains*; tearing, *beating, ulcerative pain.*
- Nux vom.*: *Cross* and sits by fire (*Hep.*); > heat; wants doors and windows shut; jerking, sticking pains; acute senses. Thumb generally.
- Pulsatilla*: *Chilliness (Hep.)*; > cold and open air; < letting part hang down (*Bell.*); tearful; stitches.
- Silica*: Bone felons; run-arounds; deforming the nail; < heat; splinter-like pains; tendons and cartilages attacked; suppurating, numbing sticking pain.
- Sulph.*: Hangnail; as of a *sticking splinter*; burning crawling; prickling; < hanging down; tearing drawing; shooting; < *evening.*

PARKERSBURG, W. VA.

\*Excerpted from the *Medical Century* and other sources, for ready reference.

## THE CARE OF THE INFANT\*

JAMES W. KRICHBAUM, M. D.

When I started to write a paper on "The Care of the Infant", I tried to figure out just the proper time to begin such care. I considered starting with the infant at birth, but, of course, went back to the prenatal care of the mother. Then I figured that the health of the mother and father, long before the conception of the child, had much to do with the health of the ovum and sperm cells. From this point I began to consider the inherited tendencies, mental, physical, constitutional, and took a look at the grandparents on both sides of the family, and then the great-grandparents. About this time I thought I had better stop before I got back to Adam.

I will state my care of the infant briefly:

A woman comes to me and reports pregnancy, and places herself in my care. The first thing I do is to take her case thoroughly, and carefully prescribe for her, not because she is pregnant, but because I am taking the responsibility of an infant, of a new life. I was led into this because in looking over my children in Montclair, I found that the average height of the children, compared to their parents, has increased a little over an inch; and the weight about in proportion. I wondered why this was. Are the children improving because of the prenatal homœopathic care? So I prescribe for that child prenatally. I ask the mother about her health and she says she is well. Comparatively true, but it is questionable how many of us can say that we are perfectly well. I believe it was Abrams who said, "In the beginning God created heaven and the earth and then syphilis". We have to contend with some one of those three miasms in practically every human being. So I take the woman's case and prescribe for her before the birth of the child. The earlier this is done, the better. When labor comes on I attend the labor.

How many labors, today, are normal and natural? If you let them strictly alone, very few go through a natural, normal course. Anæsthetics are given to help them over the pains, a little chloro-

form, a little ether, "twilight sleep", and more recently rectal analgesia, or something else of the same description. What influence does all this have on the child? Homœopathic remedies, given as indicated by the symptoms, give a more natural delivery, prevent much operative procedure, and give us a baby in better condition at birth.

Is it proper to prescribe for the child immediately after birth? And what shall we prescribe? If I have a perfectly normal labor with no interference of any kind, and I am going to give the child an immediate remedy, I give a dose of *Aconite*, because I have found from experience that it acts beautifully afterwards. The color comes back better. If I have a little bit of a skinny baby, that is sniffing almost as soon as it breathes, underweight, wrinkly, old-looking, I give a dose of *Syphilinum*, although I believe some of the text-books say that *Sulphur* is useful in such conditions. If there is a syphilitic basis behind it, I would feel that I had not measured up to my responsibility if I did not give that dose of *Syphilinum*. By the same token, if the child was inclined to be gross, with a large head, I would be inclined to pin my hopes on *Medorrhinum*. Many babies are benefited by a dose of *Medorrhinum* at birth. The sycotic baby is practically the opposite of the syphilitic baby. The syphilitic infant is usually small and runty; the sycotic is apt to be gross. The psoric babies come more nearly normal than either of the other two types.

## THE CARE OF THE CORD

I have found that the baby gets along better, and the cord dries quicker, if it is severed before it is tied. Let it bleed a moment. I have cut many a cord without tying it at all and the babies got along all right, but it is a little risky. After it has bled and drained thoroughly I tie it. If it has completely stopped pulsating before it is tied the child is not apt to have colic. About the only thing out of the ordinary that I do insist on, is that the band holding the dressing in place must be left perfectly loose; the less pressure around that poor little infant's abdomen, the better. It gives the intestines an opportunity to roll and tumble around; they have been doubled up long enough.

These are a few of the personal things that I do during the

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pregnancy and confinement, the most important being the prenatal homœopathic care of the mother.

[In Germany the routine care of the cord is as follows: As soon as it stops pulsating it is crushed by a heavy clamp about one inch from the abdomen, and left without a tie. Results are excellent and few cases of bleeding are recorded.—ED.]

UPPER MONTCLAIR, N. J.

#### DISCUSSION

DR. ROYAL: I want to verify one statement, and that is about tying the cord. Always let it bleed before you tie it. It was my good fortune to deliver 555 women at the Benedict Home for Fallen Women in Des Moines. I placed one string up above and the other below, cut the cord, let it bleed and then tied it. For a time I did not do this on every fifth baby. The records showed that those babies who had the cord tied before the blood came out, had colic. Only about one in forty of the others had colic. This is a good hint on that particular point.

A letter from Dr. W. W. Sherwood of Santa Monica, Cal., extends a cordial invitation to all eastern homœopaths to attend the annual meeting of the California State Homœopathic Medical Society to be held at Santa Monica, Cal., May 14-16, 1930. The program of the Bureau of Materia Medica and Philosophy, of which Dr. Sherwood is chairman, follows:

Homœopathic Remedies in Rheumatism, H. C. Schmidt, M. D., North Hollywood; *Crotalus Horridus*, Paul S. Wyne, M. D., San Francisco; Homœopathic Veterinary Experience, H. B. F. Jervis, V. S., Santa Monica; The Probable Method by Which *Sulphur* Produces Effect, T. H. McGavack, M. D., San Francisco; Clinical Cases, J. F. Tapley, M. D., Marysville; A Proving of *Ethylate of Lead*, H. A. Atwood, M. D., Riverside; Homœopathic Remedies I Have Found Useful, Laura B. Hurd, M. D., San Francisco; A Study of *Phosphorus*, A. S. Mattson, M. D., Sacramento; subject to be announced, George H. Martin, M. D., Pasadena; subject to be announced, L. P. Crutcher, M. D., Long Beach.

#### THE MEDICAL ANALYST IN THE FIELD OF SURGERY\*

H. A. NEISWANDER, M. D.

The Greeks cultivated the ideal of a harmonious development of individual faculties. The Greek sculptors had a remarkable capacity for close observation. With such training the Greeks of the 5th century B. C. attained a degree of civilization and supremacy in philosophy, lyrical and dramatic poetry, sculpture and architecture, which has not been equaled by any people who came after them. This was the age of Hippocrates who gave to Greek medicine its scientific spirit and its ethical ideals. Hippocrates dissociated medicine from theurgy and philosophy, crystallized the loose knowledge of the Coan and Cnidian Schools into systematic science and gave physicians the highest moral inspiration they have. Before this time the Greek physician was the associate of priests in times of peace and a surgeon in times of war. All that a man of genius could do for internal medicine, with no other instruments of precision than his own open mind and keen senses, he accomplished. And with these reservations his best descriptions of disease are models of their kind today. The 42 clinical cases recorded by Hippocrates are almost the only records of the kind for the next 1,700 years. Hippocrates illustrates the wonderful capacity of the Greek intelligence for separating "essentials from accidentals"; the tendency to observe facts with a critical spirit, to search for their law, not to wander among them at random; to judge by the rule of reason, not by the impulse of prejudice or caprice. Hippocrates was the first to observe that gibbous spine (Pott's disease) often coexists with tubercle of the lungs. He refers to trephining and paracentesis. He notes that a wound of the left temperal region will cause convulsions on the right side and *vice versa*. Hippocrates believed simply in assisting nature, although he knew the use of many drugs. His scheme of treatment was usually fresh air, good diet, purgation, blood letting, barley gruel, barley water, honey water, honey and vinegar, massage, and hydrotherapy. Hippocrates aimed at prognosis by means of a general semeiology

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of known diseases, with very *generalized therapy*. It centered on the patient, his individual reaction to the disease, and envisaged symptoms and syndromes as merely episodic in its total history, yet often indicative of its remote or final phases. The patient was the real thing; the disease not an entity (the savage's indwelling demon) but a fluctuating condition of the patient's body; a battle between the *materies morbi* and the natural self healing tendency of the body. Treatment was centered, assisting the patient through his own particular nature to react, in his own peculiar way against the disease, which was regarded as an imbalance of the *four humors*. The patient's reaction in each case was individual and peculiar to himself.

Galen was the greatest Greek physician after Hippocrates. The effect of Galen's dogmatism and infallibility, upon after time, was appalling. Withington says, "Had Galen's work been lost, there can be little doubt that the dark age of medicine would have been darker and more prolonged than it was, for the medieval practitioners could not have appreciated the higher and freer teaching of Hippocrates". After Galen's death, European medicine remained at a dead level for nearly 14 centuries.

In the 15th century Leonicens translated the Aphorisms of Hippocrates into Latin. His pupil, Paracelsus, he imbued with a life long reverence for Hippocrates. Paracelsus taught that "Existence proceeds from God, all material things from primordial substance, while the force in nature which sets things going is the vital principle". The vital principle is the essence of life, contained in an invisible vehicle. In disease, this invisible vehicle must be magnetically extracted from the patient's body and inoculated into a plant bearing the signature of the disease, so that it may attract the specific influence from the stars. Far in advance of his time, Paracelsus discarded Galenism and the four humors. He taught the unity of medicine and surgery, and that nature heals wounds, not officious meddling. His belief that remedies are not substantive, but act through an immanent spiritual power, or active principle, was the occasion of much mysticism.

William Cullen had a philosophic mind and some of his writings were for many years authoritative on medical practice. In 1790 Hahnemann translated Cullen's *materia medica*, a work

acknowledged to be standard. Hahnemann could not accept Cullen's explanation of the action of cinchona bark in intermittent fever and sought out the principle underlying this effect. "The same inductive reasoning that revealed the law of similars as a workable principle, led Hahnemann to the *principles essential* for its application".

William J. Mayo says that Aristotle was the first of the great physicians. Aristotle gave to medicine the beginning of botany, zoology, comparative anatomy, embryology, teratology, and physiology. He taught dissection of animals. Dr. Mayo further states that William Harvey, with discovery of circulation, is the second great figure in medicine; John Hunter, who was an anatomist, physiologist, and pathologist, the third outstanding figure; and Pasteur's determination of micro-organisms as the cause of disease putrefactive processes and the development of methods of prevention were the greatest gifts made by man to surgery. Schneider and Schwann first described the cell. Through Virchow we owe a newer and better understanding of anatomy and physiology. Dr. Mayo observes, "that dead house pathology gave an enormous amount of knowledge, but it did not lead to rapid improvement in therapeutics". The mind of man is a visual mind. The outstanding fact in the history of medicine is that the visual method of obtaining information has been dominant. To make visible the unseen in physics and chemistry is the task of scientific medicine".

Bayliss says that there is no dividing line between physics and chemistry; that only under certain physical conditions can there take place the atomic interchange in the molecule called chemistry.

We again quote Mayo: "The unit of life is no longer the cell, but the ultramicroscopic entities called colloids, lying between the microscopic limit of 1/10 micron or 1/250,000 inch in diameter and 1/1100 micron or 1/250,000,000 inch in diameter. We must not forget that anatomy as truly concerns the invisible, colloidal, molecular and atomic structures of the body as the visible gross structures, and that these minute constituent particles are controlled by the same physiological laws. Anatomy and physiology have thus been traced to the electron and the proton.

The actual exchange of electrons and protons in the atom alters the constitution of the molecule and upon this alteration life depends".

Crile of Cleveland learned through his experience that each living cell contains a certain amount of electricity which one is able to measure. This was discovered through the study of the amoeba, and through this electricity or life the cells of the body tend to equalize or rejuvenate themselves, as plant life takes up water and nourishment from the soil. He also stated that the thyroid gland acts as the storage battery of the various cells of the body and the suprarenal glands act as the switch. Then anything that stimulates the suprarenal glands turns the switch, transmits energy; anything that stimulates the thyroid increases the charge in the battery. It is conceded that iodized salt often causes the dormant thyroid or adenomatous thyroid to flare up and become a toxic goitre. As these cases go to the surgeon, he removes the end product of the disease and of course in that way palliates the patient but does not cure. Some of our practitioners have learned that 1 drop of tincture of iodine once or twice a week will relieve the toxic symptoms of some of these toxic thyroids, but they cannot understand why it is not true in all cases. Surgery cannot be ruled out of our care and treatment of the sick, for there are many cases that will respond to no other kind of treatment; but the medical analyst sees many cases that would be benefitted very much more by the indicated remedy.

To consider the history of analytical medicine, one recognizes in Hippocrates the development of medical science by his awareness of the patient, the patient's individual reaction to the disease; in Paracelsus is taught the doctrine of the plant bearing the signature of the disease. Hahnemann revealed the law of similars as a workable principle, and the principles essential for its application. To consider Aristotle the first great physician, is to accept the statement that "the basis for science in medicine fundamentally is anatomy". Harvey was the founder of physiology and anatomy. Hunter correlated the basic sciences in relation to medicine. Pasteur determined micro-organisms as the cause of disease. Lister applied the new knowledge to the cure and prevention of disease of man. Charles and William Mayo, whose

genius for method and system has made Listerian surgery almost as reliable a science as bookkeeping, say, "Interpretation of the pathology of the living is the outstanding feature of modern medicine". And yet, patients who have had the utmost precaution in surgery or confinement will occasionally develop a septicæmia, while others with no precaution and cared for by one who knows nothing of sepsis, will escape without any sign of sepsis. This shows that there is something back of the visual pathology. Interpretation of the pathology of the living is the problem of the medical analyst in the field of surgery.

Dieffenbach observes, "Hahnemann's methods came like a thunderbolt to the medical profession of fifty years ago. Surgery's strides through Pasteur's and Lister's discoveries and the past decade's marked discoveries in diet have taken the world's attention. Prescribing medicines *per se* is pushed aside by these discoveries and methods, but there is truly therapeutic superiority for those who study homœopathy and practise it".

It seems obvious that surgical diagnosis has not kept pace with surgical technique. Mistakes in hasty, premature diagnosis often result in operations for the wrong condition with the consequent suspicion and loss of confidence on the part of the public directed toward surgical procedure and the medical profession generally. Not infrequently a patient arrives at the office, who says that he has had one or more operations. The patient is usually well supplied with roentgenogram, laboratory and pathological reports. Then there is the patient who tells how he has first gone to the osteopath or to the chiropractor, because of the fear that if he had consulted a regular physician the doctor would have advised some surgical operation which he feared would be of no benefit.

The incentives for the young physician to specialize in surgery are to be able to do something for his patients and also the fee he expects to receive.

The internist should give an up-to-date examination, and should cooperate with the laboratory man and the surgical pathologist.

In my experience of just a few years, I have found that if I can make a repertory analysis, I have a better understanding of laboratory reports. A repertory analysis has often established the

diagnosis in cases of gangrenous gall bladder or gangrenous appendix, several hours before the laboratory report would have shown these alarming conditions.

Green says, "The longer one uses the repertory under expert instruction, the easier its use becomes and the shorter each analysis case grows. To the initiated it is astonishing how many short cuts and helpful hints are contained in its pages. The study of the materia medica and of its repertory should go along side by side all through one's medical career".

Dr. Guy Beckley Stearns states:

1st. That each individual reacts to the infection according to the laws of his own being;

2nd. That his symptoms are the result of that reaction, and that they represent the body's attempt to get well;

3rd. That the body reacts as a whole, each tissue doing its part, and that the totality of the symptoms represents a single effort and requires a single drug for a cure;

4th. That the curative remedy is that one which stimulates a reaction in the body like the one the body already is attempting, in other words, causes symptoms like those already present;

5th. That the curative reaction of the body is a positive effort, i. e., the protective mechanism is stimulated, not depressed; therefore, minute doses of the similar or curative drug must be used, because of the fact that small amounts of drugs stimulate while large amounts suppress.

I find that Dr. Stearns' interpretation of repertory analysis is all that is needful in making an explanation to my patients. They consider it a reasonable idea and will accept it, either with or without a name.

PANDORA, OHIO.

If then the extraordinary and apparently accidental, often seemingly trifling symptoms of the patient, guide us in the selection of the sole truly curative remedy and constitute the characteristic symptoms, no preconceived notion based on the pathological classification of remedies can be of the least assistance to us in our efforts to cure, and all such garbling attempts must be rejected.—AD. LIPPE, 1865.

## SANICULA\*

MARGARET BURGESS-WEBSTER, M. D.

This is the water of the Sanicula Springs, Ottawa, Ill., the chief constituents of which are sodium, calcium and magnesium chloride. These give their symptoms to the proving. Alumina, Borax and Silica comprise less than a 200th. part of the whole but nevertheless show their presence in the symptomatology very decidedly.

Mentally there is no stability of purpose; constantly changing work; impossible to keep his mind on one subject, even in conversation; undertakes many things, completes none; starts to do something and forgets what it was.

Much depression, and sense of impending misfortune (*Calc. carb.*); misconstrues the actions of others.

Great aversion to darkness (*Grindelia, Stram.*); or to remaining in a dark room; feels that someone is sneaking up behind her when walking in the dark (*Med.*, fear of the dark, thinks someone is behind her, hears whispering).

Lack of energy; dreads her work because she feels so weak and exhausted; with irresistible desire to lie down; > in the open air; < in a warm room (*Kali sulph., Lyc., Nat. mur., Puls.*); drowsy and sleepy.

Child headstrong and obstinate, cries and kicks, throws himself backward; wants to be in constant motion, day and night; nothing pacifies; does not want to be touched (*Ant. crud., Ant. tart., Cham., Cina.*).

Dr. Gundlack, who proved *Sanicula*, had served six years in the U. S. Navy and had suffered from seasickness all this time. He could not ride in a train or in a closed carriage without having to vomit. He could not endure the downward motion of an elevator. It produced a feeling as if everything was giving way under him, and as if the top of his head would fly off. All of these symptoms were removed by proving *Sanicula*. (*Cocc., Petr., Tab.* are to be compared in seasickness).

Child dreads downward motion, clings to the nurse (*Bor., Gels.*)

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Vertigo after eating (*Grat., Nux vom., Puls.*)

Headache begins in cervical region, extending to forehead and eyes (*Sil., Sang., Spig.*), with sensation of contraction of scalp and desire to elevate the eyebrow. Headaches < motion; < mis-step or jar of any kind; < noise; < light; < leaning head forward; < DRAFT OF AIR, especially cold air; wraps head up even in summer to protect from wind.

Cannot stand cold air about back of neck and head (*Sil., Psor.*); sensation as though wind passed through head. Wraps head up (*Mag. mur., Psor., Sil.*).

Child sweats profusely about back of head and neck during sleep, wetting pillow all around. Child cannot hold head up, neck is so weak and emaciated.

Hair dry (*Thuja, Calc. carb., Kali carb., Psor.*); lustreless (*Kali nit., Psor.*); dandruff on top of head; itching on getting warm; hair seems electrified making a crackling noise when combed; falling out of hair (*Fluor. ac., Graph., Sil., Thuja*).

Small boils on head which do not mature.

Eyelids burn, exude a sticky substance which dries on margins into white scales; awakens with dryness of whole eye as if sticking to lid; catarrhal ophthalmia with profuse yellow discharge; great photophobia without much inflammation (*Con.*).

Eustachian catarrh, stuffed feeling in left ear; soreness behind ears with discharge of white gluey, sticky substance (*Graph., Psor.*).

Honeycomb like scabs from anterior and posterior nares; nose sore; stuffed up with yellow scabs; profuse yellow green discharge from nose with streaks of blood; thick, yellow, ropy, tenacious mucus from posterior nares, must be pulled out with fingers and stretching two or three feet without breaking (*Kali bi., Hydr., Sang.* also has a tough ropy discharge); thin acrid drops from nose.

Copious dandruff in eyebrows and beard; constantly picking large scabs on upper lip until they bleed.

Ringworm on tongue (*Nat. mur., Ran. scel., Tarax.*); roof of mouth raw and ulcerated, from hot drinks; mass of ulcers under tongue and inside of lips; child protrudes tongue, can't take nourishment on account of pain; burning of tongue, must pro-

trude to keep it cool; dark brown streak down centre of tongue in morning on waking; tongue furred and dry as leather; great dryness of mouth and throat; tongue so dry it sticks to roof of mouth (*Bry., Nux mosch.*); no thirst. In ulcers under tongue *Fluor. ac.* and *Lyc.* should be compared with *Sanic.* Profuse salivation; burning in mouth > from cold water or drawing in cold air; fishy odor from mouth before asthma paroxysms.

Dryness of throat; cold sensation in throat as if a piece of ice had been held there; throat feels too large; coughs out tough, blood streaked clinkers in morning.

Slow digestion, can taste food for hours after eating; sour stomach; eructations sour, rancid, burning; atonic dyspepsia: craves bacon (*Calc. phos., Mez.*) or ice cold milk, great craving for salt (*Nat. mur., Phos., Verat.*); lost all desire for bread unless fresh baked. Child wants to nurse all the time, never satisfied, yet loses flesh (*Acet. ac., Abrot., Iod., Nat. mur., Tuberc.*); irritable and cross; vomits large tough curds; no rest day or night; always < from 9 p. m. until after midnight; no appetite; no desire for anything but water; drinks little and often; water is vomited as soon as it reaches stomach (*Ars., Pyrogen*); pot bellied children; gurgling in left hypochondrium passing down descending colon; < after meals; gurgling like distant thunder, or the rumbling in the intestines may be > after eating.

Most obstinate constipation resembling *Alumina* in total lack of desire for stool and complete inactivity of the rectum. Takes hold of seat with both hands and strains until it seems as if the head would burst (*Alum.*); on stopping straining to get breath, stool recedes (*Sil., Thuja*); even a soft stool requires a great deal of effort to expel; stool must be removed mechanically (*Sel., Sil.*); stool so large and painful feared he would rupture sphincter, causing great PAIN IN WHOLE OF PERINEUM, had to restrain urging and pick away small grey balls composing stool; burning in rectum and perineum for hours after stool (*Sulph., Nit. ac., Rat.*); stool large heavy masses; IMPACTED (*Calc. carb., Sel., Sep., Sil.*); stool feels full of jagged particles, very painful, lacerated anus; stool greyish white balls looking like burnt lime, hard and crumble to pieces when pressed, smell like ROTTEN CHEESE (*Bry., Hep.*); stool has appearance of scrambled eggs,

turns green on standing (*Arg. nit.*, *China*), or becomes pale on standing; NO TWO STOOLS ALIKE (*Puls.*); stool square as if carved with a knife; stool when eating (*Ferr.*, *Tromb.*); white stool, chalk like stool (*Calc. carb.*, *Pod.*, *Sil.*); excoriation of skin about anus, skin raw like beef; stool escapes when passing flatus.

Nocturnal enuresis in children; child strains at stool to pass urine, cries before urinating; urine stains diaper red; frequent and PROFUSE urination; sudden desire as if urine was at *meatus urinarius*.

Great desire to place hand on vulva as all parts seem relaxed and unsupported (*Lil. tig.*, *Murex*); bearing down < motion, walking, mis-step, or jar; > lying down and rest in general. Menstrual pains > when flow appears (*Lach.*, *Zinc.*); leucorrhœa smelling like FISH BRINE; leucorrhœa changeable in color, milky, yellow; < during stool; leucorrhœa with odor of old cheese (*Hep.*).

Pain between scapulæ < from motion; whole left scapular region very sore; pain deep-seated in muscles along spine; < left side; < motion; dampness between scapulæ; back VERY WEAK in lumbar region as if it would break, comes on in morning after rising, gets gradually worse until noon, then gradually better until free from all pain by 6 or 7 p. m.; he could tell when it was noon as the back was so painful; sensation in lower back as though vertebræ were gliding past each other; < rocking in a chair; sacro-lumbar backache burning; > gentle exercise; > lying flat on back; sharp pain from least turning; must hold self stiff and turn whole body in order to look around; pains < moving shoulders or lifting arms up; CANNOT PLACE HANDS ON HEAD OR BEHIND BODY; skin about neck wrinkles and hangs in folds (*Abrot.*, *Iod.*, *Nat. mur.*, *Sars.*); emaciates from above downward; PAINS IN BACK < ON PUTTING HANDS BEHIND HIM OR RAISING ARMS; also < while sitting.

Constant pain in right shoulder joint < from motion; cannot raise the arm or put it back; pain acute on putting hand behind body or on the head; sense of coldness from elbow up; profuse sweat in axilla; excoriating; goose flesh on arms; cracks on hands exuding blood and watery fluid forming crusts; burn-

ing, smarting, soreness in deep, angry, ragged cracks on hands; < in cold weather; knuckles of fingers crack and leak; on putting hands together they sweat so freely it drops from them; hang nails.

Feet offensive in spite of washing, foot sweat offensive (*Bar. carb.*, *Kali carb.*, *Puls.*, *Sil.*, *Tell.*, *Thuja*); corrosive, eating the lining of the shoes; sweat and excoriation between the toes (*Bar. carb.*, *Nit. ac.*, *Sil.*); sweat on soles as though he had stepped in cold water; feet burn, especially the soles, wants to put them in a cool place or in water, puts them from under the covers; even in coldest weather child kicks covers off; child's palms and soles burn all the time, hot to touch; child's legs emaciate; child slow in learning to walk and stand alone; cramps in feet.

Sleep restless, tossing; awakens at 3:30 a. m.; awakens with arms under head; cannot bear anyone to lie close or touch him; dreams of robbers (*Mag. carb.*, *Nat. mur.*); must search the house (*Nat. mur.*); dreams of murder or of having committed murder.

Coldness along the spine > by external heat (*Caps.*), with goose flesh on back and arms; sweat on side lain on (*China of.*, *Nit. ac.*, *Benzinum* on up side); sweats most where limbs come in contact or cross each other; sweats on first falling asleep, mostly about neck wetting the pillow and clothing; sweat from above downward over entire body; chill at 8:30 a. m.; at 5 p. m., postponing two hours every other day. According to the prover, Dr. Gundlack, *Sanicula* spring water has cured many cases of chronic chills and fever.

Dr. William Jefferson Guernsey considers *Sanicula* the chronic of *Cham.* The following remedies should be compared in fish brine odors—*Calc. carb.* and *Med.* have oozing fluid from rectum smelling like herring brine; *Graph.* fish brine odor to scab of ulcer; *Tellurium* ear discharge has fish brine odor, discharge causes vesicles wherever it touches; *Thuja* smell in the nose as from fish brine.



## AN IDEAL AND PRACTICAL OBJECTIVE FOR THE SPREAD OF HOMŒOPATHY

R. E. S. HAYES, M. D.

Homœopaths have never, in this generation at least, had a clearly seen and consistent objective, nor a consistent and concerted policy for the spread of homœopathy. After the struggles for legal protection had ceased, and their institutions had become established, our men settled down to personal attainments in their profession, enlivened, shall we say occasionally, by discords and divisions, and became so absorbed in these things that whatever thought there was concerning the future was well diluted with languor and uncertainty. Only recently do conditions reveal a promising direction for Hahnemannians to spread their peculiar art.

The present time finds the professions of healing more diversified, group conscious and as hostile as ever, taking much thought, or at least talking much, about professional conditions, but having little tendency toward stable foundation in practice, except perhaps the frame manipulators and the Hahnemannians, which is well. We find the great mass of medical practice still without a fundamental principle to guide it, therapeutics as chaotic as ever; and the ailing ones drifting from one prophet to another trying to find one that is not false. Great numbers of congenital mechanics, business men, promoters, etc., have been put through the tumbling barrels of a highly detailed but non-principled medical education; round pegs, square holes; square pegs, round holes, etc.; every man to his trade.

The vitality of medicine suffers most, however, from the superficial quality of popular life and its callow mentality. This is especially true in relation to the necessary qualifications demanded by consistent homœopathy. It is the modern habit, in America, at least, which is still very much unseasoned, to jazz up everything, to trip along the common path, mostly in nescient or imitative routine; the hand rather than the mind; the technique rather than the intrinsic art; the vogue instead of thought. This will continue until more individuals are less helpless in the

currents of common appeal, less inclined to cupidity and more inclined to reflection and self-thinking.

Is there any of this jazz nearer home, in current homœopathy for instance? Well, we are seeing now something termed a "renaissance" of something termed homœopathy, and even from among its abettors we hear an occasional critical voice deploring the lack of homœopathy in it. The "renaissance" will probably attain a high degree of solubility and its function be accomplished soon after.

There is no danger of the finer art of homœopathy becoming extinct in this process, thanks to the small but live minority who have always persisted in sharpening their attainments in the practical end of it. But there is acute danger of that minority becoming a mere flocculent sediment in the medical sea, without acquiring that distinction and influence which naturally belongs to it, but which, until recently, has never been developed beyond the abortive stage.

Hahnemannians should not underestimate the importance of the "renaissance", nor should they fail to see the great opportunity in it, not only for medicine in general, but for their cause in particular. There are three important factors to consider in their relation to it. First, to realize that the renaissance spirit with its simple and boyish faith in progress, money, numbers and material outfit is even invading Hahnemannian precincts. Second, to anticipate the segmentation of ideas and realignments which must result from the invasion. Third, to visualize the opportunity for Hahnemannian distinction and service which this clarification will present. To direct attention to this opportunity and to suggest a logical and consistent policy for it is the kernel of this writing.

Up to this time the function of the Hahnemannian group has been little more than to sustain the generally neglected principles so vital to homœopathic art, but the time is not far distant when they must weave a closer texture among themselves and take a stronger and more centralized position in the medical profession. There need be no anxiety as to how that may be accomplished. Events will affect it, partly, and a consistent homœopathic vision and decision will do the rest.

If a policy based on purely homœopathic objectives had been consistently upheld during the last fifty years, homœopathic principles and practice would be in a strong and influential position today. But no! The real objective and the most urgent thought has never been homœopathy. It has been institutions, organizations, accessories; and most of the practice of the modern homœopath is based not on the healing principle, but on certain particulars, pathological theories, or some supposedly scientific consideration, all distracting from the person to person art of healing by the use of medicinal and vital reaction.

Besides the therapeutic muddle there are other and more general considerations. There is a maze of conflicting interests surrounding and permeating the healing arts. There are unsettled social, economic, financial influences, political restrictions and encroachments, the resultant of which no man can foresee. Furthermore there are irreconcilable differences in the Hahnemannian camp which will lead inevitably to realignments. Considering all these things it seems necessary for consistent homœopaths to adhere definitely and strictly to some consistent policy for general development.

To begin with, any policy for the sustained development of competent, comprehensive homœopathy must be based on the superiority of well principled homœopathic practice in all but a very small proportion of ailments over other means, and a substantial aid to mechanical corrections besides, a virtually non-dependent system, a special art of healing in sharp contradistinction to suppression by crude or misused medicines or preparations, local ablations, surgery, etc. This must be and is basic in every homœopathic evaluation, for it is of the law.

The time is at hand when non-dependent homœopaths may, with assurance, adopt a certain policy that is consistent and strong in principle, sure footed and, though working out slowly at first, impregnable in position, that would win general favor except among the drug interests. It is laden with splendid possibilities. In fact, thoughtful homœopaths may find themselves forced to adopt some course such as the one suggested. If not now, they will come back to it. The course of events will see to that. At this time there are men among us who will find that

the idea is but a resounding of their own sentiments. If this view of a consistent homœopathic future is not obscured by the more common values, it will be seen as a growing and vital thing.

The policy suggested here is so simple, yet so far reaching, that its significance may not be fully sensed at first, but it cannot fail to grow in favorable soil and develop with thought. Simply stated it is this, viz.: *To assist and to serve, to not compete. In non-competitive activities will be our safety and our success.*

It is hardly necessary to say that this is policy for Hahnemannians only, for only with the background of a consistent and non-dependent homœopathic experience could the outcome of this policy be visualized and carried to success. At present it would limit the activities mostly to teaching, but in this very limitation lies greater possibilities of influence and popularity than is possible in any aggressive or "constructive" project. Adherence to this consistent policy will ensure success; slow at first but invincible and hardly possible of failure. As to Hahnemannian success and popularity it has but a certain distance to go *in this direction* when that which we have to give will be sought for from all directions both lay and professional.

This suggestion conforms to the incorporated policy of the American Foundation for Homœopathy to "establish and direct centers for the study and understanding of homœopathy". The writer believes that this idea of establishing such centers, *if it be limited to teaching* and to teaching graduates or near graduates in medicine, is the most truly constructive suggestion that has ever been offered for the promotion of homœopathy.

It is not the teaching, only, which would make that policy invincible, it is the limitation, taking the position of offering and giving instead of competition and gain; letting the gain go to those individuals who should accept what we had to give; leaving the accessories for separate pursuit.

An outstanding example of this kind of service up to the present time has been the Post-Graduate School of the American Foundation for Homœopathy. As it is now it is a project which all who have the interest of the best homœopathic art could support with enthusiasm. This special service, unique in medicine, dealing with the very core of homœopathy, that is, the princi-

ples and methods of its use, limited to the teaching of that one thing, has already attracted not only substantial financial aid from one generous layman, but is a recognized attraction among all kinds of homœopaths, many of whom are desiring its great help and will avail themselves of it in increasing numbers. Never, we believe, has a purely homœopathic project had such a promising future and its promise for the future lies in its limitation to serving without competition. Holding to this policy there is everything to gain (in opportunity for this service) and nothing to lose.

On the other hand the addition of other weighty enterprises is at once something to attack, to subvert, degenerate or undermine; subject to insidious dangers from within and without; absorption by outsiders or degeneration from within, with the exception of one, the just and common fate of every homœopathic enterprise in homœopathic history. Besides, no considerable extraneous additions to the teaching enterprise can be put over with the present spiritual disunion, unless with the alliance with doubtful interests, which influence and integration ingrains its homœopathic dissolution at the start.

Another consideration is the personnel which a school will attract. The colleges with their general medical training attract all sorts and we have excellent institutions fulfilling that function, but the Hahnemannian need and their consistent province is to attract mature minds who may envision the homœopathic possibilities through its principles, and rise to the brilliant clinical attainments which the pure art makes possible. Men and women of this mental and stable measure are less common but there are such, both graduate, undergraduate and non-matriculate.

What is the crux of this attraction? The greatest possible attraction for adaptable minds are the things of homœopathy itself; its principles, solving the problems which they present, the odylc results of their use. All this is what interests the thorough-going homœopath, that and the sound ethical and economic stability which it provides. Those who cannot, or care not, to digest and use these principles, however talented and brilliant in other latitudes, only cast doubt and confusion as to the Hahne-

mannian standing and position. But mark these words, the time is coming when this problem will be adequately dealt with.

Let these suggestions, then, be repeated for final scrutiny and thought:

To teach homœopathy only, leaving everything else to our contemporaries.

To keep Hahnemannian interests and teaching separate and distinct, limiting them to the Hahnemannian method and principles while individually supporting whatever interests our contemporaries have that may be compatible with ours.

All is now about ready for a great modification of general medicine. And homœopathy, once its most despised enemy, will be its salvation for allœopathy is losing out rapidly. The most important factor, the public, was left out of the calculations and is now being left out of the musings concerning professional conditions today.

As to us Hahnemannians, let us take note of our worst fault. It is our other-mindedness! Although we desire to spread homœopathy we depend on, and wait for, all the things that go with general medicine instead of depending on homœopathy itself. We lack insight into the magnetic power of the homœopathic proposition itself. As individual homœopaths we may roar like lions; but collectively we have all the jolly uncertainty and lack of direction of the jellyfish!

We appeal for thoughtful consideration of this suggestion for concentration of Hahnemannian resources and effort.

WATERBURY, CONN.

The homœopathician is liberal, and contends that the whole scale from the crude natural substances up to the higher and highest infinitesimal should be open to the choice and the practice of every sensible and candid person.

The non-homœopathist is illiberal, and contends for appreciable quantities, sneering at the attenuating process and declaring it simply an absurdity.—*American Homœopathic Review*, 1865.

## POINTERS

We wonder how much truth there is in the supposition that certain potencies of some certain denomination are better acting in proportion to their denomination than others of the same series and make. In informal conversation we have often heard it remarked that one or another certain potency was an extra good one, or very reliable, etc. Observation inclines us to think that potencies have a varying degree of activity, inherent in themselves, relatively independent of adaptability, denomination, or make; that certain potencies of any certain make and series are strong or weak in disproportion to their denomination, and exhibit their degree of intensity through vital reaction accordingly. Perhaps this could be verified or disproved by electronic tests.

But may it not be possible that there may be qualities in medicines, even in potentizations, that are not revealed at present by the more physico-chemical character of electronism? It would be interesting to know, if for no other reason than to find out whether or no mind is still a little ahead of mechanism.

As a class, the Jenichen potencies appear to be of especially fine quality, but our 4m. is so keen for acute conditions, compared to others, that we have never throughout the years displaced it by any other.

Certain potencies are so thorough in action that we seldom get away from that certain one to another; for instance, Jenichen's *Manganum aceticum* 3m., Tafel's *Cistus canadensis* 200th., Erhart's *Coccus cacti*, *Curare*, etc.

One of the most satisfactory potencies we have ever used in chronic conditions is Tafel's *Lachesis* 30th.; long and thorough acting and without the periodical aggravations that we have seen with the 1m. and upward. Perhaps the 200th. does more good in the end, but the relief expressed by patients who have had the 30th. is characteristic.

One of the most remarkable grafts we have ever used is Skinner's *Lycopodium* 30th. Years ago some prescriber in the west sent us a graft of it as testimony of its powers, and many prescriptions of it have hardly abated the surprise at the results we obtain with it. It acts for months in chronic conditions, and acts thoroughly. We have heard others say more than once that the

30th. of *Lycopodium* is not dependable, that it seems to be polarized (if that is the correct term) just below the full dynamic power of *Lycopodium* and a few experiences with Tafel's appear to have verified this report. The Skinner's is truly admirable.

One of our favorites some years ago was Swan's *Psorinum* 1m. and it was heartily lamented when it was found to have disappeared. After some years it happened to be relocated and we are finding it as bright as ever. Nothing else seems to exactly take its place with children and young people, also old people, we now seem to remember.

Speaking of *Lycopodium*, a woman just came in whom we had not seen or heard from during the last seven months. In January, 1929, she was 43 years old but appeared near 70. She was obese, had hypertension, chronic bronchitis, hæmoptysis, œdema of the legs, and all the appearance of senile degeneration. She was given Skinner's 30th. one dose, and on July 8th. Tafel's 200th. She now appears 25 years younger, has lost weight, all the old symptoms are gone and she can walk up hill comfortably and does hard work every day. Evidently a case of good potencies, plus good adaptation, plus good latent vitality. The 200ths. rival all the others for old chronic cases.

One of the sharpest potencies we possess is Tafel's *Ferrum metallicum* 8th. and another *Nux vomica* 30x. Tafel's *Lycopodium* has failed me several times, and the experiences of others have verified the doubt of its efficacy, although one of the wildest deliria with pneumonia we ever saw was cured with it in short order. Neither Skinner's nor Erhart's has ever failed us.

Some years ago Dr. W. B. Gillespie ran up *Chamomilla* from B. & T.'s mother tincture to the 6x. and *Podophyllum* to the 6th. and 15th. These worked so much better for him than all his high potencies that he discarded all the latter.

There must be some fortunate element of time, atmosphere, electric or magnetic force, or more individual release of quality, which transcends both the residual quality of the drug and the ordinary mechanics of its preparation. We'll have to call in the clairvoyants and the soothsayers!—R. E. S. HAYES.

Sensitivity and swelling of the breasts before menses, *Con.*  
—L. VANNIER.

Spasmodic cough in those with big varicosities, *Zinc*.—  
L. VANNIER.

Bruised feeling in the chest on coughing with blood-streaked sputum, *Arnica*.—L. VANNIER.

Crowing inspiration, expiration almost impossible, *Chlorine*.—  
L. VANNIER.

Sensitivity of the chest wall on moving the arms, particularly the left, *Senega*.—L. VANNIER.

Cough with abundant mucous sputum sprinkled with dots of bright blood, *Laurocerasus*.—L. VANNIER.

*Squilla* has cough worse from drinking cold water with involuntary micturition.—L. VANNIER.

Sharp pain across the upper left lung to the shoulder blade, *Myrtus*.—L. VANNIER.

Sensation that the thorax is too narrow with need of expanding it, *Senega*.—L. VANNIER.

*Naja* has cardiac cough with sweaty palms.—L. VANNIER.

Short hacking cough which nauseates (worms), *Cirea*.—L. VANNIER.

Sudden hoarseness when walking against the wind, *Nux mosch*.—L. VANNIER.

*Psorinum* is usually needed at some time during the treatment of fibroids.—R. E. S. HAYES.

Remember *Lecithin* in marked or unexpected nervous exhaustion during severe acute disease. Sensation of internal quivering, general trembling, soreness and tiredness, "confused head".—R. E. S. HAYES.

*Rhus tox.* nearly always the remedy for scabies. The aggravation from heat, warm bed, etc., is pathognomonic; aggravation after midnight and increasing toward morning is characteristic.—R. E. S. HAYES.

Verification of *Comocladia*—sour eructations two hours after eating (no other symptoms were obtainable).—A. PULFORD.

Lucky hit with few symptoms. Acute tonsillitis, aggravated left side, severe occipital headache aggravated by lying. Patient asleep in fifteen minutes and woke up better. *Staph.* was the remedy.—A. PULFORD.

Several smokers have been able to quit after one prescription of *Caladium* CM.—A. PULFORD.

*Tuberculinum* is almost routinely successful for herpes circinata when other symptoms are lacking. One such case, a boy, was a stammerer and that was cured also.—A. PULFORD.

*Apis* for drug burns, iodine, chloroform, etc.—D. T. PULFORD.

*Lycopodium* is a wonderful remedy for large ulcers surrounded by a large area of indurated tissues and dark discoloration.—A. PULFORD.

*Syphilinum* has a most terrible vertigo and is often forgotten in that condition. I verified this in a proving on myself after a dose of *Syph.* 10M.—C. L. OLDS.

It is said that only tubercular people are susceptible to poison ivy, and that *Tuberculinum* will remove this susceptibility.—C. L. OLDS.

*Lycopodium* is the first thought and often the choice in non-descript or atypical skin eruptions, especially if there is a paucity of symptoms.—R. E. S. HAYES.

High potencies act better at times if a little course of low potency has been used, especially when pathology is present.—R. E. S. HAYES.

Contrary to the books, we have never had a result with *Coccus cacti* when the patient continued to cough after getting settled in bed at night.—R. E. S. HAYES.

The "generalities" are the net; the "peculiarities" are the fish. When you get a fish that fills the net or a peculiarity that is general, it is a "good 'un".—R. E. S. HAYES.

"Incurable" case of asthma (allœopathic authority) alternating with hives; *Caladium* CM. cured.—A. PULFORD.

Not a "fish story"! Child set jar of goldfish on warm radiator. One fish discovered dead, the other at surface, belly up, extreme languor, fins lifeless, feeble efforts to avoid the disturbing finger, seeming to desire quiet. *Gels.* 1M. restored fishie in ten minutes or so, no change of water.—R. E. S. HAYES.

Bad little boy banged canary cage to see the bird flutter. We found him settled on the bottom of the cage with eyes closed refusing to take notice of anything, drooping until his bill touched the floor as if about to die. Occasional long gasps roused it only to droop again immediately. There was no fear, the bird was shocked at the mistreatment. In a quarter hour after *Ign.* 900th, the bird was as lively as ever.—R. E. S. HAYES.

## COMMUNICATIONS\*

47 B. Welbeck Street,  
Cavendish Square, W. 1.  
January 29th, 1930.

DEAR DR. ROBERTS:

I have just received a letter from Dr. Helleday (of Sweden) in which he writes:

"November 15th. last year I delivered a public lecture on homœopathy here in Stockholm. In that lecture I quoted a statement from the October issue of *The Homœopathic Recorder* made by the president of the I. H. A. as follows:

"I was told by the ex-president of the American Institute of Homœopathy, Dr. Belting, that when the Prince of Wales reached the side of his father, King George, in his recent illness, he had his personal physician, a homœopath, prescribe for him. The king's physicians had found his blood full of streptococci. The first examinations of the king's blood, after the homœopathic prescription, showed an entire absence of streptococci".

"Now a professor of medicine here in Stockholm claims this is a misstatement. Instead of wasting the time by writing to Dr. Wilson and Dr. Belting about it, I am turning directly to you, Dr. Weir, asking you, not for my sake but for the sake of homœopathy, to confirm or deny that statement. I don't want the allœopathic physician here to be able to accuse homœopaths of using any untrue statements. If that statement of Dr. Wilson's is an error, then I am going to admit so frankly and openly. In that case the blame falls back on Dr. Wilson who repeated the statement, or on Dr. Belting who originated it. If it is true, on the other hand, then I think the medical profession, as well as the public here in Sweden, ought to know about it".

I have just replied to him as follows:

"I am very distressed to get your letter and learn that any such statement has been made regarding the king's illness. There is no truth in the rumor, and it distresses me that it should have been circulated. I am much obliged to you for drawing my attention to the matter. I must write to America".

Needless to say I would have written you at once had my attention been drawn to the statement. I cannot understand how the idea could possibly have arisen, and it places me in a very awkward position with the doctors in attendance, who are friends and colleagues of mine. As the statement has been given such publicity it is honorable that it be contradicted; on the other hand, one does not wish to make any unnecessary fuss.

Yours sincerely,  
JOHN WEIR.

To *The Homœopathic Recorder*:

## THE CASE AGAINST VACCINATION

We sincerely hope and trust that it is not going to take the convening of a grand jury to convince our readers that there is both injury and death in the bite of the asp.

Eruptive fevers, of which smallpox, chicken-pox, measles, etc., are conspicuous members, are not, in a strict sense, either diseases or, necessarily, the product of disease, but simply nature's method of throwing off the waste matter, filth or debris, after which the body is intended, by nature, to be left in a more healthy state than before. These eruptive fevers can not be

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

directly transmitted to those who are not already predisposed to them. If it were true that these eruptive fevers could be transmitted directly to others not so predisposed, then the general public would be in a constant turmoil of epidemics, and no one would dare go near anyone else, and no amount of so-called immunization would avail anything. The effluvia from one going through these fevers can, and does, light up into activity the latent predisposition in others, but, only in those about to go through this process themselves, and such would be apt to have the trouble anyway, preventive or no preventive measures. Disease as properly understood is unnatural and, if not stopped, destructive. On the other hand, these eruptive fevers are a natural sequence, and, if stopped or diverted, as by crude vaccines and sera, are destructive, otherwise beneficial and constructive. Evil after-effects only arise through our own carelessness or neglect. There should be no deaths therefrom.

Vaccine virus now contains smallpox matter, which, when put directly into the system in its crude state, as with external vaccination, produces the same exact irritating effect that the original smallpox matter in the system produced, causing the system to make the same effort to throw this matter out that it did to throw out the original matter, hence the propagation of smallpox by vaccination. If you inquire closely you will find that a case of smallpox, in these days of improved sanitation, rarely, if ever, occurs in a subject who has no history of vaccination either personal or parental.

Vaccination by crude vaccine virus directly introduced into the system through scarification, is impossible, unnatural, unscientific, unsanitary, always injurious and too often fatal. It is a disgrace on the American medical profession that we Americans have to go to England to obtain the truth about the statistics relating to the god VACCINATION. Creighton showed positively that whole epidemics of syphilis had been spread through it (for no one knows exactly of what vaccine virus is composed). The International League acknowledged that vaccine virus produced sleeping sickness. The greatest authority modern medicine ever had, the late Sir William Osler, warned specifically of the dangers of vaccination under certain conditions. All agree that vaccination lights up latent cancer, tuberculosis, syphilis, etc. What other devastating, disease breeding, death dealing orgy could be foisted, legalized and forced onto a defenseless people, even for a day? Now let us take a look at the smallpox epidemics, smallpox scares, etc., and see what vaccination has done toward controlling or abating them.

The regular medical doctor has no more control over a real smallpox epidemic by his external vaccination than the weather-man has control over a tornado. These epidemics only die down after they have run their course and burn themselves out. Before me lie several reports, from which we will quote, as follows:

"Only 88 children under 5 in England and Wales, died of smallpox in the 24 years ending December 1928, while 232 DIED FROM VACCINATION". (Caps mine—A. P.). Thus vaccination proved itself three times more deadly than the disease it was supposed to prevent.

"Smallpox epidemic on the battleship Ohio, 35 cases of smallpox with 7 deaths, all in compulsorily vaccinated men. Revaccination and quarantine ordered". Why?

"England, with but 20% of its population vaccinated, in a given 5-year period, produced but one case of smallpox per 2,000,000 population to Italy's 202, Italy being one of the two best and most thoroughly vaccinated countries in the world, having a rigidly compulsory 5-year revaccination law from which none can escape". "Smallpox has been brought over into England several times from well vaccinated France, but there is no record of the disease being carried from England into France". Why, if vaccination has any value?

"In January 1924, Milwaukee had an epidemic of malignant smallpox".

The firebrand for this epidemic was a man who had been vaccinated. "182 cases came down. 43 of these had already had smallpox, and of these 43 four had been successfully vaccinated" and in spite of this fared no better than the 178 who had also been vaccinated though not "successfully". So you see as we have already heretofore stated—it is one thing to be vaccinated but quite another thing to be protected from smallpox.

"England, in 1872, with 85% of the population vaccinated, had 1,900 smallpox deaths, while in 1922, with but 40% vaccinated, had but 27 smallpox deaths". Which can prove but two things, and those are—that *vaccination propagates smallpox*, and that smallpox will never die out as long as vaccination survives.

Creighton nailed the lie to the statement that—"the unvaccinated are the firebrands in smallpox epidemics", when he investigated and found out that the first unvaccinated person to come down with smallpox during the great German epidemic of 1880, at Leignitz, was the 225th". Again if the unvaccinated "are the menace" how shall we account for this? In America, in 1921, the greatest number of smallpox cases were registered, 102,786, with 572 smallpox deaths. At that time there were 40,000,000 people in the United States who were opposed to and therefore were not "protected" against smallpox. The Philippines with only, yes, less than one-fourth the population and thoroughly "protected" produced two cases of smallpox to every one produced by the unprotected American, which proves that the "unprotected's" chance of escaping smallpox is 50% greater than that of his fully "protected" brother.

From an article appearing in a former issue of the *Recorder* we note the following: "Of 37,443 vaccinations noted by the New York Division of Communicable Diseases, not a single one was returned as immune and only 227 out of 5,229 revaccinations". You will remember that the four cases that came down in the Milwaukee epidemic were also returned as "immune", so you see being returned as immune does not mean anything except theoretically.

Lastly, let us touch, ever so lightly, on the Philippine epidemic of 1918-19, perhaps the worst of its kind in the history of medicine. Dr. Keene, eulogizing Dr. Victor Heiser, and trying his best to make a case for vaccination, is alleged to have stated that "before American occupation of the Philippines, 40,000 Filipinos died annually from smallpox" and "the death-rate was around 5%". Now let us see how much regard Dr. Keene had for the truth in trying to make out his case for vaccination and justify its further use. If, as he is alleged to have stated, 5% equals 40,000, then 100% must equal 800,000 cases of smallpox annually. Is it not about time to page Annanias? If that statement were true, in two years, the life of the epidemic, we would have had 1,600,000 cases of smallpox. So you see how lax one must be in order to be able to hold a brief for vaccination. Here are the true facts: "It is reported that in this, the worst epidemic in all medical history, there were 107,981 smallpox cases and 59,741 deaths therefrom. Immediately after the epidemic started, it is alleged, intensive vaccination was begun. The second year of this epidemic showed an increase (after intensive vaccination was started, mind you) of 13,243 more cases of smallpox and 26,847 more deaths, an increase of over 150% of deaths. That epidemic was brought about through medical ignorance and atoned for by studied prevarication, and only abated after it had burned itself out, as every other storm does. The normal 5% death-rate of the "ignorant" Filipino doctor was raised to as high as 50% by his "more intelligent" American doctor brother. Thus the American doctor must either confess to being inferior medically to his Filipino brother, or, if he saves his face, sacrifice vaccination as a fraud and a producer of more malignant smallpox.

Vaccination is not only useless, but costly in falsity, injury, unnecessary loss of time through unwarranted illness, unnecessary quarantine always abused,

and unwarranted smallpox scares with their inconveniences and demoralization of business, costing this country, annually, millions on millions of unnecessary waste.

#### IS THERE A BETTER WAY?

The vaccinator says no! The homœopath says yes! The homœopath has tested it, the vaccinator has not. Then who is in the better position to render the decision? The homœopathic method is not only effective, but it is safe, sanitary and scientific, and there is no ugly scar to mar the body. This method had a thorough tryout in a real smallpox epidemic in the state of Iowa around 1906. 2,800 persons were immunized by the homœopaths with but 14 failures as follows: 10 failed to take the remedy as directed, three had already been vaccinated two or three days previous and came down within 72 hours, and the other one came down two years later. The rest all proved immune, 547 of them were positively known to have been directly exposed to real smallpox; but not one came down with smallpox. The state health officials refused to accept the homœopath's certificates whereupon the homœopaths took their case to the district courts. The district court judges handed the state health officials the following bit of sage advice and decision: "*Boards of health do not have the power to specify and enforce any recognized method of vaccination to the exclusion of others recognized and practised by any other standard school of medicine authorized and established under the laws of this state*". This then nails the lie to the statement made by the vaccinators that "there is no other known method of smallpox prevention than by vaccination".

In the state of Arkansas, Dr. C. F. Ellis, 43 Spring St., Eureka Springs, has a similar suit pending in the courts and is fighting this case all alone. Only a disgraceful miscarriage of justice can defeat him. Here is the chance of a lifetime for the A. I. H. to show to its members how much of value it is to both them and to homœopathy.—A. PULFORD.

Practical medicine is what Hippocrates called it—an art, not a science. It is based on many sciences, it derives support from them, but still essentially remains an art. Neither chemistry in its wonderful developments, nor microscopical anatomy, nor physiology, nor morbid anatomy, though sciences—can make a practical physician.

Hahnemann lived while those sciences were yet in comparative infancy, microscopical anatomy being a thing unknown; and yet the practice he pursued was quite as successful as any practice of today.

Remember always that while surgery, as a mechanical affair, is a science, practical medicine is an art, and must remain so.

Homœopathy is spoken of as a new thing. It is the *oldest* theory of medicine extant. Allœopathy, like the chameleon, is always changing its colors. Homœopathy is a principle, irreversible. *Homœopathic Review*, 1858.

## EDITORIAL

## EXIGESIS

We are much interested in the article in this issue by Editor Hayes on *An Ideal and Practical Objective for the Spread of Homœopathy*. We wonder whether all our readers feel its profound plea for the vitality of the inner life. In this over-occidentalized period of development, especially, perhaps, in the United States, concentration on the improvement of the outward and visible runs riot. The Armageddon of today seems to be a battle between quantity and quality. The author of the above article is profoundly homœopathic in that he believes that cure and progress come from within outward and from above downward. This is ever the point of view of the seer and the mystic, and in this we heartily concur. His plea is for every homœopath to develop the single eye, to make his homœopathic practice not only pellucid but lambent. He would have us evaluate the symptoms of life and of our time after the Hahnemannian and Kentian method, perfecting the core of our being and our practice, thereby invigorating our power at its source. This seems to us, in all its perspectives and ramifications, the most important objective in human life. Emerson has said, "We descend to meet". However, the problem as we see it, reaches beyond this and we had hoped that our author would follow his prime plea with a constructive program for diffusing quality through quantity, for however much of a saint and a separatist one is, the day of the exhorting and denouncing prophet has largely passed. Neither Jeremiahads nor Isaiahads will teach the rank and file of the year 1930 how to illumine the scene by their own inner life. The first thing, as our author says, is to have the light, to nurture its flickering into a steady and consuming flame, but the second and also important part, is to harness this to the problems of the day. This is expressed with a terseness as simple as *The Organon* in Dr. Hayes's article anent the policy of homœopathy: "To assist and to serve, to not compete".

Think what this means: To *assist*—what? To assist the elect in homœopathy, those who are already masters of it, to consume

the dross of their own ambition and preferment, inertia and bitterness born of discouragement; to assist the muddled to clarify their thought and practice, not only by example but also by realizing the stage of their concepts and building bridges across the chasms between their habitual training and the solid land of homœopathy; to assist our medical colleagues who have not studied homœopathy to an appreciation of its rational and enormous usefulness to them. (This can be done by the private individual to some extent, through the perfection of his practice, by the demonstration of results obtainable by other means, but it must also be done through the official channel of science, by research proving the scientific basis of the tenets of homœopathy. Homœopaths must never forget that the most obvious proposition in mathematics must be proved, and that this proof is often intricate and seems superfluous to the uninitiated.)

To *serve*—whom? To serve the patient; to serve the community, by educating them away from such dangers as suppressions and teaching them the safe and effective homœopathic means of prevention as well as cure, and opening their eyes to the positive possibilities of increased health through chronic constitutional treatment of the relatively well, especially the children; to serve the future of homœopathy by educating physicians in homœopathy, by explaining the fundamental principles to each patient, by being scrupulously up to date in all modern medical technique; and to serve medical science through homœopathic research.

To *not compete*—why? Because there should be no rivalry in science, a medical fact, a natural law, is not a fashion, it needs establishing and demonstration, it needs understanding and co-operation; moreover, because there is no need of duplicating work or expense.

The ideal seems to us to be to have a sound modicum of homœopathy taught in all class A medical schools under the departments of practice of medicine, materia medica and therapeutics, so that the student may have a fair view of the curative possibilities of remedies as a part of his thorough training in general medicine. Then, that there should be, for those who are going into general practice or who wish to make therapeutics a



specialty, a thorough post-graduate course in homœopathy under the best trained and purest masters of this technique. There should also be, in such a post-graduate course, briefer training in the use of homœopathy in the various non-medical specialties, so that a prospective surgeon, obstetrician, eye, ear, nose and throat man, or urologist, etc., could master the relation of homœopathy to his elected specialty. An added ideal would be, following this post-graduate course, for the student of homœopathy to be apprenticed for from six to eighteen months to a homœopath of the first water to clinch by experience his theoretical knowledge. The obstacles, from an immediate practical standpoint, to the teaching of the homœopathic side of materia medica, etc., in our current medical schools are, we strongly feel, less those of prejudice on the part of the medical school administrators than inability on the part of the homœopaths to fill such an opportunity. In order to teach any subject in any professional school one must not only have had rich training in the subject and be able to impart one's knowledge, but one must have behind one, long and accurate research in the subject on the part of others and usually, nowadays, one must be doing a creditable amount of scientific research in one's subject as a parallel to one's teaching. It is our firm belief that when the homœopaths have taken the trouble to think through the foggy places in homœopathics, and have worked out the foundations of homœopathy in scientific research, and can present the accredited truths of homœopathy in a form which is assimilable by the modern scientific mind, then—and rightly not before then—will the doors of the established institutions be open.

A great step toward doing this in this country has been taken. The American Foundation for Homœopathy, which for several years has run a small but pure and thorough post-graduate course in homœopathy, now envisages, as you have read in the previous issue of *The Recorder*, a teaching and also a research centre. This will begin to fulfill the two most urgent needs, first, to train good doctors to be pure homœopaths, and second, to establish empirical homœopathy on the modern scientific basis, and to develop the field of scientific homœopathy through original research. In our editorial next month we shall outline some of

the rich possibilities of this research work which is absolutely essential to the spread and progress of homœopathy.

The more imminent a project involving bricks and mortar, money and wise management becomes, the more keenly do we need to keep ever present Editor Hayes's plea for the pure vitality of the inner life of homœopathy: "To assist and to serve".

—E. WRIGHT.

\* \* \* \*

#### TUBERCULINUM

The nosode, *Tuberculinum*, was first introduced to the homœopathic profession by Swan about 1879. This was many years before the bacteriological identity of tuberculosis was discovered by Koch. Swan's preparation was potentized from the mucous expectoration of a patient suffering from tuberculosis. This preparation is usually termed *Bacillinum*, but the clinical reports show it is to be almost identical in action to the *Tuberculinum* of Koch, which was derived from the lung sputum of an advanced case of tuberculosis. There are other varieties of the nosode which have been prepared, such as *Tuberculinum bovinum*, which was taken from the diseased gland of an animal; and *Tuberculinum aviaire*, which is the tuberculosis of fowls and birds. Our knowledge of these forms of *Tuberculinum* is very largely clinical, although there are some partial provings extant. The homœopathic preparation and homœopathic indications for these nosodes are found in clinical reports, in Burnett's works, Clarke's *Dictionary*, Hering's *Guiding Symptoms*, Allen's *Materia Medica of the Nosodes*, Choudhuri's *Materia Medica*, and scattered writings through many of the homœopathic journals.

Soon after Koch discovered the bacilli and advocated the injection of the serum into the human body as a cure for the disease, there was such a stampede for this possible cure for the dread disease that the hotels of Berlin were filled to overflowing with sufferers from tuberculosis. After a time Koch realized what a fatal mistake he had made, and he discontinued the use of the serum entirely. Since then it has been used very guardedly in infinitesimal doses by some of the leading experimentors in the ordinary school of medicine. After Koch discontinued the

use of this serum on human beings, the veterinary surgeons took up the injection of the serum as a test to discover the presence of the disease in cattle.

This tuberculin testing of cattle, which is also known as the eye test or the tail test, has gone on apace in this country under the approval of the government authorities, and the attempt is being made to force upon producers the testing of all herds that supply milk to cities. It is a striking thing that it seems to be tuberculosis alone, among all the milk-borne diseases, that causes consternation; while septic sore throat, typhoid, dysentery, undulant fever and diarrhœtic troubles are ignored. It has been demonstrated that in its pathology bovine tuberculosis is sensitive only to the bones, joints, skin, glands and viscera. Pulmonary tuberculosis is not transmissible in milk from infected animals, but human pulmonary, laryngeal and *fistula in ano* types of tuberculosis can only be transmitted from one human being to another. So far the tuberculosis of fowls and birds is not transmissible to man. It is also well to remember that human tuberculosis will not develop in animals. If these facts were better known, much of the hysteria and apprehension of the general public against milk-borne tuberculosis would be eliminated.

This tuberculin test as applied to cattle has proved itself very unreliable. This test shows a certain percentage of reactors which are condemned as diseased animals. Upon post-mortem examination it is found that 75% of such slaughtered animals do not show any visible evidence of tuberculosis, while but 25% show gross evidence of the disease. It is said by veterinarians that if a microscopical examination was made of all parts of the slaughtered animals some remote lesions might be found in the questionable 75%. However, the malignantly infected animals do not react to this test, but are left in the herds; and the condemned reactors are frequently sold by the state as suitable for human consumption. It would seem that a better method would be to have each individual member of the herd examined carefully, with due regard to the temperature range of each animal, over a certain period of time and at stated intervals, and that in this way a more accurate percentage of diseased animals would be detected.

It is well for the Hahnemannian homœopath to consider the future resistance of children who consume milk from these tuberculin-tested herds. It is incumbent upon each one of us to study the results of such milk consumption very critically, and to determine its effect upon those whom we wish to protect.

It is interesting to note that Dr. Nathan Raw of England has been at work upon this problem of creating tuberculosis-free herds since 1902. In 1906 he procured a pure culture of the active bacilli from Professor Koch; a culture of active bovine tuberculosis from Professor Calmette of France; and a culture of the avian type from Professor Bang of Copenhagen. From these cultures Dr. Raw has grown colonies of bacilli through 241 generations. Dr. Raw has found that after the eighty-fourth generation they were completely non-tuberculo-genic and non-pathogenic to animals. From these attenuated cultures he has produced a vaccine with which he has inoculated over 2,000 healthy calves at the age of one week, and all these animals thus treated have developed an immunity against tuberculosis. Some of these immunized calves were later inoculated with virulent tuberculosis and failed to develop the disease, while unimmunized controls died within four months of receiving the virulent inoculation.

This work of Dr. Raw's is particularly interesting to the homœopath, for he contends that the bovine tuberculosis vaccine is not satisfactory nor dependable as a vaccine on these calves, and instead, he uses for immunization a vaccine prepared from the human or avian type. This bears out the contention of the homœopath, that it is the similar rather than the isopathic remedy that is to be depended upon. From a clinical point of view we use the avian type usually in conditions with the pulmonary manifestations; the *Tuberculinum* where there are glandular manifestations; and the *bovinum* where there are intestinal manifestations.

This whole subject of *Tuberculinum* needs very critical analysis on the part of Hahnemannian homœopaths, in the way of careful provings of the various types of *Tuberculinum* that are available; and a very vigilant watchfulness of its effects on the consumer, when the crude injections are strained through the medium of cows who have been inoculated with the serum.—

H. A. R.

WHAT RELATION DOES HOMŒOPATHY BEAR TO, AND HOW DOES IT DIFFER FROM, MODERN MEDICINE?

Homœopathy bears no relation to modern medicine whatever, in fact it is the antithesis of modern medicine. Boenninghausen expressed the matter definitely and finally when he said: "I consider Hahnemann's doctrine a precious and inalienable jewel, ever more gloriously will it unfold its banner, and ever more brightly beam in the firmament of science if it is not attired in false raiment or borrowed attire. Every admixture is but to her detriment". Homœopathy, as soon as all the curative agents are proven, will be perfectly independent of any or all other systems of medical healing.

Homœopathy differs from allœopathy in that homœopathy is a strictly scientific system of medical healing governed by an *unchanging natural law*, while allœopathy consists solely of a chaotic assemblage of non-correlated states governed by no law whatever. The results of homœopathy are achieved and sanctioned by nature which is *unfailing* and *infallible*, while the results of allœopathy are achieved mainly by physiological force, and sanctioned alone by man's experimentation and *fallible* experience. Homœopathy can only change with the changing of natural law, while allœopathy does and must change with every passing fad. Homœopathy has a true guide, while allœopathy is "a ship at sea without compass or rudder". It was truly remarked awhile ago by an allœopath that: "If a regular doctor that had died 50 years ago were to come back to earth to take up his profession again *he would have to graduate all over again*". He would find what he had honestly considered to be right at that time to be absolutely wrong at the present time and just as wrong as today's allœopathic practice will be 50 years hence. On the other hand, no matter when the homœopath returns to earth to take up his former profession, he will find what he had practised and learned years ago is just as true and effective today as then. Some difference in favor of homœopathy!—A. P.

## CARRIWITCHETS

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

7. What remedies besides *Calc.* have "vertigo sensed in the vertex"?—R. E. S. HAYES.

8. What remedies have you found particularly useful in endocrine disorders, both hypo and hyper conditions of the pituitary, thyroid, ovaries, adrenals, etc.?—E. B. LYLE.

9. Has tapeworm been removed by the homœopathic remedy alone or does it have to be removed by mechanical means, the remedy removing the effects of its presence?—E. L. DAVIS.

10. Has *Filix mas* in potency had any beneficial results in treating tapeworm?—E. L. DAVIS.

11. Is there any homœopathic remedy that has the symptom "love for dogs" or any other animal?—E. L. DAVIS.

### ANSWER TO QUESTIONS IN FEBRUARY ISSUE

*The mother tincture of CALENDULA, on keeping a few months, shows a deposit. Is this deposit detrimental and, if so, should it be filtered off before using? Not long ago I asked a doctor, a homœopath, whether CALENDULA was as good as tincture of iodine for immediate application to injuries such as cuts, lacerations by garden tools, animal bites or scratches, especially of dogs and of cats. He told me that CALENDULA had not as much antiseptic power as iodine and advised me to use the iodine. Would an expert kindly give his opinion about this?*

—This deposit is not detrimental to the *Calendula* but, as we object to all extraneous substance in wounds, it would be better to filter it out.

—If the taps of a tiny mallet will weld two small gold wires, why use a sledge-hammer? In the mechanical conditions spoken of *Calendula* is enough. If the cat or dog bite is a mere scratch, *Calendula* is enough, but if they are deep, as they often are, they fall into the class of punctured wounds; then rely on neither *Calendula* nor iodine, but hunt the homœopathic remedy. Why? Yes, there is a reason. Will you who have asked the question, tell me the reason?—F. E. GLADWIN.

—The mother-tincture of *Calendula* will throw down a precipitate upon standing. This is inevitable because of the action of alcohol in precipitating starchy substances. This is not detrimental in any way. However, for perfection of pharmaceutical appearance, it would be well to filter it.

—The action of *Calendula* on lacerated surfaces is very beneficial, and is more potent than iodine. *Calendula* has a direct germicidal action in clearing up suppuration. Iodine acts as an irritant on lacerated surfaces, and has no greater antiseptic power. On punctured wounds it is much better to use *Ledum*. However, in all these conditions, "cleanliness is next to godliness", and the action of the internal remedy in dynamic form is much more potent as a healer and protector of the whole economy.—  
H. A. ROBERTS.

*Under what remedies does the symptom "sucking the thumb" come?*

—Isn't "sucking the thumb" a habit instead of a symptom? It is natural for most babies to suck anything that they can get in their mouths and, once having found the thumb, sucking it soon becomes a habit.—F. E. GLADWIN.

If the medicine produces a good effect in the first eight or ten days, that is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the medicine has completed its action. To give another remedy before the lapse of this period would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure*. This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act *as long as the improvement of the patient continues*, were it far beyond the period which is set down as the probable period of the duration of that action.—HAHNEMANN.

## CURRENT HOMŒOPATHIC PERIODICALS\*

### A HOMŒOPATHIA

(In Portuguese)

(Rio de Janeiro, Brazil: Jan.-Dec. 1929), II, 1-94

This journal for the year 1929 has contained articles on the progress of homœopathy in different countries, different homœopathic association meetings, cases, homœopathic philosophy and materia medica.

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(Calcutta, India: Aug. 1929), XXXVIII, 225-256

Reprints only.

THE JOURNAL OF THE AMERICAN INSTITUTE  
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<i>A Few Factors Affecting the Mode of Action of Drugs and Some Examples of the Physiological Mechanism of Symptom Production: The homœopath, with his clinical proof of the action of remedies on the diseased individual should be stimulated to "enquire further and more deeply into the essential principles of drug action and the myriad numbers of influences which may alter the inter-action of drugs and living tissue". It should be "the province of every homœopath to take part in scientific research aimed at explaining the many observed phenomena of research laboratory and clinical practice. In his chosen field of drugs, the homœopath has no room for narrow vision; he must consider every angle". In this article Dr. McGavack sums up some of the recent advances in the physiological mechanism of symptom production and its relations to homœopathy. Among the subjects discussed are: Factors altering pharmaceuticals; factors altering inter-action of drugs and tissues; verification of Hahnemannian procedures, including the use of the single remedy, dosage, with the relation of drug stimulus to effect, the reaction period; why the materia medica is difficult; the rationalization of symptomatology (or the simple phraseology of the provers explained by physiological mechanism of symptom production). Under this last heading some of the symptoms of the provers of Nux vomica, Bell., Sulph., Nicotine, Calcium and Iodine are physiologically explained. This is an excellent article of the type which will put homœopathy before the mind of the regular school in a form which they can understand. It should be read in full by every good homœopath. Appended is a list of references which would well repay reading.—E. L.</i>	

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<i>The Arndt-Schulz Phenomenon and Homœopathy: This article should be read by every good homœopath. The first experiments were to demonstrate the action of chloral on intestinal muscle of warm blooded animals. One part of chloral in 5,000 parts of Tyrode solution registered on the kymograph only stimulation, not great but not followed by a period of depression. Three parts in 5,000 registered first stimulation, more intense but less prolonged, followed by an equally intense depression which usually lasts longer than the period of stimulation, after which the muscle returned to normal. Seven parts in 5,000 showed transient stimulation, at times quite intense, soon followed by profound depression with irreversible changes and death of tissue. Often the stimulation is absent and there is only depression. With these results in mind a long list of experiments was undertaken to illustrate the application of the principle involved to the treatment of disease. The effect of chloral on the heart, blood pressure and respiration, as shown on the kymograph was practically the same as that produced by Lachesis. As "one of the principles of homœopathy states that a remedy which produces in large doses a morbid state resembling, as closely as possible, the one in question, should improve that state in correspondingly small doses". If this is true Lachesis, in small doses, should improve the chloralized animal. More experiments, which are probably among the very few existing, objective experimental demonstrations of the homœopathic principle by pure pharmacological agents, is summed up as follows: "If moderate doses of Lachesis were given, there was a summation of the chloral and Lachesis effects and death occurred. If Lachesis was given in sufficiently small doses, there was an immediate (within two minutes) restoration of normal cardiac action and an improvement of the blood pressure and respiration". This experiment was repeated a few hun-</i>	

dred times until it was possible to adjust the dose and obtain probable cure by experimental means.

The writer then takes up the much more complex aspect of the Arndt-Schulz phenomenon, namely, the reversibility of action, immunology and non-specific protein therapy and their relation to homœopathy.

He sums up ten years of study of the Arndt-Schulz phenomenon in experimental homœopathy as follows:

"It shows the greatest possibility of objectively demonstrating in an experimental manner the validity of the homœopathic tenets. As such it deserves the closest application and scrutiny of the best minds in the profession who must cease to regard the mere reading of the rule as the end of the chapter but begin to look upon it as opening an entirely unexpected field of research.

"As a result of five years' intensive study of the Arndt-Schulz phenomenon, I am convinced that many reversible actions have nothing to do with it and the profession will save itself considerable embarrassment by ceasing to cite as proof of homœopathy every reversible action"—E. L.

### L'HOMŒOPATHIE-FRANCAISE

(In French)

(Paris: Dec. 1929), X, 681-760

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L. Vannier, M. D., Paris	
<i>Homœopathy and Typology</i> : Vannier frankly divides the homœopathic world into two camps, the pure Hahnemannians, and a group which he feels is led by the French homœopaths. This group might be called the eliminative school, as they employ drainage remedies. All therapeutics should be directed, he says, both to the nature of the illness and to the nature of the individual patient. He discusses disease, defining it as the expression of the defense effort of the organism against an invading intoxication, and discusses the localization of disease and its acute and chronic forms. Under remedies he gives examples of the objective signs of remedies; the functional signs (such as decreased urea in <i>Lyc.</i> , the presence of acetone in <i>Senna</i> ); sensory signs which should be studied as to, (a) form, (b) duration, (c) localization, (d) time of appearance; psychic signs (epitomizing the mental of <i>Lach.</i> , <i>Lyc.</i> , <i>Thu.</i> ). Next he discusses the patient whom he defines as a healthy man who makes "his" disease and calls for "his" remedy. Vannier thinks isotherapy should be used against the nature of the illness, and homœopathy to combat the individual type. He believes we cannot know our healthy man and therefore be able to practise homœopathy without knowing typology. This article is opposed to the principles of Hahnemannianism as understood by the I. H. A., but as this method is prevalent on the continent, and as this paper forms the opening lecture of a course in homœopathy, we have abstracted it for information for and discussion by our readers.—E. W.	
<i>Tuberculosis and Drosera</i> : Dr. Renard bases his paper on ward walks with Dr. Margaret Tyler of London, in which he saw her give <i>Drosera</i> 200, one dose, to three cases of cervical adenitis. In answer to his question	

about this she referred to the fact that Hahnemann mentioned *Drosera* in laryngeal tuberculosis, and that Dr. Curie proved its homœopathicity to tuberculosis, and its election of the abdominal and cervical glands. We will not give the data in full on tuberculous, bone or gland disease as we are republishing Dr. Tyler's monograph on the subject as it brings out a hitherto little known aspect of *Drosera*. Renard ends with three successful cases of *Drosera* in tuberculosis.—E. W.

### LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon: Dec. 15, 1929), X, 733-788

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<i>Thyroid Syndromes and Their Relation with Homœopathic Materia Medica:</i>	
Dano gives a scholarly resume of the physiology of the thyroid in relation to: Gestation, growth, nutrition, allergy, immunity and anaphylaxis, connection with the nervous system, connection with other glands. He continues with the pathology of the thyroid and the classification of thyroid states. Many thyroid conditions, Dano says, correspond to remedy types we know, many do not. The effect of thyroid disturbance on the three different mineral constitutions of Schussler is expressed by certain of our remedies, for instance, the <i>Calc. fluor.</i> constitution or, less often, the <i>Calc. carb.</i> one combined with hereditary syphilis, showing hyperthyroidism (as at the menopause) correspond to a <i>Lachesis</i> type. The <i>Sepia</i> type is related to a <i>Calc. fluor.</i> constitution with both syphilitic and tuberculous background (the suprarenal elements going with the tuberculous). The <i>Thuja</i> type, which is often a <i>Calc. carb.</i> constitution, has thyroid trouble due to syphilitic or sycotic chronic disease, also with some signs of suprarenalism. In the next number Dano will go on to examine remedy types on this basis.	
<i>Oozing Dermatoses:</i> Of special interest in the homœopathic treatment of eczema, as given by Le Tellier, are <i>Rhus ven.</i> (debility, worse in northeast wind, burning, itching, especially of head, face and genitals); <i>Croton tig.</i> (first for moist eczema of the scrotum, especially if alternating with explosive summer diarrhœas); <i>Graph.</i> (impudent, teasing children, or timid, easily discouraged, fat, chilly women, eczema of the lids, fissures, etc.); <i>Canth.</i> (red, burning vesicles); <i>Clem.</i> (right-sided occipital eczema after suppressed urethral discharge, oozes at waxing moon, of value in those treated by mercury); <i>Dulc.</i> (bleeding eczema, in blonds or red heads, after suppressed sweat, etc.); <i>Mez.</i> (thick oozing, worse on chin or scalp, after abuse of mercury or where mercury has failed); <i>Merc.</i> (sweats which aggravate, trembling, impulsive, in young people); <i>Ran. bulb.</i> and <i>scel.</i> (pemphigus); <i>Hepar sil.</i> and <i>sulph.</i> ; <i>China</i> (erysipelatous dermatitis with glands, one hand hot and other cold, nerves, periodicity); <i>Petr.</i> (fiery red with gelatinous oozing, easy bleeding, usually dry skin); <i>Dolich.</i> (itching at onset or with jaundice, or with eczema or dentition); <i>Viola t.</i> (on face and behind ears with crusts, fissures, gummy exudate); <i>Vinca minor</i> (skin reddens from least touch, dermatographia, strong odor to discharge, plica polonica); <i>Kreos.</i> (dorsum of hands and fingers); <i>Calc.</i> ; <i>Solidago</i> (as liver and kidney drainer); <i>Rad. brom.</i> (eczema of aged with metabolic disturbance); <i>Psorinum</i> ; <i>Tub.</i> he suggests as a focal application for eczema, especially of the face, fresh cream.	
In regard to impetigo he features <i>Arsenicum</i> , <i>Calc.</i> , <i>Graph.</i> , <i>Merc.</i> , <i>Mez.</i> , <i>Rhus</i> , <i>Sulph.</i> , <i>Viola t.</i> , also <i>Con.</i> , <i>Iod.</i> , <i>Nit. ac.</i> , <i>Sep.</i> and <i>Staph.</i> (chronic military eruptions which burn on scratching, itches in the evening, with painful glands). Sycotic fig-warts: <i>Ars.</i> , <i>Merc.</i> , <i>Nat. sulph.</i> , <i>Nit. ac.</i> , <i>Phos. ac.</i> , <i>Staph.</i> and <i>Thuja</i> . He ends by suggesting <i>Med.</i> or even isopathy with auto-vaccine in potency by mouth.—E. W.	

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# THE HOMŒOPATHIC RECORDER.

VOLUME XLV. DERBY, CONN., APRIL 15, 1930. No. 4.

## BUREAU OF HOMŒOPATHIC PHILOSOPHY

The New School in Medicine, represented in its purity by the International Hahnemann Association, through the Bureau of Homœopathic Philosophy, extends to the profession a cordial invitation to attend the June sessions and become acquainted with the fundamental principles of its practice presented by masters of the true healing art.—J. W. WAFFENSMITH.

## BUREAU OF OBSTETRICS AND PEDIATRICS

Among the interesting papers for the Bureau of Obstetrics and Pediatrics are: Some Obstetrical Thoughts, by Dr. W. A. Yingling; Homœopathic Remedies Most Useful in Labor; Personal Experiences with Homœopathy in Obstetrics; Remedy Types in Children; Homœopathy for the Feeble Child; and two papers on two of the most disastrous diseases of infancy and childhood, Cholera Infantum and Acute Rheumatic Fever.—E. B. LYLE.

## AN APPEAL

What true homœopathist has not seen the similar remedy cure conditions usually regarded as being amenable to surgery only? More of these cases should be reported through the I. H. A. Transactions or *The Recorder*. May we not ask our confreres to write me direct, or send in reports for the pages of *The Recorder*.

On account of overwork and many difficulties resulting from the destruction of his office by fire, Dr. C. M. Boger has felt himself obliged to resign the Chairmanship of the Bureau of Surgery, and Dr. W. W. Wilson has most kindly consented to take his place.

Will those members of the I. H. A. who can report so-called surgical cases treated successfully by medicines, make a point of sending such reports to Dr. Wilson as soon as possible?

The time is all too short for preparing a bureau program.—  
GRACE STEVENS, *President*.



SAMUEL HAHNEMANN  
Born April 10, 1775

## A GLANCE AT HAHNEMANN AND HOMŒOPATHY\*

COUNT ERNST VON BRUNNOW

Count Brunnnow is already well known as the able translator of the *Organon* of Hahnemann into French; and this little work before us shows him to be a man of an observing and independent mind. The brochure begins with a notice of the early part of the life and writings of Hahnemann; and in this we find nothing sufficiently new to warrant extraction; but a little farther on he gives so interesting a glimpse of the social and domestic life of our great reformer, that we shall lay it before our readers as nearly as possible in the words of the writer.

"It was on a clear spring day of the year 1816 that I, a young newly enrolled student of law, sauntered with some of my companions along the cheerful promenade of Leipzig. Among the teachers of the university, were to be found at that time many notables, and not a few originals. Many a professor and master stalked gravely along in the old fashioned dress of the former century, with a perruque and bag, silk stockings and buckles on his shoes, while the pampered sons of the landed gentry swaggered about in hussar jackets and pantaloons ornamented with points (*treffen-besetzten*), or in leather breeches with high dragoon boots and clinking spurs.

"Tell me', said I to an older student than myself, who was walking with me, 'who is that old gentleman with so extraordinarily intelligent a countenance, who walks respectfully arm in arm with his somewhat corpulent spouse, and is followed by two pairs of rosy girls?'

"That is the celebrated Doctor Hahnemann with his wife and daughters. He takes a walk regularly every afternoon round the town with his wife and daughters', was the reply.

"What', rejoined I, 'is there about this Hahnemann that makes him celebrated?'

"Why he is the discoverer of the homœopathic system of medicine, which is turning old medicine topsy-turvy', replied my acquaintance, who, like myself, was from Dresden, and had also enlisted himself under the colours of Themis.

\*Reprinted from *The British Journal of Homœopathy*, Vol. III, 1845, page 119.

"My curiosity was excited, and I wished to know something more about him. My companion belonged to the enthusiastic admirers of Hahnemann, who attended his lectures, and gladly assisted in the proving of medicines. Everything he told me about the remarkable man excited my interest in the highest degree. From my childhood I had been delicate, and a victim of physis, so that my confidence in medicine was very frail. Besides other grievances, I suffered especially from my eyes, which I required at that time most especially. Impelled by hope, I read the *Organon*, and was more and more taken with homœopathy at every line. It was the first medical book I had had in my mind, so that it did not strike me at that time that doctrines which appeared so clear, supported by reasoning so consistent, might yet be too exclusive in their character, and have their dark side also. I was a zealous proselyte, and, like all neophytes, admitted no salvation beyond the pale of my own church. I made the resolution by putting myself under Hahnemann's treatment.

"Hahnemann, at that time, was in his sixty-second year. Locks of silver-white clustered round his high and thoughtful brow, from under which his animated eyes shone with piercing brilliancy. His whole countenance had a quiet, searching, grand expression; only rarely did a gleam of fine humour play over the deep earnestness which told of the many sorrows and conflicts endured. His carriage was upright, his step firm, his motions as lively as those of a man of thirty. When he went out his dress was of the simplest; a dark coat, with small clothes and stockings. But in his room at home, he preferred the old household, gaily-figured dressing gown, the yellow stockings, and the black velvet cap. The long pipe was seldom out of his hand, and this smoking was the only infraction he allowed himself to commit upon his severe rules of regimen. His drink was water, milk, or white beer; his food of the most frugal sort. The whole of his domestic economy was as simple as his dress and food. Instead of a writing-desk, he used nothing but a large plain deal table upon which there constantly lay three or four enormous folios, in which he had written the history of the cases of his patients, and which he used diligently to turn up and write in while conversing with them. For the examination of his patients

was made with all the minuteness of which he has given an example in the *Organon*. \* \* \* \*

"A very peculiar mode of life prevailed in Hahnemann's house. The members of his family, the patients and students of the university, lived and moved only in one idea, and that was homœopathy; and for this each strove in his own way. The four grown-up daughters assisted their father in the preparation of his medicines, and gladly took part in the provings; and still more this was done by obliging students whose names will be found carefully recorded in connection with their individual observations in the *Materia Medica Pura*. That these experiments were not at all injurious to those engaged in them, I can testify from personal observation. The patients enthusiastically celebrated the effects of homœopathy, and devoted themselves as apostles to spread the fame of the new doctrine among unbelievers. All who adhered to Hahnemann were at that time the butt of ridicule or the object of hatred. But so much the more did the homœopaths hold together, like members of a persecuted sect, and hung with more exalted reverence and love upon their honoured head.

"After the day had been spent in labour, Hahnemann was in the habit of recruiting himself from eight to ten o'clock, by conversation with his circle of trusty friends. All his friends and scholars had then access to him, and were made welcome to partake of his Leipzig white beer, and join him in a pipe of tobacco. In the middle of the whispering circle, the old Æsculapius reclined in a comfortable arm-chair, wrapped in the household dress we have described, with a long Turkish pipe in his hand, and narrated by turns, amusing and serious stories of his storm-tossed life, while the smoke from his pipe diffused its clouds around him.

"Next to the natural sciences, the condition of foreign nations formed a most favourite subject for conversation. Hahnemann had a special fondness for the Chinese, and for this reason, that among them the children were educated in the strictest obedience and respect for their parents—duties which, in the civilized countries of Europe, were becoming more and more neglected. Indeed, the family of Hahnemann presented a pat-

tern of the old German system of training the children. The children did not display only obedience, but the most hearty love towards their parents. Although living in the luxurious and elegant Leipzig, yet the daughters of Hahnemann took no part in any public amusement; they were clad in the simplest fashion, and undertook most cheerfully the humblest household services. Hahnemann had but little satisfaction from his son, who led so foolish a life in the place where he was settled, as to be obliged to quit it. His father never mentioned him.

\* \* \* \* \*

"From his pupils, Hahnemann exacted not only intelligence and diligence, but the strictest propriety of life. I know of one case, in which he peremptorily closed his door against a young and talented medical student, whom he discovered to be living with a person of loose character.

"During my latter years at Leipzig, Hahnemann's prospects were somewhat overclouded. His flourishing practice, and numerous adherents, had become too alarming to his adversaries not to prompt them to take such active measures for his suppression as lay within their power. The implement to effect this was, naturally enough, the laws against his dispensing his own medicines. The matter was brought before the courts of medical jurisprudence, and from them Hahnemann appealed, and the decision was delayed.

"At this time, one of the heroes of the German war of liberation, the Austrian field-marshal, Prince Schwarzenberg, had become affected, besides other complaints, with an apoplectic palsy of the right side, and for this he had tried the skill of all the most eminent physicians in vain. Homœopathy alone had not yet been tried, and to enable him to get all the advantage of the new system, he came to Leipzig, to place himself under Hahnemann's own eye. The first consequence of this honourable tribute to Hahnemann, was the suspension of the process the apothecaries had commenced against him. Had Prince Schwarzenberg recovered, then had homœopathy enjoyed an immediate triumph in Saxony, and even in all Germany; but every art has its limits. Hahnemann undertook the case, as a desperate one, on which he could try the effects of homœopathy.

To the astonishment of all, the patient felt himself better from day to day; and he was seen driving about after a little time; but the powers of life had been too much weakened to permit of his recovery. The former malady returned, and the Field-marshal died in the same town, into which, in the same month of the year 1813, he had entered as a conqueror. Although the dissection proved that no medical skill could, by any possibility, have been successful in the case, yet the issue of it was very injurious to Hahnemann. The suspended process was immediately resumed, and it was decided that Hahnemann must give up the dispensing of his own medicines".

The consequence of this was, that he had to leave Leipzig, and seek the protection of the Duke of Anhalt Kothén. Here the personal reminiscences of Count Brunnow close; and as the rest of the work is compiled from materials already familiar to our readers, we need quote no further; but may observe, however, that should any one translate the brochure, we have no doubt it would be popular, and do good service to the cause.

#### MIMULUS LUTEUS\*

A native of North America, found occasionally in the British Isles. Flowers used. The mentals are most important; its physical side is usually the result of mental strain. They comprise depression, vague unknown fears, marked desire for quietness, aversion to talking and to being questioned, loss of ability to fight for personal individuality (the patient will do anything to avoid controversy). In more marked cases there is great weakness, tiredness, tachycardia, no desire for food, and frequently a 5 p. m. aggravation.

Brilliant results have been obtained in post-influenzal debility, and nervous breakdown under the strain of domestic unhappiness due to overpowering relations or even friends, devitalization by other too powerful personalities, etc. It returns confidence and ability to stand up and face the difficulties of daily life, causing also a marked improvement in general physical health.—

E. BACH, M. D.

\*From *The Homœopathic World*, Vol. LXV, Feb. 1930, page 34.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

### II

#### THE EPITOME OF HOMŒOPATHIC PHILOSOPHY

Homœopathic philosophy may be divided into three sections, the theoretical, dealing with how and why remedies act, which is so abstruse that it can best be dealt with by the more advanced student; the didactic, meaning the rules and tenets; and the practical, which comprises the art of applying the rules in prescribing for the actual patient, understanding the results, and following through the subsequent prescriptions to cure.

First, let us take a bird's eye view of the didactic aspect. Health, to the homœopath, is a state of harmony between the parts of the body and also between the person as a whole and the cosmos. In real health the as yet unexplained life force in each person is vigorous. It is usually spoken of as the vital force, which in disease is the true curative power. The object of giving the similar remedy is to stimulate the vital force. The object of hygiene and mechanical intervention is to clear its path of obstructions. No remedy can cure disease, it can only at best enable the vital force to function properly again.

Disease, to the homœopath, is a state of disharmony involving at least three different factors, some morbid influence, the susceptibility of the person affected, and the individuality of the patient modifying the form the disease takes. Homœopaths do not try to cure the morbid influence but to cure the patient himself. In order to cure the patient the most similar remedy must be given.

Symptoms, to the homœopaths, are the language of the body expressing its disharmony and calling for the similar remedy. For prescribing one must take the totality of the symptoms, which includes the mental symptoms; the "generals", predicated of the patient as a whole, which include his reaction to meteorological conditions, time, bodily functions, food, etc.; the particulars, predicated of any part of the patient, and the "mo-

dalities" of these (that is, what aggravates or ameliorates), and especially such particulars as are "rare, strange or peculiar"; the causative factors, such as ailments from grief, wetting, riding in a cold wind, suppression of menses, etc.; and the pathological symptoms, indicating the elective affinity of the remedy for certain tissues or organs.

Homœopathy regards acute disease as an eliminative explosion, which, if handled in the proper homœopathic manner, leaves the body in a healthier condition. This does not mean that the acute disease should be allowed to run its course, for if the symptoms are met at its inception by the *simillimum* the disease will be aborted and yet the economy will be purified. No acute case under homœopathic treatment from the beginning should die, and there should be no permanent sequellæ. Acute epidemic diseases often run to one or two epidemic remedies which vary as the disease shifts geographically. In this connection the epidemic remedy is an admirable prophylactic, although the chronic constitutional remedy is always the best preventive. Sequellæ following acute diseases are not strictly speaking part of the acute trouble but are flare ups of chronic disease aroused by the acute condition.

Chronic disease is not self limited and shows no tendency to ultimate recovery if untreated. This is the unique sphere of homœopathy. Practically every one has some symptoms of latent chronic disease, and to the homœopath chronic disease is the basis of susceptibility. By taking the totality of the symptoms from birth on, a deep-acting, chronic constitutional remedy can be chosen which will aid in fending off future acute disease and remove many inherited and acquired encumbrances to the vital force. Hahnemann divided chronic diseases into three main categories or "miasms", psora, syphilis and sycosis. These may appear singly or in combination with each other or with drug disease engrafted by improper treatment. This matter of the miasms is the most difficult and moot question in homœopathy but the fundamental thesis of the importance of chronic disease in general is essential.

Having prescribed for chronic disease, if you have given the true *simillimum*, the symptoms are cured in accordance with Her-

ing's three laws of direction: From within outward, from above downward, and in the reverse order of their appearance. This is never the case in chronic disease untreated by homœopathy, therefore when observed one can be sure that it is the remedy which is curing and that the correct remedy has been found. Hering's laws are so important that we will give an example: A rheumatic fever case, where the joint symptoms have disappeared and the heart is affected receives the *simillimum*. The heart improves, pains return in the shoulders and elbows, these disappear and the knees and ankles are involved, these in turn pass off and the patient entirely recovers. The symptoms went from within outward (heart to joints), from above downward (shoulders to knees), and in the reverse order of their appearance (heart to limbs instead of limbs to heart). If the symptoms do not go in this order the remedy is wrong. When a patient on a chronic remedy develops a different symptom, search back in your record or question your patient rigorously to determine whether this is the recurrence of an old symptom (a good sign, in which case no further remedy should be given). If it is not an old symptom search the pathogenesis of the remedy given. If the symptom appears in the proving give nothing, if not, the choice of the remedy must be revised.

These laws of cure may or may not apply in acute disease, usually they do not. If the picture of a chronic disease includes a suppression, especially if the suppression is due to crude drugging, the chronic remedy acting according to the third law of cure will sometimes restore the original discharge or eruption. The percentage of cases in which this return is from the original channel is relatively low. With good prescribing, however, some exteriorization takes place even though this may only be a diarrhœa or a coryza. One of the times when any practitioner most needs a thorough knowledge of homœopathic philosophy is when, after chronic prescribing he is faced with such a discharge having more or less acute symptoms. He must then decide whether this is a return of an old trouble in its original form, or a compensatory vent, or a new acute disturbance, or an aggravation. If it is the first he should wait and give *Placebo*, explaining the process to sustain the patient's morale. If it is the second he should attempt

to do the same. If, on the other hand it is the third, or the second is too annoying to the patient or even dangerous, one should prescribe an acute remedy and give it in low potency (thirtieth or even the twelfth, surely not above the two hundredth). After this the action of the chronic may not even have been disturbed. Often the acute remedy called for will be found among the acute complements of the chronic remedy. If, in the fourth case, the disturbance is merely an increase in one of the patient's complaints, or is found under the pathogenesis of the chronic remedy given, it can be classed as an aggravation and should receive no medicine, except *Placebo*, unless dangerous as above. If it is so serious as to threaten life, owing to the chronic having been given in too high a potency, an antidote may be in order. The selection of the antidote will be taken up in a later lecture. The great point is not to mix up your case and spoil it by giving unnecessary remedies.

In addition to acute and chronic diseases there are, of course, diseases due to drugging, or to bad hygiene, and there are diseases which have ultimated themselves in pathology calling for surgery, and also troubles which are primarily surgical like foreign bodies, fractures, extra-uterine pregnancy, etc.

A word should be said here about pathology and surgery. From the homœopathic standpoint much of pathology is protective, abscesses, ulcers, tumors are an effort on the part of the vital force at localization and extrusion. Such pathology should not be removed by surgery until *after* the sick constitution which produced such pathology has been cured. Often in the course of cure the pathology will shrink or be absorbed. If not, it remains as a foreign body and is a subject for surgery. Its removal before the cure of the constitution simply means that, balked at that outlet, the vital force will seek another one, either by recurrence in the same form or by more deep seated trouble. As to surgery, some of the orthodox homœopaths hold that any surgery that is not merely a mechanical adjustment\* (such as ventral suspension of the uterus) is a definite bar to cure, the idea being that in the unraveling of the disease it gets back to where the knot was cut by surgery and can go no further. It requires the keenest judgment to decide when a case has gone too far to be relieved

by remedies, and emergency surgery is indicated in a crisis. The homœopathic remedy should always be resumed after the surgery.

In any of these classes of disease where they have been wrongly treated one should include the symptoms of the patient before the incorrect treatment, in other words original symptoms, in the totality.

Having glimpsed the didactic aspect we must run over practical philosophy. The unique law which is the basis of all homœopathy is *similia similibus curantur*. How we arrive at this equation, the actual studying of drugs and patients is the province of later lectures. The actual handling of cases after the first remedy has been selected is the more difficult part of homœopathy. First is the necessity of giving the single remedy. This precludes the use of compound tablets, alternation of remedies, unhomœopathic adjuvants such as cathartics and anodynes, etc. In a case where the miasms are mixed it may be impossible to cover the totality of the symptoms with one remedy. In such a case observe which miasm is, so to speak, on top and prescribe for the totality of symptoms of *that* miasm, and when these symptoms are cleared off the layer beneath, representing, perhaps, another miasm may be prescribed for, again by a single remedy. Sometimes the remedy indicated may be one which has power over all the miasms, as for instance, *Nitric acid*. The single remedy does not mean that only one remedy should be used throughout a case, although that is the desideratum, but simply one remedy at a time. It cannot be too often stated that one must not give a remedy lightly nor change it frequently. In acute diseases the single remedy at a time still holds although the remedy may have to be changed as the case develops, in which case some of our master prescribers hold that the original remedy may be indicated again at the close of the cycle to complete the case. Further details on the single remedy will come up in the lecture on prescribing.

Next in importance to the selection of the single similar remedy is the question of dosage. The classic rule is "the minimum dose". We prefer the term the optimum potency meaning the potency on a plane most similar to that of the patient at the moment in question. Hahnemann's original choice of the word minimum served two purposes, first, to discourage the enormous

crude drugging of his time, and secondly, to point out that the high potencies have a different action from crude drugs. The whole potency question will be discussed in a later lecture in full.

The question of repeating the dose is the next in importance. As a simple rule for beginners high potencies should be given in one dose with *Placebo*, the low potencies, 30th. and under may need repetition. After giving the single dose of the single similar remedy the student *must watch and wait*. The duration of action of remedies and the factors influencing it will be discussed later. The general rule is to give nothing more than *Placebo* while improvement continues, in other words as long as the patient himself feels increasingly better regardless of the accentuation of certain symptoms. The beginner must learn not to try to make a good thing better by repetition as this defeats itself. According to the case, the potency and the remedy, the need for repetition may occur in from a few hours in acute disease (or a few minutes in desperate cases) to weeks, months and even a year or more in chronic cases, although waiting is perhaps the most difficult lesson for the eager homœopath. He must wait with knowledge or valuable time will be wasted. How is he to know whether the remedy is the right one or is still acting? In acute cases the general well being of the patient should be apparent in from a few moments to two or three days. In chronic cases it varies from a few hours to several weeks sometimes, indeed, it is only apparent after the second dose. In chronic cases Hering's laws of cure, mentioned earlier in this paper, will show you whether you are on the right track. It is at this point, while watching the action of your remedy, that you must understand the subject of homœopathic aggravations. An aggravation is not necessary to improvement, but it often occurs even with master prescribers. The usual cause of severe aggravation is an error in the potency or the presence of marked pathology. Aggravations are of two kinds, disease aggravations and remedy aggravation. The first of these is merely the natural progress of the disease and does not concern us here. The second or remedy aggravation, which is a sort of house cleaning, is indicative of the prognosis of the case, and has about twelve recognizable forms which will be discussed later. Due allowance for aggravation must be made be-

fore considering repetition of the dose. A general rule is that even during aggravation the patient, as a whole, in himself, feels better.

The subject of the second and subsequent prescriptions, one of the most important in the subject homœopathic philosophy, will be better understood in connection with prescribing later on.

Another very vital point in the homœopathic philosophy is that of suppressions. The causation of suppressions are dependent on so many factors; the results of suppression untreated so dire, and frequently unrecognized; and the results treated so brilliant, that a complete lecture will be devoted to this subject.

To present homœopathic philosophy lucidly and logically to a novice is well nigh impossible. The student is urged to read and re-read the appended list of books and to send in to the Carriwichee Department questions which arise.

BOSTON, MASS.

#### READING LIST

*Lectures on Homœopathic Philosophy* by James Tyler Kent, M. D.

*The Genius of Homœopathy* by Stuart Close, M. D.

*A Synopsis of Homœopathic Philosophy* by R. Gibson Miller, M. D., *Journal of Homœopathics*, Vol. IV, August, 1900, page 194.

*The Organon* by Samuel Hahnemann, M. D.

*Homœopathy the Science of Therapeutics* by Carroll Dunham, M. D.

*Manual of Pharmacodynamics* by Richard Hughes, M. D.

#### CASE OF VIOLENT SCIATICA

This tremendously instructive case of the most violent type of sciatica was only temporarily held by *Acon.* and *Ars.* For lack of proper reaction to remedies *Sulph.* was then given, when the pains began to wander about over the limb. This pain was deep seated, worse from pressure but better by walking and flexing limb only, worse before stool with a sudden loss of sensation in the lower leg. *Kali bich.* 12, four doses at lengthening intervals, brought unbelievable relief.—C. M. BOGER.

## DROSERA\*

MARGARET L. TYLER, M. D.

A few years ago, I came to the startling conclusion that the only two people who really knew anything about *Drosera* were Samuel Hahnemann and myself; and I have had it in my mind ever since that I would like to communicate such knowledge as I possess to my colleagues the world over. An opportunity has now been thrust upon me, and I can only hope that I may be enabled to rise to the occasion, and add something very real to our powers of fighting at least one formidable disease, tuberculosis.

Of course, everybody knows all about *Drosera*! Has it not a place in every *Manual of Domestic Homœopathy*, and a groove in every box of a dozen homœopathic remedies, fitted for emergencies, and for common use? For *Drosera* is classical and that for a hundred years, as a laryngeal remedy, and as our great remedy in whooping cough.

But when, through a happy accident, I began to realize what *Drosera* can do in tuberculous disease of bone, of joint and of gland, I was amazed, and I started hunting homœopathic literature for my warrant in so using it. Kent knew it not. Clarke knew it not. But so far as bone and joints were concerned, I found my justification in black type in the provings of Hahnemann. I wonder why we are content to take most things at second or third hand; why we so seldom go to the fountain-head? How many homœopaths of our day read Hahnemann's *Materia Medica Pura*? I shall refer to his chapter on *Drosera* again and again. But I may tell you that Hahnemann gives big black type not only to the laryngeal symptoms that have made *Drosera* famous among homœopaths, but he also gives the same big black type to JOINTS, TO SHOULDER, TO HIP, and again and again in separate paragraphs, TO ANKLE; besides to the SHAFTS OF LONG BONES, and to all JOINTS; and the same big black type for PAINS IN LIMBS, and in diverse MUSCLES. Hahnemann also, in a footnote, especially designates the use of *Drosera* in laryngeal phthisis.

But it was only after I had shown some of my own gland and bone *Drosera* cases to the Society in 1920, that the whole

picture of *Drosera* began to dawn upon me. I was rather apologetic, I remember, about my use of *Drosera* in such cases; and in fact, I think my indications were demanded of me. But after the meeting, Dr. Kennedy referred me to the *Cyclopædia of Drug Pathogenesis*, where the key to the whole position lay, in the experiments of Dr. Curie. For Dr. Curie proved the homœopathicity of *Drosera* to tuberculosis in its widest and most important aspect—that is, he showed that *Drosera breaks down resistance to tubercle every time in animals supposed to be absolutely immune to that disease*; and he also proved to his own satisfaction that *Drosera* was also able to raise the resistance to tubercle, by curing early phthisis. And I saw with joy that, in Curie's experiments, GLANDS, especially abdominal and cervical glands, were tremendously affected.

Ancient, non-homœopathic medical literature, as Hahnemann points out, suggests the same fact—viz., the opposite, or homœopathic action of *Drosera*. It was what Hahnemann had written, together with his further researches in literature, that suggested to Curie to determine "*the exact physiological action of the plant*" and to see "*how far it was connected with the Law of Similar*". For, among the ancients, *Drosera* had been alternately extolled as a remedy for consumption, and abandoned as a remedy for consumption—as accelerating the disease. Hahnemann explains this. He says, several of the older physicians found this plant useful in some kinds of malignant cough, and in phthisical persons, thus confirming its (homœopathic) medicinal power; but the moderns, having no knowledge of any other than large doses, knew not how to employ this uncommonly heroic plant, without endangering the life of their patients; hence they rejected it altogether.

And now a word about *Drosera rotundifolia* (sundew), which Hahnemann describes as "*one of the most powerful medicinal herbs in our zone*".

*Drosera* is, I believe, our only insectivorous plant. It sits on the ground in boggy places, with its circle of round leaves, studded with glandular hairs, which exude drops of viscid, acrid juice, and which close down on, and digest, any hapless insects that dare to settle on the plant.

\*Reprinted from *The British Homœopathic Journal*, April 1927.



*Drosera* has an evil reputation in regard to sheep fed on pastures where it abounds. They are said to *acquire a very violent cough*, and to *waste away*.

Hahnemann, in a footnote to his black-type laryngeal symptoms of *Drosera*, points out "their likeness to some kinds of laryngeal phthisis, *where Sundew is so peculiarly useful*, provided there be no specific cachexy".

In the sixteenth century, the Sundew had a reputation as an excellent remedy "to restore vital moisture in persons labouring under consumption"; but Gerarde states that "they have sooner perished who used the distilled water thereof, than those that abstained from it".

Sundew had also a reputation for the cure of madness; and in the homœopathic provings we find, RESTLESSNESS (in black type), SUSPICION, DELUSIONS OF PERSECUTION (in black type), and inclination to suicide by drowning. It was used also in coughs and diseases of the lungs, and here also it is purely homœopathic. Also in chronic asthma—purely homœopathic—and palpitation of the heart.

So now I can add to my very select list of those who have, more or less realized *Drosera*—its uses, its sphere of action, and, what is so important for us, its powerful opposite actions:

(1) Physicians of the sixteenth century, who suggested *Drosera* as an excellent remedy for consumption.

(2) Gerarde (1545 to 1612), who states that those who took the distilled water of *Drosera* for consumption died sooner than those who abstained from it.

(3) Hahnemann, who proved it, and indicated its uses, and taught us how to employ it safely and efficaciously.

(4) Dr. Curie (father of the Curie of radium fame). It was Dr. Curie, I believe, who first introduced homœopathy into England, and whose experiments with *Drosera* have made its use in tuberculous affections absolutely scientific. (A translation of his article, *Experimental Researches on Drosera*, may be found in *The British Journal of Homœopathy*, Vol. XX, p. 39.

(5) The authors of the *Cyclopædia of Drug Pathogenesis*, who quote Curie and record his work at some length.

(6) Dr. Hughes who, in his *Pharmacodynamics*, refers at length to Curie's experiments and results.

Now a word about Curie's EXPERIMENTS.

Curie chose cats for his experiments, the cat being, of all animals, least liable to tuberculosis. He says, "it is not certain that tubercles have ever been found in cats".

His experiments were only three, "because of the difficulty of obtaining enough of this small plant *for the long time these experiments require*". "Because", as he says, "it is not a question of exciting functional symptoms, depending on the nervous system". "Tuberculosis", he says, "is a work of time; and a drug capable of producing in its action on the organism the formation of tubercles, will require time in which to do so".

The results of his three experiments were so conclusive that he felt bound to publish them. For he found that *the prolonged use of Drosera induces tuberculization in animals*; and he states that its power to cure tuberculization has never failed him.

The first cat was killed after six weeks on a trituration of *Drosera*; 15 centigrammes every day.

The second cat was killed after a whole year of daily dosing with an alcoholic tincture of *Drosera*, increased from one drop to 1,600 drops at the last, evaporated. No wonder Curie found it difficult to "get enough of this small plant" for his experiments!

The third cat, under the drug for six months, and still alive when Curie read his paper before the Academy of Sciences of France, "presents", he says, "the same symptoms as the other two", and he believes the same lesions will be found post mortem.

#### DROSERÁ IN SPASMODIC COUGH, AND IN WHOOPING-COUGH

Hughes talks of the spasmodic cough of *Drosera*, and how "Hahnemann's wonted sagacity led him to perceive this, and to recommend the medicine in pertussis".

But we all try to improve on Hahnemann—with consequent loss of power. Hahnemann states that a single dose of the 30th. (the decillionth) potency, is quite sufficient for the cure of epidemic whooping-cough (according to the indications given by certain symptoms which he enumerates). "The cure takes place", he says, "with certainty in from seven to nine days, under a

non-medicinal diet. Care should be taken not to give a second dose, for that would not only prevent the good result, but do serious injury, as I know from experience".

Hughes, who loves to go one better than Hahnemann, and whose otherwise magnificent book is unfortunately responsible for much of the non-Hahnemannian "homœopathic" practice of later years, suggests "repeated doses of the 1st., or 1st. decimal", (*instead of Hahnemann's decillionth, or 30th.*) "to bring uncomplicated cases of whooping-cough to an end in two, three, or four weeks" (*instead of Hahnemann's seven to nine days*) "with mitigation of the severity of the attack meantime".

But Hughes got called over the coals for this, and had to print a footnote to the effect that homœopaths truer to Hahnemann in their practice, "had recently confirmed the correctness of Hahnemann's observation" (*British Journal*, Vol. XXXVI, p. 268).

I may say that I have been in the habit, from the first, of curing whooping-cough with single doses of *Drosera* 30 or 200; and I saw a good deal of whooping-cough during the war when in charge of the Children's Department of the Hospital. On a few occasions, one thought well to repeat, after a fortnight, if any cough remained. I can remember one failure, where I had to work out the case and gave another medicine. It was in a child of 4, brought back a week later, no better—worse—and reeking of camphor, which she was wearing in a bag around her neck. This was not quite Hahnemann's "no other medicine"; in fact, Hahnemann says of *Drosera*, "Camphor alleviates and *antidotes* its effects". The camphor was discarded, and after one dose of the indicated remedy, *Carbo veg.* 1m., the child was practically well in a week.

I have not troubled to look up my cases of *Drosera* in whooping-cough, but here is one:

David S., an infant. His father and mother were among our missionary students a couple of years ago.

Nov. 1. Ill. Temperature 102 degrees F. Coughing and vomiting. *Bry.* 1m.

Nov. 2. Much better. Better night. Less vomiting.

Nov. 3. Less well, fits of coughing, with a whoop (?). *Drosera* 1m., one dose. It was whooping-cough, and the baby was well within fourteen days.

And now a confession! A couple of years ago I had a personal experience of a violent cough, that, to my amazement,

turned out to be whooping-cough. I also, unfortunately, tried to go one better than Hahnemann (though on his own later lines), and disregarding his warning about not repeating, I plussed *Drosera* 30. It did not work. Then, after standing about evening after evening, after hospital, in bitter winds, waiting for trams, and complicating the matter with "flu", I got really very ill, and there was no doubt as to the diagnosis. I floundered about with one medicine after another and grew worse; and when the thing had got quite beyond a joke, with agonies of coughing all through the night, as well as by day, cough that hurt horribly, now here, now there, with loss of voice and hearing, and a big corneal hæmorrhage, one dose of *Drosera* 1m. was like oil on the waters—the almost instant peace is indescribable!—and I proceeded to get well.

But I got something at least out of my sufferings, and I will hand on the tip. Tell your patients when they wake up in the night with that fiendish tickling at the right side of the larynx, and agonies of cough that hurts horribly, the one thing to do is to shut the mouth, and breath in slowly and deeply through the nose—as we used to be taught to do as children when choking. This has the most extraordinarily-controlling effect on the spasm.

Hughes quotes Jousset as saying, that the power of *Drosera* in spasmodic coughs is one of the best illustrations we have of the efficacy of infinitesimal doses. The precise definition of its sphere of action being, "Cough from tickling in larynx, with vomiting of food". Jousset quotes 107 cases, of which 101 were cured or relieved.

Hahnemann's whooping-cough symptoms, from the provings, include:

Cough, coming from quite deep down in the chest.

Cough, the impulses of which follow one another so violently that he can hardly get his breath.

Crawling in the larynx which provokes coughing.

Cough ending in vomiting, etc.

It is interesting to note that Hughes, who questions Hahnemann's single dose of the 30th. potency, quarrels also with Dr. Curie's crude dosage. When Hughes tried to follow Curie—even afar off!—with drop doses of the strong tincture of *Drosera* four

times a day, he only succeeded "in setting up a most violent spasmodic cough in a phthisical patient, which subsided into the ordinary cough of phthisis when the medicine was discontinued". Others have had similar experiences, he says.

No! Hahnemann's way of using "this uncommonly heroic drug" is undoubtedly the safest and most efficacious, as I hope you will presently allow.

And now for the case that taught me the value of *Drosera* in TUBERCULOUS DISEASE OF BONE.

It was a case of spinal caries in a small boy I took over with the Children's Out-patient Clinic when the war broke out.

Charles S. He first came to hospital, under Dr. Purdom, in February 1913, at 2 years of age, with a history of *diseased finger for twelve months*, and *diseased spine for six months*. So he had started young. The finger had been operated on at the Children's Hospital. For three months he had been lying on a board. Mr. Eadie ordered a Thomas splint with headpiece. Index finger was swollen, and he had profuse night sweats.

Three months later he got a double Thomas splint. He improved with infrequent doses of *Tub. bov.*, chiefly 200 and 30.

Ten months later the finger was well.

After a year's attendance he was getting thin, but he again improved under single doses of *Tub.*, *Calc.* and *Sulph.*

After twenty-one months the case-note reads: "Mr. Eadie reports prognosis good, but must remain on back another twelve months. The boy was then 4.

In July 1915, for cough, some threatening of trouble in lungs, and night sweats, with thirst for cold water and craving for salt, he got *Phos. 6x. t. d. s.* three days.

In September 1915, after two and a half years of treatment, he was sent in to me by Mr. Eadie for whooping-cough. He had been very ill, since last seen, with scarlet fever, bronchitis, and now whooping-cough. I gave him *Drosera 200*, one dose.

Two months later, VERY MUCH BETTER in every way. Putting on flesh. The mother was so definite as to the good effect of the last medicine on the child's health that I "began to sit up and take notice". As he was coughing at night, he got a second dose of *Drosera 200*.

Two months later (January 1916). Cough well. (He had a good deal of coughing from the first—three years). He was eating well; putting on flesh. Fat and flourishing. The change in the child was amazing. *Drosera 200*, p. r. n., one dose.

Not seen again for six months, then VERY much better. The remedy was repeated at long intervals, while the child bloomed.

In November 1917, he walked in without his splint.

A year later (November 1918), my note is, "Boy's spine very good. Has not worn apparatus for nearly two years. Goes to school for the last six months".

Then for the symptom, "Stool escapes at school" ("from nervousness?") he got one dose of *Aloe 1M.*, which put that difficulty right.

Then he did not come to the hospital again for eleven months. He had not made progress (I was told) for the last six months, and had lately been under a local doctor for rheumatism. So he got *Drosera* again.

Later, the war being over, he passed out of my care.

But that lucky attack of whooping-cough in a child with Pott's disease, not only entirely changed the course of his malady, but it taught me to use *Drosera* for tuberculosis of BONE. And every one of the cases I am going to show you really grew out of this one.

#### A SECOND CASE OF SPINAL CARIES

Sydney C., aged seven and one-quarter. I had put his father's neck right, with several manipulations, when it was almost fixed down on the right side after a bad accident two months before; so he brought me his little son, greatly deformed from cervical caries; a very difficult proposition! (X-ray plates of boy's neck shown).

I first saw the boy at Out-Patients, March 1922. It was a case of tuberculous disease—a bad one. It began at 4 years old. Knee was first affected, then a finger, then his neck, for a year and a quarter. He had been treated at the Children's Hospital, and at Canterbury. He was now at home.

He had had car discharges for twelve months. He had three fits the previous November. He was brought in a spinal carriage. He lay on some kind of a board. He was never allowed to sit up. He was a happy little fellow, with an extraordinarily deformed neck, which he would move from side to side with alarming jerks. He was in no pain. *Drosera 200*, one dose.

A month later (April). Sleeps and eats well. Complains of nothing. No medicine.

Another month (May). Turns head now easily, all ways. *Tub. bov. 1M.*, one dose.

Two months (July). Knee quiescent. Eats and sleeps well. "Only wants to run about". I have not recorded when, on Mr. Hey's advice, he was allowed to sit up. It must have been now. *Drosera 200*, one dose.

Four months (November). Fell back in his spinal carriage and hurt his knee. Seems to have broken adhesions, as it is less stiff. *Ruta 200*, three doses six hourly.

Another seven months. (June 1923). Much stronger. "Sits up better, and holds head up without supporting it. Can raise himself from lying into a sitting position without holding on to anything". "Knee bends, never complains of it now". *Drosera 1M.*, one dose.

A year later (June 1924). I had not seen the boy meanwhile, but I had heard about him. His parents took him flying about the country in the side car of a motorcycle—long journeys; sitting up, with his neck being joggled all the time. This failed to break it! *Drosera 1M.*, one dose.

Another month (July). Improvement again started. Much better in himself. No medicine.

Another month (August). Has gained 1 pound. Sleeping better. *Tub. bov. 1M.*, one dose.

Another three months (September). Looks very much better. Puts on about 1 pound in three weeks. Sleeps well eleven hours. No medicine.

Another three months (February 1925). Put on 3-4 of a pound a week now. More energetic as he stands and walks about. Knee much better also.

Another three months (May). *Drosera 10M.*, one dose.

Another six months (November). Brought because a boy had kicked the bad knee. A superficial bruise only. Bends it more lately. *Tub. bov. 1M.*, one dose.

March 1926, another four months. Looks very well. Active. Good color. Father takes him out all day long on his van. Does not mind the jolts. "Happy as the day is long". *Drosera 10M.*, one dose.

October 1926. I am told that he has had nothing new of his disease since he came here first in 1922, four and a half years ago. Till then there had

been a succession of tbc. manifestations. Even when he had fallen and injured his knee, it had only broken adhesions, and increased movement; and when a boy had kicked it, there had been nothing worse than a bruise to show for it. *Tub. bov.* 1M., one dose.

I saw him last a month ago (December 1926). He looks a very good color. They say he is 4 stone now and gaining half a pound a week. He was brought because, for six days, he had had pain in his head and was deaf, with discharge from ear. No mastoid trouble.

Treatment in this case was very intermittent. The family, I believe, has been living in different parts of the country. When within reach—or when they think of it—or when they are alarmed about anything, the boy has been again brought to the hospital. *His progress alone* has been uninterrupted. It is lucky that the reactions to *Drosera* are so long-lasting.

Hahnemann gives big black type to JOINTS, also.

#### CASE OF TUBERCULOUS DISEASE LEFT WRIST

John B., aged 5, March 14, 1919. Wee boy with tuberculous disease of left wrist. Very painful. Could not bear it touched or looked at. Shrank away. Wrist was thickened. Skin was ulcerated. Movements limited. Could not supinate. His mother had died of tuberculosis. *Drosera* 200, one dose.

In a fortnight. "Much less pain—none"! Moves fingers much more. Still the red swelling on palmar aspect of wrist. Child seems much better. Wrist was evidently less painful, for he allowed it to be touched and examined, and turned it about cheerfully. No medicine.

Another fortnight. Begins to use hand. Wound has discharged a little. No medicine.

Another fortnight (April 25). Is complaining of wrist again. *Drosera* 200, one dose.

Another fortnight (May 9). Less swollen. Less painful. Just a scab over sore. No medicine.

Another fortnight (May 23). Can supinate. Can flex wrist, can use hand. "Uses it a lot more". A little more pain, so *Drosera* 200, one dose.

Three months after treatment began, I showed the boy at one of our Clinical Meetings. The note is: "The child looks blooming. Grandmother says, 'No pain at all' since the first dose of *Drosera* given. He began to sleep well at once. He still likes his arm in a sling, but uses his hand playing, etc." All movements free and painless. He had had three doses of *Drosera* in six months.

X-ray soon after this showed that the radius was apparently not affected; though (from pressure?) it was rather narrower than the other. Carpal bones were smaller and ossification delayed. It appeared that the disease had only affected tendons and soft parts. He got a fourth dose of *Drosera* in July.

September (after six months of treatment). Growing. Sleeps well. Wrist stationary. *Ruta* 200, one dose. (That great wrist medicine).

Fourteen days later. Discharging. Some pain-throbbing and stitching. *Drosera* 1M., one dose.

A month later. Not so well, not sleeping so well. New nervous symptoms. Sweating in sleep. "Teeth not coming again". *Tub. bov.* 200, one dose.

I may say that a dose of *Tub. bov.* has often an extraordinary effect in delayed dentition. I remember a woman bursting in upon me with her daughter, a girl of some 18 years, and crying, "You

said you would make her teeth grow, and she has got (I think it was eight) in a month"!

I only saw the child once more, in December. War was over, and the doctors drifting back, and we reverted to our own clinics—where we had changed about, in order to keep the hospital going. I forgot to tell the mother to bring the child to me, and the doctor who now got him, handed him promptly over to a surgeon, and he was taken into hospital, and his wrist scraped. It was a pity, and a pity also, that I had started playing with other drugs. But I had a sneaking feeling in those days, with my then knowledge of *Drosera*, that it was a bit empirical. And with much experience of *Tuberculinum*, I was always tempted to put in an occasional dose of that remedy, which may have helped—or may not! Getting this paper together, and studying the material for it in collected form, has given me a much heightened knowledge of *Drosera* and how to use it; and has revealed to me what a poor prescriber I really am.

I am afraid scraping and healing the wrist that way did not help the poor mite, for I find that a couple of years later he was again in hospital with tuberculous peritonitis, and was removed by his parents about six weeks later.

As students, I remember, we were warned never to put a knife into a tbc. patient; and we then saw some terrible examples of the futility of operations on tbc. sinuses.

Dr. Weir has given me a case of his to illustrate the use of *Drosera* in TUBERCULOUS SINUSES.

A boy, aged 13 1-2. First seen September 1925. Eight months ago, swelling constantly recurring in his right forearm, followed by several smaller areas in left arm. After hot fomentations these increased in size, and he subsequently was operated on, when a considerable amount of pus oozed out. The discharge would not cease. X-ray showed that the bone was not apparently affected. There was a very bad tubercular history on both sides of the family. When first seen, the boy had three considerable areas of typically tuberculous-looking tissue, which scabbed over, and broke down alternately. He was given a single dose of *Tub.* 200, and later single doses of *Silica* 30 and 200 with considerable benefit.

In December 1925, the note was: "The scars are all smaller and no longer painful. Some discharge, however, in one of the wounds, the other two remaining quite dry". (That was after about three months' treatment).

December 14, 1925, he was given *Drosera* 200, a single dose. A month later, the scars were found to be freely movable (typical *Drosera* results!), having lost, except in one or two places, their attachment to the deeper structures. And the boy was altogether better in every way, appetite good, spirits better, keener on his lessons. The medicine was not repeated till March 15,

1926, (three months later). Then the note reads: "The scars are thin, not the least puckering. . . ." He got his second dose of *Drosera* in the 1m. potency.

A month later (April) the note is: "All scars are quite loose, even in the right arm, which had been the most obstinate, and the discoloration is disappearing".

In June last, six months after the first dose of *Drosera*, the note is: "Discoloration faint. In certain lights the skin looks almost normal". The boy was very well, fat and flourishing.

For slight threatenings, he has received an occasional dose of *Drosera* since, in varying and high potencies. Remains well, looks clean, fresh, alert and capable. Dr. Weir saw him a week or two ago.

#### CASE OF DISEASE IN LONG BONE—TIBIA

Maud T., age 38. Came to Out-patients, May 4, 1916. Complains of right leg for five years. Had an operation (University College Hospital). She says during the operation "the cavity was filled with wax and closed up". A long, clean scar is to be seen, almost the length of the tibia. The tibia is enlarged, bulges forward, with an irregular surface. It feels hot, and she complains of burning pains. Ankle is a trouble lately. X-ray showed a large part of tibia as a rough rockery. Diagnosis was doubtful (specific or tuberculous?). In the course of nearly three years I gave her: *Asaf.* 30, *Pot. iod.* crudely (3 gr., t. d. s. for a couple of months). Then *Luet.* 30, then *Pot. iod.* 3 gr., t. d. s. again for a couple of months. Then *Sil.* 30, a dose, helped more and she looked better. Then *Luet.* 30 again, then *Kali iod.* 6. But she was not really better. She still had the burning pains—"burning and cramps". She got *Zinc.*, then *Agar.*, then *Asaf.* again, then *Luet.*, then *Pot. iod.* gr. 3, t. d. s. for two months. Two years had now passed.

January 1918. Leg the same, burns badly. Husband died of rapid phthisis. *Tub. bov.* 30, one dose; but again "no better". Then *Symphytum*; then *Sil.* "Bone burns intensely". *Sil.* 1m., one dose helped, and pain was less severe. Then *Rhus*, then *Zinc.* again, and *Symphytum* again; while she was sometimes worse, sometimes better. *Lach.* helped a bit, but the burning and pain continued. She looked haggard for want of sleep. My chronicle for nearly three years, is *pain*, and practically *failure*.

In May 1919, three years after we started, leg was less well and more swollen. *Drosera* 200, one dose. In a fortnight, "easier". In a month, "a little better; burns less". Two months after the first dose of *Drosera*, "much less pain. Looks blooming. No pain at night for several months", i. e., since the first dose of *Drosera*.

And from now on, instead of a dreary chronicle of pain, my notes read: September, very much better, less burning, sleeping very well.

October, well till two days ago. "Now the old pain coming back—not bad—only a reminder". Very slight burning. Some pain in knee. Sleeps splendidly and feels well. It was five months since the dose of *Drosera*. One was tempted to repeat. But she was too well.

November, never gets the burning now. But crampy pains in leg a week. Still in her "much better" state. But after six months she got her second dose of *Drosera* 200. She never looked back—so far as that leg was concerned. She hurt the knee of the other leg, and has had trouble with it several times. From time to time in the seven following years she has got a dose of *Drosera*.

In August 1922, three years after the first dose of *Drosera* she says, "Some days she wouldn't know she has a bad leg. Feels ten years younger". Looks very well. Has had a holiday and leg no trouble, though by X-ray the bone is "fearful and wonderful to look at".

She still comes to see me. Any burning in the other tibia alarms her, and from time to time the left knee gives trouble.

Where *Drosera* helps, results are very soon seen, and invariably in renewed health and spirits, and in utterly changed appearance. I have seen this so often. The patient who needs *Drosera* and gets it, simply blooms. There is no other word for it.

It was this tibia that made me splendidly realize that Hahnemann was right when, in his *Materia Medica Pura*, under *Drosera*, he put pain in the long bones in big black type; and that those who followed him in compiling materia medicas, and transcribed these symptoms of his relating to bones and joints, were wrong. They have robbed us of many brilliant results, by reducing the type of what he stressed as so important.

But unfortunately every comparative pigmy since Hahnemann's day, who writes about, or attempts to practise homœopathy, is always prepared (without the colossal studies, experiments, experience, and knowledge of Hahnemann) to go one better.

I suggest that we all, forthwith, open our materia medicas at *Dros.*, and underline in red all the black type symptoms Hahnemann gives us, of what he calls, "one of the most powerful medicinal herbs in our zone".

In Curie's first cat, killed after six weeks of *Drosera*, he says: "I found a very considerable enlargement of the mesenteric glands".

In his second cat, killed after a year, there were also abdominal lesions—spleen—Peyer's patches—and of the "shut vesicles of the large intestine". *All three cats had diarrhœa.*

Here is an abdominal case, treated by *Drosera*.

Edna B., aged 19. First seen at Out-patients on May 6, 1924. Came up with a diagnosis of enteritis. Gets attacks of diarrhœa, and cannot go to business. Had 14 attacks in 24 hours at Christmas. Now has about 5 stools a day. Stools very loose, pale, at times mucous. Passed blood at Christmas time, not now. Any pain is in left abdomen. Head sweats at night. Examination: Abdomen boggy. A nodule is felt in left abdomen (a tbc. abdomen?) Temperature normal. Tongue and throat dry. Used to get a rash. Worse in morning, worse heat. Sinking 11 a. m. Depressed. Hates fuss. Hurried and worried. Hungry, "mother won't let her eat". Desire for meat, fat, sweet things. *Sulph.* 30, one dose.

In one month (June) has been better a week or so, but says medicine "turned her upside down". With menses much diarrhœa for 14 days. Feels as if everything inside falls down. For this "bearing down"; with intolerance of heat; hurried and worried; desire for meat, and "hates fuss", she got *Lil. tig.* 10m., one dose.

July 1. A little better. Bearing down better. Takes food better. Pain abdomen much better. No medicine.

Another month. A little better. Depressed and headaches. *Tub. bov.* 200, one dose.

Another month. Better but digestion bad. *Drosera* 10M., one dose.

Another month, September. Getting on splendidly. Takes food much better. "Goes to business now". Skin itches all over (*return of an old symptom*). No medicine.

Another month. Rash all over. Menstrual period with pain and faints. Menstrual period very often offensive. Irritable and impatient now, a new thing. *Drosera* 10M., one dose.

Another month. Has been much better. "A different girl". Spots at times.

Eleven months later, November 1925, for legs "aching and swelling". *Drosera* 10M., one dose.

N. B.—She never complained of diarrhœa or digestion or of abdomen after the first dose of *Drosera*. We are told that we shall not cure deep or chronic conditions without bringing out some temporary skin manifestation, or excessive sweating, or diarrhœa, etc., and that we meddle with these at our peril.

Curie says of his cats:

*Drosera* causes the production of tubercular elements in the lungs, and acts at the same time on the lymphatic system in general.

In his second cat, you will remember, killed after a year of *Drosera*, there were *huge submaxillary glands*.

I will give you just a few *Drosera* gland cases.

And first a case of tuberculous cervical glands cured with one dose of *Drosera* 200.

Mary W., aged 18. Came to Out-patients September 1919, for tuberculous glands in neck. She had the mass for seven months. It had discharged after breaking about a week ago. Now the wound was scabbed over. There was an indurated and discolored mass about 2 inches long, extending above and below the scab. Maternal grandmother had died of phthisis. *Dros.* 200, one dose.

Fourteen days later. Mass smaller. Eating better. Feeling better. No medicine.

Another month (October). Scab still, which comes off. Glands much smaller. No medicine.

After two and a half months' treatment (November). Improving. Putting on flesh. Better color. No medicine.

January 1920, four months since the dose of *Drosera*. Much better. Eating well and gaining weight. For the last three days discharging slightly. Only a small round gland now. (When first seen it was an elongated mass, with discoloration and scab in the centre). Doing so well, still no medicine.

March. *Six months after the one dose of Drosera*. Looks blooming. As there was a slight thickening of the scar still, she got her second and last dose of *Dros.* 200.

Here there was not only marked improvement in the glands but in the health of the child, from the moment she got her dose of *Drosera*; and as she never relapsed there was no justification

for a follower of Hahnemann to give her a second dose. For Hahnemann has laid it down that: "The surest and safest way of hastening the cure is to let the medicine act so long as improvement in the patient continues". And Hahnemann says, "He who observes this rule with the greatest care will be the most successful homœopathic practitioner". And Hahnemann again states: "A single dose of a carefully-selected remedy often produces an improvement in the state of health, which continues, even to the restoration of health. *This result could not have been obtained if the dose had been repeated, or if another remedy had been given*".

In regard to *Drosera* for glands, Dr. Weir has given me one of his cases.

Boy, R. M., aged 11. First seen September 24, 1917. There was a history of polypi, both ears, since five weeks old, with subsequent granulation tissue and discharge. Condition had progressed till he had, at the age of 8, required a mastoid operation on both sides, soon afterwards followed by recurrence of trouble in the left ear. Then the boy had done fairly well till the beginning of 1917, some eight months previously, when, after German measles, the discharge was considerable. With Dr. Weir the boy did very well on varying potencies of *Lyc.*, *Tub. bov.* and *Silica*.

He was examined in the following year, 1918, by Mr. Dudley Wright, who found the left ear covered over with perfect scar tissue, and no discharge. The boy had multiple scars on both sides of his neck, which were very deep and adherent, and bluish in appearance.

Knowing the value of *Drosera* in freeing such adhesions, Dr. Weir now put the boy on this drug, in single dose and in varying potencies, with the result that the tissues became much less adherent, and there was much less puckering. The skin also altered, and became much more like the surrounding tissues.

After several years' interval, the boy was seen in December 1926. He had remained well as regards any trouble with the ears. The scarring in certain lights hardly showed at all, and certainly there was very little puckering, and the color of the scar hardly differed from the normal surrounding tissues.

The boy had had single doses of *Drosera* at long intervals.

Mr. Hey was telling me that he had been very disappointed with *Drosera* for glands. It occurs to me to wonder how he prescribes *Drosera*? Whether, perhaps, he gives repeated doses, not realizing what Hahnemann insists on, particularly in regard to this remedy, that a second dose immediately after the first not only inevitably prevents the good results but may do serious injury—"as I know from experience", adds Hahnemann.

I have had a number of cases of cervical glands doing well under *Drosera*, some of them after long treatment with us or elsewhere, and with a great deal of ugly scarring.

What one invariably notices is that the cases that react to

this drug, react rapidly, with astonishing improvement in general health and well-being. Where they do not react rapidly, I know that I have not got my remedy. But over and over again I find recorded in *Dros.* cases, and often on the very next visit "patient looks blooming". I do not think this expression occurs—it certainly does not occur constantly—in my records in regard to any other remedy.

In *Drosera* gland cases one notices, not only the diminution in the size of the gland, but that the old scars fade away, get free, and come to the surface; that discoloration goes, and that when a gland does break under *Drosera*, it behaves in a very restrained manner, with a very small opening, very little discharge, and that it leaves practically nothing to mark what has taken place. Dr. Weir has also been delighted with this effect on tuberculous scars of *Drosera*.

#### GOITRE

Here is a goitre case, practically cured with one dose of *Drosera* 200. I showed this patient, without a goitre, some five months later, at one of the B. H. S. meetings.

Alice H., aged 31. Came to my out-patient clinic Feb. 5, 1920. It was a case of goitre, started four years ago, increasing in size. Patient had been to University College Hospital, where she was down for operation, but she refused, and came on to us. Goitre was hard, 4 1-8 inches across (as measured by pressing the sides in, and taking a tape across, not around, the swelling). Complained of indigestion. Menstrual period, excessive loss. Father has phthisis. Sister now in sanitarium. *Drosera* 200, one dose.

Three weeks later goitre much smaller.

Another month (March 1925). Still improving. Goitre only 2 1-4 inches across now. Digestion much better. Looks well. No medicine.

Another month. Very little goitre left. No medicine.

Another month. Practically nothing left. Very well; indigestion at times. Flushed face. No medicine.

Another month. Hardly measurable. Showed her at British Homœopathic Society meeting without any goitre.

In October, for indigestion, a second dose of *Drosera* 200.

And again in January 1921 she got a dose of *Drosera* 200.

#### EXOPHTHALMIC GOITRE

Minnie W., aged 44, single. Sent to me by a homœopathic doctor, who had been giving her for fourteen days *Ferr.* 6. She had felt better for it. It was a case of exophthalmic goitre, of rapid onset, and of five months' duration. Began with loss of sleep, great restlessness and dyspnoea. And "people noticed her eyes", she said. It was not a very severe case, the pulse was only 110, but there was a marked exophthalmos, and the thyroid was enlarged.

Two of her sisters had died of phthisis, and one parent of cancer. I first saw her in April 1921, and she got *Drosera* 200, one dose.

A month later (May). Much better.

June. Much better. But she was going away into the country, and my fussiness gave her a dose of *Tub. bov.* 30.

September. Writes: "Feeling and looking much better".

October. Again writes: "Better in every way. When I require more I will write again". She never did, so I presume there was no more trouble.

All that was five years ago. I wrote lately to her then address to enquire further. She says that she has quite recovered from her throat trouble, and for three years has been out earning her living.

I am afraid the prescription here was based not on symptoms, but on family history.

But it *might* have been based on symptoms, for *Drosera* does produce the very symptoms she complained of, viz., RESTLESSNESS, sleeplessness, and dyspnoea. And *Drosera* is one of the remedies in the *Repertory* for protrusion of the eyes; while, as we know, in cats it has produced enormous swelling of glands.

*Drosera*, as Hahnemann says, needs re-proving. It will never repertorize out on general symptoms. It is one of the drugs for which you have to go to the materia medica, to see that it fits.

In many cases I am afraid I had no indications, save the general one, that a drug that is capable of breaking down resistance to tubercle SHOULD, according to the Law of Similars, be also capable of raising resistance to tubercle.

#### CHAINS OF GLANDS, GOITRE, ETC., WITH EXOPHTHALMOS

I have kept William D., aged 14, for a *bonne bouche*. But for the evidence of previous cases you might think I was romancing, for this is one of the most dramatic cases I have ever seen.

He first came to London Homœopathic Hospital in November 1918, sent on to me by Mr. Hey, from his surgical clinic, as inoperable. He had marked exophthalmos, with a pulse of 150. He had chains of lymphadenomatous glands over, behind and in front of right sternomastoid, largest, size of a walnut. And a string of glands behind left sternomastoid, largest, size of a horse-bean. He had bluish, indurated patches on both calves, studded with small ulcerations. Typical "Bazin". His uncle had died of phthisis. He was a seven-months' child and delicate. *Tub. bov.* 30, one dose.

Six weeks later. Glands improving. *Tub. bov.* 30, one dose.

Another month (January 1919). Glands improving. Still a chain in right neck. The sores on legs are all scabbed over; none open now, and legs much less blue. Pulse 108. Eyes still prominent. *Tub. bov.* 30, one dose.

He got *Tub. bov.*, same potency, in February and March, when "very little to be seen on calves; glands improved".

April. "Neck better, legs nearly well, right eye prominent". *Drosera* 200, one dose.

The effect was dramatic. A month later (May) he had started work (engineering). I found glands well, sores well, exophthalmos gone, pulse 80. No medicine.

In June, for pulse of 100, he got *Drosera* 200, one dose; perhaps too soon? July. Left neck aching, and a small gland was felt, under angle of jaw. Pulse 106. Temperature 99.2 degrees F. Legs well, only a slight staining at one spot on each leg. Right neck normal. *Tub. bov.* 1m., one dose.

Two months later. Pulse 108. Glands gone. Legs well. Slight prominence right eye still. *Drosera* 200, one dose.

December, thirteen months after treatment commenced. He was going to live in Vienna. No glands. Feeling very well lately, but as there was still prominence of right eye and pulse was higher (128) he got another dose of *Drosera* 200.

And three months later they wrote asking for another dose. Not heard of since.

In this curiously complicated case, with symptoms of Hodgkin's disease, Bazin's disease, and Graves' disease, the effect of *Tub. bov.* was excellent, but the effect of the first dose of *Drosera* amazing. "Glands well. Legs well. Exophthalmos gone. Pulse 80", wrote the boy, within the month, had already started to earn his livelihood.

In all he got five doses of *Tub. bov.* 30, and four doses of *Drosera* 200, with a dose of *Tub. bov.* 1m. interposed between the second and third doses of *Drosera*.

*Tub.* and *Drosera* have seemed to, perhaps, help one another? But this insertion of doses of *Tuberculinum*, when there was evidently no call for them, *the patient being in a state of healthful reaction*, is, I now think, a folly of mine. One has a kind of suspicion that *Tuberculinum* acts on a different plane, and may not at all interfere? I have always thought so in regard to *Tuberculinum* and *Silica*, which seem to reinforce one another.

You will have observed the long interval often between doses of *Drosera* in the best of these cases—often months. In my experience the nosodes are not long acting. I have thought that their reactions are apt to run out in a month. I wonder what others have noticed in this regard? But, whatever the drug, the rule, of course, is—*while the patient is reacting—let him!* Do not interfere.

Luckily for my audience tonight I have lost many of the good *Drosera* cases I had been hoarding for such a paper. They have been bound up into books, and the old folder numbers by which I had recorded them are now useless to identify them, where the patient's name had not also been noted. Hence, I have been going through dozens of books to try to find some of the lost cases. In doing so I have made a curious discovery—it may be coinci-

dence—and it may not hold the flattering meaning that appeals to me! But, over and over again I find, after months of steady treatment with other remedies and with varying periods of amelioration and relapse, a dose of *Drosera* has been given, and the patient has never returned; or has only returned after months, extraordinarily better. (Note: Since writing above, several of these cases *have* turned up—three in one week—after intervals of from many months, to even six and a half years, of good health). It is amazing the number of cases that, after a dose of *Drosera*, have come back no more!

And here one remembers Hahnemann's washerwoman, suffering for weeks from rheumatism. One of his disciples, who saw Hahnemann prescribe for her a dose of *Bryonia*, was anxious to know its effects, since she came no more. She lived some miles away. "Go and ask her", said Hahnemann. The man went. Whereupon the woman at her washtub flared out at him: "What can the doctor be thinking about? All these weeks I have lost my work, and now that I am well does he expect me to leave it, and go all that way to tell him that I am well"? And one remembers how many weary hours patients have often waited with us before they can be seen.

And now a last word.

Please do not imagine that I think, or that I want to suggest that *Drosera* will cure all cases of sinus, gland or bone disease, of tuberculous nature, or in persons of tubercular family history. It will not. I have found that. But it will revolutionize quite a number of such cases; and where it acts, as I said, it acts with extraordinary rapidity, and the change in appearance, in general health, and in spirits of the patient is remarkable.

Again, please do not think that I imagine that we have got to the end of the possibilities of *Drosera* in the cases I have detailed tonight.

For instance, *all Curie's cats had diarrhœa*, and the second cat was found to have *hypertrophy of Peyer's patches*. *What about a difficult enteric with a tbc. history?*

*Drosera* has an ancient reputation for *asthma*, and here again the provings are suggestive. *One should certainly think of Drosera for asthma with a tbc. history.*



Remember also the effects of *Drosera* on the spleen.

In both dissected cats the *pleura* were especially attacked by tubercle.

And I suggest that we should bear in mind, in regard to *Drosera*, its *mental symptoms*, especially in cases of *paranoia*. I have one such case in mind, a very bad case. Once she cleared up completely under *Lachesis*, which failed when she relapsed. More than once she has become normal under *Platina*. I must look her up, and (certainly if she had a tbc. history) she is likely to get *Drosera*.

In conclusion, I want to thank Dr. Borland for insisting on this paper, which has made me realize how little I knew, and know, about "*the greatest medicinal herb of our zone*".

LONDON, ENGLAND.

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

It will be difficult to induce physicians to avoid the mistakes which have been censured in these paragraphs. My doctrines in regard to the magnitude and the repetition of the doses will be doubted for years, even by the greater number of homœopathic physicians. Their excuse will be, that it is quite difficult enough to believe that the minute homœopathic doses have all the power to act upon the disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days; yea, that after so long a space of time, important results should be obtained from these imperceptible doses. My proposition, however, is not one of those which needs to be comprehended, nor one which ought to be blindly believed. No one is bound either to comprehend or believe that proposition; I do not comprehend it, but the facts speak for themselves. The truth of my proposition is demonstrated by experience, in which I have more faith than in my intelligence.—HAHNEMANN.

## REQUISITES FOR SUCCESSFUL HOMŒOPATHIC PRESCRIBING\*

GEORGE ROYAL, M. D.

In the fall of 1880 it was our pleasure and privilege to listen to a series of lectures by Austin Flint, Sr., the greatest physiologist of America. Of the many and interesting lectures of that series the one on the brain impressed me the most. Prof. Flint enumerated the different qualities of the mind, and it is our purpose to present for your consideration a few of these qualities of the mind necessary for successful homœopathic prescribing.

The first requisite is brains. I do not agree with some of the behaviorists who say that they can take a person of low intelligence and by training create a magnificent, brilliant, thinking and acting human being out of him. I do not believe it. A homœopathic physician is born, not made. Don't misunderstand me; I do not say that a man who is well born and well trained is not superior to a man equally well born without training. In fact I am a modernist on this point. I believe there is evolution and that our surroundings are more than our inheritances, although our inheritances are also influential. The first thing, then, is brains.

Another quality is adaptability. You cannot make an adept by adaptation. I know two men with brilliant minds, the result of both inheritance and training. Both are college graduates. Both became homœopathic physicians and were failures in the practice of medicine, although later they were very successful in politics and became United States senators with splendid records. They were not adepts in medicine. So adaptability is one of the necessary qualities of the successful homœopathic physician.

Next comes the knowledge of human nature, the ability to read, interpret and evaluate the make-up of the patient, and to visualize the totality of his symptoms in some homœopathic remedy. What has been inherited, what has been acquired from environment? Mental symptoms, normal and abnormal are indices of the nature of the patient. The acquiring of a knowledge

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of human nature is a long, tedious, difficult task. To be able to say this patient is highly neurotic, that one extremely sensitive, this one sluggish, that one active, requires large experience. And how is this experience to be obtained? How else than by watching their faces, seeing what is expressed in their actions and speech. Watch all people. Gradually you will build up a picture of a neurotic nature, a sensitive one, a sluggish one, etc., and then you will have a standard for the classification of your patients. The contact and study of people of various ages, classes, races and occupations will give you the necessary opportunity to study and know human nature if you desire to do so.

Next to adaptability and a knowledge of human nature courage and self-confidence are two very important factors. Although these two words are synonymous they are vitally different as applied to our subject. Courage creates conviction. You cannot persuade if you are afraid. I have the utmost sympathy for a diffident person, one who lacks confidence, and the utmost contempt for the coward who is afraid to be known as a homœopathic physician. The latter will never be successful. Can you create courage and self-confidence in yourself? Absolutely. How? Study materia medica. Don't neglect to study anatomy and physiology which will tell you all about the different tissues and organs; don't forget psychology which will tell you so much about your patients; but put most of your time on the study of materia medica. Get a knowledge of the tools you are using and you will have confidence in yourself in using the remedies. Study, read, think. Think, read, study. It is only by devoting an immense amount of time to studying our books and reading our journals that success in homœopathic prescribing can be attained. No physician who devotes all his spare time to golf, bridge, tennis, etc., can ever hope to be a successful prescriber.

I used to travel over this country more or less when I was on the Council and have visited every state in the Union except North Carolina. I have been in the offices of men who have been in practice three, four, five years, or more, and have found one little book on materia medica in their possession. How under the sun such an individual can prescribe or have any self-confidence I don't understand. I have every book on materia medica

in my library published in the English language and several in French and other languages.

One of the best ways to secure confidence in yourself and in our homœopathic remedies is from experience; experience in treating patients, and experience in the effect of remedies on yourself. My personal experience with *Kali bich.* converted me from allœopathy to homœopathy. Here is the story: I was born in Massachusetts and have a whole long row of ancestors who were homœopathic physicians. Our family physician, however, was one of the best of the old school doctors, a graduate of Harvard College and Harvard Medical School. My mother was tubercular, and when I was about twenty I broke down and was unable to do anything for several months. The old family doctor, Uncle George as we used to call him, came around to see me every once in a while. I hated to see him. One day when I knew he was coming I went upstairs and pretended to be asleep. Father brought him up but I was asleep. "Ambrose", said Uncle George, "let's sit down and talk it over. How has George been?" "Not very well", said father, "his cough has been worse, he is raising more, and his diarrhœal condition has been worse". Good old Uncle George turned to father and said, "Ambrose, I am afraid George won't live through the fall". Of course I was sound asleep. Then he jogged me on the shoulder and waked me up. He put his hand on my forehead and on my body and felt my legs; they were moist but cold and unnatural although it was summer. "Well, Georgie, here is a little tonic", and he rolled up two or three powders. "You take this morning, noon and night". "Twenty grains", I said. "Yes, and tomorrow I am going to put you up a lot of powders to be taken four times a day". "Ten grains", I said. "Yes, four times a day". I was to take twenty grains of calomel first. I went down stairs and threw it away. The next day I threw out the quinine and replaced it with sugar. Then I took the powders regularly as ordered. Shortly I was offered the principalship of the school in East Hampton and went there in September. The next February a Dr. Wood who had just graduated from New York Homœopathic Medical College came to board at the place where I lived. He sat across the table from me. I sat shading my eyes. "Royal", he said, "what is the

trouble"? I wanted him to know that I knew something about medicine so I said I had astigmatism, blepharitis and photophobia. He asked me if I would take some medicine if he gave it to me and I said yes. When he handed me an envelope of powders to be taken before meals I asked him what it was. "*Kali bichromicum*", he said, "3x.", and explained the remedy and the meaning of the 3x. "One one-thousandth of a grain of crude bichromate of potash", I said. I was going to give it back but I didn't want to insult him so I took it. Three weeks later he said, "your medicine should be finished today, here is more, take one when you first get up in the morning". My blepharitis disappeared, and instead of sending a hearse after me that winter, I have put in fifty-two years of about as active work as any man has ever done, and I have had diabetes for thirty-seven years.

I have experimented with *Coloc.*, *Strych. phos.*, and a score of other drugs. This has not only increased my knowledge of the action of these drugs in producing symptoms, but it has proved to me their efficacy in relieving and curing suffering, and their power to prolong life. If you would like to prove my statement take five drops of the tincture of *Coloc.* every two hours until it has produced a thin, watery, frothy stool tinged with blood and containing mucus, accompanied by terrible cramps in the abdomen which are relieved by heat and pressure on the abdomen. Or take *Glonoin* in the 2nd. or 3rd. *potency*, five-drop doses until it causes the "fullness in the head, the redness of the face, and doubled the rapidity of the heart's action, with pains radiating from the heart in all directions". If experience and experiments fail to give you self-confidence and faith in homœopathic drug therapy, I would advise you to make electricity your specialty.

The ability to secure symptoms and accurately evaluate them adds very materially to our success as homœopathic physicians. In some cases this is easy, in others extremely difficult. Sometimes it is almost impossible to secure any symptoms and in some one cannot evaluate the innumerable symptoms secured. Examples of the first class are those who cannot talk and those who will not talk. In the second class are those who are inten-

tionally deceitful, untruthful and unreliable. Let me illustrate my statement by citing a case:

About a year ago I was asked to see a young woman, aged about 22, single, well educated, a college graduate who was teaching school. She had been brought to one of our Des Moines asylums six weeks before because her family physician thought she was insane. Her symptoms were as follows: She could not sleep, was depressed, tore her clothes, put her hands on a hot stove in order to burn the sin out of herself, i. e., to purify herself, refused to take nourishment, and had a strong desire to be alone. The family history was bad, neurotics and inmates of insane hospitals.

She was out walking with the attending nurse when we reached the hospital. My first sight of her as she was brought into the office of the hospital was that of a slight, dark complexioned, emaciated woman, walking languidly into the room and seated by the order and with the help of her nurse. The hospital physician informed us that there had been little or no change in her condition; that she had been given the usual hypnotics for sleeplessness, bath, massage, etc.

As she refused to talk in the office her family physician had her taken to her room and I followed. After we were seated I could see expressed on that girl's face, as clearly as I can see my own hand, "now make me talk if you can". So I began to talk to her physician and let her listen. After a while she joined in the conversation. Later she cautiously answered some of my questions. It took an hour or so before we had reached the point where I turned to her suddenly and forcibly asked, "Did you ever have a love affair"? Her answer, "Yes", came as if torn from her heart and mind. Then, with a hard struggle to keep back the tears she told me the whole story. I cannot tell you what I said during that hour and I could not, if I tried, modulate my voice as I did then. I did not leave my chair to feel her pulse or touch her in any way, but I secured her symptoms, and at once saw the entire group in the provings of *Ignatia*. This woman is now teaching in one of our public schools.

So much for securing the symptoms; now for evaluating and grouping them. If I should read you a list of a hundred mental symptoms I would see reflected in your faces that most of you thought "rubbish, foolish, nonsense, useless, mere synonyms with hardly a shade of difference in meaning". It is the ability to detect and utilize that shade of difference which makes for success in prescribing. Take for example the two words untruthful and unreliable. You say a person who is untruthful is unreliable; I agree with you, but a person may be perfectly truthful and at the same time absolutely unreliable. One may honestly feel that what he says is "the truth, the whole truth, and nothing but the truth", and yet be so ignorant of what he says that there may not be a word of truth in his statement; or he may clearly relate a long list of symptoms, carefully correlated for the purpose of concealing from you some fact, perhaps the most important fact in his case. It takes brains, skill, tact and experience to advantageously rank symptoms so as to know whether

they are false or true, valuable or worthless. Finally it also takes logic, reasoning, and discernment to so group and rank a patient's symptoms as to find the real instead of the numerical totality. Three out of seventeen symptoms may constitute the totality, i. e., three of the seventeen may each have the rank of five, while the other fourteen may only have the rank of one each, totaling fourteen.

A logical mind is a great asset to a homœopathic physician. The power of correct reasoning, of arriving at a correct conclusion from inference drawn from the patient's totality of symptoms, is very valuable. It is an asset which will enable us to trace a symptom to its source, that is to the tissue involved. It will enable us to group our symptoms and aid in diagnosis and prognosis. Let me illustrate. Many times I have been called to patients with the following symptom. "For the past four or five weeks I have not been myself; I have been tired, weak, no appetite, constipated; headache, dull at first and then bursting or splitting; frequent nose bleed which made the headache worse; day before yesterday I felt chilly and yesterday afternoon I think I had a little fever, at any rate I was very thirsty and drank large quantities of cold water". Reasoning from knowledge gained from text-book and former experience you know what the patient is suffering from, and can predict what other symptoms will develop, their order of development and duration, and the final outcome. In other words you can give a prognosis.

No cold, crabbed, indifferent man or woman will be a successful homœopathic physician; for two reasons, first, because he cannot get the patient's symptoms and therefore cannot select the indicated remedy; second, because he cannot get the patient's confidence sufficiently to have him carry out the directions for treatment. Either or both of these reasons spell failure.

Faith is a synonym of confidence but it is more than that. It not only helps to generate and hold confidence in ourself, but it assists us in utilizing that confidence for the best interest of others. In short faith is a complement of confidence. I have already told you how to secure faith in your remedies.

Firmness and positiveness will assist you in holding steadfastly to your opinion when that opinion is founded upon full

and careful study of all the facts which have a bearing on the subject under consideration. Firm, clear, concise, positive orders will secure obedience to instructions concerning treatment and will insure better results and hence greater success.

Tact is another requisite. Prof. W. H. Dickinson was one of the most tactful men I have ever seen in practice. Let me give you an illustration. I saw a woman of about 45 in consultation with him. She had a long chin and jaws and lips which closed with a snap like a steel trap and remained firmly closed. We went all over the case and agreed on a remedy. He put up six powders and said, "Now, Mrs. X, you take one of these powders fifteen minutes before each meal. Understand exactly fifteen minutes before each meal". When we got outside he said, "Royal, I know just as well as you do that that remedy should be given after meals, but, you see I know that woman, and the only way to get her to do what you wish is to tell her to do the opposite". Dr. Samuel Lillenthal of New York was also a tactful man. He had a very wealthy woman patient. She thought she was a chronic invalid, had two or three nurses and enjoyed poor health. One day Mrs. Lillenthal took the doctor to a sale of beautiful fur coats. He went from there to his patient. She was very weak and it had taken the two nurses two hours to give her a bath. The doctor was tired of it. He painted a beautiful picture of the coat and said it was to be on exhibition again at two o'clock. Then he said, "I was reading in my medical books last evening of a wonderful new stimulant which will cure you", and gave her powders of *Sac. lac.* At two o'clock she was at the store. That is what I call tact. Tact, a little word of four letters which holds the greatest potentiality for success, not only in homœopathic prescribing, but in any vocation. I wish I could tell you how to acquire it but it cannot be gleaned from text-book or lecture. It is partly inherited and partly acquired from long experience in reading human nature.

Having thus stated a few of the qualities of mind necessary to one who would be a successful prescriber, let us spend a few minutes inquiring how we may make the most of them in the practice of our profession.

First, STUDY MATERIA MEDICA. I have already spoken of the

importance of this. The first step is either to possess or to have access to books on materia medica. This should include repertories, concordances, and theory and practice with symptoms of the remedies for the different diseases. Dr. Erastus Case, whom some of you knew, told me when I was a beginner, to get Hughes' *Pharmacodynamics*. When I am studying the relative value of a symptom I like to refer to this book, it is a wonderful help to me. Let me briefly state what particular assistance I have received from these books and how I have secured that assistance. For example: A patient came into my office and said, "I take cold from every draft of air, *only* and *whenever* I get my hair cut". I at once translated this into "Takes cold when uncovering the head", but, not having an infallible memory, I could not locate that symptom. So I took down Gentry's *Concordance* and under "Uncovering the head" found two remedies, viz., *Bell.* and *Hepar sulph.* Because the result of his taking cold was excessive dryness of the nose, throat and mouth, *Bell.* was selected.

However, while Gentry's *Concordance* may contain all the symptoms produced up to the date of its publication, 1892, it does not in any way give the rank of any symptom. Therefore to obtain the rank of a given symptom we must go to some other repertory. I have Allen's, Boenninghausen's, Boericke's, Boger's, Clarke's, Hering's, Kent's and Lippe's general repertories, besides a score or so of others which have appeared in journals. The most reliable of these men determine the rank of the symptom by studying the reports of the provers and of clinical cases. The best provers' reports are found in Allen's *Encyclopædia*, Hughes' *Cyclopædia of Drug Pathogenesis* and Clarke's *Dictionary of Materia Medica*. These also contain some clinical reports, but more of these are found in our journals. Most of the authors rank the symptoms by the numerals 1, 2, 3, 4, 5, the 5 representing the highest rank. In addition to the above I have another classification which I use to determine the rank of a symptom. I divide all symptoms into four classes, subjective, mixed, objective, and reasonable, ranking them in the order given. The subjective are ranked highest because they are purely mental. A verified subjective symptom should be ranked 5

plus. There is another division which has been useful to me in ranking symptoms. This has to do with the tissue or organ involved and how they are involved. As you know the different organs and tissues of the body vary in importance (rank). Let us place the organs in order of importance: Brain and nervous system, respiratory organs, circulatory organs, digestive organs, eliminative organs, locomotive organs, sensory organs as eye, ear, etc. If you have a good knowledge of anatomy, physiology and pathology, you can determine what tissue is affected and how it is affected, whether irritated, inflamed, changed functionally or structurally. Your study of materia medica should be such as to inform you what tissue or organ a particular drug has an elective affinity for, and which of the above four conditions it has produced on the healthy. The data on the pathological changes is obtained from cases of poisoning. Some of our drugs can only irritate; others can both irritate and inflame; some can only produce functional changes; many cause structural changes; and a few death. Burt's *Physiological Materia Medica* contains much good information concerning the elective affinity of drugs for certain organs and tissues.

In my office my chair is arranged with the back to the window and the seat for the patient faces the light. A new patient comes in. I sit there and observe how that patient walks, how he acts, what he does, the color of his skin, in fact I observe everything possible. Let me illustrate. A woman came in. I said, "What can I do for you?" "Nothing. What do you suppose you can do for me?" The remedy was as clearly written in her bearing and speech as could be. I gave her *Platina* 30th. I afterwards found out it was a sexual condition with menstrual trouble. The next one walked in with drooping shoulders, dropped into a chair and began to tell me about her backache. *Sepia*. A young man came in with stooped shoulders, sat down, turned around and said, "Are we all alone"? Do you think there was any doubt in my mind as to what the disease was, his mental symptoms, or the remedy? That is the way I like to study and teach my materia medica.

Having made suggestions for taking the case and selecting the

\*See *Clinique*, April 1925, *Importance of Subjective Symptoms*.

remedy, we now come to the hardest and most important task of the homœopathic prescriber, viz., to decide upon the potency and the question of repetition. I know just as well as you that the rule should be "the single remedy and the single dose" but I have learned several things from personal experience and observation and from the opinion of others. There are exceptions to the rule. It does not always work. I am even going further than that, sometimes following the rule results in complete failure. Here is an illustration. I sent a patient in Chicago to Dr. H. C. Allen, a maiden lady of about fifty. She had been a patient of mine for 25 years and had often come to me for the following group of symptoms: Dry cough, worse at night, causing her to sit up, worse after eating and drinking, worse coming into a warm room. The cough was accompanied by stitching pains in the chest and abdomen, and a splitting, bursting headache. One night I was waked by a long distance call from Chicago. "Royal", he said, "what were you in the habit of giving Miss W.?" He described the above symptoms. "What did you give her?" "Why, *Bryonia*, of course". "So did I. How did you give it?" "I gave her one dose, it wasn't necessary to repeat it". Next day he called back and said she was worse. "Good", said I. "She has an aggravation, she will be all right now, the remedy is acting". Next morning she was worse still, was impatient, and a little cross. She said, "Dr. Royal has treated me at least a dozen times for this trouble. He takes out his bottle, pours a little medicine into a tumbler of water and says 'Take a teaspoonful every two hours', and after the fifth or sixth dose I begin to get better and the next day I am well". "Was it *Bryonia*?" he said. "Of course it was", I answered. "Oh, yes, but in what potency?" "The third x". He gave it so and in thirty-six hours she was markedly better. He had given it in the 1m. I had another patient. I tried *Arsenicum* low and failed. Then I tried the 1m. and she got well. My next *Arsenicum* patient received the 1m. I waited a while but no result, then I came down to the 200. Not a bit of good. So I went to the 6th. after she had been without medicine sufficiently long, and she got well. Experiences like these give one confidence in their remedies. You ask, "Can we learn only by experience? Must we wait for years of ex-

perience before we have a guide to potency and repetition"? When you find in your books and journals a group of symptoms in provers caused by a certain potency and these symptoms are similar to those of your patient, try that potency. If you find that a remedy has produced a result in a very short time, repeat it at short intervals. You should learn in a short time what remedies act on what tissues and organs, and classifying and combining you can work out some idea of potency and repetition. The determination of potency has been more difficult than the determination of the question of repetition. Special attention should be paid to the make-up. A higher potency should be selected for the markedly neurotic and highly susceptible patient than for the dull, sluggish, unimpressionable one. Another element enters into deciding on the potency and that is whether the case is an acute one or a chronic one. The potency should always be higher and the time of waiting to determine whether the remedy is acting or not much longer for the chronic than for the acute cases.

The subject of auxiliary treatment is very important. Is the homœopathic remedy all-powerful, all-sufficient? Does it ever need help? The homœopathic system of treatment is better than any other system but it is not all-sufficient. The remedy does marvelous work but now and then it needs assistance.

I saw an old lady of 70 in consultation. Her chief complaint was that she couldn't sleep lying down because she couldn't get her breath in this position. She had had *Apis*, *Apocynum*, *Arsenicum*, *Strych. phos.*, etc., without relief. There was generalized œdema; dropsy of both feet, ascites, fluid in the pleura and pericardium. She was water-logged. I gave her two tablets of Anasarcin (a proprietary diuretic) every two hours until diuresis and catharsis were well established. Over two gallons of urine and fœces were drained from the patient in 36 hours. Then I gave her *Strych. phos. 3x*. This is an example of auxiliary treatment. This was over three years ago and the auxiliary treatment has not been needed since. She takes a dose of *Strych. phos.* occasionally and is able to be up and around.

Case II. A short, thick-set, fat, middle-aged, business man walked into my office with an attendant. When I asked what I could do for him he answered, stopping frequently to get his breath, "Thirty-eight years ago you cured my mother-in-law of asthma. She has not had it since. I have asthma just like hers and I want you to cure me". After a few questions he said, "I ran to catch a street car a week ago and dropped in the street". Examination revealed a very large fatty heart; an acute dilatation of the right heart; a rapid, weak pulse, and dyspnea (his asthma). This was so marked that he had not been able to lie down since the street car episode. *Strych. phos. 3x* was given. The auxiliary treatment was to stop smoking his 15-20 cigars per day, to omit meat from his diet, and to avoid all physical and mental exertion.

Case III. A brother homœopath brought me a dark complexioned, thin,

spare, nervous man, aged 47, a bookkeeper, suffering from dyspepsia and insomnia. Examination showed this man to have the constipation and stomach symptoms of *Nux vom.* His physician said, "Oh, I've given that in all potencies from the 1M. to the tincture, before and after meals, etc., etc., but it never touched him". This man drank four or five cups of strong coffee daily, the only liquid he took. He had no exercise at all. We cut out the coffee, substituted three quarts of liquid, ordered him to get up and walk a mile to the golf course and play a round of golf before breakfast, and continued the *Nux.* Six months later he was completely cured.

Regulation of the patient's diet and institution of proper exercise have proven to be the best forms of auxiliary treatment but others are sometimes needed, depending on the individual case.

On the question of palliation I am going to frankly and freely confess that I use anodynes, mostly the different preparations of opium, in connection with the homœopathic remedy. I believe the practice to be not only human, but also reasonable and sensible, and that it has saved many lives. Under what conditions do I use such palliation?

Case I. A young man was working in a factory. He was caught in a belt which went over a shaft eighteen inches from the ceiling. He was carried over that shaft. The result was ruptured abdominal wall with intestines protruding and thirteen fractures. The necessary surgical service was rendered. When he came out from under the anæsthetic I injected one-quarter grain of morphine and 1/150 atropine. He was kept under the influence of this anodyne for nearly a week. He lived and I am sure that the opiate should be given the credit for saving his life.

Case II. A little girl 2 1-2 years old was helping her mother in the kitchen. She reached up to the table and pulled a pail of hot lard over the lower part of her face, neck and chest. The first thing I did was to inject 1-8 grain of morphine. Then I dressed the burned surfaces with *Cantharis* and gave her *Cantharis* internally.

This has been my practice for forty-two years and I am ready to defend it before any body of reasonable, sensible men and women.

And now, in conclusion, let me thank you again for an opportunity of making another payment on the debt I owe homœopathy—homœopathy, the greatest therapeutic system of medicine—homœopathy, the only system of therapeutics based upon immutable law—homœopathy, which saved my life and gave me fifty years of opportunity.

DES MOINES, IOWA.

## THE HAHNEMANN HANDWRITING\*

CELIA BARRIE

This tiny script with its delicate but true and sure lines shows a nature sensitive and refined. He felt keenly and loved deeply, nothing of surface show about him. He was intensely alive to all things and in all parts of himself. He was a person of deep generous affection, and gave generously of affection as he did of himself and his time to his work.

He was positive, firm, with great tenacity of ideas and opinions. Not for one minute would he allow even his loved ones to turn from his work—his research. His natural bent was purely scientific. He would probe, analyze, dissect, discriminate, criticize, see discrepancies and be annoyed with inconsistencies. He himself was truly consistent.

He conscientiously considered his work as a mission to humanity; he felt keenly the importance of his message and never lost sight of it. No woman's tears or reproaches would make him give up what he considered his particular contribution to the world. His sensitiveness and susceptibility made it hard for him in many ways. That the world has been slow to receive and believe what he had to offer is only what it has always been. The Saviours have always been doubted and mistreated.

His imagination carried him to many places and amid much investigation. It was a lively member of his faculties, but when it took him to the clouds with his head he kept his feet upon secure ground. He never left one situation for another until the next was quite ready to hold him and the situation too. He needed all the imagination to be sure; for the work he did no stretch of imagination was too great. He needed to go to many unknown places and tread unexplored ground.

His script shows much literary ability. Without doubt he enjoyed this, the artistic side of himself. He possessed much ability along this line and his taste was discriminating, refined, cultured, convincing. He was also fond of music. He may not have known any of the technique, but the sweet sounds spoke to his spirit. He understood that.

\*Reprinted from *The Homœopathic Survey*, Vol. III, April 1929, page 26.

The enormous amount of constructive work he accomplished was due to his tireless energy. Like the "Stars without haste—without rest" was his way. His measure was a large energy without the activity that makes a stir and accomplishes little. His patience was not disturbed by activity; the work had a soothing, an inspiring effect, so in his work he came to a point of tranquillity that seemed to have some of the infinite in it, as did his patience. That was not wholly acquired, but a result of a birth gift and training in the things that were essential as compared to non-essentials.

His patience did not always extend to people as it did with things. He could not endure opposition and stay sweet. Had a sarcastic streak that his speech and pen did not entirely reveal. As a rule he had much dignity and control, but like all intense people he showed his feelings at times.

A flare of temper, some bitterness and acidity, but no pettiness, no smallness of spirit. No conceit, no vanity. A bit of resentment, for he paid the price that superior people always do. His work, his effort, his message was just the same in importance as if he had been less doubted. The feeling of the great sureness that his work was sorely needed gave him much poise. He may not have been a religious man, but he was a highly reverent one, with more than a touch of the mystic. His spiritual refreshment made it possible for him to work as he did, almost alone and unaccredited.

With his sensitiveness he felt keenly the skepticism of his fellows. No doubt with his clearness of vision and his advanced ideas he felt their attitude was due to inability to be generous and believe what was new and untried. He had no finality in his way of thinking, "if you have a better thing show it, if you can prove more about this than I have, come with it", was his feeling.

He was not entirely without emotion, but did not allow it to enter his work if it did his life. Applied emotion only makes fault-finders. He was truly analytical and critical. Analysis is intellectual, it faces conditions. Criticism is moral, it weighs, values, places, classifies.



Vergessen, was Sie, meine Freund! entgegen! bringen,  
 das Sie mit demselben Interesse ansehen, nicht sich mit  
 einer glatten Rede beruhigen. Ich ist Ihnen dem Ausdruck  
 der tiefen <sup>innere</sup> Gefühlens, die nicht auf unzufriedenheit und Unruhe  
 bald unterliegen müssen, wenn ich nicht meine (oder Sie  
 mit völlig unzufrieden) Gemüthsartigkeit gegen höchsten Geist behalte,  
 der aber zum Geiste auf seiner eigenen Ausbreitung bedarf.  
 Ich spreche mich nicht über das Selbstverständliche, das  
 Selbstverständliche, das Sie gewöhnlich, so wie die Fortschrittler  
 Ihre Ziele zu meist. Sollten Sie etwas Zeit gewinnen,  
 die Sie Ihre Erfahrungen, Gedankensarten über das Fremde zu  
 bringen, so würde ich <sup>allgemein</sup> die tiefen Bedeutung zu Ihnen offen  
 in denjenigen der Welt, die in Gotha der Welt mittheilen.  
 Ich bitte darum, wenn Sie möglich ist, so wie in  
 die Fortschrittler Ihre Freund! Galt Ihre Herrn vorzubringen  
 Gotha d. 2. Aug. 1892. Sam. Habermann



## METHODS OF TEACHING MATERIA MEDICA\*

GARTH W. BOERICKE, M. D.

Hering said: "If our school ever gives up the strict inductive method of Hahnemann, we are lost and deserve to be mentioned only as a caricature in the history of medicine".

The inductive method, as I see it, means to reach conclusions from previously established facts. Hahnemann's original experiment with *China* was a brilliant *deduction*, not an induction, since, at that time, he had no facts to go on, just a theory. We, his followers, apply the same principle by induction, for we have the provings as a series of facts to proceed on.

As far as the accurate use of homœopathic drugs is concerned, we cannot get away from symptoms and, it seems to me, that all our efforts should be toward establishing a practical evaluation of them.

Before a classification is attempted, it is well to know the mechanism of a symptom as far as possible. Some teachers even go so far as to say, "If I know the mechanism of a symptom, that is all I want, for then I can pick a drug that causes a similar change". It would seem that in this interpretation of the mechanism of a symptom, the modern homœopath has a great advantage over the older men, for the young man has been taught a more thorough physiological and pathological basis. This is to illustrate: "Nervousness, and loss of weight", were just symptoms to the older men; they might have said, thyrotoxicosis or tuberculosis. It was hard to say. But now, with the aid of basal metabolism and X-ray, it makes a difference in the drug selected because we know the mechanism of this symptom. So, also, blood chemistry helps us to distinguish clearly between a predominately heart or renal factor in disease; and cystoscopy interpretes the symptom bleeding into calculi, tuberculosis, or papilloma; all of which affects the class of drug used as an aid.

So, with a full appreciation of the importance of the mechanism of a symptom, let us next proceed to analyze symptoms with a view to arriving at the simplest conception.

I was taught a number of classifications: subjective and ob-

jective; common, rare; mental, pathological; clinical, etc. This was interesting mental exercise, like the conjugation of an irregular French verb; and necessary too for a full understanding of the subject, but, it seems to me, that this classification loses sight of the only effect we have and that is the practical therapeutic application of symptoms to a bedside case.

I have found that the student, even though he has a good idea of the above, cannot apply this knowledge in a practical manner at the bedside. When faced with the necessity of action, his beautiful classification becomes a jumble and one of two things happen: Either he abandons frankly the individual symptoms of the case, and simply gives a "rule of thumb" prescription such as prescribing for all pneumonias, *Bryonia*; and for all sore throats, *Mercury*. Or he is apt to emphasize the keynotes in the case, neglecting the pathology, which is just as bad.

A tremendous amount depends on the impression which his course on homœopathic materia medica has made upon him. He has heard extravagant claims and most positive statements and, unquestionably, the didactic method of teaching materia medica sub-consciously gives rise to a "show me attitude", and, if the student cannot be shown and shown in a practical bedside manner, the lecturer on materia medica is simply put down as an enthusiastic crank—his course to be crammed for or cribbed for and then forgotten.

To make the homœopathic symptomatology sound logical and fit in with his scientific education, efforts have been made to emphasize the physiologic action of drugs and, by reversing the process, point out the homœopathic indications. We can do this successfully with a few drugs, like *Belladonna*, *Opium*, *Nux*, *Phosphorus*, and so on, but some of our best drugs have no marked physiological action, and, if they have, these as indications are seldom used homœopathically. Thus *Sulphur*, physiologically is a mild purgative—yet we use it seldom in this field compared with the general *Sulphur* indications. The main action of *Bryonia* is purgative, yet we seldom use it for diarrhœa. *Sepia* has no recognized physiological action in any pharmacology and the provings are our only guide. But who of us would care to practise medicine without this greatest of polycrests? We look

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

in vain for the physiological action of *Ferrum phos.* on the lung as far as the intense congestion is concerned, yet nothing is surer in clinical practice. We have no clean cut physiological action of *Hepar*, and the meager skin symptoms of *Petroleum* in the provings would never justify its remarkable use in the skin field. We can develop this physiological action if we have time, and make use of poison cases (as in the case of *Petroleum*), but this method of teaching is not readily available as a class demonstration, and to justify the homœopathic indications the class must accept the crystallized proving experience of the school. So, it all comes back to the fact that they must accept a word picture and apply it.

Selecting a few drugs and applying their homœopathic use on a physiological basis may make for respect for the homœopathic law in a detached and tolerant way, but, to my mind, it can never make for an appreciation of our materia medica. There is a difference between respect and appreciation. We have a tendency to respect that which we know little about—thus we respect specialized knowledge on any subject, but cannot appreciate it, since we have not the working key. Simply to inspire respect for the homœopathic materia medica is not enough for teachers of homœopathic materia medica to do. Anybody can mystify a student. A beautiful academic explanation he may view with respect—he has to—but he has no appreciation of it. Appreciation carries with it the idea of experience—from diligent personal application. For instance, I have respect for the institutions of Canada—but I have appreciation of the mellow wines of Montreal.

We want our students to appreciate our materia medica. To do this they must know the shortcomings of it, something of philosophy and a rock-ribbed dependable group of verified symptoms calling for the drug.

The point that seems to me that must be emphasized is that therapeutics is still an art and not a science. The same critical tests that hold up in the test tube or on a smoked drum, are not always so when applied to the sick human being, and failure to realize this results in making a cynic a therapeutic nihilist, and the optimist always contentedly chasing therapeutic rainbows.

Both are of little value to our homœopathic societies or to the school.

It does not seem to me such a disgrace to admit that we have large voids in our knowledge of how drugs and other therapeutic agents act. We are treating the human body, and until we understand the secrets of life, we must perforce be content with an approximate hypothesis.

So, in order to give the student the proper viewpoint, he must be made to see that all therapeutics are elastic and variable, that it is an art and not a science. He must be made to see that nothing is sure unless we are dealing with constants, and that the only constants we have in medicine are the symptoms in a given case. These do not change—the symptoms are always there—although diagnosis is often in doubt.

The law of homœopathy does not mean as much as the principle of symptom similarity in the use of drug therapy. Why not make use of the constants of disease by treating symptoms? This is the point that cannot be ignored by the most scientific medical man or student. The fact that homœopathy gives us the key to do this is the best reason for homœopathic study.

The next thought is a clear differentiation between palliative symptomatic treatment and curative treatment. Palliation has its place, a large place in these hurry-scurry days. Disease is like a rock plunged into the placid surface of the lake of health. Its effects are noted in the great initial agitation and then the far-reaching radiating waves that grow less and less. One wonders what rocked that chip of wood near the shore. There are several possibilities, if you had no knowledge or appreciation of the real simple cause. This chip of wood might well be a reflex symptom, effecting some organ or system far removed from the seat of disease.

Knowledge of diagnosis and cause and effect in disease is thus of priceless value to the homœopath. He puts the proper interpretation on this symptom but does not blindly rush in and palliate, and further, he probably uses this symptom when he comes to evaluate the symptom-similarity leading to the drug.

We are all familiar with the usual classification of the symptoms of disease, such as general, common, key-note, indi-

vidual, and particular. This is an excellent theoretical working basis, but practically we find that many cases of office practice do not show many individual symptoms, and those that do are often hopeless psychasthenics, and we do not feel able to analyze the multiplicity of symptoms in order to separate the wheat from the chaff.

Another drawback in hospital practice is that most cases are so dominated by obvious pathology that one questions the possibility of prescribing for such a case homœopathically.

I might say in parenthesis, that it is not a good plan to let our supposed knowledge of the pathology present mitigate against giving the patient the benefit of a homœopathic prescription for the principle of *similia* is far greater than we suspect. We can often palliate this way, if not cure, and personally I have found this helpful in a diagnostic way in this wise: Suppose one of our old patients, whom we have usually relieved promptly with a homœopathic remedy, comes in and tells us that the last prescription was without effect. Now it is often best in this case not to immediately turn to the repertory but to take down a good differential diagnosis and see if we are not dealing with hidden pathology, which retards any medicinal action. Perhaps, the recurrent cold has developed into tuberculosis under our noses, so to speak, or the chronic indigestion, incipient malignancy, or the pain on walking and feeling of coldness is an obliterative arteritis. Arteriosclerotic syndrome has so many small symptoms that when we fail to relieve these homœopathically it should not be a matter of discouragement to us, but establish the true status of the case and we at once feel on firm ground in the matter of therapeutics.

Going back to the consideration of the evaluation of symptoms for a homœopathic prescription, it has been my plan for some time to make a little different classification which seems to be better grasped by the student and leaves him no loophole for the neglect of prescribing.

I divide the symptoms of any case into two great classes: BASIC symptoms and DETERMINATIVE symptoms. Any drug which may be indicated must satisfy both tests. The basic symptoms contain the pathology and are the common ones on which we

base a diagnosis. The determinative symptoms are, on the other hand, the ones which determine the drug and are necessarily those which are rather individual and particular. The use of the term determinative instead of particular, however, leaves a loophole so that we can prescribe for a case that has no particular or individual symptoms. If this is the case, then the determinative symptoms become the chief complaint of the patient or those which dominate the picture. As we know, there are cases which this is the only thing we have to go on.

To illustrate, suppose we are dealing with a case of typhoid fever. Here the headache, rose spots, gastric distress, diarrhœa, and remittent fever are basic symptoms. Our drugs should be able to cause all of these, (except the rose spots) in order to qualify at all.

But, there are a number of drugs that get this far. *Baptisia*, *Rhus*, *Bryonia*, *Phosphoric acid*, all have these basic symptoms and we must turn to the other class to *determine* the particular one of these drugs used. Thus, we find that the patient is restless, especially at night, has a dry, teasing cough worse from exposure, with a backache and stiffness of the neck, and general aching. We would call these determinative symptoms for *Rhus tox*. If the patient showed much sweating, profound prostration and diarrhœa, which was quite painless, though present, these would be determinative symptoms for *Phosphoric acid*. *Rhus* is the restless one, *Bryonia* and *Baptisia* the very toxic ones of the quartet. And the particular mental symptom, "feels as if separated or in parts" is a clinically reliable and keynote symptom, verified many times.

It is very discouraging for a novice in homœopathic prescribing to be told that the symptoms which he is taught to delve out with so much trouble in the diagnosis, are of no value at all for the homœopathic prescription. This has been the classical attitude since the time of Hahnemann. And, though these are used, yet they have but a small place in the totality. If, however, we tell the student that his pathological symptoms are a sound start, and that it is the first step in the selection of the drug, furnishing as it does the location or elective affinity, he will be encouraged, and when he finds that his symptomatology

is half taken, he is certainly poor material, if he will not take the trouble to elicit the determinative symptoms as above indicated.

I have been impressed with the avidity with which our students seize on a new therapeutic thought as long as it can be justified by current views on physiology and pathology. I presume that this is natural considering their intensive training in their subjects and it is no doubt due in large part to their lack of experience. Most of us have had such enthusiasms but this has rapidly cooled after the indifferent clinical results. Because the student has not had this practical experience, it seems to me the duty of all homœopathic instructors to call their attention to the slim basis of fact that the procedure is based on. But, often this instructor is anxious to appear as thoroughly modern and up-to-date up to the latest wrinkle in medical therapeutics and he endorses this method at the time, thereby confirming the students' new-born faith in it. Then, to another group of students, a year later he may condemn this same procedure but then it is too late. It is very necessary for homœopathic teachers to be intelligently conservative and to give their reasons for this attitude.

Our homœopathic medical problem is in a word this: How best to impress the student with the value of our homœopathic drugs in the treatment of disease. If he once becomes intelligent about this, all the rest is easy. I do not believe you can accomplish this by elaborate animal experimentations showing the activity of the crude drug, because it is only occasionally that we use the crude drug and some of our best drugs do not show this activity at all. All the tremendous experimental work done by the old school has failed to add much to their materia medica, and the rank and file of the old school practitioners still use a half a dozen drugs. (I am not speaking of vaccines and sera). The student may acknowledge the activity of tinctures used in animal experimentation but he still is skeptical of the potencies and, so far the only thing that gives faith in this, is the actual trial and, as I said before, suitable cases are lacking.

How can we inculcate this firm enthusiasm in the efficiency of our remedies? To my mind there is a step, which, though somewhat revolutionary, yet has been tried out with success in some parts of the United States. There is an article in the *Bulle-*

*tin of the Associated American Medical Colleges* on this subject by Dr. William J. Kerr of San Francisco.

Briefly, this deals with the assignment of senior students for the last six months of their year to selected physicians who take them into their offices, as far as possible, and really give them an insight to the practice of medicine. It has the same advantages over an internship as far as knowledge gained is concerned as an informal talk with a professor at his home has over one of his lectures in the classroom. As an aid in establishing his homœopathic prescribing, it would be invaluable—much more valuable to homœopathic students than to old school ones—for, after all, the interne just out of college is from the alloœopathic point of view quite as proficient therapeutically as his teacher—due to their everchanging methods of treatment.

Under this method, the student would learn to depend on his homœopathy during a critical case as he would share the responsibility, and, later on, when he was out for himself, he would have no qualms about giving straight homœopathic treatment being confident of the result.

Lastly, this method would serve to perpetuate the crystallized knowledge of our older practitioners, knowledge which we hear too little about, and which oftentimes dies with them. I hate to hear of the death of one of our older men, men who have a critical medical experience of thirty or forty years, and all this vast homœopathic insight lost to the school. It is a fact that many of our best men have written little and spoken less.

#### DISCUSSION

DR. ROYAL: I would like to add a few words on the teaching of materia medica. I think it is very essential that every professor of materia medica should spend three-quarters of his time in clinics, and not in rattling off a lot of symptoms. When I began teaching materia medica in '92 they wouldn't let me have a clinic. I was to get up and rattle off the symptoms of *Belladonna*, *Bryonia*, and so forth, and the students were then supposed to know something about *Belladonna*, *Bryonia*, *Aconite*, or whatever the remedy happened to be.

I went to the dean, and said, "I want a clinic". He held up his hands, and said, "The idea of a professor of materia medica wanting a clinic! That belongs to the clinical medicine". Before I finished I put in six hours of clinical work and one hour of didactics.

I was one of the provers of *Belladonna*. At that time we gave the junior and senior classes two weeks, with no other recitations whatever, to attend to the proving. About three months later a patient came to the clinic. It was my

practice to call the students by roll. I assigned the patient to a particular student. He looked that patient over. As the patient gave the symptoms, the students were required to make notes. Then I required the student conducting the case to prescribe and to defend the remedy. He made a thorough examination, and the others asked a few questions. Then he turned to me and said, "This patient has just the symptoms that my roommate had when we were proving *Belladonna*". He noted the condition of the throat, the dryness, the redness, and he told about it, and in addition to that, he examined the eye. I think the professor of materia medica should have more clinical hours and then they will be able to interpret symptoms when they go into internship.

Every student ought to prove at least one drug. I think it adds to his confidence in his armamentarium. I proved a dozen drugs on myself, and on others besides. Every physician that comes to us from the other school ought to prove a drug.

DR. OLDS: Everything that is worth while, that is, everything that is complete must be in the form of a trying. In regard to the homœopathic trying, we have materia medica, homœopathic philosophy, and the combination of these which is clinical medicine. You can't very well teach materia medica without teaching homœopathic philosophy. If you do, it is merely a memorizing, a jumble of something that you don't understand, but linked to homœopathic philosophy you have an understanding of your remedy. Of course you learn your remedy in various ways. Then with clinical medicine coming in, you simply clinch the thing; you have confirmation of the other two.

DR. WOODBURY: I would like to make one reference to Dr. Royal's idea of proving drugs. When I was a youngster, I had difficulty with my eyes. I went to an oculist, and was given rather a strong solution of atropin. I had one of the most beautiful provings of *Belladonna* that one could imagine. In addition to the dilated pupils, of course I had a throat so dry that I thought I would never get it moistened again. I had various other symptoms, dizziness, and so on, which go with that. So that proved to me at the beginning of my experience the value of that sort of thing.

I have often thought, too, that experimentally we could use *Allium cepa*. The ordinary effects of an onion will prove to almost any pessimistic or doubtful person the value of the law of similars.

When I was in San Francisco I heard Dr. William Boericke read a very remarkable paper which would serve well as a supplement to this paper of his son's. It was called "*Therapeutic Byways*". I think in that paper Dr. William Boericke was at his best. Just the other day I was looking over *The Pacific Coast Journal* and I ran across that paper. I suggest that you read Dr. Garth Boericke's paper along with the paper of his father's, and you will have the father plus his son.

DR. WILSON: Dr. Royal speaks of the necessity of proving drugs. When I was a student at Hahnemann a group of us proved drugs, too. I remember one that Dr. Charles Moore gave me. He never told me what it was, but certainly whatever it was, I had all of the symptoms that you usually find clinically in grip, and it left me with a cough. I remember he used *Iodine* as an antidote.

I remember a Dr. Ironsides, of Camden, New Jersey, speaking once of how he was shocked by a skunk. He said immediately his breath was just choked right off and it was the most awful sensation possible. Last winter a woman came to my office suffering from very severe asthma. She could hardly get her breath. She had only a few steps from a machine to my door. I gave her *Mephitis* and she remarked the next time I saw her that her breathing came around all right. I shall not forget *Mephitis*, although I have never proved it.

DR. BOERICKE: A word in regard to proving drugs. At Hahnemann we do

both clinical and theoretical materia medica. I give about two hours a day for five days a week to my senior students. I don't see why proving a drug should give a man confidence in homœopathic materia medica, but it does. To me it simply means one definite effect will produce an effect.

It is hard to prove drugs. I have every student in the sophomore class at Hahnemann prove a drug, and we run them through in classes of ten or twelve. I have selected a number of drugs. It has been my experience that proving of drugs does not bring out a great many characteristic symptoms. Of course we are handicapped. We can't take these men and prove for six weeks; it interferes with their studies. In certain cases the reactions are quite severe, so we have to figure about ten days, and I will admit that we can't get a very fine proving in ten days, but I can take an active drug and get some symptoms, and that is all I am after. I am not trying to add to the materia medica; I am just trying to show skeptics what can be done with drugs, but I don't feel that I have the right to take a strong drug—for instance, I never thought that *Glonoin* was a fair test, for a thousandth of nitroglycerin will give symptoms, even to a horse. If you take other drugs of 2 or 3x, and try to get symptoms with three or four doses, you won't do it. I have tried it many times. On the other hand, if you keep on with some of these drugs, you get peculiar symptoms.

I had another interesting result in drug proving. I took one of these fine combination tablets you all have heard about. It had *Aconite* tincture and *Gelsemium*, a fine gunshot for coryza. I took it right out of the pharmacy and didn't tell the boys anything about it. I chose a group of fine big huskies, and said to them, "I want you to take three tablets every hour, and keep track of all symptoms". I was very much astonished to find that I didn't get a symptom for three days. The year before I had proved *Aconite* tincture and pretty nearly knocked them out in twenty-four hours, and the same is true of *Gelsemium* alone, but the combination took three days, and then I proved through my senior assistant that all the symptoms that showed up from such a combination were *Gelsemium* symptoms. The third day they came down with those symptoms but they were not very severe. That is an illustration of the unnecessary use of combination tablets.

This proving is pretty difficult. I proved *Apis* recently on a fine bunch of huskies. I used the liquid potency from one firm and 1x. from another firm, etc., all low potencies, and for one week I didn't have a single symptom. I had to give it up as a total blank. So proving is not all easy. I would be greatly obliged to any of the homœopathic teachers present who would give me an index of drugs that they have found particularly efficacious over a short period. *Gelsemium* is a good success. *Aconite* is a good drug, also *Sepia* 12x. and *Lachesis* 30 I would like to get as many such homœopathic drugs as possible.

#### COTYLEDON UMBILICUS (Prima)\*

A native of the British Isles, found mostly in the south and southwest. It has proved effective in epilepsy of the *petit mal* type, when other treatment has failed. It is also useful in eliminating the after-effects of long-continued doses of bromide by clearing the mentality and restoring the natural brightness of the patient.—E. BACH, M. D.

\*From *The Homœopathic World*, Vol. LXV, Feb. 1930, page 36.

## DRUG PROVING

H. A. ROBERTS, M. D.

Since the time of Hippocrates individual drugs have been used empirically in disease conditions, which were similar to the effects of their poisoning; but it remained for Hahnemann, the greatest mind in the whole medical world, to see the necessity for observing and recording the effects of drugs on healthy individuals, so that we might more accurately prescribe them to the sick. Hahnemann made many provings, and it was through his careful observations that we have the very thorough instructions to be followed in the proving of drugs. Our present knowledge of our remedies is wholly due to his initiative and vision in putting these provings on a firm basis, and we owe much to Hahnemann's marvelous powers of observation and his ability to blaze new trails which man had never before trodden, in giving us the thoroughly tried and reliable rules for measuring the action of our remedies. We must remember that Hahnemann started his work with drugs in very crude form, and his work in proving shows a continuous growth and development through deductions from his own observations.

We hear a great deal today about the re-proving of old remedies. Re-proving of old remedies will avail nothing, except possibly to give some idea of the chemical action of the remedy as shown by urinalysis, in the effect on the circulation, and as revealing some of the inner workings through metabolism and the X-ray. However, all the symptoms thus produced are objective symptoms, and for really curative effects the subjective symptoms are immeasurably more valuable.

There is great need of having more provers of those remedies that have been imperfectly proven, in order to bring out the finer points of the remedies. It must be remembered that one prover is not enough; there should be at least a dozen provers for each remedy. The susceptibility of one individual toward a remedy may be almost nil; whereas another individual of the same age and type, for some unknown reason, is exceedingly sensitive to the remedy.

At the present time much interest is being shown in the homœopathic world in proving remedies, and several committees are giving their attention to this work. It is well at this time to review Hahnemann's instructions in the *Organon* (sections 121-144) in regard to provings, so that the provings may be produced according to standardized methods.

There are certain standard rules that must be observed in order to make a satisfactory proving. First, the authenticity of the single drug must be established. If chemical, it must be ascertained that it is a strictly chemical element in its purity; if a metal, it must be a pure metal. If the drug to be proven is from the vegetable kingdom, the tincture must be prepared from the whole plant gathered in its native habitat, in the period of its greatest activity. If the drug is derived from the animal kingdom, make sure that there is a supply from the same source as the original proving is to be made. If the animal is by nature wild, provings should not be made from the animal in captivity.

Second, the preparation of the prover. The prover should have a thorough physical examination. The history should be carefully taken, including the family history; the illnesses to which they have been susceptible; the peculiarities and susceptibilities of the patient, and an observation of what is normal with him. This observation should be kept very closely for at least a week before any proving should be attempted. This should not be trusted to memory, but the *case taken* as though he were an actual patient. During this week he should lead a normal life, free from any excesses in eating, drinking or narcotics, and should obtain the normal amount of exercise and sleep. In other words, the prover should be put on an athletic training regime.

Now as to the regime during the proving. This same regime should be maintained throughout the proving, and any deviation should be noted in the prover's notebook. As many individual provers as possible should be used in making the proving. The list must include both sexes, of as varied types as possible. People who have shown peculiar idiosyncracies toward certain drugs or other substances make the best provers. No one prover will produce all the symptoms of a drug, but a symptom well de-

veloped in any one of a dozen provers, without being present in the others, may be a very valuable symptom; therefore we need a great variety of provers to obtain a complete picture of the drug.

Drugs act on human beings differently in different doses. When the crude drug is used, it produces a chemical reaction, like the action of bichloride of mercury or arsenic uniting chemically with the tissues.

We have the mechanical reaction, which causes the system to eject the drug before it is absorbed, as it is with large doses of ipecac and many other drugs.

Then there is the dynamic action of drugs, which manifests itself through the vitality, producing peculiar reactions of the drug according to the susceptibility of individuals. It is this dynamic action that gives the homœopathic prescriber the better knowledge of the remedy; therefore the symptoms produced through the dynamic reaction are the valuable part of the provings. These are always produced by the smaller doses.

Again, the dynamic action may be still further divided, according to the size of the dose that is given, into the generic type, which causes symptoms of a dynamic type, yet classes drugs according to family types. To illustrate, consider the effect of moderately large doses of *Arsenic*, which produce vomiting, diarrhœa, cold sweats and cramps. This is a dynamic reaction, but it is very similar to such remedies as *Cuprum*, *Veratrum*, and so on, but it does not distinguish the finer grades of arsenical action from *Cuprum* or *Veratrum*.

Then still smaller doses produce specific dynamic action, and make the peculiar symptoms of the individual remedy stand out in distinction to the generic reaction. Again to illustrate with *Arsenicum*: this remedy will still produce these phenomena of vomiting, diarrhœa, and so on, but these are accompanied by characteristic symptoms that are quite different from those produced by *Cuprum* or *Veratrum*, thus making the distinction between them.

The specific dynamic action is further divided into the central and peripheral reactions. The central symptoms appear very

quickly after the administration of the drug, and are usually produced by larger doses than the peripheral. These central symptoms are usually connected with the alimentary canal and the organs immediately related thereto.

This is well illustrated in my experience in proving *Lycopersicum esculantum*. In fact, this proving illustrates all the different reactions of the drug. I found I was peculiarly susceptible to tomatoes and had to be extremely cautious in eating them, for they would produce a diarrhœa and a very greatly increased flow of urine. I proved the remedy in the third potency, and produced a chain of symptoms having to do very largely with the alimentary tract, nausea, vomiting and diarrhœa, which did not distinguish the remedy from the other members of the great *Solanum* family; but when this individual remedy was proven in the 30th. potency, I obtained none of the intestinal disturbances, but in due time there were produced a fever, which raised the temperature to 103 degrees; a throbbing, beating headache; delirium; aching of the entire body; but in distinction from the other members of the *Solanum* family, the pupils were contracted instead of being widely dilated. These are the peculiar and unusual symptoms that make it possible to recognize the individual identity of remedies.

These peripheral symptoms, which are slow in developing, are the most valuable symptoms we obtain from a proving, and usually appear as manifestations of the disturbances of the bones, the skin, the glands, the thermic reactions, and the co-ordination of the phenomena of life. It is here that are revealed the dyscrasias and cachexias.

These are the manifestations of the reactions of drugs according to the dose that is administered, and we must be familiar with these types of reaction if we are to use our remedies to the best advantage. It is my belief that herein lies the secret of the law governing the choice of the potency. This seems simple. However, it is not so always. For instance, such remedies as *Lycopodium* and *Natrum muriaticum* do not easily produce the first chain of symptoms mentioned, and it is only in the higher potencies that such reactions manifest themselves. In proving we

must take into consideration the susceptibility of the provers, who show marked individual reactions to the same drug in the same potency. Many of these susceptible individuals are very capricious. Where we expect the high potency to react, it is often found that nothing but the low will have an effect, and *vice versa*. There is no way whereby the susceptibility of the patient can be determined until the proving is being made. It is of the utmost importance that we detect the susceptibility of provers, and the greatest care should be exercised in these provings to avoid perverting this susceptibility.

Now with what potencies shall we begin the proving? Hahnemann taught the thirtieth gave the best results. We should never start a proving lower than the thirtieth, for observation has shown that provings in the lower potencies destroy the possibilities of provings from the higher. We should administer at first, then, not lower than the thirtieth, and if after daily administration no results are obtained, then it is safe to proceed downward to the lower potencies. In fact, we can start even with the 200th. potency, or higher. One of the best provings of *Lachesis* is that made with the 75,000th. Some length of time should elapse before following the first potency with a lower, so as to get the generic, and possibly the chemical manifestations, although these are not as valuable. As nearly as possible all the symptoms should be recorded in the vernacular, and there must be a careful evaluation of all the symptoms produced.

Susceptible individuals should be proven by high potencies; then a long interval must elapse before another proving with a high potency is attempted, so that we may evoke the whole chain of symptoms possible in that drug. No proving should be made in haste, and a long duration of time is necessary to bring out the best provings. In fact, the best provings will cover a period of nearly two years, especially with the deeper acting metals.

The proving of remedies is a great undertaking; a fascinating adventure, for we never know what we will find; full of interest; fraught with development. It calls into use the greatest powers of observation for symptoms produced, and requires careful weighing of their relative value. When a proving is thus con-

ducted, we will have produced a living monument that will be of value for all time and in all climes.

DERBY, CONN.

AUTHORITIES USED AS REFERENCES

Hahnemann ( <i>Organon</i> and other writings)	Austrian Committee on Provings
Boenninghausen	American Institute of Homœopathy, Bureau of Drug Pathogenesis
Hering	T. F. Allen
Hempel	Kent
Ad. Lippe	
Dunham	

CUPRESSUS\*

The red vessels from the tip of the leaves only used. This is proving a most valuable remedy in chronic catarrh and its sequelæ, especially if the infection is of the staphylococcal or streptococcal type, and it is especially indicated in:

Catarrh of the post-nasal passages, the Eustachian tube and middle ear, and frontal sinuses; headaches associated with catarrh; chronic colds, in connection with what there is evidence to show that it is prophylactic. If given early, in some cases it frequently aborts an attack.

Among the more striking results have been cures of chronic deafness following middle ear disease of over 20 years' duration, and of frontal headaches, which in one case had been continuous for over 3 years.

Adult *Cupressus* cases are often of florid, congested complexion.

*Cupressus* must not be started above the third, as it tends to give marked aggravation. Quickly antidoted by peppermint.—E. BACH, M. D.

\*From *The Homœopathic World*, Vol. LXV, Feb. 1930, page 36.



## POINTERS

*Ferrum* and *Acetic acid* are dangerous to many cases of advanced phthisis, owing to their power of inducing hæmorrhage.—

J. T. KENT.

*Arsenic* is a very dangerous remedy in irritable heart, especially if organic, as it is apt to cause parenchymatous nephritis.—

J. T. KENT.

*Arsenic* is a dangerous remedy in dysentery if not the exact *simillimum*, as it is very apt to spoil the case.—J. T. KENT.

Most cases of carcinoma are materially helped by a dose or two of *Carcinominum* at some time during the treatment.—R. M. LE H. COOPER.

## ABSCESS, SUPPURATION, ETC.

*Arsenicum*: Burning, gangrenous tendency, weakness, marked muscular weakness, *chills*, *fever then sweat*, foul pus.

*Calcarea hypophosphorosa*: So-called cold abscess, muscular prostration, copious sweat especially at night, objects to being moved, emaciation, bone abscess, cold extremities.

*Sulphur*: Ulceration after pus has discharged, stinging and throbbing.

*Calendula*: When pus is profuse and exhausting (see *China*), traumatic origin.

*Silica*: Stitching, throbbing, especially when suppuration has been arrested or suppressed.

*Mercurius*: The process slow, as is well known of *Merc.* Aggravated at night, thirst always, cold hands and feet, drawing pains in the abscess, fistula, etc.

*Asafoetida*: Colorless serous pus, contact causes violent pains, also adjacent parts very sensitive, intermittent pulsations with darting tearing relieved by pressure (*Bellis per.* has throbbing with shooting sensitiveness to contact but is aggravated by pressure and relieved by cold).

*Belladonna*: Pressure, burning, stinging, throbbing, *cheesy and flocculent pus*, especially hepatic abscess.

*Rhus tox*: Locational value high, viz., *axillary or parotid glands, bloody serous pus*, stinging gnawing pains.

*Bryonia*: The swelling is *very pale or very red*; tensive pain; sharp sticking, lancinating pains; throbbing; aggravated towards evening and at night.

*Hepar*: *Vide* temperamental characteristics, *pressive* pains, aggravated least exposure to coolness, defective suppuration (*Merc.*, *Bar. carb.*, *Carbo an.*, the latter two when the tumor is very hard, *Phyt.* stony hard).

*Pulsatilla*: Abscess *bleeds readily*, surrounding parts itch and burn, especially around varices, abscesses following violent and long continued inflammation.

*Mezereum*: Abscesses of fibrous parts, tendons, abuse of mercury when stinging, throbbing pains attend.—W. T. HELMUTH.

## CLINICAL VERIFICATIONS

Feeling of a double personality; thinks that one-half of her is someone else who is wandering about the house. *Cann. ind.* 200.

Wild hairs in the eyes. *Lach.* 1m. and cm.

Dry, hacking, paroxysmal cough, better by cold drinks or sucking ice. Expectoration scanty, bubbly and blood streaked. *Cocc. cact.* 200.

Sensation of a lump behind lower part of sternum; thirst, but œsophagus contracts so that it is difficult to get the liquid down; drinks roll audibly down œsophagus and through stomach and bowels. *Laur.* 200.

In retention of urine in the mother after childbirth *Ars.* has always been the one remedy needed.

In retention of urine in the newborn *Acon.* has been all sufficient where there has been no mechanical obstruction.

Swelling of glands of neck below left ear and at base of brain, with a sensation of a rope or band about neck and throat when stooping. *Lach.* 200.

Frequent, dry, hacking cough in the daytime only. *Euphr.* 200.

Frequent urination. When the desire comes must go at once or has terrific pain in bladder. This for 15 years. Cured with *Petros.* 30 and 200.

Sharp pain in stomach, worse immediately after eating, lasting for 12 hours. After *Kali bich.* 10M.

Terribly depressed; doesn't care what happens to her. Profound drowsiness for months, goes to sleep the minute she sits down. *Indol* 30.

Wherever the metal parts of her glasses touch a black mark or smudge is left. Produced ten days after giving *Sulph.* 55M. I have several times cured this symptom with *Sulph.*, and once with *Merc. sol.*

Can't control urine at night; loses it during sleep, also occasionally during the day. Produced by *Thuja* 50M.—C. L. OLDS.

### COMMUNICATIONS\*

To the Editor of *The Homœopathic Recorder*:

In the January 1930 number of the *Recorder*, Dr. W. H. Schwartz reports an exceedingly valuable case of spider bite, but he unfortunately marred it by making a few statements which I think are not justified and should be challenged. He says, "Seldom do we find a remedy that at once attacks with such violence the three planes of man". Such statements are dangerous to homœopathy unless true. However, if true then the metaphysical side of it is important, though I cannot see how the moral or intellectual man is affected in this case. The whole thing is purely physiological, referable to the poison. A little farther down he says, "Spider venom at once attacked the inner man". That again is untrue. No physiological poison can touch the ego, it takes forces of an entirely different nature to do that.

I hope this criticism will be taken in the spirit given.

I am glad to see metaphysics brought in; it is the life of homœopathy and must be developed, but we must be careful not to use terms too lightly, and they must be based on facts. "Moral plane" is another unhappy choice of expression. Emotional would be more easily understood and would be correct. To use one sub-classification with two primary classifications throws the whole thing out of alignment and has a tendency to confuse those not well grounded concerning the constitution of man.

Morality concerns itself with the relationship of Will and Desire and not with emotions, unless specifically defined to represent something else in a specific case. Then any word can be made to carry any meaning whatsoever.

*Ignatia* is one of the remedies affecting the emotional plane, as proven by the fact that it will stop a person from grieving.

*Platinum* is another for Pride.—H. C. SCHMIDT.

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

### EDITORIAL

#### HOW SHALL I GO ABOUT THE STUDY OF HOMŒOPATHY?

Homœopathy is a vast subject, requiring much study and deep thought. Unfortunately for modern medicine there are no *real* thinkers in the medical profession today. There is no profession on earth where *real* and *deep* thinking is not only required, but *demand*ed, as in the medical profession in general and in homœopathy in particular. We think we think, but that is all. Our thinking is all confined to a very narrow and a very superficial rut, and we become very much incensed when any one broaches a subject to us that takes us out of that rut, even though it is for our own welfare, or to make us more proficient. Once out of that rut we hasten back to it, become self-satisfied that we know it all, and consider all outside the rut ignoramuses, and resent their presence.

No musician ever became an expert by merely learning to play a simple tune, ignoring the rudiments of the art; no painter ever became a great artist who tried to paint without first learning the art of mixing paints and blending colors, and neither student nor doctor can ever hope to become a real homœopath who does not acquaint himself with the base and principles upon which homœopathy is built and stands—*The Organon*. This omission, by the majority of the homœopathic profession, is the reason that homœopathy is today largely represented by men who do *not* understand what homœopathy really means. After the *Organon* has been read thoughtfully and intelligently, all those things not clearly understood will be brought to a clearer perception by reading a good work on homœopathic philosophy, of which Kent's stands out the most prominently. This intelligently read and understood, we are then in a position to take up the study of *materia medica*. As an introduction to the passageway of this vast subject Kent's *Lectures on Materia Medica* stands out most prominently, and gives the best exposition of how to study the remedy, elucidating its diverse actions, characteristics and comparisons. Next in importance, we would consider Bell on *Diarrhœa*, etc., which will give a clear idea of how to select and apply

the remedy. Once all those are mastered you have the beginning of how to gain a clear conception of homœopathy and how to select and apply the individual remedy, after which the rest will come comparatively easy.

One can never truly enter the homœopathic field successfully who has not the desire and the will to divorce himself from modern medicine. Intelligence dwells in refinement; ignorance, in crudity. Homœopathy is the personification of refinement. Every one who has studied homœopathy properly and practised it strictly has been more than amply rewarded for his efforts, and swears by it. The rest swear at it. Also remember, that it is unwise to start in to try to practise homœopathy until you have learned how to examine the patient in order to make an accurate homœopathic prescription. To this end every homœopath, and every one wishing to become a homœopathic physician, who does not know how to do so should take a course at the Post-Graduate School of the American Foundation for Homœopathy.—A. P.

#### IMPATIENS ROYEI\*

A native of Kashmir, rarely found growing wild in the British Isles. Mauve flowers only used. Three different series have been prepared: Two in September, 1928, and one in September, 1929. The most active is the last obtained, which is the one now stocked by Messrs. Nelson and Co.

It is indicated in acute pain of nerve type, gives rapid relief often, and in many cases apparently effects a cure. Patients also report a much improved mental state, loss of depression and fears, and a generally brighter outlook.

Among cases successfully treated are intense headache, sciatica, acute neuralgia, tic douloureux, and acute pain in malignant disease. Indication for use is excruciating and very acute pain, no matter what cause; in some cases it has given relief after morphia has failed.—E. BACH, M. D.

\*From *The Homœopathic World*, Vol. LXV, Feb. 1930, page 34.

## CARRIWITCHETS

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

12. Is it true that, if two or more miasms combined have been dissociated by the proper remedy and a mistake in prescribing causes them to recombine, they can never again be separated?

—E. W. WRIGHT.

13. In asking question 8 in the March *Recorder* concerning remedies useful in endocrine disorders, hypo and hyper conditions of the thyroid, pituitary, adrenals, etc., I, of course, know that one should prescribe the remedy indicated according to the totality of the symptoms. What I hope to do is to make a study of the endocrine disturbances in their relation to homœopathic treatment; to group the remedies actually used and study them in this relation. Have you had any definite endocrine cases under treatment? (Endocrine disturbance proved by thorough physical examination, history over sufficient time, family constitutional history, constitutional type, metabolism tests, etc.) Reports of such cases, sent to Dr. Wright, 472 Commonwealth Ave., Boston, Mass., would form the basis for a most interesting and valuable study, and would be much appreciated.—E. B. LYLE.

14. The following material would be very useful. Please send to Dr. Wright: References or literature on the theoretical side of provings and on actual provings of remedies; cases of bite of poisonous animals such as snakes, spiders, tarantulas, etc.—E. B. LYLE.

#### ANSWERS TO QUESTIONS IN FEBRUARY ISSUE

*The mother tincture of Calendula, on keeping a few months, shows a deposit. Is this deposit detrimental and, if so, should it be filtered off before using? Not long ago I asked a doctor, a homœopath, whether Calendula was as good as tincture of iodine for immediate local application to injuries such as cuts, lacerations by garden tools, animal bites or scratches (especially of dogs and cats). He told me that Calendula had as much antiseptic power as iodine, and advised me to use the iodine. Would an expert kindly give his opinion about this?*

—Treating ordinary cuts and lacerations and scratches caused by animals with Boericke & Tafel's *Succus Calendulæ* has been followed by invariable success in my experience through many years. A teaspoonful in eight ounces of quite warm water is applied four times a day, keeping the injured part immersed in it from five to ten minutes. Then a dry dressing is applied.

*Succus Calendulæ* contains 15% of alcohol, the tincture 60%. This latter has not proven as efficacious as the former.

Bites of cats and dogs should be treated by putting permanganate of potash solution into the depths of each tooth puncture on a very small cotton applicator. I use a 3.2% solution, that being a stock solution capable of use for readily calculating 1 to 2000, etc., solutions. (A saturated solution at 77 degrees Fahrenheit is 32%).

Iodine, when used for injuries, should only be applied within the actual cut, laceration or bite and not indiscriminately to the surrounding tissues. A number of applications should not be made in one day. Physicians should impress these facts on the laity if they are unable to prevent their patients making their own iodine applications.

Tissues of man and beast cannot be injured by *Succus Calendulæ* solution, but they can be hurt by tincture of iodine. Why not follow the observations of our homœopathic forbears and avoid the possibility of the inflammatory reactions of iodine?—  
E. M. GRAMM.

#### ANSWERS TO QUESTIONS IN MARCH ISSUE

*What remedies have you found particularly useful in endocrine disorders, both hypo and hyper conditions of the pituitary, thyroid, ovaries, adrenals, etc.?*

—The constitutional remedy of the patient always. I know this is not the kind of an answer that you want, but why prescribe for a part of the patient when you have the whole patient with you? The patient was sick before the glands were sick.—  
R. E. S. HAYES.

—Inactivity: Too thin adults: *Bar. carb.*, *Lyc.*, *Tub.* Too thin children: *Calc. phos.*, *Iod.*, *Lyc.*, *Tub.* Overactivity: Too fat children: *Calc. carb.*, *Kali iod.*, *Lyc.*, *Tub.*—A. PULFORD.

*Has tapeworm been removed by the homœopathic remedy alone, or does it have to be removed by mechanical means, the remedy removing the effects of its presence?*

—Certainly the tapeworm has been removed by the homœopathic remedy alone. As the patient improves the worm leaves. Worms don't enjoy living in healthy surroundings.—R. E. S. HAYES.

—Yes. No kind of worm should be removed in any other way than by the constitutionally indicated remedy, except in immediate danger and no known remedy available. To forcibly remove them is not only apt to prove injurious to the patient, but is like the removing of a chancre without regard to the individual, and just as logical. In doing this you have removed an effect yet leave the cause to continue, and have destroyed your guide as to when the patient is restored to normal. Prescribe on the patient's constitutional symptoms and ignore the worm. It is the patient's condition that furnishes the worm food on which to subsist and once this is gone the worm must either come away or die.—A. PULFORD.

*Has Filix mas in potency had any beneficial results in treating tapeworm?*

—*Filix mas* has only a very scanty proving. *Filix mas*, like other remedies, will cure only the patients whose symptoms are like its own symptoms. Without the *Filix mas* symptoms there would be no way of determining which were the *Filix mas* patients, therefore a prescription of it in the potency would be guess work only, and would be expected to fail.—R. E. S. HAYES.

*Is there any homœopathic remedy that has the symptom "love for dogs or any other animal"?*

—"Love of animals" is not a symptom. Every healthy person would love animals if he took the trouble to get acquainted with them. It is the mother-love or father-love that is born in each of us that naturally reaches out to every living thing that is more helpless than we are.—R. E. S. HAYES.

## CURRENT HOMŒOPATHIC PERIODICALS\*

## ALLGEMEINE HOMOOPATHISCHE ZEITUNG

(In German)

(Leipzig: Aug. 1929), III, 289-396

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(Zwolle, Holland: Feb. 15, 1930), XI, 22-40

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## EL SOL DE MEISSEN

(In Spanish)

(Barcelona, Spain: Oct. 1929), I, 81-120

Reports on the International Homœopathic Congress in Mexico, 1929

## THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Feb. 1930), LXV, 81-160

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*Industrial Toxicology	
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E. W. Campbell, M. D., Philadelphia, Pa.	109
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W. O. Stack, M. D.	118
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G. O. Favorite, M. D.	135
<i>Industrial Toxicology</i> : An interesting paper on the general aspects of industrial toxicology. The author emphasizes the great ignorance of the medical profession on this subject. "Have you any idea what poisons the farmer, the painter, the plumber, the smith, the carpenter, the jeweler, the upholsterer, the hatter, the barber, the furrier, etc. * * * You do not hesitate to treat the bootblack ignoring nitrobenzol; the bootlegger ignoring the fifty-seven varieties of denatured alcohol; the lady with a strange skin eruption without reference to fur dyes; the neurasthenics with chronic blood change, heart irregularity, headache, etc., never asking about a leaky furnace". Other subjects worthy of much thought are: Poisoning of the unborn child, effect of poisons on the third and fourth generations, philosophy of latency of effects, family poisoning, study of the individual. This is a general discussion but of great interest to all physicians, homœopaths as well as allœopaths.—E. L.	
<i>Sterility in the Male</i> : Literature on this subject is scanty. This is an interesting as well as an important subject. Appended is a bibliography.—E. L.	

## HOME AND HOMŒOPATHY

(Calcutta, India: Nov. 1929), V, 161-208

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## THE HOMŒOPATHIC WORLD

(London: Feb. 1930), LXV, 29-56

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Some New Remedies and New Uses: "There is much to learn of the gathering and preparation of herbs: many points require consideration if the maximum, instead of the medium result is to be obtained: The natural habitat, age, condition and particular part of the plant; the planetary influences; the time of day. * * * At present our knowledge on some of these points is sadly small". The five remedies in this article "were prepared with all precautions, instruments and glass-ware being heated in 160 degrees C.	

for 4 hours, corks for 10 minutes, and a clean overall worn for each individual trituration. The first potency was made immediately on the site of collection. Each potency was triturated with *Sac. lac.* by hand for 21 minutes in a glass mortar with a glass pestle. This was done up to the seventh centesimal, after which succussion was adopted". The partial provings and therapeutic indications of the five remedies (*Impatiens roylei*, *Mimulus luteus*, *Clematis vitalba*, *Cupressus*, *Cotyledon umbilicus*) are fully reported elsewhere in this number.—E. L.

## HOMOOPATHISCHE MONATSBLATTER

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## PROGRAM

### BUREAU OF HOMŒOPATHIC PHILOSOPHY

J. W. WAFFENSMITH, M. D., H. M., *Chairman*

SATURDAY, JUNE 14—9:30 A. M.

Chronic Diseases,

W. A. YINGLING, M. D., Emporia, Kansas

That Which Counts,

JOHN HUTCHINSON, M. D., New York

The Clinical Aspect of *Magnesium Carb.*,

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

Physics of High Dilutions,

G. B. STEARNS, M. D., New York

Teaching the Young How to Shoot,

A. PULFORD, M. D., Toledo, Ohio

The Everlasting Issue,

R. E. S. HAYES, M. D., Waterbury, Conn.

The Relationship of Temperament to the Homœopathic Remedy,

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

Different Men vs. Different Views,

GEORGE ROYAL, M. D., Des Moines, Ia.

Progress in Ten Years?

JULIA M. GREEN, M. D., Washington, D. C.

Revamping the Repertory,

ELIZABETH WRIGHT, M. D., Boston, Mass.

Disease,

DAYTON PULFORD, M. D., Toledo, Ohio

This and That About the Liver,

W. A. MCFALL, M. D., Toronto, Can.

### BUREAU OF SURGERY

W. W. WILSON, M. D., *Chairman*

SATURDAY, JUNE 14—3:30 P. M.

Non-Surgical Treatment of Uterine Fibroids,

IDA VIRGINIA REEL, M. D., Philadelphia, Pa.

Medical vs. Surgical Treatment of Tumors,

JAMES W. KRICHBAUM, M. D., Montclair, N. J.

*Pyrogen*,

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

So-Called Surgical Cases Cured by the Homœopathic Remedy,

W. W. Young, M. D., Codys, Queens Co., New Brunswick

*Cineraria Maritima* in Cataract,

WILLIAM W. WILSON, M. D., Montclair, N. J.

### BUREAU OF MATERIA MEDICA

JOHN HUTCHINSON, M. D., *Chairman*

MONDAY, JUNE 16—9:30 A. M.

Verifications,

THOMAS G. SLOAN, M. D., South Manchester, Conn.

*Baryta Carbonica*,

F. E. GLADWIN, M. D., H. M., Philadelphia, Pa.

*Hyoscyamus Niger*,

PLUMB BROWN, M. D., Springfield, Mass.

Remedies Infrequently Used,

FRANKLIN POWEL, M. D., Chester, Penna.

*Argentum Metallicum* and *Nitricum*,  
H. C. SCHMIDT, M. D., North Hollywood, Calif.

*Stillingia Sylvatica*,  
ROYAL E. S. HAYES, M. D., Waterbury, Conn.

A Reproving of *Natrum Muriaticum*,  
DONALD MACFARLAN, M. D., Philadelphia, Pa.

*Æsculus Hippocastanum*,  
HARVEY FARRINGTON, M. D., H. M., Chicago, Ill.

"Where Are We" ?  
GEORGE E. DIENST, M. D., Aurora, Ill.

*Kali Phosphoricum*,  
CHARLES L. OLDS, M. D., Philadelphia, Pa.

*Iodine* and Thyroid Activity,  
K. A. McLAREN, M. D., Toronto, Ont., Can.

*Medorrhinum*,  
J. W. WAFFENSMITH, M. D., H. M., New Haven, Conn.

Keynotes in the Homœopathic Prescription: Their Use and Abuse,  
THEODORA W. KRICHBAUM, M. D., Montclair, N. J.

Times of the Remedies,  
C. M. BOGER, M. D., Parkersburg, W. Va.

*Belladonna* and *Ferrum Phos.*: A Morphological Comparison,  
PHILIP RICE, M. D., New York (by courtesy)

Successful Prescriptions,  
GUY BECKLEY STEARNS, M. D., New York

Differentiating Symptoms of Some of the *Cadmium* Salts,  
A. H. GRIMMER, M. D., Chicago, Ill.

The Characteristic or Individualistic Stamp,  
ALFRED PULFORD, M. D., Toledo, Ohio

*Oleander*,  
W. W. WILSON, M. D., Montclair, N. J.

Symptomatology Arranged According to Specific Morbidity,  
LAWRENCE M. STANTON, M. D., New York

Therapeutics of the Menopause,  
IRVING L. FARR, M. D., Montclair, N. J.

Intellectual Remedies,  
ELIZABETH WRIGHT, M. D., Boston, Mass.

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BUREAU OF CLINICAL MEDICINE  
THOMAS G. SLOAN, M. D., *Chairman*

TUESDAY, JUNE 17—9:30 A. M.

Metastasis,  
JOHN HUTCHINSON, M. D., New York

Primary Syphilis,  
A. PULFORD, M. D., Toledo, Ohio

Clinical Cases,  
C. M. BOGER, M. D., Parkersburg, W. Va.

Gastric Ulcer,  
K. A. McLAREN, M. D., Toronto, Can.

A Proving of *Cadmium Metallicum*,  
DONALD MACFARLAN, M. D., Philadelphia, Pa.

The Cure of Drug Disease,  
HARVEY FARRINGTON, M. D., H. M., Chicago, Ill.

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Palliation in Advanced Cases of Malignant Disease,

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

Facial Neuralgias,

HARRY B. BAKER, M. D., Richmond, Va.

BUREAU OF OBSTETRICS AND PEDIATRICS

EVELINE B. LYLE, M. D., *Chairman*

TUESDAY, JUNE 17—2:30 P. M.

Homœopathic Aids in Labor,

J. W. KRICHBAUM, M. D., Montclair, N. J.

Personal Experiences with Homœopathy in Obstetrics,

A. PULFORD, M. D., Toledo, Ohio

Some Obstetrical Thoughts,

W. A. YINGLING, M. D., Emporia, Kansas

Remedy Types in Children,

ELIZABETH WRIGHT, M. D., Boston, Mass.

Can Homœopathy Build Up the Feeble Child?

S. MARY IVES, M. D., Middletown, Conn.

Acute Rheumatic Fever,

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

Cholera Infantum,

GEORGE E. DIENST, M. D., Aurora, Ill.

The Imp of the Perverse,

BENJAMIN C. WOODBURY, M. D., Boston, Mass.

Prescribing for Infants and Children,

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

Homœopathic Treatment of Some Infections,

H. E. MAYNARD, M. D., Boston, Mass.

The Use of Unusual Homœopathic Remedies in Gestation and  
Obstetrics,

EDWARD RIGGS JOHNSON, M. D., West Haven, Conn.

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JAMES W. KRICHBAUM, M. D.  
Second Vice-President of I. H. A.

# THE HOMŒOPATHIC RECORDER

VOLUME XLV.      DERBY, CONN., MAY 15, 1930.      No. 5.

## ELECTRO-PHYSICAL RESEARCH AND HOMŒOPATHY\*

WILLIAM E. BOYD, M. D.

MR. PRESIDENT AND GENTLEMEN:

I appreciate greatly the privilege of putting before you to-night some aspects of electro-medical research on which I am engaged. The title of the subject I have chosen will show you that the work is related to the practice of homœopathic methods of drug administration. I am greatly indebted to the Beit Research Committee of the British Homœopathic Association under whose auspices I am working, for the support they are giving to the research.

In the first place the ground might be cleared by my explaining shortly what homœopathy is. I am not going to deal with this point in detail, but I may briefly recapitulate for the information of those who may be unacquainted with that point of view.

Homœopathy is a system of drug therapeutics which bases the selection of the drug on the principle "similia similibus curantur", as first put into practice on definite lines by Hahnemann. It is a method in no way opposed to surgery, electrotherapy or any other specialist branch of medicine, but is concerned solely with the administration of drugs.

The principle I have enunciated may be explained thus: A drug is chosen by its known selective action on the human body and is used in cases where the affected regions are similar to the sites of selective action of the drug. It is then given in stimulative dose. This comparison between the selective action of the drug and the condition of the patient is obtained not only by

\*Address given to the Royal Medical Society, Edinburgh, Scotland, January 24, 1930.

pathological comparison but by the far more delicate comparison of objective and subjective symptomatology. The symptomatology of the drug is obtained from records of idiosyncrasy, of trade diseases (1)\*, and by actual experiments on human volunteers. The amount of work carried out in this latter way has been amazing and the records of these provings on human volunteers carry remarkable evidence of courage and endurance, especially with regard to the provings of the snake poisons such as *Lachesis*. I have here one volume of an encyclopædia of 10 volumes containing full details of the sources of information about the selective action of drugs used, and of provings on human volunteers. The provings were carried out with the greatest care and controlled in many instances by administration of inert substances.

The method of drug administration is therefore founded on an entirely different principle from ordinary prescribing, so that any one who attempts to test homœopathy by prescribing homœopathic preparations under circumstances where gross physiological action is desired is merely indicating his entire ignorance of the whole subject. For example, if I wanted to obtain a gross physiological action, i. e., a depressent action, by administration of morphia, I would not use the homœopathic preparation, but if I wished to use the selective action of opium I would only use it in the case which in its totality of symptoms showed a similar picture to what can be obtained by careful administration of opium to volunteers, and I could then give it in a stimulative dose. In other words a homœopathic preparation of opium would be used for a different purpose from opium or its extracts in crude form in sedative dose.

It is to be remembered that the sensitivity of chronically diseased patients to a drug with selective action on the regions affected is very much greater than in the normal. August Bier of Berlin University points out that Zimmer has shown that it requires 250,000 times as much Formic Acid to produce symptoms in the healthy as it does in the gouty (2). I would strongly advise perusal of Dr. Bier's paper on *What Shall Be Our Attitude to Homœopathy* (3), as being a considered opinion based on ex-

\*Numbers in parenthesis refer to corresponding number in appended list of references.

periment by a man whose name is famous not only as a surgeon but also as a biological investigator.

The principle of homœopathic drug selection is therefore dependent on the selective action of drugs and on the use of a stimulative dose. Here I would direct your attention to the Arndt-Schulz law that small doses stimulate, while large ones inhibit, the threshold change between two forms of action depending on the individual. The work of Sir Jagadis Bose on plants has fully confirmed this (4). An obvious example in our own experience is the action of X radiation on cells, while the work of Professor Burrige of the Medical College, Lucknow, with Calcium solutions of 1 in a million again demonstrates it. (4a) In its essential principle homœopathic action does not depend on the famous infinitesimal dose but merely on a dose sufficiently small to be on the stimulative side of the threshold change in the two forms of drug action in the particular individual involved. It is of course essential to distinguish between apparent stimulation which may be due to depression of an inhibitory mechanism and true stimulation of a cell.

In spite, however, of the fact that homœopathic principle does not depend on the infinitesimal dose, yet this dose has been the stumbling block in the general consideration of homœopathy. The reason is that the majority of homœopaths use these so-called infinitesimal doses and the question of dosage has become confused with the actual principles themselves. When I first satisfied myself by direct experiment on myself and others that the homœopathic preparations were active I immediately became interested in the possibility that we were not dealing with the crude molecular constituents of the drugs in question. I might at this stage point to some of the modern knowledge which has demonstrated comparatively crude action of substances in dilution which would have been incredible not many years ago. For example, Bose has shown that the assimilation of plants can be enhanced 200% by certain substances in a dilution of  $2 \times 10^{-9}$ , or 1 part in 2 billions (French notation) (4). Bogert of the Chemistry Department of Columbia University, New York, has shown that Mercaptan can be detected by the olfactory nerves in a dilution of  $4 \times 10^{-8}$  (5), while Bronfenbrenner of

Harvard University Medical School, working with Botulismo toxin found that toxin capable of killing mice in a dilution of  $3 \times 10^{-21}$ , provided the  $p_H$  was kept = 4 (6).

Again, consider the possibility of subdivision in terms of surface with the accompanying phenomena of surface energy as has been shown in the dispersion phase of colloidal solutions. Suppose that we take a cube of gold 1 cm. along the edge and subdivide it until it reaches a subdivision where the particles almost reach the limit of ultramicroscopic visibility (10 u u) we would have a total surface of over 600 square metres and a specific surface of  $6 \times 6^{-6}$ . In other words when a substance is subdivided the increase of internal surface in proportion to its volume relative to the solution in which it is dispersed is enormous. A few milligrams of platinum black have an effect on an explosive gas mixture not equalled by that of several square metres of sheet platinum, because the former has a far greater specific surface (7).

If, therefore, one can get material subdivided, the possibility of surface effects is greatly increased. The part played by the surface tension effects in work relative to electrical stimulation of muscle and nerve is a line of research in itself (8). At present in the ordinary colloids the limit of subdivision is of course the molecule in the case of compounds and the atom in the case of elements. Zsigmondy has actually prepared gold dispersoids with particles smaller than 6 u u (7.) Such colloidal solutions are electrically active. The same of course holds good for human secretions. The changes in the colloidal blood serum in its electrical nature can be readily studied ultramicroscopically. Observation of these changes formed the subject of a research which I carried out on board ship during the war. The electrical properties vary according to the hydrogen-ion concentration of the dispersion means (9).

The homœopathic dilutions are not simple dilutions. They are primarily subdivided substances. Hahnemann discovered that if sufficient constant diluting medium was supplied the subdivision could be accomplished by succussion or shock. If the substance was insoluble then he found that by prolonged trituration with lactose as a diluting medium he could eventually obtain a

trituration which became soluble (10). When we recollect that this was over 80 years ago before colloids were known we can understand what kind of reception was given to this declaration. These methods were used by Hahnemann in an endeavor to obtain curative action from drugs without cruder physiological action. Hahnemann's proof lay in clinical experiment, and verification along similar lines lies open to anyone. Here, however, I would point out that the action of the homœopathic subdivided solution becomes more selective with the higher degree of a subdivision, and unless the individual and drug match accurately you will obtain no evidence. When they do match you will be amazed at the response.

I have so far brought forward physical evidence as to the power acquired by increased specific surface with subdivision down to particles the size of the molecule, in the case of compounds. *These physical facts are sufficient to place the homœopathic dilutions of the lower potencies, that is of a stage of subdivision nearer to the crude substance, within present day physical bounds.* There is one school of homœopathic thought which confines its use of homœopathic drugs to those lesser subdivisions or lower potencies. I wish, however, to take you tonight beyond these bounds.

I have mentioned that Hahnemann carried his subdivision to the molecular state, but he went beyond that, and his followers have gone even further. Hahnemann carried his subdivision in stages of one part to 99 parts diluting medium, each stage being heavily succussed, until he arrived at 30 stages in what is called the centesimal scare, i. e.,  $1 \times 10^{-60}$ . We homœopaths use as many as 200 or more stages and yet we find that if the matching of the drug and patient is carefully carried out, even better action may then be obtained. In fact, at times one may get aggravation from overaction of these potencies on sensitive patients that alarm one. For this reason we call these great subdivisions high potencies.

Now, it is quite clear that from an ordinary chemical point of view a salt ceases to be such when one passes the stage of the molecule and this certainty happens in the high potencies. A subdivided cube divided in decimal stages will have, at the 9th

stage, particles about .01 u u in length of edge. The estimated diameter of one hydrogen gas molecule is .067 u u while that of the NaCl. molecule is .26 u u (7). Yet we carry our subdivisions to 10,000 or more stages of centesimal subdivision.

It has been pointed out that presuming subdivision by these methods to be possible, in the highest stage of subdivision there might not even be an atom of the original substance present, and all that might be present would be some of the original electrons if subdivision was capable of freeing these electrons from the atom. Critics can seize on this point to say that as electrons are all the same any claim to selectivity depending on the original substances falls to the ground. The work of Professor Thomson of Aberdeen has, however, opened out a new stage of the subdivision of matter. I quote now from his father, Sir J. J. Thomson: "The electron is accompanied by a train of waves . . . the pitch of these electronic waves is nearly a million times that of visible light. . . . They introduce us to a new type of radiation whose properties may differ fundamentally from any type of radiation with which we are familiar. . . . The properties of the electron recently discovered lead to a view that the electron is not the final stage of the structure of matter but that it has itself a structure" (11). It therefore appears to me to be not impossible that while electrons may behave as if identical as far as certain general physical properties are concerned that they may quite easily prove to have individual distinctive properties as have the atoms of the elements, while their internal structure may be concerned with forms of radiation of which we know nothing.

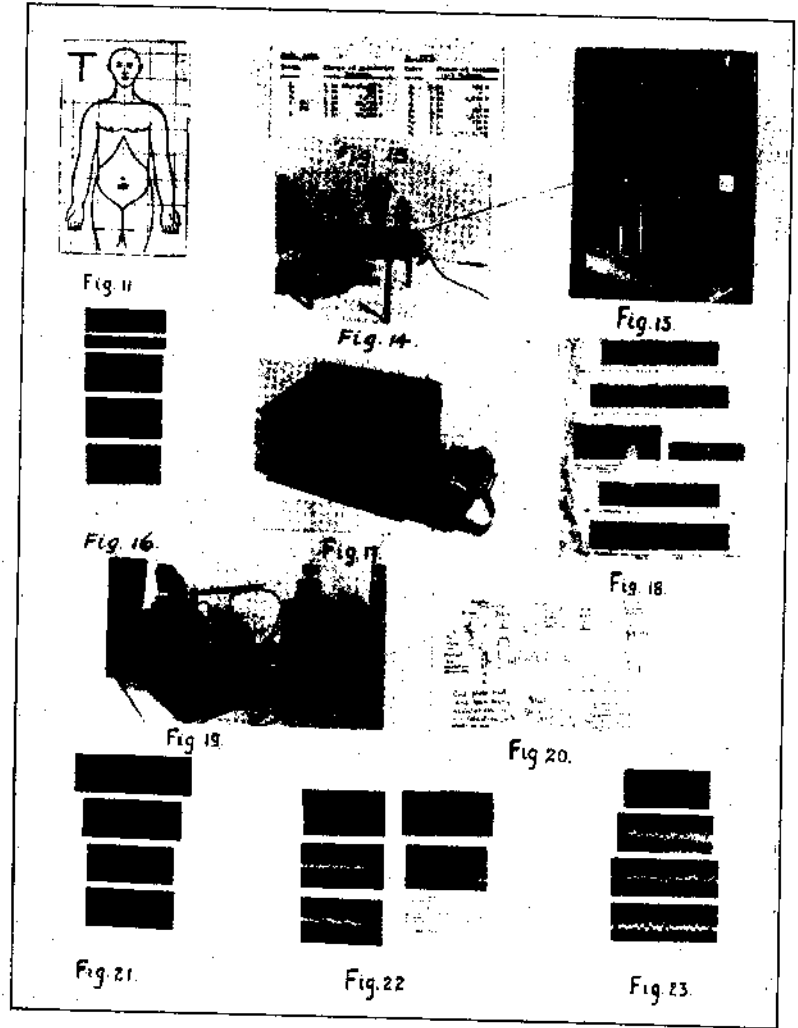
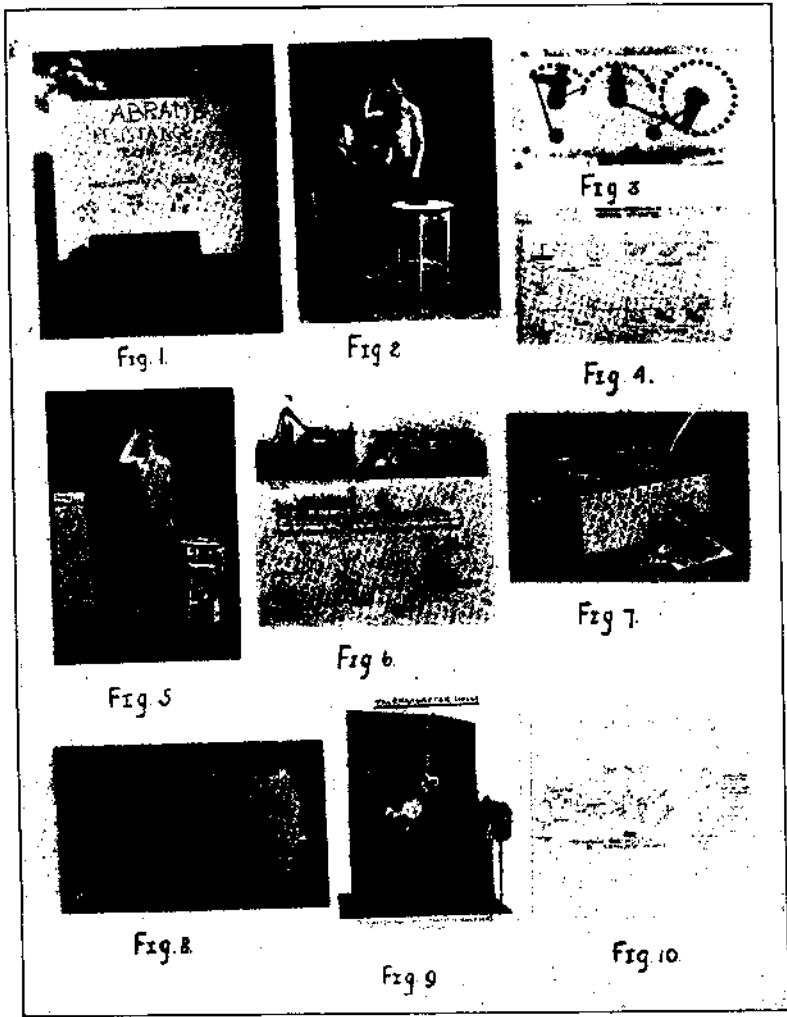
Further, we have the alternative suggestion made that the homœopathic method of subdivision results in the release of energy which continues to exist in the diluting medium independent of the continued presence of the original substance from which it is released. Prof. Piaggio in *Nature* points out that Einstein has shown theoretically that with mass and energy one can be transformed into the other, and this has been confirmed in the case of the helium atom, where the mass is slightly more than the sum of the masses of the nucleus and the electrons, the difference being due to the stored potential energy due to the close packing of electrons and nuclei (12).

Let us see what Sir Oliver Lodge says as regards our outlook. "It is clear", he says, "that the followers of those who discovered the important principle of *similia similibus curantur* are likely to be among the first to realize and apply to the human body discoveries about the nature of matter and its relation to the Ether of Space" (13). Is there then any evidence to support such a view of the activity of the highly potentized homœopathic preparations in spite of the grave difficulties suggested by present day physical knowledge.

I have already mentioned clinical experiment which is the supreme test from the medical standpoint, provided the need for selectivity is remembered. An analogy between the selectivity of the action of our potencies and the selective action of a given wave length of X radiation can be made. For example to make nickel emit its characteristic X radiations it is useless to irradiate it by Cu rays, but Zn rays will act, or rays more penetrating than Zn (14). The principle of the selective action of various forms of energy is undoubtedly a true one and numerous examples will occur to you. This selective power of homœopathic preparations explains why no action can be obtained except when the drug and patient mutually react.

Secondly, there were the carefully controled experiments which were carried out by the American Foundation for Homœopathic Research where guinea pigs were dosed over a period of two years. Dr. Stearns used potencies of NaCl. of the 30th centesimal and upwards, and recorded definite general effects especially on the virility of the dosed animals, the progeny of which finally became almost sterile (15). Again, Stark working under the same Foundation freed certain colonies of *Drosophila Melanogaster* (fruit flies) from tumour growth by the 200th centesimal potency of *Arsenic album* (16). In plant experiment I would refer you to the striking results published from the Biological Institute of the Goetheanum, Stuttgart, of work by Kolisko, who used individual potencies made from salts of seven different metals and tested them on a series of plants, obtaining characteristic curves of growth depending on the potencies used. He used potencies of the metals in subdivisions equivalent to  $1 \times 10^{-120}$  (17).





Then again there is the research work on which I am more particularly engaged. In this work I am endeavoring to discover the nature of the activity present in homœopathic remedies. For this purpose I use a human subject under very strict electrical conditions. The response of the human subject to external objects when standing approximately at right angles to the horizontal component of the earth's magnetic field was first noted by Starr White of Los Angeles. Abrams of San Francisco discovered that effects noted by Starr White could be modified if the human subject was attached to certain forms of resistance. From these modifications he evolved an elaborate system of name diagnosis which tended to confuse the issue and led in certain quarters to complete scepticism as to the existence of the fundamental phenomena.

During my research into homœopathic potencies I noted that Abrams claimed to get effects from potencies, and I accordingly obtained his apparatus and studied it from electrical and other points of view. Finally I came to the conclusion that there were phenomena present which could also be produced by the presence of potencies as he stated, but that they were masked by the wrong conception that they were due to resistance effects, and that with better devised apparatus some interesting information might be obtained. The slides you will now see indicate the development of the apparatus which I use and term the Emanometer. You will see the early Abrams Resistance Box or Reflexophone (Fig. 1) together with an X-ray photograph of it (Fig. 2) which he attached to the subject (Fig. 3). I show next the actual circuit which he used and by which you will perceive that his instrument was based on a conception of resistance (Fig. 4). Experiment suggested to me that he was probably dealing with an effect analogous to residual inductance and capacity, and accordingly I discarded his whole apparatus and designed a new one (Fig. 5). You will see by the photographs how my apparatus evolved and how I gradually introduced screening until I arrived at the more final form where the apparatus and subject are completely screened from outside effects (Figs. 6, 7, 8, 9). The diagram giving the circuit of my apparatus (Fig. 10) will make perfectly clear that it is based on a conception of inductance and

capacity, that it is capable of fine adjustment of a coil and condenser, and that it is radically different from the resistance box of Abrams. I venture to emphasize this point because the Emanometer has been criticized on experiments with the resistance box of Abrams carried out without screening and with total disregard of the technique which I have developed after years of personal experiment. Further, you will note that the investigation of the Horder Committee in 1924 was carried out on the Emanometer.

In order to appreciate my further remarks I shall briefly refer to the working of the Emanometer (Repeat Fig. 10). There is in it a combination of inductance and capacity connected to the human subject's forehead, the whole being screened as you have already seen. The subject acts simply as a recording mechanism. The specimen to be examined is placed in a carrier which can be approximated to the receiving plate of the apparatus. By moving the carrier away an estimate of the distance across which an effect is obtained can be made. This value I term intensity of effect. The actual effect takes the form of areas on the abdomen of the human subject over which the resonant abdominal note is slightly damped. According to the setting of the coil so one may obtain different areas giving this damped note, provided the specimen is within range, the rest of the abdomen remaining resonant. There are well over 150 different settings of the coil, and these are termed reactions. Here for example is a T reaction which can always be found approximately at a given reading on the coil (Fig. 11). On withdrawing the specimen in the carrier away from the apparatus (Fig. 10), a point is obtained where the reaction in question disappears. We thus obtain a value which as already stated we designate the intensity of the reaction.

The best analogy is the wireless one, each specimen representing a group of transmitting stations. When one reaction is obtained it is as if one had tuned into one of the sending stations. If one could then move that station away until it ceased to record one would get an estimate of the intensity of its effect. But another factor is also present. Certain wireless stations when tuned into by a receiver register over a wider range of the condenser of the receiver than others. So in the Emanometer a condenser is

used in addition to the variable coil, and certain reactions are found to give broader tuning effects. This is simply designated the condenser reading. Let us consider whether such changes in the abdominal wall as I have described may be considered as proven phenomena. This point was dealt with by the Horder Committee to which I have already referred.

The committee confined their investigation to a determination as to whether the phenomena obtained with the Emanometer were physically real. They did not in any way investigate the relationship of the phenomena to treatment or disease. It was quite obvious that where one had an apparatus unique in character with a very intricate and delicate technique, which involved a human element, both as subject and operator, the only method of determining physical reality was to choose tests which would allow of mathematical certainty on what is called the basis of probability. This is a form of test which can be absolutely definite, as the proportions which distinguish between chance or imaginary phenomena and real phenomena are known and universally accepted. The details of the experiments and precautions taken are given in the Appendix of the Horder Report presented to the Royal Society of Medicine in 1925 (18). The tests were repeated at two different dates. Other results based on the intensity factor were obtained on another Emanometer with a different operator in London with a satisfactory degree of probability. The Glasgow experiments gave very high probability values. I show figures of some of these results (Fig. 13). The main tests were planned for the apparatus to distinguish between two visually indistinguishable bottles, the one of which contained granules impregnated with a drop of potency of *Sulphur* obtained by subdivision equal to 10,000 centesimal stages. The distinction was made with a convincing degree of probability—approximately 33,000,000 to 1 in favour of physical reality of the phenomena.

The Emanometer is a laboratory instrument. Its use is made difficult by a most intricate technique, requiring a special method of sterilization and constant close observation and concentration. Fallacies due to dirty hands, handling of bottles, contamination of various kinds and other causes must be continuously guarded

against. Further, it is complicated by the human subject who is at present our only available means of recording. Such an arrangement appears fantastic and incredible.

As regards the actual phenomena obtained with the Emanometer the Horder Committee stated:

"It is commonly but erroneously supposed that the instrument of Boyd is no more than a minor variation on that of Abrams, differing from it only in unimportant details of construction, whereas it appears actually to be a design *de novo* based on a different conception of the phenomena involved. . . .

"Certain important experiments were carried out in which homœopathic drugs happened to be used as test substances. The present investigators wish specifically to emphasize that acceptance of results of such tests does not involve recognition of homœopathic doctrines as regards either fundamental principles or clinical methods. . . .

"That certain substances, when placed in proper relation to the Emanometer of Boyd, produce, beyond any reasonable doubt, changes in the abdominal wall of 'the subject' of a kind which may be detected by percussion".

It is clear therefore that the existence of these abdominal reactions which I have described was considered definitely proven. One of the criticisms made on the report of the Horder Committee was that they were unable to detail the exact physical conditions of the working of the apparatus, and to this aspect I now turn.

In the light of more recent research the apparatus has become more clearly an arrangement of definite physical possibility. The coil which I evolved by direct experiment was so small as to make it a doubtful piece of apparatus in 1922. Now, by means of a short wave transmitter I am able to demonstrate that it can modify a receiving circuit for these short waves. I show a photograph of this short wave transmitter (Fig. 14).

The screening was criticized when I first developed it, as efficient screening with gauze alone for short waves was not regarded as possible. It was conclusively proved that it was possible. I shall show a record taken with a short wave transmitter working inside my laboratory the receiver being a crystal one

connected to a galvanometer. The laboratory is completely screened metallicly and if any of you care to walk in carrying a portable set, you will be interested to find that Glasgow is inaudible although transmitting at one mile distant when you step, with your set working, through the door! The crystal receiver referred to was placed inside one of my cages (Fig. 15) and the generator hum transmitted on the short waves across the laboratory was recorded on an Einthoven Galvanometer. Firstly the aerial was brought outside the cage, secondly the aerial was suspended inside, and thirdly the cage door was shut, the transmitter being at the other end of the laboratory (Fig. 16).

The mechanical part of the apparatus is therefore entirely possible from a physical standpoint. What of the human recorder?

The human body is to be regarded for this work as a highly intricate electrical mechanism. There are certain phenomena with which you are familiar which bear out this point. There are the measurable body currents which can be ascertained with a simple mirror galvanometer. There is the current produced by the nerve impulse in the heart, which you find recorded by the electro-cardiograph. Again, there is that most interesting phenomenon termed the psycho-galvanic reflex by which an apparent change in D. C. resistance takes place on the suppression of emotion. The photograph shows one form of apparatus used, which I designed to give rapid control (Fig. 17). I say apparent resistance change, as the phenomenon is really more complex. These are all well recognized phenomena.

If we consider the body fluids, we can find experimentally the close connection between electrical effects, surface tension phenomena and hydrogen-ion concentration and if we turn to the bacteria found in certain diseases we find certain organisms such as the gonococcus showing definite polarity attraction.

In the last few years the power of the body to react electrically to external radiation belonging to the infra red, Hertzian wave, and low frequency portion of the spectrum has been studied more and more especially in regard to diathermy and ultra short Hertzian wave radiation. In this connection some experiments have recently been published in the *E. T. C.* (*Elec-*

*rotechnische Zeitschrift*) by Von Dr. Heinrich of Wismar dealing with biological effects of short wave transmitters (19). The point of interest to us is that very definite effects were produced on a water diviner by carefully controlled experiments. Not only have these biological effects been noted with known radiations but recent experiments have indicated the presence of certain unknown effects which have been termed rays. Doctors Reiter and Gabor have recently published results dealing with the earlier work of Gurwitsch in which Gurwitsch claimed that growing roots had some sort of influence which induced cell division in a neighboring root if the latter was properly oriented to the axis of the growing root. Confirmatory experiments have been made by Wagner, Magrou and others. These effects have been found to emanate from yeast cells, the eggs of amphibians, heads of tadpoles, and other sources. It has later been claimed that the blood produces these effects and more recently claimed that tissues of malignant tumors emit them. Reiter and Gabor suggest that rays emitted by biological objects should be known as Gurwitsch rays. In *Nature*, July 13th, 1929, Gates remarks that these experiments open the whole question of production of radiations by living tissues or substances, a hypothesis which if substantiated would have far-reaching effects. These records again emphasize the sensitivity of living tissues (20).

During the last two years some very elaborate work has been carried out by Sauerbruch and Schumann in investigating the possibility of electrical fields of physiological origin existing round the human body. This work is extensive and full particulars may be found in the references given. They hold that with their apparatus definite evidence is obtained that electrical fields are produced round the body on muscle contraction. I show some diagrams from this paper of the effects recorded on a string galvanometer by the contraction of various muscles (Fig. 18). For their experiments they used a Faraday cage. As far back as 1902 Heydweiller detected the presence of electrical fields with a quadrant electrometer, which he declared to be due to static charges (21).

During the last few years I have been working on this question but, having the advantage of a laboratory screened to

my own design, I was able to work without the Faraday cage. The apparatus I used is shown in the accompanying photograph (Fig. 19), and I also give (Fig. 20) the circuit which I demonstrated in an earlier form in 1927 (22). You will note the unusual connection between the receiving valve and the second amplifying valve. The greatest sensitivity is obtained with the receiving plate which is attached to the grid of the first valve as an almost completely insulated system. In the study I am describing I definitely set out to investigate not electro-magnetic nor current effects but static effects. The problem in using an insulated grid was accentuated by the fact that a Marconi D. E. V. anti-capacity valve was used (it being easily the best for this work) but the grid insulation was so good that this first valve became gradually less sensitive as the grid loaded from the filament emission. The charge on the loaded grid is a static one, and static charges are amazingly elusive. They escape through resistances of very high value. The aim was to allow just enough charge to escape to let the valve work. Grid leaks of 400 meg ohms were much too low in resistance, and finally the problem was solved with a new form of grid leak. You will note that between the lead from the set and the grid there was a condenser. The recording was by an Einthoven string Galvanometer.

I shall show you one or two records illustrating the great difficulty of this work, owing to the very great sensitivity of my receiving arrangement (Fig. 21). The first is a record showing the result of my shifting in my chair when about 6 feet away. The friction of my trousers has produced a static charge! The second one is the recording of the static charge produced by slight friction on the hair at a distance of 6 feet. The third shows the effect of my moving about 6 feet away and the fourth effect is that of the rubbing together of the leaves of a plant 3 feet away. It is only possible to work the apparatus with the observers either in or behind the cages.

Using this set I was able to show that the human body is an active electrical unit. Earthing the body abolishes any static charge that may be acquired from the atmosphere. The subject was dressed in a tight-fitting copper cloth suit with the abdomen

exposed as in the Emanometer so as to cut down frictional charges. Control records were obtained which showed that the copper suit did not introduce serious difficulty.

The diagrams you will now see show firstly that, on the human body, as one slowly moves a terminal over the skin varying static potentials relative to earth are recorded (Fig. 22). This is of very great interest when one considers that in view of the fact that we are dealing with static potentials of this order the skin when dry must therefore be a good die-electric as far as adjacent areas are concerned and yet it can be shown to have conductive effects for D. C. currents which must therefore pass directly through the skin and body and not along the skin. Control experiments are shown with the skin wet and partly dry, and also the effects of drawing the terminal along a polished metal earthed conductor.

The second diagram is of the greatest interest. It shows that there is a constantly varying potential at any point on the skin (Fig. 23). The outstanding feature is a variation which corresponds to the pulse beat. It is possible that this variation is the static potential variation which would give the electro-cardiogram current were a direct current circuit completed. On the other hand the variation with present technique does not show a definite P. Q. R. S. T. outline and may be due to the actual passage of blood below the skin and be a record of the pulse and the heart action rather than the nerve current of the heart. As far as I know the recording of this regular static potential variation is a new experiment which I hope may interest physiologists. I show records taken with a terminal on the forehead, another with a wire between the right thumb and first finger and another taken on a different subject, with the necessary control. Time marking is shown to demonstrate the periodicity. I am at present engaged on comparisons with a 3 string galvanometer combination to endeavour to determine the time relation of this static impulse to the electro-cardiograph record of the nerve impulse of the heart.

The conclusion from these experiments is that the human body has on its surface electric charges and has therefore surrounding it an electric field of force, which continuously varies

especially at each heart beat. I have already shown how a charged system, if sensitive, can react immediately to movements of objects or to the charges in its vicinity. The electric field of our bodies must therefore be continuously modified when we move near objects or meet other fields belonging to other people. This is no fantastic imagination, but cold solid fact as evidenced by the experiments which I have described to you tonight. A more detailed account of these will appear in the *Journal of the British Institute of Radiology* for March.

I have therefore made clear to you that the human body may be regarded as an intricate electrical mechanism both capable of producing effects and responding to effects. We have already seen that the abdominal reactions obtained in the Emanometer are considered proven. In the light of this work the Emanometer ceases to be quite so fantastic an apparatus as on first appearance. Has it then, any light to throw on the problem of disease? Time will not permit me to do more than summarize. This I shall briefly do. Experiment with the apparatus suggests:

1. That an effect or radiation can be detected as proceeding from or related to every object, animal, mineral or vegetable, so far as tested, which is not an earthed conductor. Static electricity also gives this effect.
2. That all drugs register this effect, ordinary crude drugs with the least intensity, colloids with greater, and homœopathic drugs with the greatest energy of all.
3. That living objects register with greater intensity than inanimate substances, with the exception of potentized substances.
4. That this effect or energy as recorded with specimens of human secretions can be analyzed into numerous component parts, by means of the abdominal reactions of the recording subject taken together with instrumental readings.
5. That normally there should be a balanced state amongst the component parts, with certain of them showing high intensity, others low intensity.
6. That in disease certain of these component parts of the total energy of the specimen show diminished intensity, others increased intensity.

7. That disease is therefore accompanied by or is due to a disturbance of this balance, and curative treatment should restore the balance.

8. That this disturbance of balance may take place long before there is any evidence of pathological change.

9. That all methods of treatment which can provide the necessary energy for restoration of this balance will benefit the patient, but for this to occur, apart from the inherent tendency of the patient to regain balance it is necessary for there to be a specific selective relation between the energy supplied and the patient. I have on the table diagrams to illustrate these points, taken from tests of actual cases, and also a few illustrated cases of treatment accompanied by X-ray or other evidences.

These, gentlemen, are observations based on some 10,000 Emanometer tests with some 1,469 cases. You will understand that the Emanometer therefore carries with it its own form of analysis. It does not deal with disease names, but has a nomenclature of its own based on the analysis of the unbalanced state of each individual patient. With its help one endeavours to select the necessary factor to restore the balance and to trace the subsequent effect of the action of the factor used. From experience I find that the homœopathic potencies are the best factors and I also find that in the large majority of cases the symptomatology of the patient and of the drug thus chosen are closely similar. This research therefore abundantly confirms the amazing insight and vision of Hahnemann both as to the preparation and use of the ultraphysical properties of drugs.

Some day we hope there will be discovered an apparatus from which will be eliminated the human recorder, with all the difficulties associated with him. When that occurs, I venture to predict that there will appear a new outlook on the cause and treatment of disease and the possibility of treatment of the more serious diseases at a pre-pathological stage will become a reality. This research on which I am engaged in its present early stage is merely giving a glimpse of future possibilities but if it can direct the thoughts of the younger generation towards a future biophysical estimation and treatment of disease along lines so bril-

hantly initiated by Hahnemann it will have been well worth while.

GLASGOW, SCOTLAND.

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NOTE: The Committee consisted of:  
M. D. Hart, A. M. I. E. E., M. Sc., D. I. C., of the Physical Research Dept. of the War Office.  
Colonel C. B. Heald, C. B. E., M. D., M. R. C. P., Medical Adviser to the Director of Civil Aviation.  
Sir Thomas Horder, Bart., M. D., B. Sc., F. R. C. P.  
Lieut. Col. H. P. T. Lefroy, D. S. O., M. C., A. M. I. E. E., Head of Wireless Research Air Ministry.  
W. Whately Smith, M. Sc., of the Physical Dept., Air Ministry.
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## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

### III

#### KNOW THE PATIENT

"A case well taken is half cured", one of the masters said. For a good homœopathic prescription a great deal of information is essential which is not needed in ordinary medicine. The homœopath must know his patient, spiritually, emotionally, mentally, physically and sociologically. He must give as much time as he needs to acquiring this knowledge. He must not prescribe anything but *Placebo*, in a chronic case, until he has it. In an acute case he must know these same factors in so far as they affect the acute condition. Let us suppose that a new patient comes into the office of a homœopath. What is the procedure?

I. The physician must be receptive, like a photographic plate ready to receive the image of the patient. He must clear his mind of other preoccupations and of previous opinions about the patient. He must be tranquil, cordial, and after the first greeting and question, "What brings you to see me"? or "Tell me what it is that troubles you", he must be silent.

II. The physician must allow the patient to tell his own story in his own way. Questions or interruptions of any sort derail the patient at this stage, and may cause the doctor to lose essential information.

III. The physician must observe from the moment the patient enters. The office should be so arranged that the light falls on the patient. The main points to be noted are: (1) The personality of the patient. (2) His apparent state of mind both in himself and in relation to the doctor (whether depressed, shy, suspicious, secretive, afraid, ashamed, etc.). (3) His apparent physical status (signs of disease in gait, complexion, difficulty in breathing, etc.). (4) Traits of character as shown in dress, cleanliness, neatness, pride, etc.

IV. The physician must record every item which seems to

him important, in the words of the patient, both in what the patient says and in what he himself observes, in a column at the left of his paper, leaving at least an inch blank between the items to be subsequently filled in as the patient reverts to that subject or, later, when the physician questions about it. He may prefer to put facts pertaining to history on one sheet or in one column, those pertaining to actual physical symptoms in another, and mentals in a third, but this requires experience and adeptness. It is safer for the beginner to list them all as they come and sort them later in the working out of the case.

V. When the patient has come to a full stop the physician may say, "What else?" and by waiting elicit much more and often much more valuable information. If the patient is reticent or gives only brief and objective data, and the physician is unable to persuade him to give more, this passive method may have to be abandoned in favor of active questioning. The object is to drain the patient dry of what he knows of himself. If the patient is loquacious, time may necessitate the prevention of irrelevancies and the utmost tact is needed to keep him on the main track and yet not lose important side lights.

VI. When the patient is through with his story a few remarks by the physician may be in order as to the aid that can be given through our remedies and the necessity for special knowledge of the patient as a whole and many details ordinarily overlooked. This pleases the patient and insures cooperation in answering the often rather intimate questions which must follow.

VII. The data needed for an ordinary medical history may hardly have been touched on up to this point and should not be inquired into even yet. If by this time the consultation period is over, if the patient is not in acute pain or distress, or has not come from a long distance, a subsequent appointment should be made for the next day if possible, and the patient should be definitely told that the physician must do a complete physical examination and the necessary routine laboratory tests at the next visit. Instructions for bringing a 24-hour urine specimen should then be given. This makes the patient realize that in addition to the interest to all details of the case the physician is going to be thoroughly scientific.

VIII. The physician should now take up each item that he has noted on paper and get the patient to tell him more about it. When the patient has exhausted all that he can tell about each item the physician should bring out the "modalities", if, for instance, the item is pain in the stomach and the patient volunteers that it is burning and has no relation to meals and no radiation, the physician must find what aggravates or ameliorates it, what time it occurs, its concomitants, its relation to mental states, if any, etc. When each item has been so modified and filled in the physician must run through the list and see which of the possible mentals, generals, particulars, and modalities have not been mentioned and question the patient about each of these.

IX. All questions that the physician asks must be so put that the patient cannot reply with a simple "Yes" or "No" but must think before answering. The physician must be careful never to suggest an answer by the form of his question and must guard against questioning for the symptoms of a particular remedy which may have come to his mind. If he has seen a fairly definite remedy picture in the patient's story and wished to clinch it he must take special care not to lead the patient into the answer he desires, and may even suggest the opposite, and watch the reaction.

X. When the physician has covered the fields outlined above in detail, according to a systematic outline, which the novice should have before him during the interview and which the master knows by heart (we append a suggested one), he must make sure that he has questioned the patient on every system and function, otherwise some important detail will be missed which might prove a keynote suggesting the study of one or more remedies.

XI. The mental symptoms and characteristics of the patient (which, as will be brought out in a later lecture, are the most important if strongly marked) should usually be elicited last when the patient's confidence has been more fully gained. Especial tact and insight on the part of the physician are needed to evaluate the emotional causes of disease, for instance, few patients would know that ailments from mortification might be the most important symptom in their case, or that suppression of sex needs or anger might rank as a leading cause in their illness.



XII. At the close of the interview the patient must be made to feel that the physician is deeply interested in his case, that he will take the hours needed to thoroughly study up (to re-per-torize) the case, and that the special method of homœopathy can bring not only relief but also a fundamental improvement in the whole constitution which will tend to ward off subsequent illness and increase the powers and well being of the patient. A thorough physical examination and the routine laboratory work, or any extra tests suggested by the history, must be done on every new patient and at least yearly on old patients, and the patients instructed as to why they should not use other drugs during homœopathic treatment, what the dangers of suppression are, when they should report back, and what they may expect as the immediate results of the treatment. One other point may be valuable in knowing the patient and that is to get the version of the immediate family or close friends. This is sometimes dangerous, as nervous patients hate to know that they are being talked over, but the wise physician can take much contradictory evidence and arrive at a more just and sympathetic evaluation of the case.

By this time the physician should have a remarkably accurate picture of the patient in all his phases, subjective, objective, pathological. From this totality of symptoms he can, by correctly evaluating the symptoms as we will show in a subsequent lecture, derive a true image of the patient and the remedy.

#### OUTLINE FOR TAKING THE TEST

- I. The patient's story
- II. Modalities as applied to each of the above symptoms in the following order
  - a. Causes
  - b. Prodrome, onset, pace, sequence, duration
  - c. Character, location, laterality, extension and radiation of pain or sensations
  - d. Concomitants and alternations
  - e. Aggravation or amelioration
    1. Time (hour, day, night, before or after midnight); periodicity; seasons; moon phases

2. Temperature and weather: Chilly or warm blooded usually, chilly or warm blooded in present illness; wet, dry, cold, or hot weather; weather changes; storm or thunder storm (before, during or after); hot sun, wind, fog, snow; open air, warm room, changes from one to other, stuffy or crowded places, drafts, warmth of bed, heat of stove, uncovering
3. Bathing (hot, cold or sea), local applications (hot, cold, wet or dry)
4. Rest or motion (slow or rapid, ascending or descending, turning in bed, exertion, walking, on first motion, after moving awhile, while moving, after moving), car and seasickness
5. Position: Standing, sitting, (knees crossed, rising from sitting), stooping (rising from stooping), lying (on painful side, back, right or left side, abdomen, head high or low, rising from lying), leaning head backward, forward, side-wise, closing or opening eyes, any unusual position such as knee chest
6. External stimuli: Touch, hard or light, pressure, rubbing, constriction (clothing, etc.), jar, riding, stepping, light, noise, music, conversation, odors
7. Eating: In general (before, during, after, hot or cold food or drink), swallowing (solids, liquids, empty), acids, fats, salt, salty food, starches, sugar and sweets, green vegetables, milk, eggs, meat, fish, oysters, onions, beer, liquor, wine, coffee, tea, tobacco, drugs, etc.
8. Thirst, quantity, frequency, hot, cool or iced, sours, bitters, etc.
9. Sleep: In general (before, during, on falling asleep, in first sleep, after, on waking)
10. Menses (before, during, after, or suppressed)
11. Sweat: Hot or cold, foot-sweat, partial or suppressed

12. Other discharges: Bleeding, coryza, diarrhœa, vomitus, urine, emissions, leucorrhœa, etc.; suppression of same
13. Coition, continence, masturbation, etc.
14. Emotions: Anger, grief, mortification, fear, shock, consolation, apprehension of crowds, anticipation, suppression of same

f. Strange, rare and peculiar symptoms

III. The patient as a whole: MENTAL GENERALS (to be studied last for convenience), PHYSICAL GENERALS

PHYSICAL GENERALS

- a. The *constitutional type* of the patient (endocrinologico-homœopathic correspondences, lack or excess of vital heat, lack of reaction, sensitiveness, etc.)
- b. *Ailments from emotions* (see also mental generals); *suppressions* (emotions; discharges such as menses, sweat, leucorrhœa, catarrh, diarrhœa, etc.; eruptions; diseases such as malaria, rheumatic fever, exanthems, syphilis, gonorrhœa, etc.; of pathology such as hæmorrhoids, fistulæ, ulcers, tonsils, tumors, other surgical conditions, etc.); from *exposure* to cold, wet, hot sun, etc.; from *mechanical conditions* such as overeating, injury, etc.
- c. *Menses*, date of establishment, regularity (early or late), duration, color, consistency, odor, amount, clots, membrane, pain (modalities of), concomitants, aggravation or amelioration before, during or after, both physically and mentally), menopause (symptoms of)
- d. Other *discharges*, (see II. e. 12) cause, color, consistency, odor, acrid or bland, symptoms from suppression of, symptoms alternating with, hot or cold, partial discharges as of sweat, laterality, better or worse from discharges (before, during or after)
- e. *Sleep*, better or worse from, position in, aggravation after, difficulty in getting to sleep, waking frequently or early, at what hour, somnambulism, talking in sleep, dreams (see Mentals), restless during

- f. *Restlessness, prostration, weakness, trembling, chill, fever, etc.*
- g. *Aggravations and ameliorations* applying to patient as a whole as under II. e. 1 to 14
- h. *Objective symptoms* such as redness of orifices, superfluous hair, applying to patient as a whole.
- i. *Pathology* which applies to patient as a whole, such as tendency to tumors, wens, cysts, polyps, warts, moles, individual and family tendency to certain diseases or weakness of specific organs or tissues (also related to a. above and to physical examination), frequency or catching cold

MENTAL GENERALS

- a. *Will*: Loves, hates and emotions (suicidal, loathing of life; lasciviousness, revulsion to sex, sexual perversions; fears; greed, eating, money, emotionality, smoking, drinking, drugs; dreams; homicidal tendencies, desire or aversion to company, family, friends; jealousy, suspicion, obstinancy, contrariness, depression, loquacity, weeping, laughing, impatience, conscientiousness
  - b. *Understanding*: Delusions, delirium, hallucinations, mental confusion, loss time sense
  - c. *Intellect*: Memory, concentration, mistakes in writing and speaking
- IV. Quick review of condition of every system and organ, beginning with head and following order of Kent's *Repertory*
- V. Past history of patient in seven year periods
- VI. Family history
- VII. Physical examination and laboratory tests

READING LIST

*Case Taking*, G. B. Stearns

*How to Take the Case*, E. B. Nash

## CLINICAL CASES\*

THOMAS G. SLOAN, M. D.

In 1926 I reported a case of disseminated sclerosis as cured. *Phosphorus*, c. m., *Natrum*, c. m., *Tub.*, c. m., and *Psorinum*, c. m. were the principal remedies used. Since 1926 this woman continued free of all symptoms of her disease. Two and one-half years later she died suddenly of a cerebral hæmorrhage.

CASE 1. January 28, 1928. A woman of 40.

Enlarged thyroid, began on left side.

Throat feels full.

Clothing aggravates neck.

Eyeballs sore, worse on waking.

Vertigo, worse when stooping.

Pulse rapid, short of breath on exertion.

Constipated, rectum inactive.

Lack of vital heat, feet always cold.

February 4, 1928. One dose of *Lachesis*, 41M. was given.

The entire symptomatology cleared up, including the enlarged thyroid, and up to a year later there was no return.

CASE 2. May 5, 1925. A woman of 48.

Enlarged thyroid.

Rapid pulse, worse when lying on left side.

Pulsation in temples.

Trembling internally, twitching of muscles.

Aggravation when in warm rooms.

Feet hot, puts them out of bed.

*Spongia*, 1M., one dose relieved all symptoms.

CASE 3. September 8, 1927. A man of 59. Left-sided facial neuralgia off and on for 30 years, following the Spanish-American War. He had severe chills and fever while in Cuba and for a time after returning to New England. Much quinine was given, and he has had no chills for many years.

The present attack of neuralgia has incapacitated him for about three weeks. The pain is sharp and shooting around the upper and lower jaws, temple, and ear, all on the left side. The

teeth feel too long. Much throbbing. Aggravation on chewing, talking, in wet weather, on motion of any part of the body, lying on the painful side, pressure, cold or hot applications, cold or hot food or drink, draught, hot room. Amelioration walking slowly about, absolute quiet.

September 8. 10 p. m. *Pulsatilla* 200 gave him a fair night's rest.

September 9. Much worse this afternoon and evening. *Spigelia* 200 was followed by a bad night.

September 10. *Spigelia* c. m., one dose. Practically no pain during the night although he slept very little. From this time he was free from pain although considerable soreness remained which gradually cleared up under *Sac. lac.* x-ray pictures of the teeth were taken at the beginning of this attack. They were negative.

Two months later the patient had a slight recurrence. This time the x-ray showed an abscessed root which was removed with permanent relief.

CASE 4. August 8, 1927. A woman of 60. For many years this patient has been a sufferer from headache and has taken Bromo Seltzer and the like in large quantities. Her mentality may be questioned. She consulted the doctor for:

Dyspnœa, worse talking and climbing the stairs.

Ataxia of the lower limbs.

Sweating and œdema of the feet.

Restless and anxious.

Her heart is markedly enlarged to the left.

Blood pressure 210/120.

Urine negative.

*Silica* 1M. did nothing.

August 20. *Arsenicum* c. m., one dose.

August 27. Blood pressure 190/90.

September 3. Blood pressure 166/90. The œdema of the feet is gone, and her breathing is much better.

CASE 5. A woman of 40. For months this patient complained of the following symptoms:

Attacks of violent sneezing and excoriating nasal discharge.

\*Read before the I. H. A., Bureau of Clinical Medicine, June 1929.

Worse mornings and at night.  
 Worse in the house.  
 Some post-nasal dropping.  
 Headache as of a band around the head.  
 Feet and legs itch in bed.  
 Soles burn in bed, better from uncovering.  
*Sulphur* 30 cured her.

SOUTH MANCHESTER, CONN.

### HOMŒOPATHIC REMEDIES IN CHILDREN\*

W. SCHWABE, M. D.

Swelling of the breasts: *Bell.*, *Hep.*, *Sil.*  
 Enuresis: *Bell.* (in boys), *Puls.* (in girls); *Equis.*, *Kali phos.*,

*Plan.*

Blebs of the newborn: *Ran. bulb.*, *Rhus tox.*  
 Anæmia: *Avena sat.*, *Calc. phos.*, *Ferr. lact.*  
 Diarrhœa of sucklings: *Ars.*, *Cham.*, *Ip.*, *Rheum.* (sour),

*Verat.*

Vomiting of sucklings: *Æth.*, *Ars.*, *Calc.*, *Ip.*, *Puls.*  
 Jaundice of the newborn: *Bry.*, *Cham.*, *Myrica cerifera.*  
 Vaccination troubles: *Bell.*, *Merc. cor.*, *Sil.*, *Sulph.*, *Thuja.*  
 Colic: *Bell.*, *Cham.*, *Coloc.*

Large tonsils: *Calc. iod.*, *Con.*, *Sulph. iod.*, *Thuja.*

Hiccough of sucklings: *Ign.*, *Puls.*

Crying and restlessness in sucklings: *Cham.*, *Coffea.*

Constipation in little children: *Bry.*, *Lyc.*, *Nat. mur.*, *Nux*

*vom.*

Intertrigo (chafing): *Cham.*, *Ham.*, *Merc. sol.*

Tooth troubles: *Calc. phos.* (delayed teething), *Cham.*, *Coff.*,

*Ign.*

\*From *Leipziger Populare Zeitschrift für Homöopathie*, Jan. 1, 1930, p. 9.

### REMEDY STUDY—*NATRUM MURIATICUM*\*

JULIA M. GREEN, M. D.

There are many ways to study a remedy in order to use it successfully. Dr. Elizabeth Wright has given us a masterly outlook on the whole subject in the January number of *The Homœopathic Survey*, which article I recommend to all homœopaths.

This paper follows only one method, the study of a remedy through its general characteristics, leaving details to be filled in later as the student uses the remedy in daily practice. Such a method does not suit all minds, but it fits into the advice of the founders and of some of our best teachers, to advance from general to particular.

Polychrests are best examples of this method of study, for they are richest in general symptoms well illustrated by many provers.

I have studied *Kali carb.* and *Natrum carb.* for former meetings; now comes *Natrum mur.*

In order not to be a bore with the reading of the necessary long lists of symptoms to illustrate a general characteristic, I have had these lists mimeographed so you may get the visual picture as we go on.

Let us pretend we know nothing of *Nat. mur.* and try to discover from the symptom lists what kind of remedy it is, and its depth and length of action, as gleaned from its general characteristics.

For such a study we have handy Clarke's *Dictionary*, Hering's *Guiding Symptoms* and Allen's *Encyclopædia*. These are indicated opposite the symptoms in the lists.

As in the previous studies, we go from the outermost to the innermost of man.

#### I. THE SKIN

Skin pale, dry, waxy, greasy	Encyc.
Skin very sensitive	Encyc.
Warts, on palms of hands	Clarke
Panaritium, varices, corns, furunculi	Clarke

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

Skin yellowish, delicate, dirty looking, dry, withered, irritable, itching, pricking, stinging, gnawing, shooting	Hering
Crawling sensation all over body	Hering
The skin of the lip cracks and bleeds easily	Encyc.
Burning of the lips that bleed easily	Encyc.
Lower lip becomes dry and desquamates; on sneezing cracks in the middle	Encyc.
Eruption with smarting pain on the red of the lips	Encyc.
Skin of hands, especially about nails, dry, cracked, hang-nails	Clarke
Red spots as large as the head of a pin over the whole body, preceded by a sensation of heat	Encyc.
Nettlerash with stitches in the skin	Encyc.
Large and red hives with violent itching	Encyc.
Whitish itching hives becoming red after rubbing, with violent itching	Encyc.
Miliary eruption all over	Hering
Miliary eruption with shooting pain	Clarke
On the chin a small red spot that becomes ulcerated after rubbing	Encyc.
Whitish hives on arms and hands	Clarke
Nettlerash after violent exercise (itching)	Clarke
Red tetter in the hollows of the knees	Encyc.
Tetter in bends of joints, oozing an acrid fluid	Hering
A tetter on the hands, which she usually had, became very much worse with great biting and burning	Encyc.
Herpes circinatus developed in various parts of the body	Encyc.
Herpes: about the mouth; on arms and thighs; humid on scrotum; in bends of elbows and knees; moist	Hering
Herpes circinatus; pemphigus, blisters starting up on burning spots, with clear, watery contents	Hering
Herpes zoster, rupia, blisters	Hering
White scales; dandruff	Hering
A blister as large as a pea, filled with bloody serum, on nape of neck near hair	Encyc.
A small painful vesicle on the upper lip, small vesicles on the upper lip which burn	Encyc.

The vesicles on the upper lip became confluent and covered with scab that fell off after several days and left a red spot that lasted two weeks	Encyc.
About the mouth, small vesicles forming a kind of tetter	Encyc.
Vesicles, with watery contents, burst and leave a thin scurf	Hering
Itching eruption on the margin of the hair at nape of the neck	Encyc.
Eruption over the whole body causing violent itching	Encyc.
Fine itching stitches in the skin	Encyc.
Itching tubercles	Clarke
Itching and pricking in skin	Clarke
Itching, gnawing	Encyc.
Stitches in skin in various parts of body	Encyc.
Frequent fine stitches as if nettlerash would break out	Encyc.
Fine stitches, here and there, in the skin	Encyc.
Transient fine stitches, as with needles	Encyc.
Stinging rash over whole body	Hering
Eczema, raw and inflamed, scurfy and discharging a corrosive fluid which eats hair	Hering
Superficial ulcers; red, angry looking, smarting, surrounded by vesicles, no suppuration	Hering
Corner of the mouth ulcerated	Encyc.
Many boils on the body, on the back, above the eye, on the lobe of the ear, cheek, neck, knee	Encyc.
We must conclude that <i>Nat. mur.</i> has a profound action on the skin, interfering seriously with its nutrition and producing several kinds of eruptions, boils and ulcers, which indicate long, slow disorders. It even stirs up old scars. The skin is sensitive too, and suffers much.	
2. MUCOUS MEMBRANES	
Dryness of mouth and throat	Clarke
Tongue sticks to roof of mouth	Clarke
Dryness of vagina	Clarke
Corrosive lachrymation	Clarke
Secretion of humour in external canthi	Clarke
Sensation of sand in the eyes	Clarke

Discharge from ears	Clarke
Dryness of nose	Clarke
Violent coryza, fluent or dry	Clarke
Expectoration of mucus, on hawking	Clarke
Frequent hawking of salty tasting mucus	Clarke
Discharge of mucus from urethra	Clarke
Leucorrhœa acrid, greenish	Clarke
Sensation as if sand was in the eyes, in morning	Hering
Feeling of dryness in nose, stoppage	Hering
Coryza fluent; posterior nares dry	Hering
Dryness, or coolness and paleness of vagina	Hering
Sensitive dry sensation in the eyes	Encyc.
Burning in the eyes with increased secretion of mucus	Encyc.
Sensation as if sand were in the eye in the morning	Encyc.
A catarrhal affection of the margins of the lids	Encyc.
Discharge from the ear for several days	Encyc.
Violent coryza with sneezing	Encyc.
Excessive fluent coryza, with loss of all smell and taste	Encyc.
Feeling of dryness in the nose	Encyc.
Much mucus in the throat	Encyc.
Frequent hawking of mucus	Encyc.
Hawking of salty tasting mucus	Encyc.
Abundant discharge of transparent whitish and thick mucus from vagina	Clarke
Glutinous substance collects in external canthi	Hering
Catarrh: secretion clear mucus, transparent like white of egg	Hering
Chronic naso-pharyngeal catarrh	Hering
Chronic catarrh of anæmic patients	Hering
Severe coryza, consisting of clear white discharge so profuse it was necessary to lay a towel under nose	Hering
Influenza watery	Hering
Stool slimy, like white of egg	Hering
Chronic intestinal catarrh, greenish, watery	Hering
Urine containing mucus	Hering
After urination, discharge of thin glutinous substance	Hering
Yellow, purulent discharge from urethra	Hering

Glutlike discharge of clear mucus, transparent, watery slime	Hering
Leucorrhœa: very profuse, acrid, greenish	Hering
Accumulation of transparent mucus in larynx in morning	Hering
Expectoration of bloody mucus, white, salty, in clots in morning	Hering
Redness of the white of the eyes, with lachrymation	Hering
Lids agglutinated in the morning	Encyc.
Discharge of a drop of thin glutinous liquid from the urethra, that sticks to the linen	Encyc.
Discharge of pus from ear	Hering
Chronic catarrhal otitis, with acrid discharges	Hering
Yellow purulent discharge from urethra	Encyc.
Leucorrhœa of a greenish color	Encyc.
Purulent expectoration	Encyc.

So we find great dryness and also profuse discharges. The discharges are watery, transparent, thick, sticky, acrid, greenish purulent. The mucous membranes, too, are greatly disordered, as if much effort was being put forth to cure internal conditions by throwing to the surface symptoms indicative of deep-seated ailments.

### 3. TISSUES

General emaciation, most conspicuous about neck	Hering
Emaciation, anæmia, weariness and complete prostration of vital forces	Hering
Loses flesh while living well	Hering
Great emaciation (more of body than face)	Clarke
Great relaxation of all physical and moral powers	Clarke
Tendency to dislocation, old sprains	Clarke
Anæmia, particularly if provoked by loss of fluids	Hering
Chlorosis with dirty, flaccid, torpid skin	Hering
Deterioration of blood, of a scorbutic nature	Hering
Infantile marasmus from defective nourishment	Hering
Cachexia from ague plus quinine	Hering
Stiffness, rigidity of a paralytic nature	Hering
Loss of hair	Clarke
Falling out of the hair	Encyc.

Wounds become painful, suppurate; pain in old scars Hering  
 Muscles as if torn from bones Hering  
 Contraction of tendons Clarke

Nutrition is disturbed to the limit, for we find emaciation, anæmia (even pernicious), cachexia, marasmus, deterioration of blood, slow healing and suppuration of wounds, pain in old scars. The power to build is so weakened that life is threatened.

#### 4. SLEEP, DREAMS

Frequent yawning and stretching Hering  
 Yawning every minute which at last became violent Encyc.  
 Sleepy, but cannot sleep Hering  
 Ineffectual efforts to go to sleep Clarke  
 Sleepy by day; sleepless at night Hering  
 Difficulty in waking Clarke  
 Dreams anxious, vivid, frightful Hering  
 Much too vivid dreams; visions in sleep Hering  
 Anxious distressing dreams, with tears and talking during sleep Clarke  
 Starts and talks in sleep Hering  
 Somnambulism Hering  
 Waked with vertigo, nausea, trembling of limbs Encyc.  
 Unrefreshed in morning Hering

The sleep symptoms show the depth of nervous disorder created by dynamically prepared salt. The disturbance could scarcely be greater.

#### 5. NERVOUS STATE (PHYSICAL)

Heaviness and indolence, especially after having risen in morning Clarke  
 Alternate weakness and agility in limbs Clarke  
 Inquietude in the body with shivering Clarke  
 Hysterical debility, in morning in bed Clarke  
 Great weariness all day Encyc.  
 Remarkable prostration and weakness of the body Encyc.  
 Exhaustion of mind and body Encyc.  
 Great physical exhaustion; his strength is not sufficient for his work Encyc.  
 Great weakness, obliging her to lie down Encyc.

The feet are heavy and become very weary while standing Encyc.  
 The longer he remains up, the weaker he becomes Encyc.  
 Feels so weak that he declines to move, feels weak when at rest Hering  
 Debility resulting from loss of fluids, particularly after onanism Hering  
 Threatened collapse with intermitting pulse and great thirst Hering  
 Trembling of whole body, caused by tobacco smoking, Clarke  
 Twitching in muscles and limbs Hering  
 Awkward, hasty, drops things from nervous weakness Hering  
 Lethargic state, jerking or starting of limbs, excessive drowsiness, stupor, eyes half open Hering  
 Chorea for two years, caused by fright Hering  
 Hysterical spasms which in course of time developed into severe convulsions, and finally into cataleptic attacks which often lasted for hours Hering  
 Spasms, with full consciousness; chronic and hysterical Hering  
 Epilepsy with consciousness Hering  
 Must move limbs constantly; restlessness Hering  
 Violent electric shocks through the right half of the body, on attempting to fall asleep Encyc.  
 Spinal irritation; sensitiveness between vertebræ; partial paralysis from weakness of spine; especially from grief, anger, sexual excesses, etc.  
 Better lying flat on back with firm pressure Hering  
 Tiredness in back Hering  
 Spine oversensitive to touch or pressure Hering  
 Sensitiveness of the body to touch Encyc.

Vitality is so lowered that results seem serious, yet it is nervous debility and not an actual vital one; the patient feels weaker than he actually is. Yet there are tremblings, spinal irritation, lethargy, even catalepsy, hysterical spasms, epilepsy, chorea.

These things go most deeply into the vital economy. If the patient is not really dangerously ill, he is profoundly sick in his central nervous system.

#### 6. NERVOUS STATE (MENTAL, INTELLECTUAL)

Weakness of memory and excessive forgetfulness Clarke

Loss of ideas with mental dulness	Encyc.
Weakness and loss of memory, remembers nothing of yesterday	Hering
Difficulty of thinking; absence of mind	Clarke
Exhaustion after talking, embarrassment of brain	Clarke
Incapacity for reflection and fatigue from intellectual labor	Clarke
Disinclination for mental work	Encyc.
Inability to perform mental labor	Encyc.
Head dull and befogged, causing a very peculiar feeling of irresolution	Encyc.
Stupefaction of the head	Encyc.
Brain fag, with sleeplessness, exhaustion after talking, embarrassment of brain	Hering
Empty feeling in head, with anguish	Hering
Tendency to make mistakes in speaking and writing	Clarke
Distraction, does not know what he ought to say	Clarke
Distraction of mind while talking	Encyc.
Easily makes mistakes in talking	Encyc.
She felt almost as if losing her reason	Encyc.
Fear of loss of reason	Hering
When one's ability to think, to reason, to remember, to concentrate, is so much lessened, there is deep disorder in the intellectual sphere. In this remedy it seems to be all functional and not organic.	
7. NERVOUS STATE (EMOTIONAL)	
Indifference, laconic speech, moroseness	Clarke.
Joyless, taciturn	Clarke
Unnatural indifference	Encyc.
Melancholy sadness, which induces a constant recurrence to unpleasant recollections, and much weeping, all attempts at consolation aggravate	Clarke
Hypochondriacal, tired of life	Clarke
Very much inclined to weep and to be excited	Encyc.
Whenever alone she wished to cry, she didn't know why	Encyc.
If one only looked at him, he was obliged to weep	Encyc.
Melancholy mood, she has preferred to be alone for several days past	Encyc.

The more he was consoled, the more he was affected	Encyc.
Attacks of complete hopelessness and internal despair	Encyc.
Ill-humor and crying from the slightest cause	Encyc.
Tries to recollect past disagreeable occurrences for the purpose of indulging the grief which it causes	Hering
Very much inclined to weep and to be excited	Hering
Gloomy thoughts, recalls insults long since suffered, likes to dwell on past unpleasant occurrences	Hering
Alternately sad and excessively merry	Hering
He concluded from the look of everyone, that he was pitied on account of his misfortune, and he wept	Hering
Disheartened all day without definite cause, palpitation	Hering
Anxiety respecting the future	Clarke
She was much more anxious than usual during a storm at night	Encyc.
Extremely solicitous about the future	Encyc.
Fear of insanity	Encyc.
Hurriedness, with anxiety and fluttering at heart	Hering
Fearfulness, very easily startled	Hering
Fear of loss of reason	Hering
Impatient precipitation and irritability	Clarke
Irascibility and rage, easily provoked	Clarke
Laughs immoderately and cannot be quieted	Clarke
Alternate gaiety and ill-humour	Clarke
Irritable, peevish, ill-humored and quarrelsome	Encyc.
He was very easily made angry	Encyc.
Hastiness and impatience	Hering
Hateful and vindictive natures	Hering
Bad effects from anger	Hering
Hatred to persons who have formerly given offence	Clarke
Taciturnity, offended at every word, avoids company, hates persons because they have offended him, spleen	Hering
Her moral perceptions, her once keen sense of honor and of right and wrong, seemed blunted	Encyc.
Weak will	Hering
Very easily startled	Encyc.
What a disordered emotional life! And what an unhappy, unstable patient is the one needing <i>Nat. mur.</i> Here again, in the very innermost of man, is profound disturbance.	



Proceeding from the skin and mucous membranes to the central nervous system, we find the same deep tendencies to great chronic disorder, not organic but functional. The study shows consistent manifestations all through the prover and the patient.

Having gained a general concept of the drug, let us return to the particular and more detailed symptoms we generally associate with it. If introducing students of *materia medica* to *Nat. mur.* let us emphasize to them the generals, and then go on to the other old familiar symptoms, such as:

- Hammering headaches, worse in the temples
- Aggravation at 10 a. m., pains often increasing and decreasing with the sun
- Herpes about lips
- Patched tongue
- Ringworm and herpetic eruptions
- Malaria with chill at 10 a. m.
- Craving for salt
- Worse in warm room, craves open air
- Pain lumbar region, much better from lying on something hard
- Tendency to take cold
- Emaciation, especially about neck and shoulders
- Palpitation fluttering about the heart
- Dreams of robbers
- Ailments from emotional excitement

If the student were given this list first, as it often appears in quiz compends and the most condensed pocket *materia medica*, he will always use it without a fair conception of the drug's plane of action, or length of action. Hence he will be disappointed and eventually turn away from homœopathy because, in his hands, it does not work. If he is given the general study first, then when he meets one or more of these more definite and peculiar symptoms, he will instinctively seek to orientate the remedy in its general background and study the patient as a whole to find out if it fits in its whole extent.

WASHINGTON, D. C.

### DISCUSSION

DR. GRIMMER: I like that paper very much, mainly for the homœopathic philosophy running all through it. That is the way to study *materia medica*, to know a man from the innermost to the outermost and to know the relationships of those things. When you really cure with homœopathic remedies, you cure the internal man first, and many times while he is going through the turmoil of cure, his sufferings on the outside are very intense and marked. Disgusting eruptions and mucous membrane discharges appear under such remedies.

People who have a superficial knowledge of homœopathic philosophy may be driven to make a change when they see these things brought out, as the doctor has illustrated, and not let the deep-acting *Natrum mur.*, or whatever the remedy may be, finish its work. Many cases have been spoiled because of this lack of knowledge of the homœopathic philosophy.

DR. WOODBURY: This classification reminds me very strongly of the arrangement of the *materia medica* that was undertaken years ago by Dr. McNeil in San Francisco. One of the remedies was printed in the *Medical Advance* some years ago. After long tracing, I found this set of books. Dr. McNeil went through all the ten volumes of Hering's *Guiding Symptoms*, indicating the prominent symptoms. His object was to make a new *materia medica*, emphasizing these characteristic symptoms which he picked out. The sad part of that story was that he worked ten years, doing a volume a year, then the San Francisco fire came just after he had finished the ten volumes, and wiped them out. Some of his friends who knew about it sent him ten volumes more, and he started in at the rate of a volume a year, and finished the last volume the very year in which he died, so that he spent twenty years of his life on that work. It is very valuable. I have in Boston the last set which he completed after his twenty years of work. What will be done with it, I do not know. Dr. Boger is familiar with that set. His idea was, I think, that it was too much to attempt any such thing. I had an idea that possibly one might incorporate certain of the symptoms in an additional volume to supplement the Hering's *Guiding Symptoms*.

DR. KRICHBAUM: The last few years I have observed *Natrum mur.* in its manifestation which is most profoundly marked along the shin bone. This is especially true in those people who have goiter. I don't know why, I have been unable to find any connection between them. Incidentally, where they are of the dark type, I have perhaps used *Natrum iodide* more often than *Natrum mur.*

DR. FARR: I have found one case in which *Natrum mur.* was particularly efficacious in pleuritis. I don't know that I have ever seen it in the literature, but in this particular case half a dozen other remedies had given very little relief, while *Natrum mur.* had come in twice within possibly two years, the first time comparatively wiping it out, and the second time, during a recurrence, clearing it again.

DR. GREEN: I have nothing to say except to remind you again that this was not a lecture on *Natrum muriaticum* but simply a method of studying *materia medica*.

The truth is, that allœopathic or poisonous action depends upon the sum of the dose; but specific remedial action is independent of quantity; and, being an innate property of certain forms of matter, must be present in the smallest conceivable particle.—JOHN RYAN, M. D., 1858 (*Homœopathic Review*)

J. W. WAFFENSMITH, M. D., H. M.

Disease symptoms express themselves in groups and cycles of group alternation.

A careful primary analysis of a given case, followed by a systematic study of the plus and minus manifestations of groups, brings out many interesting facts.

In the psycho-mental sphere we find the lack of concentration an important factor. In the deeper strata of a complicated case we frequently find evidence of a disturbance of this process. It is rarely given by the patient as a symptom and is easily overlooked by the physician in the taking of the case. It is insidious in approach, and one of the early concomitants of the anxiety neuroses. An omission may be made in overlooking concentration deficiency by the more developed and better understood symptom of confusion. Concentration represents an index to the operation of mental function, and offers opportunity for study of the finer shades of disease variation. The success of treatment by the homœopathic method lies in careful observation to properly classify the subjective symptoms of the patient.

A great advance was made by Hahnemann when he recognized the value of mental symptoms. The thought appreciates in proportion as we study basic racial disease states.

Everywhere we meet folks who, by appearance, word and act, show evidence of mal-adjustment to environment. When they come to us for relief, it may be for some more tangible reason, pain or disturbance of physical function, etc., we are faced by a serious responsibility. To meet the need we use the physical symptoms as a means to a thorough search for the development and interpretation of their intrinsic value.

The desires and aversions, the inner man, a temple of calm and peace or an inferno of hate and unrest, are often obscure. The study of concentration may become the channel of approach to the case, the vantage ground toward high grade remedy selection.

Concentration implies a rational co-ordination of all parts of

\*Read at the meeting of the Ohio Homœopathic Medical Society, Cleveland, O., 1929.

the mind mechanism, thereby producing a high degree of perfection toward a definite purpose at hand. Fear, anxiety, unsatisfied desires or forced aversions, an inflexible will, physical defects or uncongenial environmental relations may produce faulty concentration.

When disease affects the brain the patient finds it more or less difficult to concentrate. Compensation applies to the mind as well as to the cardiac sphere. It becomes necessary to hide the defect in social and economic adjustment, nevertheless in time it culminates in brain prostration.

Many children who cannot concentrate are called indolent, stupid, worthless and come under a vicious and unjust form of criticism. This produces a reaction of resentment, misunderstanding and depreciation of true worth. There is produced a state of confusion from all angles, and especially a condition of repeated psycho-mental shock to the child. When mental symptoms are present without a sufficient array of physical symptoms to attract necessary attention and correction, lack of concentration is usually the outstanding feature.

Homœopathy will not attain its greatest opportunity and broadest scope of usefulness to the race until the dynamic, indicated remedy, chosen by careful analysis, is applied to the child in the early years of life. Its natural method of use by mouth, in a gentle manner purifies the blood stream at its source, and in simplicity and effectiveness stands unequalled. It is the way to a full and complete restoration of normal function.

NEW HAVEN, CONN.

Think not that there is any difficulty in proving that even the highest attenuations contain their portions of extended rarefied matter. So minute, so infinitely small are, doubtless, the ultimate atoms, that it would far exceed even the mighty power of division discovered by Hahnemann to enable us to reach the point of final separation. Masses may be broken into smaller masses until they escape the ken or the calculation of science; but who shall define the limit of divisibility?—*Homœopathic Review*, 1858.

## RECOGNIZING THE LAND

ROYAL E. S. HAYES, M. D.

Unlike some others the writer fell suddenly from abject ignorance of homœopathy into whole hearted appreciation of it and a determination to make it a routine concrete enterprise. Perhaps that is why it is difficult to understand why any acknowledged homœopath should have less than a complete conviction and an unalloyed decision to push it to its logical end, instead of taking it casually, or remaining always more or less uncertain homœopathically. That a doctor who has never seen the startling effect of the similar on a sick constitution should smile at it, as the writer once did, or even hate it, if he has heard merely about "little doses" or something of the kind, and audibly believes that it is futile, and silently believes that it keeps business away from him, is a natural, though lowly, sentiment. But that any physician familiar with the ways of sick people (we suppose most of them are) can observe the almost immediate cure or checking of acute illness, or see the vivifying effect on chronic patients where there was at best only short lived relief, why a doctor who sees that and does not swear and determine to make the business of producing such effects the rule and the sole excuse for using medicines, cannot be explained by a reason to be swallowed in one cold lump.

Although the causes for this situation vary with the personal reaction to circumstances, various reasons have been mentioned by critics who would like to see the better criterion succeed amongst the professed and the profession. As a close dissection of the more individual causes of low standard might be a difficult process without special preparation, outside the scope of this writing, we will simply agitate gently a few of the more obvious reasons, that is, those commonly mentioned, in a spirit—dear me! not so unsympathetic as it may sound, yet, we pray, that should not be misunderstood. There is one general reason which we believe would cover most instances of default; but this we shall mention later.

One reason commonly and too lightly given for *vis inertiae* in

homœopathy is that it is too hard work. Now this is saying in the same breath that not all have enough mental snap to focus the attention patiently on the remedy problem of each patient separately. This may be faintly true. There are people who expect everything to come to them but we believe these to be rare in the medical profession. That this is an insufficient general reason is seen by observing the activities in some other direction. We have rarely known a doctor to shun hard or disagreeable work or step aside from what he conceived to be his lead in the work. The too hard work theory is not general enough to be equitable.

It is said that one deterrent to the consistent practice of homœopathy is that there is supposed to be less profit in walking the homœopathic tight rope than in exploiting more somatic demonstrations. "They must have something they can feel, something that will shake 'em up and make them feel that they are getting their money's worth". There may be exceptions, but we believe that there is little actual support for this belief. Though the raging of strong drugs, etc., may figure in the homœopathic discount to a slight extent, yet we believe that this is unnecessary and in the long run does not help the pocketbook; and the relation of the vagus nerve and the pocketbook being so intimate, most practitioners must know that the shake 'em up practice can work the wrong way economically. Besides we think the rank, if not the file, of medical men are more concerned with manual up-to-dateness and the latest fashions in medical "science" than with economic kinetics direct. At least the glib dialect we hear around the hospitals would indicate that. No, we think the soft boiled homo gives less thought to specific homœopathy and its economic limits and possibilities than to the scenic railway features common to the generality of the profession. The idea, if such exists, of less gain through the strictures of pure homœopathic practice is a mistaken one. The income from pure homœopathics should rank with the specialties. When it does not there is something else wrong and the incumbent should investigate and correct it.

Another reason sometimes given is that essential homœopathy requires a certain type of mind to use it successfully. Of course

there is some truth in this but it is also true that in the practice of pure homœopathy are many types of mind. Although the principles of homœopathy are always the same and the variation of their application necessarily rather narrow yet the student may find his own peculiar way of acquiring the art; he may adapt his efforts to it and develop them in that particular way which accords with his type and temperament. Really, it should be his aim to push his own way through the little intricacies, and envision the truth and its implications himself. This does not mean that acquiring another's knack or vision may not be enlightening or inspirational. Certainly the writer feels much indebted to certain ones with whom he has had the good fortune to converse and confer. But the important thing is to push thought and perception and let the urge to accomplish cures support the enterprise, for the wonders of accomplishment in homœopathic practice never cease. The "type of mind" will unfold with individual effort, with seeing and doing and the perception of principles become more and more clear.

Another unreasonable reason sometimes heard is that the young doctor has his way to make and either he, or his elders, feel that he must be on the popular side and that homœopathy is not popular. We have known a few misinformed or insufficiently informed allœopaths to create a sentiment among their patients that homœopathy is submerged or dying (which is one way of being unpopular, we suppose) and this belief is sometimes reflected by laymen. We have known other and more consistent medical gentlemen of the old school to tell their patients that they know nothing about homœopathy. It may be natural for some who may be totally unacquainted with homœopathic results to feel this way, but we are speaking of those who have seen results. Those who have seen results and yet take the path which they conceive to be more popular, regardless of its merit otherwise, are either very thoughtless or willing to sacrifice the lives and health of people for their own supposed benefit; a type which it is to be hoped and no doubt is a rarity. As to the popularity of homœopathy no good prescriber ever worries about that. If some enterprising sociologist should investigate the various groups of seekers after health, he would find that nowhere could

be found such firm or satisfied, as well as rapidly multiplying adherents, as in the clientele of the care taking homœopathic prescriber.

An explanation for desultory prescribing that is sometimes heard is that the inductive method was not taught in the colleges. It is not the colleges alone who are responsible. However remiss college authorities may have been, or may be now, it would seem that the sight of even one good homœopathic reaction should excite such a response in the medical observer that whatever was personal in the experience would be settled then and there. For that experience, based on a well known principle, involving human vitality and welfare and the very heart and center of the profession of healing, cannot rightfully nor ethically be tossed aside or shifted to other shoulders. Either it is law or accident and every pathological medico in our school should know, and probably does know, that it is not accident. If not recognized after seeing it, it is evidence either of inability to see intelligently, or persistent adherence, sometimes candid and honest, we admit, to adjutory or outside methods. Some specialists recognize the truth openly but the common demand of some doctors for proof according to material scientific modishness is either thoughtless imitation or a supercilious gesture. Either the law of similars is false and its use therefore impossible, or the physician who knows the truth yet neglects its cultivation has the germ of a great idea which may well be thought about seriously.

There have always been some who go straight from conviction to attainment, especially among recruits from the old school. It has been said that old school converts often become the best of prescribers. True there is something about conviction out of a clear sky which transcends the consciousness of the gradual or the casual. More energy is apt to be developed, and mental and spiritual energy is a great resource for pushing into and stabilizing the homœopathic method. But the faculty which seems to be lacking wherever the method is lax, is vision.

By vision we do not mean anything sentimental or indefinite. We mean the vision to see what is implied in the consistent use of the law; what it means to humanity; what it means to the physician himself, his professional reputation, his success, his

ethical sense, and the business end; to apprehend the fascinating quest of method, understanding and achievement; to climb to that aristarchic criterion of healing not to be attained except by the knowledge and use of the law.

It is to see from the first realization through to the practical end without material or even Organonically logical proof—here now! of two ways, one reaching the truth by gradual, logical or scientific steps; the other with the illumination of the native perception—which way is likely to be most efficient, not to say intelligent, in the work? Certainly, the latter. Here then, is the law and the truth, the incomparable opportunity—what shall be done with it? Can we see from the proximate end of its realization to the distal end of its habitual and universal application with its unapproachable results, its rewards and satisfaction?

To exploit this idea of independent, spontaneous and personal perception and reflexion of the law, and its implications as opposed to the sophistry and inefficiency of the ever modern digitation of homœopathy, and to remind our readers that when we work with natural law there are always influences in accord, which shape toward its fulfillment, is the only excuse for this writing. We believe that it is the lack of this instinctive recognition of the law and not seeing through to its issues and consequences that, more than anything else, holds back many a good heart and head from its personal consummation.

WATERBURY, CONN.

#### ATTENTION I. H. A. MEMBERS

In order that the Committee on Proving may make a comprehensive report on the proving of *Cad. met.*, which is now being undertaken, at the coming meeting of the I. H. A. in June, it is urgently requested that all provers send the results of their provings to the undersigned not later than May 15th.

It is also requested that all members who may have any clinical data or other valuable material relating to the above-mentioned remedy, likewise send them to the same address.—  
C. L. OLDS, M. D., 1703 Chestnut St., Philadelphia, Pa.

#### A CASE OF SEPARATION OF THE EPIPHYSIS OF THE HEAD OF THE FEMUR IN A GIRL OF TWELVE\*

GRACE STEVENS, M. D.

Diastasis, or the separation of the epiphysis of a bone from the diaphysis is an affection of youth or early life, occurring before real bony union has taken place. It results from disease or malnutrition, probably as a predisposing cause, and from traumatism, either direct or indirect. One writer reports a number of cases in a hospital ward full of children with scurvy.

The general symptoms are the same as those of fracture, but the condition as a rule develops more gradually, and generally there are several injuries before complete separation and disability result, suggesting that the epiphyseal line is first weakened and then ruptured.

Most of the writers whom I consulted speak of the lower epiphysis of the femur as the one most often separated from the shaft, but in Nelson's *Loose-Leaf Surgery*, Vol. III, I found a very satisfactory description of the slipping of the upper epiphysis.

The globular epiphysis sits like a cap on the end of the bone, attached to the neck by the epiphyseal cartilage which is likely to give under undue stress.

"The majority of cases occur in over-fat boys, who may be sexually undeveloped. This suggests that the patients are suffering from hypo-pituitarism; but we also find cases in thin, rapidly growing boys".

The injury rarely occurs in girls. The typical case develops in a young person between eleven and eighteen. One hip becomes lame following a fall, injury, or strong muscular effort. As a rule there are several injuries before complete separation and disability results. When this has taken place, the thigh is adducted and in external rotation, and abduction and internal rotation are not allowed. The x-ray shows the epiphysis separated from the neck of the bone and displaced downward and backward.

The case I have to report is that of a girl of twelve who had been fed for months mostly on white bread and tea. She is very

\*Read before the I. H. A., Bureau of Obstetrics and Pediatrics, June, 1929.

fat, shy, timid and awkward. She gives a history of much illness and of having been in a sanitarium for tubercular children following whooping cough, but she was later discharged as non-tubercular.

About two months before I saw her she had developed pains in the left hip, which her mother called growing pains and therefore ignored. The hip became increasingly sore and sensitive. She could not raise the leg when lying and she groaned in her sleep.

One day during this period she had a fright while sitting at the piano, causing her to jump violently, and this was followed by apparent paralysis of the left leg, but the strength gradually returned, and she was able to walk again with help. One day while walking out of doors, she stepped on a rolling stone and would have fallen but for her mother's help. This strain caused extreme pain in the hip and after this she was unable to move the leg.

X-ray showed a separation of the epiphysis. The hip was placed in a plaster spica with the thigh in extreme abduction, and retained for three months. After that, the cast was removed and the patient learned to walk with crutches, later with one crutch. The process of re-education was very slow, owing to the timidity and awkwardness of the patient, but about seven months after beginning treatment, the surgeon gave permission to discard the crutch and in two months more the patient was walking a quarter mile to school.

The case is reported, not because it illustrates the working of homœopathic remedies, although those were given from time to time and, I believe, helped to put the patient in better general condition, but because it is a good example of this special affection, and because at first there was uncertainty about the diagnosis on account of the tubercular history of the patient. It is another case where we have reason to be thankful for the X-ray.

The type of patient, fat, rather dull, mentally depressed, also suggests a condition of hypo-pituitarism which may have been the underlying cause of the affection.

NORTHAMPTON, MASS.

## POINTERS

Antipsorics are apt to do harm in active syphilis, i. e., as long as the syphilis is the uppermost miasm. But many antipsorics are also antisyphilitics, and they are not to be excluded by the rule.—J. T. KENT.

*Ferrum* in old syphilitics is apt to render ulcers phagedenic. J. T. KENT.

It is dangerous to stop the diarrhoea of advanced phthisis even by the indicated remedy.—J. T. KENT.

*Kali carb.* is a very dangerous remedy in old gouty cases, but *Kali iod.* is often very beneficial.—J. T. KENT.

The *Sil.* child is always better by the sea which seems to stimulate its endocrines.—G. DANO.

I have found *Aurum muriaticum natronatum* or *Calc. fluor.* to be my best remedies in cases of floating kidney.— — KURSEN.

My favorite quartet in the syndrome of prostatic hypertrophy is *Ferrum picricum*, or *Populus tremuloides*, or *Sabal serrulata*, or *Secale cornutum*.—H. DETERS.

In heart attacks with great anxiety, especially angina pectoris, when *Aconite* seems called for *Aconitum ferox* is especially indicated.—C. M. BOGER.

In heart cases where the patient is all one excessive pain so bad that they will not answer questions, think of *Agaricus*.—C. M. BOGER.

*Agaricus* and *Phosphorus* share many symptoms.—C. M. BOGER.

The four best remedies to choose from in sour stomach I have found to be *Ars.*, *Lyc.*, *Nux.*, or *Sep.*—B. C. WOODBURY.

Five remedies have especial prominence of the temporal veins: *Fluor. ac.*, *Ham.*, *Puls.*, *Vip.*, and *Zinc.*—C. M. BOGER.

Among the restless remedies do not forget *Taraxacum*.—G. B. STEARNS.

Hoarseness amounting to aphonia brought on by fog calls for *Hypericum*.—H. A. ROBERTS.

The absence of any characteristic symptom of a drug is not a contraindication to its use, if the symptoms which are present in the case are typical of that drug.—A. H. GRIMMER.

## EDITORIAL

## PROGRAM OF RESEARCH FOR MODERN HOMŒOPATHY

It is not enough even for us to have a deep understanding of the principles of homœopathy and a vast knowledge of its *materia medica* and clinical application. This is supremely important for the actual practitioner and to empower the student, but this vast art must be accompanied by as profound a science. The object of the development of the science pertaining to homœopathy is not only that it may give a backing to our work deeper than the empirical one, but also that it may clarify our own conceptions, discipline our minds, and lead to the evolution as well as the continuance of homœopathy. Nothing in this world can be static, and surely Hahnemann, with a vision far ahead of the age in which he lived and his colossal fecundity of mind, would have been the first in the year 1930 to have led medicine into further development. The modern intelligent attitude is one of growth and not of rigid orthodoxy. Nothing of what is true, precious and marvelous in homœopathy should be overlooked or unemployed, but should be further worked out by the aid of the science of today, which science homœopathy can and must guide and inspire. What are the opportunities for experimentation and investigation of homœopathic problems today which were not possible to the scientists of Hahnemann's time, a century and a quarter ago?

1. The law of similars can be statistically proven, not only through numerical, clinical results with strict controls, but also through experiment in laboratories of physiology, pharmacology, pathology, bacteriology, botany, and zoology. A beginning in this field has already been made by Hinsdale and L. J. Boyd, and in less degree at the Hering Laboratory in Philadelphia, here in America. In Germany such work is being carried on by many men notably trained in these fields, and much work is being done, especially on plants, by men who do not know homœopathy.

2. The subject of dosage offers an enormous field for experiment. In accordance with the Arndt-Schulz phenomenon it must be determined in pharmacological laboratories what the stimula-

tive threshold of every remedy used homœopathically is on healthy subjects. This in itself is a life long task. The various factors influencing the amount of any one drug needed to stimulate any one healthy human subject have to our knowledge so far not even been enumerated. If animals are used for experiment the threshold will, of course, vary for each kind of animal and for each individual of a given kind. It may be that if this were worked out we could determine scientifically that certain remedies act best, on the average, in certain strengths or potencies. Allied to this is the determination of the degree of hypersensitivity caused by diseased conditions of different sorts, and also of the hypersensitivity induced by previous drugging of the various varieties. The individuals, both healthy and diseased, so tested for stimulative threshold, would have to be classified and standardized both according to the criteria of modern laboratory methods, which we admit are exceedingly crude, and also according to the criteria of symptoms such as we use as a basis for a homœopathic prescription. At first the relatively low potencies would probably have to be employed. The experimentation on the subject of the value of high potencies would have to be carried on at first in physics laboratories and would have to include the detection of power in high potencies by electro-physical methods. This would carry experimentation into the field of ultra physics where only the greatest minds in that field have even hypotheses as to what actually produces the empirical effects, probably involving the transmutation of material substance into energy which is still specific and by which the effect is produced. Might this not be analogous to Hahnemann's spirit like force which acts on the same plane as that unknown entity the vital force of the living human being? The relation of dosage to aggravation must also be determined by laboratory and clinical methods. Several independent groups are at present working on the problem of potency selection by electrical means. Experiments must also determine the actual power content of our potencies, especially the high ones, and some method of standardizing these, both after they are made by testing them out, and during the manufacture of them. The main problem here is the prevention of, and detection of, impurities (the so-called oligo-

dynamic effect of Kotschau). Some of the material being potentized is absorbed by the container, whether it be porcelain, glass, or whatnot, even if an absolutely and chemically clean container is used for each manipulation. Moreover, in dilutions a certain very small amount of substance from the container must necessarily get into the solution. Furthermore, any impurities in the potentizing media, such as *Sac. lac.* or alcohol or distilled water, add complications. In addition to this, other impurities in the remedy substance itself may be present, for instance, many metals, and elements even, are almost inseparable from traces of other substances; and plants may be contaminated with dirt or with salts in the water used to wash them, etc.

3. Botanical laboratories are needed for the identification and classification of plant remedies; and field botanists should be sent all over the world collecting accurate specimens for drug manufacture. An herbarium and a complete homœopathic garden, including greenhouses for such of the remedial plants as need different climates, are essential to complete homœopathic study.

4. The same is true in the field of zoology.

5. Chemical laboratories are essential wherein every remedial plant should be analysed into its constituents (at present we have fair analyses of a shockingly small number of our plant remedies, such as *Phytolacca*, *Pulsatilla*, etc.). The animal remedies must be similarly analysed, as must the nosodes and sarcodes. Extensive experiments in synergy and catalysis offer another field and might elucidate some problems of remedy relationship. Laboratory studies should be made in an effort to demonstrate and explain inimical, antidotal, and complementary drug relationships. The allotropic forms of elements should be studied and compared with the varying or contradictory actions of those same elements in homœopathy. The problem of isomers and that of reaction to polarized light and many other similar problems should be attacked for the same purpose. The field of colloidal and physical chemistry should be explored by an expert with thorough homœopathic training or collaboration to devise methods from this approach of learning about our remedies.

6. A trained geologist should give data on the composition of the soil of the natural habitat of our different remedies and also

of the composition of so-called geological remedies. The effect of the composition of fertilizers on plants and foods grown by their use should be tabulated.

7. A meteorologist should collaborate in the study of why certain remedies, like certain people, are sensitive to seasonal, climatic and meteorological conditions. This included the moon phases.

8. Endocrinological studies should be made on animals and humans to determine the action of the various homœopathic remedies which are similar to these conditions in correcting them as determinable by metabolic and other scientific tests as well as by clinical results.

9. As to pharmacology and physiology, thorough studies of the actions of our remedies from lethal doses up to the highest known potencies should be carried out on organs, tissues, animals and humans. Especially necessary is a comparative tabulation of the action of each remedy as used in ordinary medicine and as used homœopathically in different potencies, with a view to working out the laws which govern the apparent paradoxes of such actions.

10. The pathological laboratory should fully develop Hinsdale's scheme of proving the pathological effects of our remedies on animals and humans, in so far as it is safe to induce pathology. In connection with this comes the studies of the toxicologist and the changes in clinical pathology brought about by our remedies.

11. The bacteriological laboratory should demonstrate the effects of our remedies in varying potencies on the different bacteria, being guided in their experiments by the symptom similarity between the remedies used and the bacteria diseases. This must probably mean testing the bacteria from humans and animals before and after suitable homœopathic dosage, as presumably it is the vital force stimulated by the similar remedy which acts on the bacteria. Experiments must, however, be made with remedies on bacteria *in vitro*. Immunological experiments must also be done. This leads us to some of the most moot points, such as the use of homœopathic remedies for prophylaxis and treatment in place of many of the vaccines and anti-toxins. Long and careful clinical studies in contagious hospitals must be car-



ried through to determine the relative efficacy of the two methods.

12. A study of the influence of food substances and their adulterations, including preservatives such as benzoic acid, and such condiments as iodized salt, and the tin and aluminum cooking utensils, etc., should be undertaken, as well as research into the influence of fumes, (oil, gas, smoke, gasoline, etc.) and water impurities (chlorine, lead, etc.)—all regarded from the homœopathic standpoint. This would probably come under public health jurisdiction.

This suggested outline is the spontaneous thought of a mere novice in scientific research based on the customary training of a medical education. The detailed plan of any such scientific research would have to be worked out by a board composed of from one to three experts in each field, who were thoroughly conversant with the theoretical homœopathy, and an equal number of profound homœopaths who were thoroughly conversant with the methods of modern science.—E. W.

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#### WHAT DOES THE TERM CURE MEAN TO A HOMŒOPATH?

The term "cure" seems to be very vaguely understood. It is like all medical terms, very loose and full of loopholes. Hahnemann defined the term "cure" specifically in the first paragraph of his *Organon*, as follows: "The physician's high and *only* mission is to restore the sick to health, to cure, as it is termed". Normality is one thing, health quite another. *Health is the complete absence of disease*. The normal man may harbor a chronic incurable disease; may break out with an acute trouble from which he gets relief and returns again to normal but is not cured. The mere allaying or diverting of that trouble can in no way be construed as a cure. Palliation is the very best we can name it. The so-called skin specialist applies his salves and ointments, drives the trouble in, regardless of the consequences, and calls that a cure. The doctor injects morphine to relieve pain and calls that a cure. The surgeon cuts off the external manifestation of the trouble and he calls that a cure. The genito-urinary specialist injects an astringent into the urethra to dry up the gonor-

rhœal discharge and he calls that a cure; or he applies a caustic to the chancre to burn it off and he calls that a cure. So you see how loosely the term is applied and how diametrically it is opposed to Hahnemann's statement. In not one of those cases has the patient been restored to health, on the contrary new sicknesses have been generated to arise later, and the predisposition left to be transmitted to the unfortunates to follow. The eternal manifestations alone have been removed.

The homœopath, on the other hand, applies the indicated remedy internally, goes to the cause or root, eradicates the predisposition, root and branch, that there shall be no further trouble from that source, in the present or in the future, i. e., if he has done his work properly. That, then, is what the term cure means to a homœopath. Anything else is mere palliation or diversion or suppression. No other method of healing is capable of making a cure in its strict sense.—A. PULFORD.

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#### AN INVITATION TO OUR READERS

Those who attend the meetings of the International Hahnemannian Association always feel the inspiration of contact with the master minds in the homœopathic field, and these contacts and discussions are a source of practical help to every one, whether he be a beginner or a master in the art and science of homœopathy. The Association membership numbers many less physicians than those who are subscribers to *The Homœopathic Recorder*, and the Association most cordially invites all those who are interested in homœopathy, through the pages of *The Recorder*, all those who are readers of the journal to attend this meeting. They will always find a cordial welcome in our meetings.

We are asking the readers of *The Recorder* to peruse the program of the fifty-first annual meeting in this issue, and make the most strenuous possible endeavor to attend all these sessions. Remember the dates: June 14 to 17, inclusive, at Chalfonte-Haddon Hall, Atlantic City, New Jersey, U. S. A.—H. A. R.

## COMMUNICATIONS\*

## KALI CARBONICA IN PNEUMONIA

(I have read your interesting monograph—*Homœopathic Leaders in Pneumonia*. Will you kindly instruct me, through the *Homœopathic Recorder*, the uses of *Kali carb.*, etc. Signed J. N. SARKAR, Bt. Nadia, India.)

## KALI CARBONICA

*Kali carb.* naturally makes us think of an extremely irritable patient; very quarrelsome; full of fear and imaginations; who is extremely sensitive to cold; all of whose pains change and go to the cold part or to the part uncovered; whose *stitching pains*, often cutting like knives, fly around in every direction; whose acme of aggravation is always around 3 a. m., (sun time) though they may begin at 2 a. m., and are usually better around 6 a. m.; who has usually cold sweat, copious, about the body, even when cold; whose *under brows swell like little bags*, and often fill up while coughing; whose every excitement strikes directly to the stomach; whose *soles are extremely ticklish*, and whose expectoration is copious, tenaceous, offensive, thick, yellowish or yellowish green, puslike or bloodstreaked. Kent said: "The cough of *Kali carb.* is one of the most violent coughs of all the medicines in the materia medica; also that nothing is more striking in *Kali carb.* than the *wandering stitching pains* through the chest and the coldness of the chest". It is quite frequently called on in hepatization like *Phos.*, *Sulph.* and *Lyc.*, and especially when phthisis threatens. It affects particularly the right lung, especially the right lower lobe. It is worse lying on the right side. It is a splendid remedy for the pneumonia of children and in cases coming on after measles.

It is the ONLY known remedy for: Moaning at 3 a. m. Shrieking at trifles. Weakness of eyes after colition. Stitching pains in the throat on becoming cold. Nausea in the stomach after excitement. Heat in the abdomen after eating. Pain at the crest of the ilium extending to the knee. Pulsation in abdomen with the heat. Cutting pain in the chest evening after lying down. Pain in the back 3 a. m. driving him out of bed; pain in lumbar region extending to glutei muscles and thighs; labor-like pain in lumbar region to glutei muscles; stitching shooting pain in back 3 a. m., must get up and walk, in lumbar region 3 a. m., in lower right to gluteal region, to nates 3 a. m., in sacral region during pregnancy, to gluteal region and hips. Itching of leg on touching foot. Numbness in foot after eating. Pain in limbs at 2 to 3 a. m.; stitching pain 2 to 3 a. m., in tendons. Twitching of thighs during sleep; when touched. Sleeplessness 1 to 2 a. m. Generally worse 2 to 4 a. m. Heat with palpitation.

Is THE leading remedy for: Frightened at trifles. Starting when touched. Shooting pains in the head; in the temples; extending inward. Tearing pain in left side of head. Sensation of turning and twisting in the head. Falling of the hair from the eyebrows. Dimness of the vision after measles. Hardness of the nose. Swelling above the eyes. Crawling in the throat. Burning pain in the right hypochondrium. Cramping pain in the abdomen before the menses. Asthmatic respiration in the morning. Difficult respiration better sitting up; with head bent forward on knees. Violent cough at 3 a. m. Pain in the chest evenings; cutting pain morning and evening; pressing pain on deep inspiration, also in the sides. Pain in the back at 3 a. m.; pain in the lumbar region driving him out of bed, extending to nates and down the legs; aching pain in the back, better pressure; sore, bruised, beaten pain in the back, better motion.

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

Jerking in the lower limbs on going to sleep, especially the legs. Numbness in the right lower limb. Pain: Pulsating in the limbs; stitching pain rheumatic in the knees; tearing pain in the bends of the elbows, in the inner side of the foot, in the soles and toes, in the tip of the first toe. Sleepiness during eating. Waking at 2 a. m.; 2 to 4 a. m. Profuse sweat after midnight. General aggravation 2 a. m.; 3 a. m. twinging paralytic pain in the muscles.—A. AND D. PULFORD.

## CONSTITUTIONAL VARIABILITY IN REACTIONS TO DRUGS

No fact has been more constantly observed by the attentive student of materia medica and the clinician than that of variation in reaction of human organisms to exotic influences—drugs, morbid influences, etc.; and from the days of the ancients efforts have been made to discover the cause of this. But the problem still remains unsolved. The reason, as Prof. De Giovanni once said in speaking of our inability to account for the fact, was that "on account of grave errors in scholastic regulations, and the source of painful doubts, this is a field of sad polemics and vulgar diatribes, in which are confounded men and things, facts and theories, legitimate aspirations and unreasonable pretensions, according as they are inspired by incompetency of judgment, spirit of party or of school". The truth of this statement is made painfully evident in the vulgar diatribes which spring from the heads of some of our present-day specialists in materia medica.

In an address delivered before one of the sectional meetings of the Eastern Homœopathic Society which met at Wilmington in October, 1929, Prof. Eldridge C. Price said, "Our conclusion is that drugs do not act, that it is the attitude the organism assumes in relation to the drug, which furnishes the effects credited to the drug. . . . The object of the attitude assumed by the living organism when a drug is introduced into it, is to destroy, expel, or in some manner dispose of the agent. The attitude of the organism in relation to the drug introduced, is different in the case of each drug, a different set of effects evidencing the manner of perturbation of the organism as a protest against the presence of the drug". This is unquestionably a sound conclusion.

Now what is furthermore true is that as the attitude "is different in the case of each drug", just so *the attitude of different individuals is different to the same drug*. A fact which seems to have escaped some of us entirely. Some of us seem utterly incapable of grasping the truth that whatever happens to anything depends, on the one hand, on the material of which it is composed, and, on the other, on the conditions which surround it. The same thing under different conditions behaves differently and different things under the same conditions behave differently. The truth of this is demonstrated by every object in the universe—animate and inanimate. The soundness of Prof. Price's conclusion can, on the basis of this self-evident proposition, not be questioned.

But what other conclusion are we led to, indeed, forced to by this fact? If the "attitude of the organism" is the thing which determines the results then obviously, the factors which determine the attitude must be made the prime object of our study. There seems to be no escape from this conclusion. To ignore these and confine attention wholly on the effects which result from the effort "to destroy, expel, or in some other manner dispose of the agent", means to ignore the fundamental factor and center attention on the secondary.

And this, in our efforts to build a materia medica, is what we have done, with the result that we must admit, and declare to the world that "prescribing is an art, and not a science"; must admit that what we have in the way of a materia medica is something which everybody can juggle with to suit his own inclinations and his own capacity. Lacking a knowledge of the fundamentals in the problem we have to do the best we can with the aid of the various devices which have been created—keynote systems, repertoires of different kinds, rhymes, and what-not, in which situation lies the explanation of

the spirit of drug nihilism, mongrelism and the fanaticism which today disgraces the noble profession of medicine.

When now, we come to define the word constitution we find several difficulties arising from the fact, that so many of us woefully lack in our understanding of the science of human morphology, the science of the composition of the human organism. There are some who are so lacking that they confuse it with pathology. In his work on *Constitutional Inadequacies*, (Lea & Febiger, 1928) Prof. Pende says, "The concept of constitution, which corresponds to the etymological meaning of the words—*cum* and *stature*—is governed by a correlational principle, according to which the various combinations of organs and organic fluids, and the special relationships and anatomical and functional correlations between parts of the body which determine the mental and physical conditions, vary according to the characteristics that are dominant in the interorganic equilibrium". Every animated organism is endowed with an inherent power which enables it to resist injurious influences and retain its functional integrity. The degree of power that it has corresponds to the nature of the anatomical and functional correlations in the organism. The more perfect the interorganic equilibrium the more harmonious the functions and the greater the resistance. This will be so of single organs as well as of the organism as a whole. An organ that is large, well developed, well correlated and of fine quality will have greater resistance than one that is small, poorly developed, poorly correlated and of coarse quality; and an organism whose organs all possess the former character of development will, when exposed to certain inimical influences, react with vigor, in an entirely different way from the latter.

The importance of this fact was sufficiently well thought of by Hahnemann to lead him to incorporate the observations of Noack and Trinks relative to the variation in susceptibility of different types to different drugs in his *Materia Medica Pura*. Other writers on the subject did likewise. And why those who boast so vehemently about their loyalty to these masters ignore with such disdain this phase of their work, and oppose, as they have on several occasions, with their "vulgar diatribes", efforts to discover the reason and establish it on a scientific basis is beyond understanding.

Our duty is to look forward, and not backward; to hold in vision what men and women who are devoting their lives to healing the sick ought to be doing 100 years from now, and not merely prate about one phase of the work somebody did 100 years ago. In doing this we shall neither dishonor those who have gone before nor be heedless of every good lesson they taught. On the contrary we shall be honoring them by carrying forward the work they began, completing tasks which the shortness of life left uncompleted and unfolding ideals for which they labored and sacrificed.—P. RICE.

Let it be remarked that Hahnemann's psoric theory is borne out by the unquestionable success of his anti-psoric treatment. Is there any follower of his, who in whatever crude or routine a way, by domestic books or manuals or repertories, has practised according to his method, who can assert that he has found no worth in the anti-psoric remedies in the treatment of chronic disease? Suffice it to say in respect of the psoric theory that every homœopathist of any note, who has expressed his opinion on the subject in print, has subscribed to it.—*Homœopathic Review*, 1858.

## CARRIWITCHETS

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

15. If, after having given a patient a constitutional remedy, you discovered that he habitually used an anodyne or a soporific, or in fact, any other drug, would you expect your remedy to act curatively under such circumstances? How would this knowledge influence your next prescription for him?—C. L. OLDS.

16. What should be given to a tubercular patient when *Sulphur* seems plainly indicated?—E. L. DAVIS.

17. How does one *mechanically* remove a tapeworm?—E. B. LYLE.

ANSWERS TO QUESTIONS IN JANUARY ISSUE

*Why should the most valuable symptoms of a proving be those that appear, that is at the end of a proving? (See Dec. Recorder, Drug Proving, p. 580, lines 16 and 17.)*

—Dr. C. L. Olds, the author of the above, refers us to an article by Boeninghausen in *The Homœopathic Physician* for 1889, p. 392. The following is quoted from this article which is titled *The Relative Worth of Symptoms*:

"If my old (seventy-two) memory does not mislead me, it was the genial C. Hering—I do not recall when or where—who first (and up to the present time he is the only one who has called my attention to it) pointed out to me that the *proving-symptoms* which manifested themselves *last* were the *most important* for *employment in curing*, and were far from being only secondary and useless in therapeutics.

"Certainly, at first glance, there seems to be a paradox in this, as in many other things, that this indefatigable investigator has asserted. But to be willing to form an apodictic opinion prematurely, from the mere aspect of the thing, would in this case be all the more unreasonable, because every homœopath can, without great difficulty, obtain in the records of the provings sufficient certainty of the correctness or falsity of this assertion. He needs only to compare, in the four volumes (second edition) of *Antipsoric Remedies*, certain symptoms which were latest observed, with the brief indications which were given by Hahne-

mann himself in his introduction to each proving from his individual experience as pre-eminently belonging to these remedies, and which have been abundantly verified as such in our practice. He will thereby be convinced that the analogue to these indications is in most cases contained, and sometimes exclusively, in such *late-observed* symptoms.

"A truth appears, therefore, to lie at the bottom of this assertion of Hering's, which till now has been little observed, and which makes us regret that, in so many new as well as old provings, so little attention has been paid to a statement of the *time* at which the symptoms manifested themselves after the taking of the drugs, and especially in the case of those peculiar symptoms in which mainly the individual characteristics of the drug must be sought. Although the fact that a knowledge of the importance of such a statement of the time must have been reserved to later, comparative studies may serve as an excuse for former provers, yet this omission is not on that account less worthy of regret, and we are often obliged to first discover by the long process of experience that which might then have been supplied us by the putting together of some little figures and letters".—C. VON BOENNINGHAUSEN.

#### ANSWERS TO QUESTIONS IN FEBRUARY ISSUE

*Under what remedies does the symptom "sucking the thumb" come?*

—I have not found this symptom under any remedy, nor should I expect to find it unless there was some peculiar modification in connection with it. When a baby sucks its thumb, that of itself is not a symptom; it is a normal baby expression, just as much as crying when it is hungry. In fact the two are frequently associated. But, as the baby grows into a child of 8 or 10 years, and still sucks its thumb, that is not a normal expression; it is a habit. A girl habitually chews gum, a man chews tobacco, most people smoke cigarettes, some children bite their finger nails; and many individuals are devoted to coffee, tea or opium. All of these are habits, good or bad, but are they symptoms? Just what is a symptom? Perhaps a discussion of this is rather important, not only in taking the case and working out a prescription, but also in defining what we call a cure. A symptom

is a sign or index which points to the existence of something abnormal, and is the resultant of that abnormality. Is a habit a symptom? Yes, if it be an abnormal expression. The craving for any drug, as coffee, tobacco, opium, is an abnormal expression and therefore a symptom, but usually these habit-symptoms are of little value in determining the remedy, for they, by use, have ceased to be striking or peculiar. However, should any of these cravings suddenly arise, as they sometimes do, especially in acute diseases, they would then be striking and peculiar and of high value in determining the remedy, as, for example, when a non-user of tobacco suddenly develops a craving for that drug, or when a total abstainer's aversion to liquor changes over night to a craving for this forbidden liquid.—C. L. OLDS.

#### ANSWERS TO QUESTIONS IN MARCH ISSUE

*What remedies besides Calc. have "vertigo sensed only in the vertex"?*

—There are three remedies having the symptom, "vertigo felt in the vertex": *Calc. carb.*, *Chel.*, *Scroph.*—H. A. ROBERTS.

*What remedies have you found particularly useful in endocrine disorders, both hypo- and hyperconditions of the pituitary, thyroid, ovaries, adrenals, etc.?*

—Almost any remedy in the materia medica might be called for. It would be impossible to give any remedies, either for hypo- or hypertension conditions, or for any of the thyroid, ovarian or adrenalin secretions that would cure those cases, from a pathological point of view. That would be strictly pathological prescribing, and the basis of your prescription must be from the symptoms that are produced in the individual patient. Of course all of these states would count as one symptom, when found, but that in itself is not an important symptom. The symptoms that were produced because of the hypo- or hypertension would be the ones from which to choose from, as showing the reaction of the individual patient to diseased states.—H. A. ROBERTS.

*Has tapeworm been removed by the homœopathic remedy alone or does it have to be removed by mechanical means, the remedy removing the effects of its presence?*

—It has been my practice, in case of the definite presence of tapeworm, to have the tapeworm removed by mechanical means; then to take the case carefully to eliminate the effects of his long habitude in the system.—H. A. ROBERTS.

—Rumored to have been cured by *Nat. mur.*, and *Tub.*—  
R. E. S. HAYES.

—A number of years ago, for a period of three or four weeks, I had spells every morning, beginning about six o'clock, of intense weakness. I would be so weak that I could scarcely lift my hand. This weakness would last only about two hours and suddenly leave, and I would be perfectly well and go about my work as usual for the balance of the day. I could make nothing out of the case, the weakness was entirely out of reason. I had a little acidity and eructated bitter acid. I had taken several remedies without benefit. Finally, on the symptom of bitter eructations, I took some *Nat. phos.*, the 4th. The very next morning I passed a monster tapeworm and my troubles were ended. I previously had no intention of being on friendly terms with this fellow.—N. O. BRENZER.

## ANSWERS TO QUESTIONS IN APRIL ISSUE

*Is it true that if two or more miasms combined have been dissociated by the proper remedy, and a mistake in prescribing causes them to recombine, they can never again be separated?*

—No, it is not true. Hahnemann gives very explicit instructions in his *Chronic Diseases* for the eradication of the combination of miasms. The basic miasm of psora is first to be attacked by the antipsoric remedy most suitable in each case. After that has been most thoroughly exhausted, possibly with the second antipsoric remedy, if the psoric symptoms still persist, then attack the sycosis, (if that is the complicating miasm) with the antisycotic remedy most suitable; or if the syphilitic miasm is present, then the antisiphilitic remedy must be used. If after due time there still persists a combination of miasms, this process should be repeated, first with the antipsoric remedy, allowing it to function to its fullest extent; then attacking the symptoms of the miasm that is left. This process must be continued until all symptoms have disappeared, allowing the remedies full time to act.—H. A. ROBERTS.

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<i>Treatment of Renal Colic:</i> The remedies given below are suitable not only to renal colic but also to expulsion of hydatids, fibrinous clots, and false membranes, where the symptoms are similar. [This statement leaves out of account the pathological factor of organ specificity.—Ed.] <i>Pareira brava</i> , (Cartier and Clarke) excruciating, left lumbar pain extending to left hip and ureter; urination after long effort of a few drops which feel like a great quantity; violent pain in bladder and back with painful retraction of left testicle; strangury with paroxysmal pain causing screaming; relieved by knee chest position which facilitates urination; free sweat; ammoniacal urine with gluey mucosities; bloody, black or with brick dust sediment; paroxysms appear 3 to 6 a. m.; patient better during day. <i>Berb. vulg.</i> , sticking or burning pain with bubbling sensation; in either kidney especially the left; worse from least motion; with great weakness and sensation as if lumbar region would break; cutting pain extending down the ureter and radiating to back, hip and thighs on urination; urine brick dust, bloody or pale with gelatinous or chalky sediment. <i>Lycopodium</i> , right colic; frequency at night; scanty urine by day; relief after urination; worse 4-8 p. m., and before urination; urine clear with brick dust. <i>Calc. carb.</i> , pain on left with backache and nausea during pain only. <i>Ocimum canum</i> , violent vomiting; wrings the hands with pain; urine saffron colored with intolerable odor of musk and brick dust sediment. <i>Dios.</i> , <i>Calc. ren.</i> , <i>Pichi</i> , <i>Hydrangea</i> , <i>Thlaspi</i> , <i>Solidago</i> , <i>Cham.</i> are also useful.—E. W.	
<i>Pedagogy and Medicine:</i> Chentrier is an educator and believes that illnesses and biological troubles are intimately related to character defects. Occasionally acute disease modifies character permanently. The state preceding or following acute diseases modifies it. He gives an example of a <i>Gelsemium</i> child, nervous in the sense of agitation rather than activity, and suddenly emotional and apprehensive; but also slow, appearing lazy, inattentive and without gaiety. From this example he deduces that the homœopath and the educator must work together in medicine and psychology to correct customary character defects and thereby lessen susceptibility to acute disease. He continues that one must treat the environment of children, that is to say, members of the family as well as the individual patient, for often character defects, as well as illnesses, are more familiar than individual. He closes with the plea for the treatment of the child as a whole in its setting instead of for individual parts, which as a result of the whole are subject to disease.—E. W.	

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<i>Mercury Amalgam Fillings from the Viewpoint of the Internist</i> : The summary to this detailed and interesting article is as follows:	
1. "Mercury may be absorbed from the mouth by way of the gastrointestinal and respiratory tracts; the latter seems to play the greater role. It is questionable whether absorption ever takes place via the teeth themselves.	
2. "The amount and rapidity of absorption of mercury from the mouth is influenced by such factors as hydrogen ion concentration of the saliva, and buccal tissues, variations in the amount of iodides in the saliva, the number and character of the metals in the mouth, and the size and number of amalgams.	
3. "Chronic mercury intoxications are reported from doses varying from 1/10000 to 1/1000 grain daily for a period of several months. The drug seems to exert a cumulative action, as the rate of elimination is much decreased by constant exposure and absorption.	
4. "The clinical manifestations of chronic mercurial poisoning are summarized.	
5. "The microscopic pathology produced by the drug is summarized.	
6. "The possible mechanisms of interaction between mercury and tissue is discussed".	
Appended is a long bibliography.—E. L.	

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*Uterine Hæmorrhage*: The different types of hæmorrhage are discussed and a number of homœopathic remedies with their chief indications are given. (1) Hæmorrhages due to constitutional conditions. (a) Chlorosis: *Ars.*, *Ferrum*, *Ign.*, *Kali carb.*, *Phos.*, *Puls.*, *Sep.*, *Sulph.* (b) Blood dyscrasia: *Calc. carb.*, *Calc. phos.*, *China*, *Cinn.*, *Croc.*, *Erig.*, *Ham.*, *Ip.*, *Nit. ac.*, *Sab.*, *Sec.*, *Tril.* (c) Syphilis. (d) Focal infection. Case. (2) Benign changes in the mucous membrane of the cervix and body of the uterus. (a) Cervical polypi. Case. (b) Polypi from the endometrium. (c) Hyperplasia of endometrium. Case. (d) Senile vaginitis. (4) Uterine tumors. (a) Myomas. (b) Adenomyomas. (c) Sarcomas. (5) Hæmorrhage due to disease of adnexa. (6) Malignant changes in mucosa cervix and body.

*Arterio-Sclerosis*: Homœopathic treatment only is given. *Baryta carb.* and *Baryta mur.* offer a fairly strict analogy with this condition, the radical *Barium* acting chiefly, with minimum difference between the *carb.* and *mur.* A resume of the studies of the hypertensive and constrictive action of this drug and its pathological effects on the arteries follows. Other remedies are discussed, including: *Adrenalinum*, *Tab.*, *Nat. iod.*, *Sil.*, *Plumbum*, *Stron. carb.*, *Stron. iod.*, *Vanadium*, *Kali iod.*, *Ars. iod.*, *Aurum iod.*, *Amm. iod.*, *Aurum mur.*, *Cratægus*, *Phos.* This is a very interesting article.

## REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Dec. 1929), XLIV, 359-395

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<i>Thyroid Syndromes and Their Relations with Homœopathic Materia Medica</i> : Dano begins with the general symptoms of incomplete thyroid insufficiency and then gives the medicamentous types predominantly hypo-thyroid. The remedies under this are: <i>Puls.</i> (having ovarian insufficiency also); <i>Thuja</i> (1) on a <i>Calc. carb.</i> base, sycotic or vaccinal heredity, corpulent type, (2) on a <i>Calc. fluor.</i> base, syphilitic heredity, small, dark eyed, simian. <i>Sil.</i> is complementary. <i>Nat. sulph.</i> morphologic relative of <i>Thuja</i> but more corpulent. Complement <i>Thyroidin</i> . <i>Sepia</i> . <i>Graphites</i> renal insufficiency combined with thyroid. <i>Sulph.</i> and <i>Thyroidin</i> are often valuable adjuncts to <i>Graph. Rhus tox.</i> , complement <i>Thyroidin</i> , or <i>Tub. Sulph.</i> adrenal or hyper-thyroid type. Cutaneous <i>Sulph.</i> cases are usually hypo-thyroid. <i>Calc. carb.</i> germanic type. <i>Calc. phos.</i> Anglo-Saxon type. <i>Calc. fluor.</i> syphilitic heredity, hypophyseal type. <i>Hepar</i> , complement <i>Sil. Calc. sulph.</i> , <i>Bar. carb.</i> , pluri-glandular, hypophyseal thyroid and kidney insufficiency. <i>Sil.-Baryta</i> type, thin, lax, retarded. <i>Calc.-Baryta</i> type, with massive facial development, large upper lip, dumb aspect, adenoid states, complements <i>Syph.</i> , <i>Bac.</i> , <i>Marmoreck</i> . <i>Sil.</i> demineralization, too small a skeleton, epilepsy in heredo-alcoholics, worms, complement <i>Cina</i> , torpid suppurations of bones or glands, complement <i>Marmoreck</i> .—E. W.	

## REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Jan. 1930), XLIII, 3-40

- \*Thyroid Syndromes and Their Relation to the Homœopathic Materia Medica  
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- \*Thyroid Syndromes and Their Relation to the Homœopathic Materia Medica:  
The hyperthyroid remedy types Dano gives are *Iod.*, *Lach.*, *Sulph.*, *Nat. mur.*, *Cimic.*, *Lil. tig.*, *Spongia*, *Tarant. hisp.*, *Anac.*, *Aurum*, *Bell.*, *Bromium*, *Bry.*, *Calc. phos.*, *Cham.*, *Ign.*, *Lycopus*, *Song.*

## REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

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- \**Cassia Alata*  
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- \**Cassia Alata*: This *Cassia* comes from the Island of Maurice. Its description by M. A. Porte, pharmacist, is to be found in *Les Archives de Medicine Navale* for April 1879 and a study of it by Dr. C. Daruty de Grandepre in the *Bulletin de la Societe Medicale de l' Ile Maurice* for Aug. 27, 1887. The plant is a native of Java and India and is used by the natives for skin diseases, especially herpetic ones. It has been found to contain chrysophanic acid. A proving made by the author and others shows the following: Action: On skin, mucous membrane, lymphatic glands, and spine; left sided; chilly; somnolent; mentals, calm, indifferent, feels no fatigue; head, temples heavy as lead, cracking noises in the head; itching nose; vertigo; congestion like sun stroke; (*Meli.*); neck feels cold, occipital headache, joint between atlas and occipital bone cracks; face, left supra orbital pains, pain at root of nose; eyes, sensitive balls, drawing pain, ptosis; mouth, excess saliva alternating with dryness, tongue feels too big, toothache, better by heat and pressure; throat, constricted, must swallow saliva which is difficult; stomach, nausea, coldness, hiccough, burning (*Robin.*), no thirst or appetite; abdomen, liver and appendix pain, mesenteric adenopathy, colic, pulsation of abdominal aorta; rectum, acute diarrhœa; urinary, polyuria, frequency or scanty red urine; genitalia, chancre or tertiary syphilis, increased sex desire, menses abundant; respiratory, sharp pain behind upper sternum, pleural pain at right base; circulatory, arterial pulsation (*Genista*, *scoparia*); locomotor, lumbago, heaviness of shoulders and lumbar region; extremities, heavy, soft legs with formication, weakness of the arms; skin, herpes, tinea circinata, eczema, psoriasis, venomous bites, pruritus; generals, cervical and sub-maxillary adenitis; modalities, worse by motion and on left, better by pressure and by heat. Compare *Robinia* and *Mellilotus*.—E. W.

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Corresponding Secretary

# THE HOMŒOPATHIC RECORDER

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## A SYNOPSIS OF HOMŒOPATHIC PHILOSOPHY\*

R. GIBSON MILLER, M. D.

Feeling the necessity of having in a concise and accessible form the various sub-laws and rules of homœopathy, I recently prepared for my own use the following arrangement of them. Dr. Kent very kindly revised the manuscript and made a number of valuable additions, and also suggested that it might be of service to others if published in the Journal.

### CLASSIFICATION OF DISEASE

All non-surgical diseases belong to one of the following classes: (A) Acute; (B) Chronic; (C) Those due to the use of drugs, living under unhealthy conditions, etc.

### ACUTE DISEASES

1. Acute diseases are self-limited, and, provided no treatment is pursued, they end in resolution or death.

This being so, an acute disease can have no sequelæ, the so-called sequelæ being manifestations of one of the chronic miasms roused into activity by the acute disease.

2. Acute diseases may be stopped at any stage by the similar remedy.

3. In acute infectious diseases all infection ceases as soon as the *simillimum* is given.

4. The best prophylactic in acute disease is the epidemic remedy.

5. When a trivial *acute* disease supervenes during the treatment of a chronic one, it is advisable to use the indicated remedy

\*Reprinted from *The Journal of Homœopathics*, Vol. IV, August 1900, p. 194.

in a low potency; for, if this is done, it will often be found after the acute disease has been cured, that the deep-acting remedy has not been interfered with by the short acting one, and that it still continues to act. (This is unlikely if the acute disease is severe. If it is a severe acute disease don't expect this, and give the remedy in potency.—J. T. K.)

6. After the cure of the *acute supervening* disease it is advisable, before repeating the remedy for the chronic disease, to make sure that the chronic disease has not been modified by the treatment of the acute one, or by the acute disease itself, and not to call for a different remedy from that formerly needed.

7. When the acute disease has been modified by allœopathic or inappropriate homœopathic remedies, it is usually advisable to prescribe for the case as it now stands, rather than according to the original symptoms.

8. *Acute* exacerbations of *active chronic* disease must be treated in a different way from that of an acute supervening disease, provided any remedy is required at all. Frequently the acute complement of the deep-acting remedy, required by the chronic disease is the suitable one, but if only an antipsoric is called for it is better not to give any medicine.

9. Commonly, when the chronic disease is only partially active, as shown by the patient being apparently in good health except that slight causes give rise to frequent acute attacks of illness, the knowledge of the remedy for these acute manifestations will enable us to select its complementary deep-acting remedy, and so permit the cure of the chronic underlying disease.

#### CHRONIC DISEASES

1. Chronic diseases are characterized by their progressing from without inwards and from below upwards, and, that while the symptoms may vary, they never disappear in the reverse order to that in which they came.

2. So far as is at present known there are only three chronic diseases, viz., psora, syphilis and sycosis.

These diseases may be active or latent.

They may be present in three ways, viz.:

(a) A single miasm.

(b) Two or three miasms co-existing, but separate and only one active at a time.

(c) Two or three of the miasms may form a complex and this may be further complicated by a drug disease.

If two or more miasms form a complex, the proper remedy will dissociate them, and then the most active must be attacked; but the greatest caution is needed, as a mistake may cause them again to combine, and they will never again separate. [See Carriwitchet No. 12, April *Recorder*, and answers to same.—ED.]

3. These chronic diseases often remain latent for long periods, but are apt to be roused into activity by acute diseases, unhealthy surroundings, grief, etc.

While latent their symptoms are very similar, and the patient may only feel ill in an indefinite way.

The nosodes of these diseases are frequently of great service in rationalizing the symptoms of such cases, and thus enabling the appropriate remedy to be found.

4. These diseases are always taken at the stage in which they exist in the already infected person. For example, the wife of a man with secondary syphilis will take the disease at that stage and not in the primary or chancre stage.—[Kent in *Journal of Homœopathics*, March, 1899.]

5. A man with syphilis or sycosis may fail to infect his wife if she is suffering from some other but dissimilar, protecting, chronic diseases such as phthisis, for dissimilar diseases repel one another.

#### THE TOTALITY OF THE SYMPTOMS

As our sole guide in the choice of the curative remedy is the totality of the symptoms, it is necessary to inquire what is meant by the totality.

In acute disease every symptom experienced by the patient or observable by others is to be included in the totality; also any cause, such as wetting, fright, etc., and circumstances aggravating and ameliorating.

As an acute disease never forms a *complex* with a chronic one, the latter being suppressed until the former one has run its course, care must be taken when ascertaining the symptoms of

the acute disease not to take into account old symptoms which belong to the chronic disease. But in some cases of acute disease, SYMPTOMS of the chronic disease remain, and are active during the acute disease; such chronic *symptoms* are peculiar because they have not disappeared, and very often are guiding to the cure of the acute disease; while the remedy will have no relation to the chronic disease, yet that peculiar symptom will stand out and guide you to the remedy that will cure the acute disease; such symptoms are peculiar to the patient.—[Kent, *Medical Advance*, January 1890.]

In chronic disease the totality includes all symptoms experienced by the patient since birth, excluding these arising during acute disease. While theoretically it is proper to include all such symptoms, yet great caution must be used. (1) Some other chronic miasm may have been acquired during life, or (2) the symptoms may have been so perverted by inappropriate treatment that they do not truly represent the disease.—[Kent, *Journal of Homœopathics*, July 1899.] When the symptoms have been much perverted by inappropriate treatment we can *sometimes* get a sure foundation on which to base a prescription by taking the symptoms as experienced by the patient before this inappropriate treatment was commenced.

This investigation into the former symptoms of the patient is frequently of great service when the presently existing symptoms do not point clearly to any remedy. For example, in an adult with neuralgia of the limbs, where present symptoms are not guiding, if we find that in infancy he had scald-head like that of *Mezereum*, and we now examine the neuralgias produced by that remedy, it will often be found that they bear a close resemblance to that of the patient, and it will probably prove curative and reproduce the original eruption.

It frequently happens that, when we search for the totality of the symptoms, we find they have been so perverted or suppressed by inappropriate treatment that these now present do not present a *true* picture of the internal disease. For example, take a case of gonorrhœa suppressed by *Arg. nit.*, and on examination there will be found a pretty full picture of *Med.* and a partial one of *Arg. nit.* and probably *Natr. mur.*

[In all such cases we must prescribe upon the symptoms if possible, but if the case does not respond and the suppressing drug is known, it is sometimes advisable to select a remedy competing which has an antidotal relationship.—K.]

In determining the totality, especially with regard to former symptoms in chronic disease, it is also necessary to ascertain whether *one or more miasms* are present, as it is useless to attempt to find a remedy for all the symptoms when there is more than one. In such cases, as a *rule*, only one miasm is active at a time, and the treatment must be directed against that one. When two or more miasms form a complex we must endeavor to separate them.

[The symptoms are the only guide to the separating of the miasms. The road to death is by more complexity, and any remedy that improves the patient will cause a simplification or separation of the miasms.—K.]

#### THE SELECTION OF THE REMEDY

Having, then, determined the totality of the symptoms, we must now search for the remedy that has produced symptoms most similar to those observed in the patient. Theoretically we endeavor to discover a remedy whose symptoms exactly correspond in character and grade to those of the patient; but this can rarely if ever be done, and accordingly Hahnemann directs that in searching for the homœopathic specific remedy we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary* and *peculiar (characteristic)*.

It is especially those symptoms that are *peculiar to the patient* and not to the disease that are to be our guides. For example, the characteristics of dysentery are bloody discharges, pain and tenesmus; but if fainting accompanied every stool, that would be peculiar to the patient, not to the disease, and hence guiding.

In determining what are characteristic symptoms of the case the following rules and cautions are of importance, viz.:

1. The characteristic symptoms must be equally well marked, both in the patient and in the remedy. In other words, no mat-



ter how peculiar a symptom may be, either in the patient or in the remedy, unless it is distinctive and outstanding we must pay little heed to it.

2. No one symptom, however peculiar it may be, can be our true guide, for, unless there is a general correspondence between the symptoms of the patient and the remedy, failure will result. Those single peculiar symptoms are however, invaluable in suggesting special remedies as being worthy of examination.

3. General symptoms, or those that affect the whole body, are of very much higher rank than particulars which only relate to special organs; so much so that any number of particular symptoms can be overruled by one strong general.

What the patient predicates of himself is usually general, as when he says, "I am thirsty", meaning that his whole body is so and not any one special organ.

General symptoms, however, are of different grades of value. In the highest rank must be placed all mental symptoms, if at all well marked, and of these all symptoms of the will and affections, including desires and aversions, also irritability and sadness, are the most important. Of less importance are disorders of the intelligence, while those of memory rank lowest of the mental symptoms.

Amongst general symptoms are to be included those in connection with sleep, dreams, the menstrual state, also, the effects of the weather and sensitiveness of the patient to heat and cold.

The special senses are so closely related to the whole man that their symptoms are often general. For example, when a patient says the smell of food sickens him it is a general symptom, whereas an imaginary bad smell in the nose should be particular.

We frequently find on examining the particular organs that some symptom or modality runs strongly through them all, and may be predicated of person himself, so that here we have a general made up of a series of particulars.

4. Care must be taken not to mistake a modality for a symptom, yet circumstances affecting many symptoms become leading characteristics of the patient and hence are important.

5. The skin being the outermost part will yield the least important symptoms.

6. In organic disease and in many affections of the female genitals we can place little reliance on the local symptoms.

7. A tumor or other pathological condition is no guide to the curative remedy; for in the first place it is not the disease itself, but its result, and in the second place provings have not been pushed far enough to produce similar conditions.

#### PATHOLOGY

While we must ignore pathological changes when choosing the remedy, yet a knowledge of true pathology is absolutely necessary.

1. We can only thereby understand the course and progress of the case.

2. We can thereby know the symptoms that are common to that special state, and hence those that are peculiar to the patient.

3. We also thereby know in certain diseases, or at certain stages of diseases, that no matter how similar the symptoms produced by some remedies may appear to those of the patient, yet, owing to the superficial character of their action, they cannot prove curative. For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for *Acon.*, we know that remedy cannot produce such a condition, and closer examination will reveal that some deeper-acting remedy, such as *Sulphur* or *Lyc.*, is needed.

4. Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy.

5. We must clearly understand that it is the patient that is curable and not the disease, and without a proper understanding of pathology we are liable to err. Suppose a case of inflammation of a joint that has led to ankylosis. The suitable remedy will cure the inflammation, but will be powerless to break down the adhesions and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow, and perhaps it may be absorbed, but very often it persists and must be removed by the knife.

6. Pathology also warns us that it is dangerous to attempt

to cure certain conditions of disease, such as advanced tubercular phthisis, or where foreign bodies are encysted near vital organs. In such cases nature can only cure by suppurating out such foreign substances, and the exhaustion entailed by such an operation is often fatal.

#### CONCOMITANT SYMPTOMS

It is a mistake to suppose that a remedy can cure groups of symptoms only in the order in which they appear in the proving. Often a remedy cures a group whose component parts were observed in different provers and often in quite a different order.

While this is so, experience teaches that certain groups of symptoms are apt to appear together, and when this is so they are more characteristic of the remedy.

Hering says that the comparative value of concomitants may be determined thus: If they are essentially concomitant, one being really the cause of the other (e. g., lachrymation due to a general catarrhal condition), then this feature of the case must be considered; but if no such relation of cause and effect is observed it may be ignored.

#### EFFECTS PRODUCED BY THE REMEDY

The remedy having been given it will affect the case in one of the following ways:

1. The remedy causes no change—either the remedy or the potency is incorrect.

2. Steady rapid improvement takes place without any aggravation.

(a) In such cases the remedy and potency have been exactly similar to the disease force.

(b) It may also mean that the disease has not been deeply rooted.

N. B.: There may be an almost complete removal of the symptoms, yet if the patient is not conscious of the elasticity of returning health it has been no cure, but only palliation.

3. A sharp short aggravation followed by quick improvement, and in this case the improvement is usually long lasting.

4. A long aggravation and final slow improvement.

This occurs chiefly in weakly patients, and there is great danger in repeating the remedy too soon.

5. A long aggravation, followed by slow decline of the patient.

These cases are incurable and only short-acting remedies should be used.

6. A sharp aggravation, but the improvement that follows is very short lasting, especially when a deep-acting remedy has been given.

These cases are usually incurable.

7. Rapid improvement, but soon followed by an aggravation.

If the remedy was the *simillimum* the case is incurable, but if the remedy only corresponded superficially it may have acted palliatively.

8. The amelioration lasts a normal time, but a new group of symptoms appear and under another suitable remedy they disappear for the normal time and another new group of symptoms appear, yet, in spite of the removal of group after group, the patient steadily declines. This is especially observed in the old and feeble and such cases are incurable.

9. New symptoms appear (not the return of old ones which have been experienced long before the remedy was given).

(a) If the new symptoms belong to the pathogenesis of the remedy the remedy is the correct one, and must be allowed to act. If the new symptoms are not known to belong to the pathogenesis of the remedy and yet the case rapidly improves, it is probable that further provings will show that they really do belong to it.

(b) If the new symptoms are due to the natural development of the disease, then probably the remedy has been wrong and has produced no effect.

These new symptoms may be due, however, to a natural crisis of the disease, such as epistaxis in typhus, and must not be interfered with.

(c) If the new symptoms, though numerous and violent, do not belong to the natural development of the disease (and the patient does not improve), then the remedy is the wrong one.

10. An aggravation followed by the return of old symptoms. This is a very favorable state of affairs, and must not be inter-

ferred with, for no remedy is homœopathic to re-action. When the symptoms finally settle, if these old symptoms still persist, they must then be prescribed for, and are of the highest grade in the choice of the next remedy.

11. There is improvement, but it takes the wrong direction. For example, an ulcer of the leg heals up under the action of the remedy, but hæmorrhage from the lungs comes on. This shows that the remedy only corresponded to part of the case, viz., the ulcer, and has really done harm.

12. In some patients we get a proving of every remedy given. They are over-sensitive and very difficult to cure.

#### THE HOMŒOPATHIC AGGRAVATION

In acute disease the homœopathic aggravation is not, as a rule, marked unless the disease has been severe and dangerous.

In chronic cases *without* tissue changes the aggravation is usually not severe, but when there are tissue changes there is almost invariably a marked aggravation usually with elimination through some of the natural orifices of the body.

In the former the aggravation is due to the medicinal disease, whereas in the latter it is due to an effort on nature's part to put matters right—a sort of house cleaning.

When the remedy does not correspond exactly to the disease symptoms we are not likely to have an aggravation (except in over-sensitives, where it is medicinal and not curative).

This is especially observable in feeble patients who, owing to their deficient vitality, are not able to produce any very guiding symptoms.—[Kent, *Journal of Homœopathics*, May 1900.]

#### THE REPETITION OF THE REMEDY

The medicine must not be repeated until the action of the last dose is fully exhausted. In other words, there can be no fixed time as to when to repeat, each case must be judged on its own merits.

In acute cases it is comparatively easy to determine when the last dose has exhausted its action by means of the general appearance and mental state of the patient, and also to a less degree by the pulse and temperature.

In typhoid fever in vigorous patients Kent usually gives the remedy in water every few hours for several days, because it is a continued fever, but on the slightest sign of reaction stops the remedy.

On the other hand, he does *not* repeat the remedy in continued fever in a feeble patient.

In remittent fever reaction will appear in a few hours, and one dose is sufficient.

But in chronic cases it is not so easy, *for it is the rule and not the exception to have sharp, short exacerbations interrupting* the improvement, and we must be sure that the exacerbation is a permanent and not a mere passing one.

In chronic cases we know that the dose is still acting as long as old symptoms return, or, if the symptoms continue to disappear in the reverse order to that in which they originally appeared, or if they pass from internal organs to more superficial parts, or if they go from above down.

More cases are spoiled by too frequent repetition than from any other cause, and it must be remembered that an acute case may show no improvement for *three days* and some chronic ones for *sixty*.

When the vitality is very low, as in collapse, it is dangerous to repeat the dose: But when there is a lack of response to the remedy after allœopathic drugging, which is really due to a sluggishness and not to a want of vitality, it is necessary to repeat oftener.—[κ.]

Incurable disease requires more frequent repetition of the short-acting remedies for palliation, and it is not advisable to use a higher potency than the 200th.—[Kent, *Journal of Homœopathics*, Nov. 1897.]

Some antipsorics have also an acute action, and when indicated in acute diseases behave exactly like the short-acting remedies.

When the remedy corresponds very closely to the disease the symptoms, after a reasonable time, will come back exactly the same or perhaps with the omission of one or two. In such cases all we have to do is to repeat the same remedy and potency until it fails to act, when another potency must be used. Un-

fortunately in chronic diseases it is rarely possible to select a remedy that corresponds with perfect accuracy to the disease, and consequently when the symptoms return they are somewhat changed; and frequent repetition of the original remedy will confuse the case, for it is possible to suppress symptoms by the too frequent use of even high potencies.

#### THE SECOND REMEDY

The first remedy having done all that it can, we must proceed to choose the second one. If the symptoms came in the order a, b, c, d and e, and after a dose of an antipsoric remedy we find great improvement for 6 or 8 weeks, with the disappearance of symptoms e, d, c, and then a and b again increase and even e returns, but d and c have permanently gone; finally a new symptom f appears, so that we now have a, b, c, f; this last appearing symptom, f, is guiding and will appear in the anamnesis as best related to some medicine which has it as a characteristic. Hering says that this new symptom, f, will generally be found amongst the symptoms of the last given remedy, but only of low rank. It is on account of the appearance of this new symptom and the disappearance of d and e that the original remedy is now contra-indicated.

The second remedy must bear a complementary relation to the first, and hence the last remedy, either homœopathic or allopathic, that has acted, forms one of the most important guides in the choice of the second remedy.

If a case has been much drugged we are often forced to give *Nux* as an antidote. This giving of *Nux*, however, does not confine our choice of the remedy that is to follow to the 8 or 10 remedies which bear a complementary relation to *Nux*, for *Nux* has a wide range and after giving it the case will open up and you can give any remedy excepting *Zinc.*, which would have to be avoided.

#### POTENCY

The minimum dose is as essential to homœopathy as the law of similars.

The best results are only obtained when the disease force

and the remedial force are on the same plane. This may explain why in some cases a low potency cures after the failure of a high. When a medicine needs repetition it should be given in the same potency as long as it will act.

If the remedy called for during an acute exacerbation is afterwards needed for the chronic condition it must be given in a different potency.

Very high potencies should not be used in incurable cases.

In certain oversensitives very high potencies instead of curing always cause provings, and such people do better with the 200th or 1m. When the patient has been long accustomed to the use of low potencies you do not always get good results from the higher potencies at first. Conversely the frequent proving of high potencies seems to develop a susceptibility and such provers obtain more and finer symptoms than those who have only proved low potencies.

In all periodic diseases, periodic either with regard to pain, convulsions or discharges, it is not advisable to give the remedy during the exacerbation, but immediately after it.—[Kent, *Journal of Homœopathics*, Sept. 1897.]

#### DIRECTION OF SYMPTOMS DURING CURE

1. From within out.
2. Usually from above downwards.
3. In the reverse order to that in which they appeared.

This process goes on until the primary manifestations of the disease appear, whether it be the chancre of syphilis, the gonorrhœa of syphilis, or the eruption of psora.

The original discharge may not come back at the original place, but from some other mucous membrane. It is also to be remembered that the miasms may be taken at any stage, and consequently if a woman takes syphilis from her husband in the sore throat stage we can only bring back the disease to that point and not to the chancre.

#### INIMICAL REMEDIES

Remedies which are very similar in action either antidote one another or are inimical. *This latter relation only holds good*

*provided the first given remedy has acted and to some extent influenced the case.* When the first remedy has taken possession, he is the proprietor, and this relation should be respected. If the first remedy has had no effect its inimical may be given with perfect safety.

Some remedies are inimical to each other in their acute sphere and others only in their chronic.—[K., *Med. Adv.*, Jan. 9, 1895.]

#### MANAGEMENT OF ABNORMAL CRAVINGS

In acute disease it is advisable to yield to the cravings of the patient, but in chronic disease they must *not* be indulged.

It is to be noted that when a patient has by long continued use become habituated to drugs, such as morphia, tobacco, etc., the homœopathic remedy *will, at times*, act in spite of the continued use of the drug; but, of course, the action is short lasting and imperfect.

#### CAUTIONS TO BE OBSERVED IN THE USE OF CERTAIN REMEDIES

Certain remedies, such as *Sulphur, Silicia, Phos.* and *Sulph. ac.*, owing to their power of expelling foreign bodies, are very dangerous in some diseases, as these bodies can only be got rid of by suppuration. In far advanced phthisis with tubercular deposit or where healing of the diseased part with calcareous deposit has taken place, or when foreign bodies, such as bullets, are encysted near vital organs, this danger is a very real one.

There are two classes of symptoms in all advanced tubercular and suppurative lung diseases, viz., the toxæmic and constitutional; the chest pains, the hectic fever, the mental symptoms and dreams being toxæmic.

If one of this group of remedies, say *Silicia*, only corresponds to the toxæmic symptoms and not to the constitutional ones, it will palliate by subduing the toxæmic symptoms without doing any damage.

But, if prior to the formation of the tubercle, the patient suffered from weekly headaches coming up the back of the head, offensive foot sweats, sensitiveness to cold, etc., and though these may have all disappeared even before the phthisis came on, the

*Silicia* will prove a most dangerous remedy.—[K., *Journal of Homœopathics*, Nov. 1899.]

At times these remedies for the same reason are apt to cause damage after hæmorrhage into the brain or other important organs.

*Ferrum* and *Acetic acid* are dangerous in many cases of advanced phthisis, owing to their power of inducing hæmorrhage.

*Ferrum* in old syphilitics is apt to render ulcers phagedenic.

Antipsorics are apt to do harm in active syphilis, i. e., as long as the syphilis is the uppermost miasm. But many antipsorics are also anti-syphilitics, and they are not to be excluded by the rule.

It is dangerous to stop the diarrhœa of advanced phthisis even by the indicated remedy.

*Kali carb.* is a very dangerous remedy in old gouty cases, but *Kali iod.* is often very beneficial.—[K.]

*Arsenic* is a very dangerous remedy in irritable heart, especially if organic, as it is apt to cause parenchymatous nephritis.—[K.]

*Arsenic* is a dangerous remedy in dysentery if not the exact *simillimum*, as it is very apt to spoil the case.—[K., *Med. Adv.*, Nov. 1899.]

#### IDIOSYNCRASY

Every one has some idiosyncrasy or peculiar susceptibility to certain influences. It is for this reason that only a few persons out of the many are affected when exposed to the infinitesimal noxia that cause disease. The sensitiveness of a sick man to the homœopathic *simillimum* is wonderful, while a remedy that is not homœopathic to this condition may be given in massive doses with little effect. No one can be made sick in a lasting way by a drug to which he is not susceptible. This fact may serve to explain how at times a high potency of the same drug with which a person is poisoned proves curative. In other words, in such a case the patient was poisoned because he was already sick or susceptible and needed that remedy, but the drug not being on the same plane as his susceptibility poisoned instead of curing him.

Kent also suggests that frequent repetitions of a crude drug may bring about susceptibility to it, and that after a time the merest inhalation of it may produce its effects.—[*Hom. Phys.*, Sept. 1889.]

#### PROVINGS

It is advisable when making provings to begin with a single dose, but in the great majority of cases this will cause no effect. If the single dose fails we may try to create a susceptibility by repeating the dose until some effect is produced, but the medicine must be stopped at once on the appearance of symptoms and not repeated until absolutely all symptoms have ceased.

Many provings, especially some of *Thuja*, are almost valueless owing to this repetition of the drug after symptoms appeared. The finest symptoms, as a rule, are those that develop late, months after the drug has been discontinued. No heed must be paid as to whether the symptoms in a proving are primary or secondary, for as long as the drug can produce them it can cure them. In certain provers what are commonly regarded as secondary symptoms appear as the primary action of the drug.

In a proving, if symptoms appear which have been experienced long before, this re-appearance only proves that in virtue of his own constitution this prover has a special tendency to admit their manifestation.—[*Organon*, par. 138]

#### PSORA

In the treatment of chronic non-venereal disease, Hahnemann found that the similar remedy was just as efficacious in removing the existing symptoms as it was in acute disease. But he also frequently found that while the patient might remain well for a considerable period, yet without adequate cause the same symptoms returned and were again removed by the remedy, though less perfectly than before. This happened several times, until finally the remedy ceased to benefit. Being convinced of the universality of the homœopathic law of cure, he concluded that the ostensible disease could not be the whole, but only the active part of some much more extensive disease, or otherwise it would have been permanently cured.

Accordingly he endeavored by careful examination of the history and progress of a large number of chronic diseases to discover all the ailments and symptoms belonging to this unknown primitive malady. He found that the majority of such patients had had the itch or some other cutaneous disease, such as eczema, herpes, tinea, etc., and that the symptoms of the chronic disease only began to manifest themselves after these had disappeared or had been removed by external treatment, and that the disease constantly tended to progress from without inwards—from the lesser to the more vitally important organs. Having now, as he believed, discovered the common origin of all the variously named chronic diseases, which he called psora, he chose from amongst the then proven remedies all such as were capable of producing symptoms similar to those of the miasm and advised that they should be employed in its cure.

Hahnemann believed that psora was always the result of direct infection, and probably this was the case originally; but now, according to Kent, all mankind is more or less psoric and the acute manifestation is only the taking on of a new load of the disease.

Many have rejected the psora theory, but practical experience teaches us to give by preference these very antipsoric remedies. This preference is not theoretical and is constantly subordinate to the general principles of homœopathy.

Dr. Rueter published what he believed to be the order in which the various organs were affected by psora, when not interfered with, but Kent is unable to confirm this sequence. Kent has observed that many diseases seem to be on the same plane, one member of a family having epilepsy, while others have insanity, cancer, tuberculosis, etc., the various organs being affected according to the circumstances of the patient.

#### SYPHILIS

The true course of this disease cannot be properly followed from old school writings, as their habitual use of massive doses prevents the disease following its natural course.

The primary manifestation is the chancre, which usually appears fifteen days after exposure. This chancre, under proper

homœopathic treatment, tends to enlarge, and the bubo frequently suppurates, whereas, under allœopathic treatment, the bubo remains as a hard lump and seldom suppurates. Under homœopathic treatment the bubo disappears if the chancre discharges profusely.

Hahnemann taught that it was possible to prevent the appearance of secondary symptoms, but this is a mistake, for they always sooner or later appear. In Hahnemann's day the distinction between the chancre and chancroid was not properly understood, and doubtless it was this that led him into error. The chancre is followed by the eruptions which likely call for a different remedy. The closer the remedy given for the chancre is to the *simillimum* the less copious will be the eruption.

The eruptions under homœopathic treatment are usually very profuse, but are never pustular. The eruption is followed by ulceration of the throat. The first ulcer to come will be the last to disappear under homœopathic treatment. The next manifestation is the falling out of the hair.—[κ.]

The tertiary stage under homœopathic treatment, if it appear at all, is a shadow.—[κ.]

The foregoing only holds true when the treatment has been purely homœopathic throughout, but when we are called on to treat a case that has passed down to the tertiary stage under allœopathic treatment the procedure is very different.

In such a case under appropriate treatment all the symptoms he has already experienced will return, but in the opposite order to which they originally appeared, viz., the falling out of the hair, then the sore throat eruptions and finally the chancre. Of course, these various stages will call for different remedies according to the symptoms. [Never leave *Merc.* so long as it benefits.—κ.]

Syphilis, like sycosis, is always taken at the stage it is in, in the person from whom it is caught, and consequently when under homœopathic treatment the symptoms begin to come back in the reverse order—they only go back to the stage at which the patient took the disease. In old broken down syphilitics without any very guiding symptoms it is advisable to give a few doses of *Syphilinum*, which usually serves to re-establish the vital reaction and bring out the symptoms. After *this comes anti-*

*psorics are called for because*, when syphilis has advanced so far, psora has usually got mixed with it.—[κ.] If either psora or sycosis is active when syphilis is taken the syphilis usually suppresses the other miasm, and when after a period of anti-syphilitic remedies the disease becomes latent the symptoms of the sycosis or psora begin to be active again and must be treated by their corresponding remedies until they in turn become latent. The syphilis may again become active, and this alternation of the different miasms may go on for a time before the patient is thoroughly cured.

This alternation of the miasms is very important, because antipsoric remedies, such as *Sulphur*, *Calc.* and *Graph.* are more likely to do harm than good if given while the syphilis is active.—[κ.]

When syphilis has progressed till gummatous formations have been produced round the anus, in periosteum and in the brain, *Sulphur*, if given, will suppurate these, and thus make the patient worse. I have seen it suppurate the soft palate away when I did not know he had syphilis. You may have to give at once *Merc.* or *Merc. cor.* to stop the action of the *Sulphur.*—[κ.]

#### SYCOSIS

There are two forms of gonorrhœa, the acute and the chronic. There is also a psoric catarrhal form or urethritis. The acute is much the most common form and its suppression does not lead to constitutional symptoms.—[Kent, *Journal of Homœopathics*, April 1899.]

The chronic form begins in exactly the same way as the acute, and to all outward appearance the discharge is the same.—[κ.] As long as this chronic form is permitted to discharge freely no constitutional symptoms appear, thus markedly differing from syphilis.—[Kent, *Med. Adv.*, Nov. 1888.]

The second manifestation of sycosis is the figwart, which is usually soft, sensitive, easily bleeding, red, with an offensive sweet smell. Sometimes the warts are smooth, red, shining. As long as these warts are allowed to remain undisturbed no constitutional symptoms appear. It is to be remembered that both

the discharge and warts may be suppressed by the continual use of inappropriate homœopathic remedies.

The first constitutional symptom of sycosis is the rheumatism, which may not appear for some months after the disappearance of the primary manifestation. This rheumatism is very similar to that caused by *Rhus*, but that remedy only palliates as it is not an anti-sycotic.

The order in which the other manifestations appear is not well known, but amongst the chief are orchitis, red phthisis and many affections of the female genitals. It also causes asthma, which is apt to be aggravated in warm moist weather or in the spring.

According to Kent spasmodic asthma is almost invariably sycotic, especially if hereditary, and remedies like *Spong.*, *Ipec.*, *Carbo veg.*, *Bry.* and *Ars.* only palliate. One of its latest and most marked manifestations is a peculiar anæmia characterized by a waxy, shining, greenish-grey appearance of the face, with hollow cheeks and voice.

Sycosis, like syphilis, can, as a rule, only be taken once, according to Kent, and in these cases of repeated gonorrhœa only one was real or sycotic. In exception to this, a man in the last stage of the constitutional state, can take gonorrhœa in the first stage and go through the whole course, and a woman who has the anæmic state would, if exposed, get the discharge.—[κ.]

Sycosis, like syphilis, is always taken at the stage it has arrived at in the person from whom it is taken, and consequently many women only have it at the anæmic stage.

When we have to treat a case of constitutional sycosis we must choose our remedy in accordance with the symptoms that are present, and, as a rule, this will be found to be one of the anti-sycotics. At times, however, we may have to go outside the list of known anti-sycotics, for at present it is far from complete. In these cases of constitutional sycosis, when the suitable remedy removes one group, the next will appear, probably calling for another remedy, and this process will have to be continued from stage to stage until we have taken the patient through all he has formerly experienced, but the stages will appear in the opposite order to that in which they first came. In advanced cases it may

take two or three years before we can bring back the primary manifestations whether that was a gonorrhœa, a rheumatism or a catarrh. If, when we restore the original gonorrhœa, it fails to remain for a length of time, it shows a want of reaction on the part of the patient and the cure will be doubtful.

*Mercury* and *Sulphur* seldom do anything but harm in advanced sycosis, though often indicated in the stage of discharge. It is rarely possible to cure old sycotic strictures by medicines, and it can only be done when the remedy sets up an acute urethritis with the return of the original gonorrhœa.

If the convalescence from acute disease is delayed we must not invariably regard the cause to be psora, but find out what miasm is present, and give the corresponding antipsoric, anti-syphilitic or anti-sycotic.—[κ.]

A marked similarity between the symptoms of sycosis and those produced by vaccination led Bœnninghausen and others to regard them as identical, but Kent does not believe this to be correct.

Ordinary *gleet* lingering for months is *not* always indicative of sycosis, but often of psora, and analogous to a catarrh from any other mucous membrane.—[κ.]

It is worthy of notice that many remedies have a decided curative action upon the gonorrhœal discharge, but are not known to have cured warty cases or to have developed a suppressed discharge. It may be they are only gonorrhœa remedies and may cure the discharge and not sycosis. Any condition driven from the urethra may produce inflammation of the testicle, not necessarily sycotic. Remedies for the suppression of the discharge are, therefore, not necessarily anti-sycotic.—[κ.]

Odd or peculiar symptoms occurring in the course of a disease, or in the pathogenesis of a drug, frequently serve as a guide to a suitable and successful prescription, pointing out a remedy having other symptoms exhibited by the patient which might have escaped the notice of the prescriber had his attention not been attracted by the occurrence of the phenomenal symptom.—  
BUSHROD JAMES, M. D., 1888.



## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

## IV

## KNOW THE REMEDIES

Theoretically any substance or force may become a homœopathic remedy. In a large number of instances of so-called physiologically inert substances in the crude state varying degrees of potentization are necessary to bring out the remedial powers. At present no complete list of all homœopathic remedies exists. At a rough guess some two to three thousand remedies are in use and new ones are continually being developed. Only a relatively small number of these are thoroughly proved according to the Hahnemannian standard, and but few according to a modern scientific homœopathic standard. The remedies in accepted use are divided for convenience into certain groups as follows: (1) Mineral remedies, including elements, metals, compounds, salts, etc. (2) Vegetable remedies. (3) Animal remedies. (4) The nosodes, which are remedies derived from morbid tissues and secretions. (5) Sarcodes, which are remedies prepared from healthy animal tissues or organs, and include remedies derived from altered tissues and secretions, such as *Uric acid* and *Thyro-iodine*. This also includes endocrine remedies. (6) Imponderabilia, which include positive and negative magnetic force, electricity, sun force, etc.

The information about these remedies is obtained from the following sources: From provings, which means experimentation on the relatively healthy; from toxicology, which contributes the extreme symptoms and in part the pathology; from experimentation on animals, organs and tissues in the laboratory; from clinical verification of symptoms by cure; from clinical appearance of remedy symptoms during medication; and from human pathology which has been cured. The main classical source of the knowledge of remedies is, of course, the proving. The subject of how to make correct provings and standardize them is an important one, but it does not come in under this elementary course.

Now we come to actual methods for acquiring and retaining the general picture and detailed knowledge of this bevy of

remedies. This is no simple task as anyone reading the proving of a polychrest, such as *Calcarea*, will realize. No mind can retain such a mass of symptoms which often seem unrelated and contradictory. *One must learn how to study a remedy.*

The most important thing to get in the study of a remedy is the feel of it. The essence of homœopathy being individualization, and each well proved drug having a definite personality, the student must get acquainted with the different remedies in the materia medica as if they were friends. He must be able to recognize them from partial expressions even when he cannot see the whole picture, as he would know a well known person in a group across the room. Experts in prescribing are so saturated with the remedies that they can often choose them intuitively and although this is dangerous to the beginner it should be the goal of all.

We suggest the following plan for systematic remedy study:

For those who do not contact humans in this way, and indeed for all at first, the study of a remedy must begin with a knowledge of its mentals. The innermost of man being the most important, the psychic characteristics and peculiarities of each remedy individual must be thoroughly mastered. You could not conceive of giving *Sulphur* as a chronic remedy to a woman in whose linen closet the towels and napery were tied neatly with rose-colored ribbon. You would not give *Phosphorus* to one who was abnormally modest, nor *Arsenicum* to a sloven. Unfortunately many of our remedies have not a fully-developed proving of mental symptoms, but where these exist they are of prime importance.

Many more drugs have clearly marked modalities, in other words aggravation from or amelioration by, meteorological conditions and such things as motion, heat, jar, touch, position, classes of foods or special substances, etc. The marked desires and aversions, aggravations and ameliorations should become etched on the mind of the student, both those which affect the personality as a whole, and those, often agreeing but sometimes contradictory, which modify the affected part.

Of particular importance, in the knowledge of materia medica, and often difficult to find in books, are the causations of disease typical of the different remedies. These may be mental or general. The student should pay particular attention to the symptoms of ailments from emotion (such as mortification in *Staphisa-*

*gria*; anger in *Chamomilla*, *Colocynth*, *Nux vomica*; grief in *Ignatia*; fright in *Aconite*, etc.) and also to ailments from injury (*Arnica*, *Natrum sulph.*). Ailments from suppressed discharges are of paramount importance, whether they be from mucous membranes, such as leucorrhœa, diarrhœa, etc., or from the skin as in the case of perspiration or eruptions, or from operations which close nature's vents, such as fistulæ or hæmorrhoids. The fourth important variety of causation is that due to chilling of various kinds, non-mechanical dietary indiscretions, etc., these being applicable more frequently in acute diseases.

When the student has mastered these various points about the remedy he should study the localities of the body to which the remedy especially applies, and make a chart of a figure with the vulnerable points of the remedy suitably drawn in. In this connection he would do well to make a diagram of the tongue, its condition often being characteristic and giving valuable hints for prescribing. He may also make drawings of different parts of the body such as the eyes, representing the various conditions in those organs cured by the remedy. These schemata aid memory by visualization. Not only the organ influenced by a remedy should be learned, but also the tissues, as for instance that *Bryonia* is suitable to inflammation of serous membranes, where *Belladonna* is rarely so.

The student should then pick out from among the welter of particular symptoms those which are "strange, rare, and peculiar", the so-called "keynotes" of the remedy, and have these at his fingers' ends as signposts to point the way to further study. In this connection he should pick out similes from literature (such as the analogy between the precocious *Lycopodium* child and Paul Dombey) and expressive epithets (such as "mince-pie fiend"—*Carbo veg.*, the "human barometer"—*Rhus tox.*, "gloomy Gus"—*Natrum carb.*, the "false, ragged philosopher"—*Sulphur*, etc.)

He should pay especial attention to the pictures of acute disease in chronic remedies and to the different types of chronic personality in each remedy.

He should get clearly in mind the important details relating to the bodily functions such as menstruation, pregnancy, digestion, sleep and excretion whether by skin, bowels or urinary tract.

He should make a remedy clock, a diagram showing the time of general aggravation and special aggravations of the remedy in question.

Picking out the alternating conditions and the concomitant conditions, and keeping them clearly in mind is of great help, although rarely done. (The second edition of Kent's *Repertory* has a separate heading for alternations, which, in the third edition, are sprinkled through the book). It will be very helpful to the beginner to make a note of the main contradictions in symptoms in each remedy and to think through why this should be so.

By this time the student is in a position to note, without danger of being unduly influenced by pathology, the different "diseases" in which the remedy under study is especially useful; and after thoroughly mastering the polychrests he should go back and compare their action in each of the diseases. Very little has been written anywhere about comparisons between the physiological action of drugs and their homœopathic action, but in the study of each remedy its pharmacology and uses in regular medicine should be looked up and compared. Useful hints and analogies are often forthcoming.

The student should correlate the homœopathic remedy picture with endocrinology, metabolic tests and morphology.

Study one polychrest each week, beginning with relatively easy ones such as *Aconite*, *Belladonna*, *Bryonia*, and then, when the habit of assimilating the remedy is acquired, tackle the essential drugs, such as *Sulphur*, *Calcarea*, *Silica*, *Phosphorus*, etc.

Each remedy should be studied in at least ten different books so as to allow for the refractions of the personalities of the different authors. No human being sees all aspects of another individual or of a drug. A composite picture is necessary to completeness. We would recommend the following books for study in the order mentioned:

Kent's *Materia Medica*, which, though informal in style, gives a compelling and permeating picture of the remedies.

Nash's *Leaders*, a dangerous book if used alone, but stimulating and comprehensive.

Allen's *Keynotes*, in a class with the above.

Clarke's *Dictionary of Materia Medica*, not the symptoms of

the provings themselves, but the "characteristics" which give interesting varied information and sparse salient features.

Hering's *Guiding Symptoms*, with especial attention to the symptoms with heavy and double heavy marks, this being the most solid and practicable of all our materia medicas, although it does not give the picturesque individuality of the drugs as Kent does.

Dunham's *Lectures on Materia Medica*, very lucid.

Hahnemann's *Materia Medica Pura*, the prime source of the subject, placed late on the list because of the mass of symptoms.

Teste's *Materia Medica*, giving suggestive groupings of the remedies, a unique book.

Allen's *Encyclopædia of the Materia Medica*, difficult reading because of the mass of material, but invaluable.

Jahr's *Manual*, which has many symptoms not to be found elsewhere.

When the nosodes are studied, H. C. Allen's *Materia Medica of the Nosodes* should be added, and for unusual remedies Kent's *Lesser Writings*, Hale's *New Remedies* and Anshutz's *New, Old and Forgotten Remedies*. For those who read German, Stauffer's *Homoopathische Arzneimittellehre*, as yet untranslated, is a classic.

The student should also read Farrington's *Clinical Materia Medica* although it is confusing, and Hughes' *Manual*, or better his *Cyclopædia of Drug Pathogenesy*, Cowperthwaite's *Materia Medica*, Pierce's *Plain Talks on Materia Medica with Comparisons*, Woodbury's little *Materia Medica for Nurses*, Rabe's *Therapeutics*, and Boger's *Synoptic Key*.

The student would do well before finishing his study to outline the emergency uses of each of the remedies and commit them to memory.

As a check to his study he can take the Kent *Repertory* and run through for the rubrics in which the remedy he is studying appears in the third (highest) degree.

If the student will follow this outline and get the habit of recognizing remedy types in street cars, at meetings, wherever he may be, his knowledge will be solid and broad, and his time saved.

## ZINCUM METALLICUM, A CLINICAL FRAGMENT\*

JULIA C. LOOS, M. D.

Here are collected symptoms sketching a fragment of the *Zincum* image, depicting conditions of *Zincum* manifestations as well as detailed symptoms. The clinical story precedes the schematic list of symptoms.

Mrs. M. M., born in December 1868, lived her early life in Michigan. At the age of eleven she began having "liver pain in the back".

When 21 years old, she had malaria. She was living near a marsh in Michigan. Marriage occurred during this year.

When 22 years old, nine months after her marriage, she had an abscess of the liver. During the next year jaundice began. This continued for two years. After the hepatic abscess she became pregnant. There was nausea which persisted the entire period. This was relieved at the delivery of the child.

At the age of 25 both ovaries were removed on account of suffering from an ovarian cyst. The left ovary was large.

About this time she was vaccinated and was sick from it all summer. The arm was sore and had an offensive odor.

About two years later she had "gall stones" and used olive oil. From this time she was under the care of a good homœopathic physician for thirty years.

At 34 she had whooping-cough.

At 38 she had a severe fall, striking the spine. She has had many falls, the last in 1925, when she fell down the cellar steps, striking her shoulders.

At 48 she had an acute sickness for which it was necessary to have an alloëopathic doctor, as her homœopathic physician was not attending patients outside the office. When the case was described to him, after she was able to see him again, he said she had been having infantile paralysis. Another of his patients had the same trouble at the same time.

The acute illness began two days after a cold wind blew on the back of her neck. Vertigo began and continued for several days. Chills began in the back of the neck and extended down

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

the back six days after the exposure to the cold wind. There was vomiting, continued retching, and nausea with chills. Numbness and pricking in the feet followed. Walking was weak and unsteady. She had to hold on to some object when walking to keep her equilibrium. The attending old school doctor treated her for "liver trouble", giving calomel repeatedly.

At 56 she had "rheumatic tendency" manifested in the knees. This was relieved after the removal of an abscessed tooth.

She had been poisoned by poison ivy and brake-fern, from carrying the roots in her hand. Raleigh ointment was used. Laryngitis and bronchitis were so frequent that she usually had on hand some laryngeal and bronchitis lozenges.

This patient was under observation and treatment for one and a half years before receiving *Zincum metallicum*. During that time she received a course of treatment from an osteopath who found "many subluxations from head to sacrum". This treatment helped to relax the hardened muscles, and warmth and strength in the back followed the treatment.

She was an active worker, inclined to acrobatics. When she sees so much to be done, she wants to do it. She was fond of doing heavy gardening work, as well as working indoors.

After trying for a year to reach the basis of the disorder in this patient, a morphological examination was made. These measurements revealed: Excess in the nervous system (neurotic development); exceptional thoracic development, which ordinarily indicates good circulation, but sluggish lymphatics and prominent veins on the abdomen indicated a venous and lymphatic plethora in this case. There was hepatic enlargement which might have been due purely to the venous engorgement. The short abdominal line, from umbilicus to pubis, suggested sluggish intestinal function, even though the bowels had some daily evacuation.

These features lead to the conclusion that the condition under observation was not entirely one to which the patient was predisposed by bodily morphology, but rather one developed through her life practices, suppressions and medical interferences.

The first day after she received *Zincum* she felt comfortably warm. Ten days later nausea such as she had with infantile

paralysis, appeared. She said she had "been having almost all the symptoms she ever had", and she kept a record for several weeks of these symptoms as they appeared in sequence.

The following list includes symptoms more or less present before she received the remedy, and those brought out (from relieved suppression) after *Zincum* was administered.

Symptoms marked (X) are synonyms of the symptoms in the text of the provings. Those not marked are submitted as clinical symptoms to be reviewed by other prescribers in comparing their *Zincum* patients. Can we confirm some of these from other clinical experience?

#### GENERALS

Complaints and aggravations from becoming chilled, especially when overheated. Nervous, tired, irritable, when chilled.

(x) Sensitive to drafts; back; coryza.

(x) Weakness, lacks endurance, cannot walk far. Every piece of work requires a conscious effort. Cried because of inability to work in the garden.

(x) Weariness after breakfast.

Sensation of weakness but disposed to work.

Sensation of weakness worse in lower spine after heat in spine and all through body.

Weakness after stool.

Pulsation with weakness.

(x) Weakness with sensation of heaviness; worse in morning when waking; worse when on feet; better when lying.

(x) Symptoms aroused and increased after worry.

(x) Aggravation from wine, sours in stomach.

Sensation of looseness internally, as though room to spare; no distention, no constriction. (Probably due to disappearance of venous stasis).

Emaciation, clothes loose. (Probably for same reason).

Feels better in morning, thinking less difficult.

#### MIND

(x) Confusion; forgets that she has done things.

Forgets to do things that she intended to do.

- (x) Concentration difficult.
- (x) Disposition to scream.
- (x) Thinking difficult, even of commonplace things.
- (x) Thoughts wandering; concentration difficult.
- (x) Sadness when feeling not well.  
Nervous, excitable, disturbed by domestic worries.
- (x) Sensitive to people's talking.

## VERTIGO

- Slight vertigo, turning in bed.
- (x) Vertigo occasional, worse from bending.

## HEAD

- Numbness through head; behind ears and in occiput.
- (x) Pain, frontal, especially above root of nose.
- (x) Constriction, frontal.
- (x) Pain aching, frontal, and forward part of vertex.  
Sensitive to tight hat.  
Dullness, forehead warm to touch; above eyes.
- (x) Pains above eyes.  
Pains from temple to temple.
- (x) Sensation of weakness; in occiput, bending back.  
Covers head in bed, after perspiration, especially of vertex.  
Sensation of opening and shutting when people talk. (*Cann. ind., Cann. sat., Cimic., Cocc.*)
- (x) Pulsation left side when lying on left side.

## EYES

- Vision blurred, cleared suddenly.
- (x) Vision dim with headache.
- (x) Lids sensation heaviness.
- (x) Lachrymation.

## EARS

- Paleness.
- Wax secretion ceased. "Skin came out when ears were washed".

## NOSE

- Coryza after becoming chilled when warm. *Sulph.* relieved.
- Coryza first only night and morning.
- Coryza after mental disturbance (interference with digestion).
- Clear watery discharge dropping from tip of nose (*Sepia*).
- Discharge yellow, thick, copious in morning.
- (x) Obstruction; with watery discharge, side lain on.  
Rose-cold followed whooping-cough.  
Post-nasal sensation of rawness and obstruction. (*Sulph.* relieved).
- Post-nasal burning.
- Post-nasal discharge, copious, yellow, in morning; thick, milky discharge; thick, yellow lump.

## FACE

- (x) Pale when feels weak with headache.  
Yellowish after hepatic abscess and jaundice, long continued.
- (x) Quivering.  
Red splotches around the mouth.  
Brown bronze color around mouth.

## STOMACH

- Appetite increased in night, on waking, relieved by drink of water or crackers.
- Hunger with weakness relieved by eating.
- (x) Nausea late afternoon and night; nearly constant.  
Gagging from mucus in post-nares.
- Eructions sour after eating grapes; after wine.
- Eructions with pain radiating from epigastrium to sides and back.
- Eructions difficult.
- Pain after sour fruit. Burning after eating oranges freely.
- Pain with indigestion as though food lodged in epigastrium.
- Trembling, after shopping.
- Sensation weakness.
- Thirst seldom.

## ABDOMEN

Hypochondria sharp pains worse in right side; right to left side.

Gall-bladder region pains worse lying on left side, better lying on right side.

- (x) Sharp cutting pain before evacuation of gray stool.
  - (x) Flatulence during and after stool.
- Weakness after breakfast.

## RECTUM

Evacuation three times in an hour; four or five times a day beginning after eating; 4-5 a. m., several mornings. Evacuation preceded by sudden sharp pains in lower abdomen.

Flatus during and after stool.

- (x) Burning pain in rectum after evacuation.
- Stools yellow, watery; gray, clay-colored, mushy, offensive odor; yellow, frothy mucus; yellow, watery, spongy.
- (x) Stools first part hard, followed by soft yellow.

## LARYNX

- (x) Voice, hoarseness, painless, improved with talking. (*Rhus tox.*)
- Hoarse evening, worse from talking.  
Laryngitis and bronchitis frequent. Kept lozenges at hand.  
Irritation to cough slight during day.

## COUGH

Whooping cough. Cough at other times with whooping sound.  
Cough from stomach disturbance.  
Cough relieved by *Sulph.*

## CHEST

- Palpitation on awakening.
- (x) Respiration difficult, with sensation weak faintness, causing her to lie down frequently.

## BACK

- (x) Symptoms followed chilling; after perspiring following bath and lying down, in afternoon. (*Chel.* relieved).
- (x) Had frequent spells of torticollis.  
Chilly back frequently. Chills down spine after being chilled by cold air on neck.
- (x) Cervical drawing, drawing head back; extended to eyes.
- (x) Dorsal drawing pain; between scapulæ; extends to shoulder.  
Progressed down back.  
Dorsal drawing, right side, later in lumbar region.
- (x) Sore pain across dorsal region, on waking in morning.
- (x) Aching under right scapula (*Sulph.*).  
Drawing inward in back, tendency to bend backward.
- (x) Lumbar pain.
- (x) Lumbar ache after heavy physical work; worse rising from bending.  
Lumbo-sacral and sacral pain, sudden, bending, (apparently a twisted back). After a day or two extends down leg; relieved sitting.  
Pulsating in lumbo-sacral region when first lying, better after lying.  
Coccyx, sore ache, on waking in morning (lying on left side), crackling sensation.
- (x) Sensation of weakness in back as though a vertebra shifted; with incoordination of legs.  
Heat and cold alternately down back, night and day, worse in lower part, relieved by applying heat.
- (x) Heat in spine and all through body, followed by weakness, worse in lower spine.  
Sensation resembling the sequellæ of her "infantile paralysis".

## ARMS, ETC.

- Numbness of arm not lain on, in bed.
- (x) Right arm dull ache when writing, some days when not writing.  
Arms weak, holding them raised.  
Hands cold after rising in morning.

- (x) Hands blue when cold.  
Bend of elbows itchy red pimples; itching relieved by scratching.  
Axilla few red pimples not itching.

## LOWER LIMBS

- (x) Sensation lameness across nates.  
Aching across nates and down thighs.
- (x) Left hip tension; interferes with laying left leg over right when lying on right side.
- (x) Hips, sensation of obstruction as though pinned together; sometimes better after walking awhile.
- (x) Left hip, sticking sensation, legs and ankles.  
Stinging pains right ankle.  
Limbs heavy when walking on street, awkward.  
Weakness of legs when standing; *must* sit.  
Incoordination with pain in spine.
- (x) Left leg drawing, extending from spine. Not as strong as right leg.
- (x) Knees stiff.  
Left leg sharp pains down shin and in dorsum of foot.
- (x) Joints stiff.
- (x) Crackling of knees, descending; in other joints.  
Sensation as of sand in soles of feet.
- (x) Feet numb, prickling, extends above ankles to knees; day and night.  
Weak ankle joints; turn easily when standing or walking; sometimes has fallen.  
Feet, prickling sensation when sitting.
- (x) Restless, fidgety feet, sitting, lying, better walking.
- (x) Coldness at night, sometimes in day.  
Shins cold.  
Cold internally when not so externally.  
Chills through hips and legs in warm room.
- (x) Feet cold in bed (from indigestion?)  
Feet cold internally, pale, late afternoon, lying; not easily warmed.

- Limbs, cold when thinks much, in bed.  
Transient pains in legs when they are cold.  
Chills upward in shin, sometimes in calf, when sitting; become warm moving about.  
Feet dorsum cold, extending to ankles.
- (x) Feet cold, perspiring, sometimes with numbness.  
Soles burning, one morning.  
Usually cold, feet sometimes too warm, uncovers them.
- (x) Heat of feet and ankles, sometimes with perspiration, sometimes between the toes, of sour odor.
- (x) Skin pale when cold.  
Skin of legs mottled.
- First reaction, after *Zincum* was prescribed, was improvement in circulation in lower limbs; old discoloration from bruise cleared; shocks felt in legs, when walking, at night.

## HEAT, CHILL AND PERSPIRATION

- Heat, especially left arm (laid on), waking at 6 a. m.  
Heat and cold alternating, night and day; begins in back, extending downward; relieved by heat externally.  
Heat spells upper part of body.  
Cold in bed, better after exercise; followed by eructations.  
Cold crawling over entire body, cold to touch.  
Chills with nausea, vomiting, retching.  
Cold, on motion, when awakened, perspiring.
- (x) Cold, lying on back.
- (x) Perspiration during sleep, after numbness of legs.  
Perspiration during sleep, ceased on waking.  
Perspiration with alternating cold and warmth.  
Perspiration copious after bath, especially head. From exertion.  
Perspiration below mammæ, acrid.

## SKIN

- Itching "from strawberries"?  
Herpes, middle of upper lip.  
Red blotches around the mouth.  
Itching red pimples, bends of elbows, relieved by scratching.

## SPHERE OF ACTION

- (x) Nerve poisoning.
- (x) Fag, nerve fag, muscle fag.
- (x) Poison from suppressed eruptions, discharges; vaccination, ivy poisoning.
- (x) Suppressed sexual functions; ovariectomy.  
Emotional disturbances.

In this case *Sepia* followed after *Zincum* brought to light the details of the manifestations in the nervous system; it led to the malarial suppression and pointed out *Sepia* to uncover what was hidden in that disorder. The patient gained in strength, weight and composure, and has worked in her garden more than during the whole preceding two years.

BALTIMORE, MD.

Aggravation of existing symptoms may come on with general improvement of the patient, which means well; but if aggravation of the symptoms is attended with decline of the patient, the cure is doubtful and the case must be handled with extreme care as it is seldom that such patients recover perfectly.

If amelioration follow the prescription, to what does amelioration apply? It may apply to the general state or but to the few symptoms. If the patient does not feel the elasticity of life returning, the improved symptoms are the facts upon which to doubt recovery. The knowledge that the disease is incurable is often obtained only in this way. In such cases, every remedy may palliate his sufferings, but cure does not come. The symptoms that are the expressions of the debility are there, and hence the totality of the symptoms is not removed.—KENT.

Many physicians fail because of not waiting, and yet the waiting must be governed by knowledge. Knowledge must be had, but where can it be obtained? To know that this waiting is right, is quite different from waiting without fixed purpose. This knowledge cannot be found where its existence is denied; it is not found with unbelievers and agnostics.—KENT.

## A CASE OF ECZEMA CURED BY ITS OWN NOSODE\*

JULIA M. GREEN, M. D.

This young man of 22, over six feet tall, broad shouldered, athletic, as healthy looking as one ever sees, giving a history of practically perfect health all of his life except for a tendency to crusted eyelids and a rare stye, has had increasingly severe attacks of eczema of the face and scalp for the past three years. Several kinds of treatment were tried by an old school physician, local applications, X-ray and other light rays, which had taken off nearly all his hair. The scalp and face were covered with crusts that piled up high and oozed from underneath. They cracked easily, and on cracking would bleed. This was rather mild when he came to see me some time last fall but he said it was always worse in January and February.

I gave him *Graphites* first, and it seemed to help him a great deal; his hair grew so fast and so luxuriantly that the scabs on his scalp were entirely covered up and he looked fairly well to go about the street. By Christmas time he took a temporary position on a delivery truck for the Post Office Department, and while thus employed, had a fall and cut his knee. The Post Office Department sent him to their own surgeons and had it dressed. Then he went back to the college where he was studying and was put into the dispensary. He had an attack of influenza, and they dosed him some more.

The eczema cropped out in all its glory in January. The young man was housed completely for three months, because he refused to be seen because of his appearance. I would like to picture it for you as it really looked at its worst. His whole face was crusted in layers, overlapping each other and piling up to three-quarters of an inch high in the middle, oozing a sticky, gluey fluid. It attacked his forehead, his whole scalp, the back of his ears; the insides of his ears and his nostrils were entirely closed, so that he had to breathe through his mouth. He had crusts in the corners of his mouth which cracked and bled whenever he tried to eat anything. They were piled up so high around the back of the neck that it was difficult for him to lie

\*From the discussion of Wright's two papers on *Suppression*, read at the I. H. A., Bureau of Clinical Medicine, June 1929.



even on his back, and he couldn't lie on either side on account of the condition of his ears. It was almost impossible for him to sleep, and naturally he grew very nervous. When he tried to draw or eat, the serum would drop into his book or plate.

The body was covered with a different sort of eruption that looked more herpetic, all over the body, on the arms, and somewhat on the thighs and legs. The fingers and knuckles cracked and bled a little. Otherwise, he seemed to be a perfectly healthy man.

Sometimes he would have a very slight rise in temperature followed by a chill and faintness.

After the *Graphites*, I tried several things. I gave him *Mezereum* and it helped for a while, and then *Petroleum* which helped for a little while. I gave him *Sulphur*, and that also seemed to help a little. Then I took some of this discharge and ran it up to the 30th potency by hand and gave him that. This helped quite a little, but the results were not permanent.

Finally, I wrote to Dr. Boger and sent him some of the discharge. He ran it up to the 12th potency by hand, and then put it through his electric apparatus. He sent me a vial of it. I gave this young man one dose on the sixth of March. Three days later improvement was noticeable. By the thirty-first of March he was just about ready to go out on the street. By the end of the first week in April, he took a position. The scalp was entirely clear, the face was rid of scabs, and all the bleeding and oozing were gone, but the skin looked very red and was very tender. The eruption on the body and limbs was somewhat better, but not gone by any means. He felt fine. He has been out working ever since, and was married by the end of April.

He went on improving beautifully until about the middle of May when there was some return of these scabs at the edges of the hair and base of the neck. I gave him another dose on May 25, but I was not satisfied with its action, and when I came up here to Montreal, he was clamoring for help because he was afraid that it would come back again.

Dr. Boger tells me to take the potency he made for me, run it up 10 points more, and give it to him. He assures me it will help him.

WASHINGTON, D. C.

## SOCIO-HOMŒOPATHIC PROBLEMS: *BACILLINUM*\*

J. W. WAFFENSMITH, M. D., H. M.

*Bacillinum* is the maceration of a portion of the lung of an individual who died of pulmonary tuberculosis, containing the bacilli, ptomaines and tubercles in all stages. See Dr. J. Compton Burnett's *New Cure for Consumption*.

Changeable mood.

Indolence, aggravated in the morning.

Lassitude.

Sadness; forsaken feeling (*Kali phos.*).

Fear, unexplainable; of solitude; aggravated after sleep, in morning and during day.

Begins a task and before it is finished takes up another (*Kali carb.*, *Kali phos.*, *Medorrhinum*; under *Kali iod.* he does not want to begin).

Sentimental mood; melancholic interpretations of passed events and scenes.

Lascivious fancies; dwells upon them after awakening in a. m.

General prostration.

Vertigo, aggravated in the a. m. and on walking, with dimness of vision.

Heaviness in occiput, aggravated in the a. m. and after sleep.

Occipito-cervical pain, aggravated in the morning on awakening, (*Kali phos.*, *Medorrhinum*).

Twitching of eyelids; intense photophobia.

Green discharges from nose; crusts; aggravated in the morning.

Hissing noise in left ear, with feeling of obstruction, and reduction of hearing.

Flushing of face and ears; face and ears burn.

Taste of blood (ancestral symptom, parent having had pulmonary tuberculosis, with this as a prominent and distressing symptom); bitter, slimy taste, aggravated in the a. m. (*Natrum sulph.*)

Green discoloration of tongue.

Aversion to water (*Medorrhinum*); to foods; to fats.

Appetite excessive.

\*Read at the Second Annual Physicians' Conference of the A. F. H., Washington, D. C., 1929.

Emptiness in stomach; sour eructations.  
 Desire for eggs.  
 Stools forcible; brown in color.  
 AWAKENS 3 TO 5 a. m. WITH URGING TO STOOL.  
 Constriction and lump sensation in œsophagus, with difficulty in swallowing.  
 Awakens at night with a severe attack of constriction in larynx and gasping for breath.  
 Dryness of throat.  
 Sensitiveness to touch of lower third of sternum.  
 Soreness in trachea and larger bronchi.  
 Expectoration streaked with blood.  
 Huskiness of voice; tendency to laryngeal tuberculosis.  
 Anguish in chest, driving to distraction, ameliorated walking in open air (*Kali phos.*, *Medorrhinum*, *Silicia*), aggravated in the morning and in closed room.  
 Asthma, aggravated on exertion and ascending; wheezing.  
 Desire to breathe deeply; oppression and heaviness on chest (*Sulphur*); pulse slow and weak; aggravated in the morning, from anxiety and fear, and ameliorated from exercise and walking in the open air.  
 Palpitation, aggravated by ascending.  
 Cough dry, hacking, rattling, hard, aggravated after midnight and talking, with scanty expectoration, followed by sleepiness.  
 Expectoration white.  
 Chilliness of upper part of back and shoulders, aggravated in the afternoon.  
 Awkwardness; stumbling when walking.  
 Tendency to incoordination of lower limbs.  
 Restlessness of lower limbs.  
 Perspiration of forehead, axilla, and palms, aggravated by anxiety and slight exertion.  
 Pain in upper part of right foot, aggravated on walking, improved after being aggravated first few months under remedy; fallen arches improved.  
 Unrefreshing sleep; frightful dreams, which awaken about 4 a. m., followed by wakefulness; sleeplessness.

Dreams of death, with desire to escape; dreams of intent to violence. There is a vicious miasmatic state the remedy brings into sub-conscious expression.  
 Sensation of heat, general, aggravated in the morning.  
 Internal and external trembling.  
 Intense, burning sensation, rawness in posterior urethra; frequent desire to urinate which increased with passing of a few drops, and felt like acid. This symptom group followed one dose of the 1M. B & T preparation, given at 9 p. m., and which appeared in a gradual degree of intensity from 12 to 1 a. m., then subsiding rapidly.  
 Finger warts in both axilla, aggravated on left side.  
 Eruption of red moles on face and back of neck (many) under 1M. B & T.  
 Sensation of being disjointed; joints seem weak (this is a sycotic symptom also, under *Medorrhinum* and *Thuja*, Boger's *Repertory*).  
 Inflammation of veru montanum suppressed by local applications of nitrate of silver.  
 Empyema covered two-thirds of right lung, which disappeared after *Lycopodium* was apparently indicated and failed.  
 In general this remedy is aggravated in a closed room, in cold, wet weather, after sleep and from anxiety.  
 The amelioration occurs from motion, open air, and after eating.  
 The usefulness in the tubercular diathesis has been established. It is my purpose to extend the field by directing the attention to larger possibilities in the remedy.  
 The virulence of the tubercular activity and the prostration of cellular function have hidden the other miasmatic factors involved. The study and use of *Bacillinum* presents a picture of tuberculo-sycosis. It accounts for appearance of red moles and finger warts; the sensation of disjointure, which is found under such outstanding sycotic remedies as *Medorrhinum* and *Thuja*; the urinary symptoms following the single dose of the 1M.; the reproduction of the suppression of the veru montanum inflammation produced by the local application of nitrate of silver years before.  
 No doubt the substance has gone through some change with

the process of potentization, but we can conclude that the products of human disease cannot be circumscribed within the narrow circle of the particular active miasm at the time in the person from whom taken. The range of *Tuberculinum* is not limited to tubercular activity or *Medorrhinum* to sycotic, etc. Each nosode, as its proving or clinical experience is enlarged, demonstrates that the individual from whom it was taken had impressed the substance not only with the disease development of which he was a part, latent or active, but also included the shock complications from suppressions.

The value of the nosodes of human disease products lies in the fact that each one in a different relationship possesses the sum total background of racial miasmatic development. In this connection I offer a suggestion in the social study of the much discussed psychology of "mob action", often syphilitic in its brutality and unreasonableness, sycotic in action and persistency, and psoric in the welding of many persons from various social strata toward a unified purpose. The explosive element represents the release of the suppressed miasmatic accumulation, producing an effect entirely against the routine of long established custom.

Our modern studies in the analysis of human relationship is the back door to a recognition in the influence of fundamental constitutional disease states in the action and reaction of a social unity to environmental influences.

Multitudinous forms of suppression shock occur in the daily experience of life: The public demand for quick relief from pain, the economic urge for high pressure production and general social activity, has brought about a relentless effort to refine and increase the efficacy of these measures. Nevertheless, Nature is continually endeavoring to maintain a balance by adjustment.

Disease suppression shock is potentized passing from one generation to another and thereby becomes more complex in structure. This leads us to the "twilight zone" between curability and palliation, the period in which the apparently indicated remedy fails to hold the case, when repeated suppressions have covered single or group symptoms of importance, when we cannot place our finger definitely upon malignant pathology in the mak-

ing but experience the pre-sense of it being in waiting for an opportune time to manifest in cell degeneration.

In this rapidly expanding field we find the need for the nosodes. They occupy a peculiar position, possessing great possibilities to meet definite disease problems which the older men did not need or failed to meet.

Under these conditions we are consulted by the chronic patient, psychically disorganized, the day of chaotic treatment is past, the makeshift of suppression is superseded by the traveling back over the symptom road of disease and wrong treatment, and the reproduction, if possible, of the earlier disease picture.

The potential scope of these remedies corresponds to the need. They may be short-acting and open the way for another curative remedy. On the other hand if permitted to work unmolested, after proper selection, they are long and deep-acting: in a remarkable degree bringing order to the economy and establishing a process of revitalization which ushers in an enlarging period of usefulness to the patient. When carefully selected according to our proven method pleasant surprises come to physician and beneficiary.

NEW HAVEN, CONN.

The first prescription is made with the entire image of the sickness formed. People usually send for the doctor after there can be no doubt of the sickness to be treated; the doctor watches the improvement of the patient and the corresponding disappearance of the symptoms under the first prescription and when the case comes to a standstill, he is uneasy, and with increasing fidgetyness he awaits the coming indications for the next dose of medicine. Often he does not wait, and hence the reports of lingering sicknesses in our medical journals. This fidgetyness which comes from lack of knowledge unfits the physician as an observer and judge of symptoms; hence we see the doctor usually failing to cure his own children. He cannot wait and reason clearly over the returning symptoms. The first prescription may have been correct, but the second prescription is dangerous to make in a hurry.—KENT.

## THE HOMŒOPATHIC CLINIC PROCESS\*

H. G. PEREZ, M. D.

The ideal, like unto a reviviscence of former existences and a hope for a future one, is a reflection of intellectual light and an harmonious vibration of noble and generous sentiments. Imbued with high ideals men have been able to realize monumental works and consummate acts of the most sublime nature.

Brought hither by the same ideal, I come before you oblivious of all ethnical and lexical differences such as exist between us, impelled by the force of the emotion that I experience in being among you and by the ideas of truth which attract like magnets and subjugate with sweetest tyranny. With this idea in mind, I have not hesitated to appear before such an assemblage of illustrious colleagues clothed with the modest vestments of my knowledge, bringing within the folds of the same a few *maravedis* with which to contribute towards the realization of the conquest of humanity by homœopathy.

The religion of health which must needs transfigure the decadent man of the present epoch into the perfect being of creation, presents to us the stupendous miracle of overcoming Nature itself, so indomitable and hirsute, with the lever of the *Similia* as moved by the gentle hand of kindness. "*Natura non nisi parendo vincitur*", says Bacon: Nature is overcome by obeying it.

The physician, the true physician, the apostle of health owing to his love for his fellow creatures, in order to comply with his mission, besides science will employ the full sincerity of his convictions, faith in the successful outcome and sympathetic suggestion, whose beneficent currents coursing through the heart and soul of the one famishing for consolation will constitute the sacred balsam that will take him back to the lost paradise of health. In the exercise of this ministry it is necessary to officiate with the tenderness of a mother and with the prudence of wisdom.

This religion of health can only be homœopathy, and the minister none but the orthodox homœopathic physician. I call the physician orthodox who adjusts his methods in accordance

\*Read before the I. H. A., Bureau of Philosophy, June 1929. Translation by Roger G. Hershberger.

with the unvarying principles of truth; for just as the faithless one can never infuse faith in others, likewise he who is without convictions can never inspire an iota of confidence in the soul of the patient.

It is my intention in the present paper to take up a point that is seemingly a very ordinary one in view of its commonness, but, notwithstanding, one of the most difficult to observe in practice, and it is the key to success.

The method followed by the homœopathic physician in the clinic is more extensive, more laborious and more complicated than that of the physician of the traditional school. This last mentioned one only goes half the distance over the road, because he adjusts one sole measure to a whole morbid species. I ask your indulgence and at the same time your attention, as I may be able to interest you and realize a communion of ideas and a concurrence of convictions.

THE HOMŒOPATHIC CLINIC PROCESS, as I have before stated, is more extensive, more laborious and more complicated than that of the old school, and this is my theme. In a masterly manner Hahnemann outlines in the Number 83 of his *Organon* what should be done in each clinic case. He says: "Individualization in the investigation of a case of disease, demands, on the part of the physician, principally unbiased judgment and sound senses, attentive observation, and fidelity in noting down the image of the disease".

From these resplendent phrases as contained in his medical bible, it is to be understood that the physician should be a scholar, a philosopher and an artist. He should be thoroughly familiar with the healthy man from every scientific viewpoint in order to note the variations of his morbid state; he should be an attentive and profound observer in order to establish analogies and foresee consequences; and he should be an artist, so to speak, in order to apply with precision the rules which emanate from the principles of truth. He should be a scholar in order to crystallize in one phrase the concept of his opinion, and an artist in order to suspect in the convergent or divergent facial lines of the patient, the state of his physiognomy and the fluctuations of his spirit.

In the time of Hahnemann no knowledge was had of clinical propædeutics such as today serve for the education of the physician and for directing the means of exploration. Hahnemann, over a century ago, foresaw this necessity and therefore mentions it in the second division of his paragraph: perfect senses. These means of communication from the outside world to the interior one (the organs of sense), not only should be perfect owing to their integrity, but also in their functions as directed by education and perfected by exercise.

Clinical propædeutics is the preeducation of the physician for the scientific utilization of his senses devoted to observation and perfected by the instruments which science and industry have been able to carry to a culmination. The vision scans the celestial realms just as it penetrates into the primordial elements of the organization, now outlining the cell as well as suspecting the archeogonial Monera. With his natural instruments by means of which he consummates the work of his instincts and with the artificial ones that characterize intelligence, the physician presents himself wherever pain with its tragic mask conceals the reality of an organism that is struggling with manifestations of apparent morbidity, and which, nevertheless, constitute its weapons and its defense.

The principal object of these investigations is to become familiar with the ailment of the patient: this is the pathologic diagnosis. This does not consist in merely giving a name to the disease, or say to the collection of symptoms and lesions, but in establishing the precise relations existing between the symptoms and the organic modifications which provoke them. Up to this point the old school and ours journey along together, but the old school with these data institutes indications of all kinds. We also do this when the indication is surgical or hygienic; but if it is of a medical order we only go half the distance with it in view of the fact that our investigations require a greater comprehension and a minimum extension, that is, we have to reach the point of morbid and medicamentous individualization. We heal sick persons and not diseases, concrete beings and not abstract ones, real entities and not metaphysical ones.

The selfsame patient of ours is our book which furnishes

us with data record in his affective and psychical sensations as resulting from that which has perturbed his very conscience. And from that group such as constitutes the physiognomy of the patient we draw his real image for the purpose of finding in the medicament its virtual image which conjugated, will be like unto the lady in front of her mirror.

In order to be able to portray the real image of the patient it is necessary for us to be familiar with all the corresponding organic and hygienic data, as well as with the habits that constitute his idiosyncrasies. In order to secure the virtual image of the medicament it is necessary for us to be familiar with its action by means of pure experiments. And it is necessary for us to be familiar with the general effects of each medicament and its analogies to others, to observe the relation of its symptoms to the organ it affects, and consider the relation as a determinism existing between the function and the organ or tissue.

We must find in the medicament the image of the sick person. This is a work of analysis that is truly a great labor wherein must intervene the memory, in order to have in mind the most analogous medicament; the understanding, in order to be able to choose among so many medicaments and discern the most appropriate one according to its physiognomy; and lastly, the good will or disposition to be manifested in patient perseverance until the *SIMILLIMUM* is found. Only in this manner will we be practising true homœopathy.

In order to facilitate the labor of memory, reference is had to the repertorization of the medicaments. This laudable method and index of our debility is the staff of the weary and serves to give some stability to our indication. I prefer the intellectual act which perceives in the manifestations—even though faintly—two similar physiognomies: that of the patient and that of the medicament. The physiognomy is that indefinite, organic and psychic unity such as constitutes an individuality or personality not to be mistaken for another. When a person is perfectly well known, it suffices for us to hear his voice, observe the mobility of his features or see him walk without looking at his face, in order to know who he is. In persons having entirely different characteristics it is easy to perceive this differentiation; but in those who

are very much alike it becomes necessary to note all the minutest details as in the case of twins who are apparently identical and only differ in one or another characteristic that escapes the notice of the none too close observer. The clinic always has an open book in every patient.

The physician does not have to search in books for that which is alone to be found in the vital dynamic whose extreme mutability conveys to us the idea of a living kaleidoscope, which at every moment and in every individual exhibits to us different images such as never again are repeated in identical form.

The aggregate of human life is a triangle whose vertex is the spirit and which is composed of adapted matter, of an immanent dynamic principle and of a form that radiates in intelligence and in conscious activity, constituting the individuality.

Homœopathy not only takes matter and the dynamism into consideration, but also the spirit which conforms and deforms matter. But how is the spirit to be acted upon? We can exercise action upon the spirit in many ways. The *similia* solves the problem. The mutual influence existing between the organization and the spirit gives us the key.

It behooves us to penetrate into the sanctuary of thought and externalize in beneficent reactions its potency and mobility. If the very same medicaments are capable of modifying the spiritual manifestations, they are likewise capable of curing them. Who can deny the action of *Stramonium*, of *Ignatia* and *Platinum* upon mental and moral states?

Homœopathy, with the immense resources it has at its command, is in a position to solve whatever physiological and psychopathological problems may be presented. The *mens sana in corpore sano* can be transmuted into *animam noxia corpora tardant* as freely translated by me: equanimity is a transmutation of health; disease is a debility of the spirit.

There is nothing more scientific nor more human than the act of the physician who with the clairvoyant vision of genius, the perspicacity of the savant, and the suggestion of the thaumaturgus, officiates in the arcanum of Nature until he finds the golden fleece of health.

It is said that homœopaths are strictly symptomatic prac-

tioners in their indications. This asservation is true and at the same time erroneous, because all of us utilize the symptoms for the purpose of giving a name to diseases or for that of discovering the *similia*. We do not utilize the symptoms for the purpose of suppressing them but in order to be able to work in the same direction as their efforts. The old school is indeed a strictly symptomatic one because it attacks symptoms by means of its antipyretic, antiphlogistic and analgesic substances, etc.

No clinic is more complete than the homœopathic clinic because it is initiated from the moment of the education of the senses of the physician up to the time of the selection of the means or individual remedy in each case. And the most remarkable part of it all is that we are positively in a position to utilize the excellency of the morbid individuality and take into consideration the spiritual modifications which are never absent in the morbid states and over which the medicament has action when it is analogously applied.

The medical therapeutics, the most important of all owing to the majority of cases it covers as well as in view of the results obtained even in cases where surgery unduly substitutes it, constitutes the most ample and complete one existing, for it contains several thousand medicaments among which can be found the analogous one in every singular case. Its pathogeny and pathogeny clasp hands.

All the so-called diseases consist of symptoms of the vital process and in the perturbations of the organ or tissue where the lesion or organic modification exists. Thus, for example, in pneumonia we have symptoms of the process erroneously called *inflammation*, which we should really call the process of *renovation*; and symptoms of the pulmonary function. The first ones mentioned are constituted by pain, fever or the thermic process, the supposed histologic alteration and the tumefaction; and the second ones, by dyspnoea, cough, muco-fibrinous hypersecretions, etc. Besides these symptoms we have the concomitants, that is, those which result from the contiguity, continuity or relation of functions between the organs. Moreover, there are taken into account the idiosyncrasic symptoms and mental symptoms that not unfrequently predominate in the pathologic scene. With this

equipment of data and of suspected lesions, we search among our medicaments for the one that on account of its electivity will affect this organ and develop symptoms analogous to those manifested by the patient.

Every medicament awakens in the memory the idea of an organ or tissue, as, for example, *Bryonia* reminds us of the serous tissues, *Pulsatilla* of the mucous tissues, *Phosphorus* of the bones, *Sabal serr.* of the prostate, etc., etc. Once the similitude is found in the organ, it becomes necessary to look for it in the process or way it affects the organ or tissue. The process of reaction is very different from the process of regression as that of gangrene, tuberculosis, etc. There can be a predominance of the concomitant symptoms such as may indicate to us a derivation or deviation of the process and then it is necessary to attend to the predominant symptoms in order to find their analogy. The instinctive strategy of the organism that defends itself is more subtle and perspicacious than that of any military genius, for neither that of Napoleon nor that of Nelson can equal the strategy of the deranged organism in its defensive measures taken to combat the cause of same and its labor to realize the organic restoration.

Here, the memory, the investigations, comparisons and deductions lead us to the end of our objective; but there yet remains to be determined the most interesting point: the physiognomy of the patient and the physiognomy of the medicament, which should be as much alike as a person and his image reflected in a mirror.

The physiognomy of the medicament should be like the physiognomy of the person. It is constituted by that summary of data which characterizes a being or person in such a manner that makes it impossible for him to be taken for another. The experienced physician from the moment he views the sick person conceives the thought of some analogous medicament which is confirmed according as information continues to be gathered and an examination made of the patient. The clinical eye must needs be like that of the knowing physiognomist who after seeing a person only once retains his complete image engraved on the sensorium, and is capable of recognizing him again anywhere even

after a long period of time. Many times a medicament has been forgotten such as the selfsame patient naturally suggests to the physician owing to the fact that his very physiognomy and all the symptoms are the portrait of the said medicament.

Instead of studying the pathology we should give the preference to the pathogenesis, for just as the symptoms transformed into signs indicate to us where the lesion is, likewise the symptoms of the pathogenesis show us the organic lesions or modifications. Moreover, the pathology arrived at on a treatment basis does not constitute the faithful portrait of the real malady: they are manifestations of the ailment and of the action of the drugs administered in massive doses. When the pathology is studied on an expectation basis during the treatment of the sick, only then will we have natural sketches of what the disease is. The experiments that have been made on healthy organisms have enabled us to become positively familiar with the action of the medicaments; and the study and observation of the sick on simply an expectation basis, that is, on the basis of simple hygiene and special dietetics, will provide us with the true image of what the disease is. After the administering of purgatives and injections, of tonics and the like, the symptoms of the patient are ataxic states which instead of guiding, confuse us and make it more difficult for us to arrive at a better indication. But going back to what has been previously treated of herein, we repeat that the perfect knowledge of the action of the medicaments in general and of their analogies, of their syndromes, and of their character and physiognomy, will provide us with the elements necessary for achieving the object pursued by us, which consists in restoring health to the sick in a rapid, mild and permanent manner, just as we have been instructed to do by the master of masters in medicine.

The true homœopath, the orthodox one, he who does not waver in his convictions because science and experience have given him the proper tact with which to successfully treat his patients, is he who adjusts his indications in conformity with the principles of truth. This firmness of convictions is not dogmatism, but science; it is not faith, but conviction.

The scholars and philosophers who have gone deep into the

doctrine of Hahnemann, as copious in knowledge as it is profound in conceptions of high principles, have not wearied in admiring more and more the marvelous creative genius of the great Teuton who established the most complete system of medicine ever known on the imperishable foundation of the *similia: Adhuc immota haec Lex in aeternum perstabit.*

COLLEAGUES: The triumph of our doctrine depends upon the application of those high principles which exclude all empiricism and eclecticism, and convert our profession into a veritable apostleship.

The ethics of our method are based on that principle of universal law such as the Roman law inscribed on the frontispiece of its code: *Primum non nocere*; the first thing to do is not to injure.

In conclusion—ladies and gentlemen—permit me to blend my voice with the chorus of the illustrious colleagues who have assembled here for the purpose of rendering homage to the great Hahnemann, in whose honor the lamps of our enthusiasm are burning and the hearts of a whole apostolate are beating. It is an act of mercy to carry the eucharistic bread of homœopathy to the sick; it is their only salvation.

If no religion with its dogmas has yet been able to unify humanity, the religion of health born of the instinct of self-preservation and of noble sentiments will surely perform the miracle of abolishing frontiers, uniting races, and founding the universal language of piety.

I return to my native land with my heart overflowing with satisfaction and gratitude, because it has been my good fortune to admire once more this great nation whose inhabitants carry within their souls, the candor of the child, the equanimity of the savant, and the kindness of the ascetic.

MEXICO CITY, MEXICO.

The Bureau of Clinical Medicine for 1930 should be very successful, as it composes a list of representative members of the I. H. A. The papers should receive free discussion, which is of very vital importance.—T. G. SLOAN, M. D., *Chairman.*

## SEPARATING THE MIASMS\*

WILLIAM H. SCHWARTZ, M. D.

A confused image of two or more miasms, brought about by a wrong prescription after order had been established by a first prescription, *can* again be brought to order. It may be done by the homœopath even after repeated order and disorder. This also applies to cases spoiled by the more recent drugs, alkaloids, coal tar derivatives, and nosodes of serum therapy. As the same law and rule govern all spoiled, masked or centripetalized cases, we shall attempt to answer the question in a general way but with frequent references to particular miasms, and personal experiences.

The reestablishment of order in spoiled or masked cases depends on three main factors—time, vital force or reactive power of the patient, and the homœopathic remedy. (Taking for granted that the patient has received a potency of the remedy sufficiently attenuated to reach the plane of his disturbed vital force. Today we cure cases that Hahnemann could not cure for he lacked the essential higher and higher potencies necessary to permeate the higher and higher planes of vital disturbance).

As to the first element, *time*: Nature herself, unaided by medicine, often establishes order by centrifugalizing the disease, thus clarifying the internal and vital organs, throwing to their corresponding externals as ultimates, the disturbing humor. If this were not so few children would develop past infancy. In fact, all disease, both acute and chronic, is simply a *manifestation* of nature in her effort to purge herself. Sometimes when she cannot purge herself of the miasm she adapts her house to the new tenant and fashions new structure, however prone it is to break down. Nevertheless it is *an effort of nature to save her life*. Given time nature would fashion tumors and devils and monsters when she cannot purge herself of the humor or miasm. Theoretically Nature would always restore order if given time enough and not checkmated. Just how many generations it would take Nature alone, unaided, to purge the race of disease would depend on environment, food, climate and social factors.

\*An answer to Carwichtet 12, April Recorder.



But just as that hygienic Utopia is as impossible as universal brotherhood without the advent of a Christ, so the physical sanctification of humanity can be made possible only through its saviour, homœopathy. And it is quite possible that spiritual regeneration of the race will, in fact, ultimately depend on the moral results of the homœopathic remedy *on the mind* by the universal use of homœopathic medicines. As proof I ask you to witness the cure of the kill desire of the tubercular child by *Silica*; the liver ultimates of hate cured in childhood by such remedies as *Chamomilla*; the cardiac ultimates of selfishness cured by a host of remedies such as *Calcarea carbonica*, *Natrum muriaticum*, *Pulsatilla*, etc. You ask for proof. Why every good homœopath has hundreds of children that he has purged of their inherited miasms so that they will never die from cancer, tuberculosis, diabetes, Bright's disease or any other chronic miasm. And such children have proven to be prettier than other children for health develops beauty. They excel in school for a healthy brain can function and they have been made healthy.

As to the second element, *vital force or reactive power of the patient*: Reestablishment of order in a spoiled case, and in all cases, depends on the vital reactive powers of the patient, as well as time, and the homœopathic remedy. A devitalized seed may fail to germinate and grow, or sometimes it takes months and months to manifest itself. One must always wait and wait. Give Nature a chance to react. It requires much experience to know when to interfere. Even after the symptoms develop one must wait to see if they persist. (See *The Second Prescription* in Kent's *Lectures on Homœopathic Philosophy*).

The reaction is sometimes a confusion of miasms. If the symptoms persist the prescription sometimes must include the totality of symptoms to find the remedy that will create order. Sometimes the last group of symptoms, if they persist, will guide one to the remedy. Then again a sort of sixth sense of accumulated but unorganized subconscious knowledge or experience will guide one to the remedy. An experienced physician sees people as pictures of remedies. Such remedies will arouse reaction if there is sufficient vital force remaining in patient. This can hardly be advised as scientific homœopathy, but perhaps it is a high

form of knowledge or what might be called spiritual perception. At any rate there are cases of apparent inertia without apparent symptoms that need a remedy. It seems as though the vital force was entirely lacking or had ceased to circulate. Perhaps an internal struggle is going on between the centripetal suppressive and centrifugal purgative forces, neither one of which has yet overwhelmed the other. There are no symptoms that the novice can see at all. It is then that a dose of the master's prescription, for it requires a master, will come to the aid of the centrifugal force and throw out the symptoms in an orderly fashion with relief to patient.

This is what probably occurs when *Opium* arouses reaction in inertia due to shell-shock, and fright. And again in syphilitics, when inertia follows the curative use of repeated doses of *Mercury*, a dose of *Opium* will arouse the reaction as Hahnemann advised. Sometimes the action of *Kalmia* in spoiled cases of syphilis will bring on an *Arsenical* group of symptoms, perhaps appearing as a severe coryza, or even as a bronchitis. *Kalmia* has a tubercular picture in syphilitic cardiac cases with expectoration of bloody purulent matter due to passive congestion of lungs. *Calcarea carbonica* has the same picture in suppressed psoric cardiac cases.

The inertia produced by the shock of typhoid inoculation, and even its centripetal activity, is met with *Tuberculinum*, showing the relation of typhoid as an acute manifestation of a tubercular diathesis, i. e. I have frequently seen spoiled typhoids go into a tubercular state. It is true that tubercular families have much typhoid and members of such families, when properly treated by homœopathy, become well and never get tuberculosis. In other words there is a relation between acute and chronic disease. The acute manifestations are simply Nature's effort to clarify itself of the chronic miasm. But sow the seed of acute disease by serum and vaccine therapy in fallow ground and you will reap a harvest of chronic ultimates.

I have saved a number of Gorgas' victims of typhoid inoculation with *Tuberculinum* 10m. (Kent). I was living here at the time the sales campaign was manufactured at a Texas city when they put over the campaign. Just as they duplicated the same

stunt when they put over toxin-anti-toxin for diphtheria at Dallas with such disaster—thirteen killed and scored injured for life. It was a great success—financially. So in dealing with the vital force homœopaths must consider the miasmatic diseases of serum therapy.

Inherited sycotic cases of good vitality, confused by error of the physicians, will, if given time, (three to five months) develop an acute or sub-acute miasm calling for *Arsenicum*. Then in from four months to a year they may run into a state calling for *Thuja* or *Natrum sulph.*, etc. When *Thuja* is needed warts will become extremely sore. When *Nat. sulph.* is needed the patient will develop liver or bronchial affections.

Acute gonorrhœa is seldom cured with one medicine. I cured one case which finally came to me after a month of fright, (too scared to see a doctor), having had no treatment but cleanliness. It was cured in less than a week with one dose of *Puls.* 10m. We frequently meet spoiled cases. But from the lack of clinical reports in our societies and medical journals I judge that the homœopathic treatment of gonorrhœa has become a lost art.

Masked cases respond to the indicated remedy. Masked is a relative term when thus used. What may appear masked to one is an open countenance to another. Does a master ever have a masked case, or a case so spoiled that he cannot see the remedy? Yes, for man is fallible. In the case of suppressed gonorrhœa, patients do not always react alike. When rheumatism arises from its suppression it is generally cured with either *Medorrhinum* or *Thuja*. The *Medorrhinum* case will have inflammatory rheumatism, better from hot applications, with such swelling and inflammation of joints which cannot be touched, (*Lach.* and *Arnica*) and the skin sometimes becomes discolored with dappled brown spots. *Medorrhinum* will establish order in such a patient no matter how many previous mistakes were made. Old, apparently masked cases, if unmasked, will show a fat, old, robust sinner of years of debauching. I have seen several of them mystified by a dose of *Capsicum* that brought back a suppressed discharge which was then properly cured with *Clematis*. In acute gonorrhœa *Cann. sat.* cases often run into *Canth.*; *Thuja* into *Nit. ac.*; *Ars.* into *Thuja*; *Gels.* into *Pulsatilla*. A symposium of homœopathic

experience in gonorrhœa would, I believe, be much appreciated by readers of *Recorder*.

We have much to learn but, thanks to Hahnemann, we have not much to forget or unlearn. Homœopathy grows by accretions but not by change of fashion. In homœopathy humanity has a refuge. The law is inviolate but subject to fallible doctor's abuse. Nature is merciful and patient. She will react to much abuse, even wrong prescriptions, coming back, as it were, for more punishment at the hands of man. She is as merciful as Divinity. To say that a confusing, second prescription would make a case incurable would be like saying the Master is unforgiving. It would suggest that homœopathy is self-limited, which I am unwilling to admit. The patient may be found wanting in vital force sufficient to react, but that is no fault of *similia similibus curantur*. Then again, if I fail to find the remedy that will arouse reaction, I am not willing to admit the *self-limitation* to a weak point of our law especially when the blindness is due to ostrichlike behaviour.

Our law is infallible. One exception would disprove the law. No one yet has found an exception. The trouble, to me, seems to lie in finding the master locksmith who is able to fashion a homœopathic key for this intricate lock, and it is no school boy's job.

HOUSTON, TEXAS.

When the symptoms come back after prudent waiting, unchanged, the selection was correct, and if the same potency fail to act, a higher one will generally do so quite promptly, as did the lower one at first. When the picture comes back changed only by the absence of some one or more symptoms, and no new symptoms, the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to a case from giving a single dose of medicine that has exhausted its curative powers; it is even negligence not to do just this thing.—

KENT.

## SURGERY OF INFECTIONS\*

IRVING L. FARR, M. D.

As the subject for a paper, this topic sounds large, for the majority of surgical procedures is based upon previous infection. For example: An infected appendix is followed by an appendectomy; an infected gall bladder, by a cholecystectomy; pus tubes, by a general sub-total hysterectomy. That this general removal of internal parts could be avoided many times, goes without saying, if the patient had heeded the first warnings which Nature gave, but humans are slow to place themselves under observation and treatment, until an operation is deemed imperative. Thus the internist has little chance to be of aid.

In addition to this inevitable major surgery, there is also that branch of surgery, dealing with infections of external parts, due to injuries which break the continuity of skin and allow infecting organisms to enter the tissues. These injuries may be as simple as the pulling out of a hair, the scratch from a pin, a hang nail or a sliver in the finger, a bruise, a bleb or a blister, the pricking of a pimple. All of these are harmless and heal perfectly, if no infection occurs, or if the patient is in his usual perfect health, so that one pays little or no attention to them. But if the injured person is exhausted by long hours, is depleted through worry, or ill from any cause, the simple injury suddenly develops a virulent infection; there is redness and heat with red streaks going from the point of injury toward the heart.

These red lines show the channels of the lymphatic circulation which is seeking to localize the infection, by carrying the products of infection to the nearest lymph node, before it becomes systemic, or develops into general septicæmia, a condition dreaded by both the laity and physician, because of its destructive action on life and limb. When these signs of sepsis manifest themselves there is no further delay and the doctor is asked for quick assistance.

Around the seat of the injury is swelling and heat, and throbbing pain is complained of by the patient. Upon examination some fluctuation may be felt, so under asepsis, a liberal incision

is made. If pus has already formed, it will come to the surface of the incision and the relief afforded, can be seen in the patient's face.

If time will permit, (and it should be taken), the part of the body having the infection, is submerged in hot water, just as hot as the patient will stand. The part is kept submerged from one-half to one hour, constantly adding hot water to keep the temperature high. If no pus was found upon opening, some will appear by the end of the period of submersion, and the patient's sense of relief well repays the time spent. Upon the removal from the water, a wick of gauze is pushed well down into the wound to prevent closure, the part is dressed in sterile gauze saturated with glycerine and creolin, 16 to 1, and the whole covered by a sterile bandage. If there was no fluctuation or severe pain no incision is made, but the patient is given the same treatment because it may be possible to abort the formation of pus, or if not, the treatment will show it up at the next visit.

As the patient leaves the office, he is given *Hepar sulph.* 6th if pus was found; if no pus, *Hepar sulph.* 30th or 200th to be taken every 2 to 4 hours. When first seen, if the condition shows symptoms of septicæmia, *Silica*, *Hecla lava*, or tincture of *Echinacea* is prescribed, or whatever remedy may be indicated. Also the patient is given some tablets of Chlorazene, made by the Abbott Laboratories, of Chicago. These are the Dakin solution used so much during the war, and as they release chlorine when put in the hot water, the patient gets (or is sure he gets) an antiseptic solution to bathe the part in, all of which has a useful mental effect. He is instructed that two to four hours after the submersion in the office, he is to carefully remove the dressings, prepare his hot water as was done in the office, put in two Chlorazene tablets, and submerge the part for one-half to one hour; then to re-dress in the same dressings in the same way as was done at the office. This procedure is repeated every two to four hours until his return to the office 24 hours later. It is very interesting to see how much more the patient is enthused about recovery by this work he does at home, than when the doctor does it all. The enthusiasm helps to build his morale, for a patient headed toward general septicæmia is a scared patient.

\*Read before the I. H. A., Bureau of Surgery, June 1929.

This line of therapy is followed, enlarging the incision if necessary, increasing or decreasing the frequency of the submersions, until at least 48 hours have elapsed with no pus found at a regular dressing. The wound is then dressed under sterile vasolene saturated gauze, until healing has occurred.

When the injury occurs upon the body, a submersion of the whole body in a bath tub may be ordered, or the placing of hot Turkish towels over the injury will do the work.

The success of this medical-surgical-hydro-thermic method depends upon the use of all the elements mentioned, but the heat of the water is especially important. A warm bath will accomplish nothing, and the application of dry heat is not beneficial. The water must be hot, the hottest the patient will stand. The doctor must test the water himself. Not until the patient gets the real relief from the very hot water of his first application can he be trusted to regulate the temperature for himself, therefore, the benefit of the first treatment in the doctor's office. In this connection, the story of little Joe will illustrate: Joe is a little five-year-old, who last winter, fell on the frozen ground in a vacant lot and cut his leg on a broken milk bottle. He was brought to the hospital with a bruised, ragged wound, cut to the periosteum, dirty and not bleeding too well. Under gas anæsthesia the wound was cleaned as well as possible and sutured, with a faint hope that his youth might allow healing by first intention. At the end of two days, this hope faded and pus appeared, necessitating the removal of the sutures on the third day. There was nothing to do but treat the septic condition and prevent a general septicæmia.

Joe had been taken home on the same day that the accident had occurred, so it meant going to his home to do the work. The hot water was prepared, with Joe crying with pain. He was invited to put his foot in the water. He did, but removed it so quickly, accompanied with a howl, that we saw something was wrong. By dint of much cooling and persuasion, the leg slowly went back. Cautiously the temperature was raised, the pain began to subside and Joe's tears changed to smiles, as he said, "More hot water, more". Joe was all ready for each application and he insisted that the water be hot. He even used to get his

parents up in the middle of the night to give him a hot bath, if his leg pained. It required some weeks to clear the pus, and some time longer to granulate the wound. Whenever the healing slowed, Joe called for his hot leg bath.

Water, being a solvent, softens the tense, infiltrated tissues; the heat is homœopathic to the inflammation or heat in the part, the action of the hot water causes relaxation, pinched nerves are released, the increased blood supply in the part is allowed to flow out, which lessens the congestion, and a fresh blood supply can come in, bringing phagocytes and needed repair material. Between the periods of submersion, the excess water in the tissues is removed by the dehydrating action of the glycerine in the dressing. The creolin prevents further infection, while the artificially speeded up circulation slows down to normal. Then, as the hot water is again applied, the increased circulatory action, removes products of waste and a new blood supply comes in. In the meantime the internal remedy is aiding in raising the resisting powers of the patient and thus the union of forces is at work all the time, striving to restore the patient to normal, removing the general septicæmia.

The writer's attention was first called to the action of creolin and glycerine during his college days in the dispensary. The value of the hot water treatment was seen a year or two later in the case of a physician, whose left index finger showed infection two days after he had lanced a jaw abscess on a child. A brother physician was consulted, the finger was dressed and *Hepar sulph.* given internally. At the next dressing a free incision was made, followed by a good show of pus. At the fourth dressing a cross incision was made and *Pyrogen* prescribed. However, the infection went merrily on with lots of pain. At the fifth dressing another confrere suggested the application of hot water. The patient went home, rigged up a small gas flat and with flame turned low furnishing a constant supply of hot water, in which he placed the whole hand and practically cooked the infection out. After the first application the pain ceased, but for ten days the treatment was continued with the result that the finger was restored to normal and the loss of a life, or at least

an arm, was prevented. Up to the beginning of the heat treatment there had not been the least response to treatment and the patient was growing steadily worse.

This, then, is the quartette form of treatment which has been used in a long series of infected cases through the years with no failures to date. The more submerged, the quicker the action, i. e., if an infection on the finger, submerge the whole hand; if an infected hand submerge the arm. Use as great heat as possible continuing till healing occurs. Reduce the protein, and increase the fruit and water in the diet, to increase resistance in the patient.

MONTCLAIR, N. J.

#### DISCUSSION.

DR. WRIGHT: I would like to ask Dr. Farr about the creolin that he uses in local applications, whether it is really homœopathic?

DR. SKILES: Acute infection, like the dirty nail in the dirty alley, is something to combat, and how are we going to get a remedy that will meet this poison? Here is my treatment of such a case: A boy, eight years old, was playing in a dirty alley. He stepped on a dirty nail which ran up through his shoe into his foot. In a few hours the foot was swollen, and the swelling was running above his ankle. The pain was very intense. How to meet and control this poison is, to my mind, quite a knack, unless we have some philosophy by which we can do it. In this case I took a piece of cotton cloth, two inches wide and a foot long, rolled it up and put it in the boy's mouth, leaving it there until it was saturated. Then I hastened to my office and prepared a potency from it by the electric machine, running it up from the 12th to the 30th. I gave him first the 12th potency, and then in six or eight hours the 30th. The swelling commenced to go down and the pain ceased. He was given one potency every day and every other day until he was well. That is the best homœopathy that I know.

DR. ESMOND: I would substitute *Calendula* for the creolin in every case.

DR. FARR: The only query which has been raised is regarding the creolin. As far as I know, creolin is not homœopathic; it is antiseptic. I have used glycerin alone; I have used *Calendula* alone; I have used what we used to call in the dispensary C. G. & H., which is *Calendula*, *Hamamelis*, and glycerin. I now turn to creolin and glycerin. My only reason is that I want the action of the glycerin. I haven't quite as much faith in the *Calendula* and *Hamamelis* as I have in creolin. Consequently, if I have an ordinary wound, I use either plain *Calendula*, or with a combination, but where I have more, I don't want any cross infection.

Regarding the hot water, I only add the tablets to the hot water for psychological reasons. I have no faith in putting the tablets in the water; it is the heat and the water which do the work, but so many people feel that they must have something, otherwise the water, to them, is not sterile, although it has been boiled.

DR. BOGER: Why don't you use *Pyrogen*?

DR. FARR: Because I have found so little result therefrom. I have rather

lost my faith in *Pyrogen*. I am willing to try *Pyrogen* in connection with the other homœopathic remedies which I have suggested.

DR. GRIMMER: How high have you used *Pyrogen*?

DR. FARR: A 30th.

DR. GRIMMER: Try it higher and you will get better results.

DR. KRICHBAUM: How early is *Pyrogen* useful in aseptic cases?

DR. BOGER: Just as soon as rose colored streaks run up the arm.

DR. KRICHBAUM: I haven't found *Pyrogen* of much use except where there is a true pus condition after a few hours.

DR. BOGER: We all see surgical cases, such as crushed fingers, and a thousand other things. Not long ago a young man came to my office and said, "Doctor, relieve me of this terrible pain. I don't want to have my finger cut off". There were streaks running up his arm. I gave him some powders of *Pyrogen*, and said, "Let me see your finger tomorrow". He came back the next day and the pain was almost all gone. I gave him some more *Pyrogen*, and that was the end of it.

I have been in practice since 1888, and since *Pyrogen* was brought to my attention I have only lost one case of general sepsis. That case was not given *Pyrogen*.

When the demonstration is clear that the present remedy has done all it is capable of doing, and this demonstration can not be made until much higher potencies than usually made have been tried, then the time is present for the next prescription. To change to the next remedy becomes a ponderous problem, and what shall it be? The last appearing symptom shall be the guide to the next remedy. This is so whenever the image has been permitted to settle by watching and waiting for the shaping of the returning symptom-picture.

The fact cannot be too often called to mind, nor too strongly insisted upon, that our most characteristic indication for the use of a drug which presents well defined general symptoms, as *Arsenic* does, and indeed as every well proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good?—DUNHAM.

## POINTERS

## ULCERS

These symptomatic specifications of various ulcers are a mixture of proven symptoms and clinical observation. Their clear cut descriptions are arresting and therefore quite expedient.

*Arsenicum*: Active ulcers of impoverished, exhausted persons or those tending to abdominal plethora. Serrated edges high, severe burning, tearing pains, worse at night, felt even while asleep; greenish, thin acrid, bloody discharge; yellowish or white film over base; areola bluish, inflamed œdematous.

Indolent ulcers of exhausted people with chronic eruptions; alcoholic history. Long standing ulcers with burning, lancinating pain, or the sore is covered with a gray scurf and surrounded by an inflamed margin, or with shining hot swelling of the feet. The surface of the ulcer burns and there is tearing pain in the margins, especially when becoming cold; when the edges are raised high above the surrounding skin or the areola is red and shiny, the base bluish, having a scurf resembling lard. There may be discharges of thin bloody pus with unhealthy granulations, foetid odor, or slight discharge.

*Asafœtida*: Nervous or phlegmatic individuals with venous sluggishness. The sore is extremely sensitive; margins deeply serrated, bluish, elevated. The discharge is ichorous, and may be foetid.

Irritable ulcers with pressure and tense sensation around them; bleeding at slightest touch; base bluish; areola the same, and wide; watery, corrosive discharge, or discharge of degenerated pus. The patient is often peevish or irritable; there is a bluish tinge of the body or where inflammation is pending, or around inflamed surfaces.

Indolent ulcers after severe loss of vital fluids; or in cachectic people; or in those weakened by gastric affections caused by various excesses. The margins are elevated, deep blue, and the surrounding skin is also blue, hard and painful. There is heaviness in the extremity and the pus has a cadaverous odor.

*Hepar*: Corrosive or ulcerative pain, burning and throbbing, aggravated at night. Stitching in ulcer especially when laughing.

The surface is excessively sensitive, bleeding profusely when lightly touched. The surrounding tissues are affected and the condition tends to become chronic. The patient is usually irritable and worse at night.

*Graphites*: Patient corpulent, blonde, unhealthy appearing skin, often chronic eruptions. The ulcer covered with a scurf, often light yellow and powdery, like crumbling honeycomb, the surrounding skin likewise. Pain is worse at night, the entire extremity affected, when touched or moved, feels as if the bone would be dashed to pieces, even parts distant to the ulcer feel the same way. Itching and pressing in the sore, or there may be tearing or stitching pains. The scurf, if present, smells like herring pickle, or simply foetid.

*Lycopodium*: The mild or melancholy disposition, the pains worse at night, stitching, tearing, itching; burning and stitching in the sore. Pains are worse in warm room, and much ameliorated in the cool air. Old ulcers with fistulæ and hard, red shining edges and swelling.

*Mercurius Sol.*: Pains of the ulcer intolerable at night in bed; extremely painful to touch; instead of granulations there is a spongy, bluish mass which is sensitive and bleeds easily. The discharge is acrid and corrosive. The elevations are very irregular at the base; there is a sensation as if corroded by insects, with unequal quick pulse, sleeplessness, dripping night sweats, intense nervousness and irritability.

*Nitric Acid*: Patient sad or desponding, impatient, irritable and vehement; general coldness at night with profuse sweat. Thin, ichorous discharge mixed with blood, corroding the surrounding skin; shooting, pricking pains in and around the ulcer, with burning as from nettles; or itching and pricking in the surrounding parts, violent intolerable pains.

*Phosphoric Acid*: Indolent ulcers with much itching or burning pain; inveterate or flat ulcers with dirty appearing pus and indented base.

*Phytolacca*: After crude anti-syphilitic treatment; special locations, the throat, nose, rectum, legs, genitals, breasts. Shooting, lancinating, worse after sleeping, worse toward morning. Pus,

water, sanious foetid, ichorous. Tendency to stiffness of the denser fibrous tissues.

*Sanguinaria*: Old, indolent ulcers, ill conditioned sores with callous borders and ichorous discharge.

*Silicea*: To complete the cicatrization or to prevent chronicity. Irritable ulcers with stinging, burning pains round about, with aching and smarting in the sore. Also when there is thick, discolored pus or thin acrid sanies or large flabby vegetations. Indolent ulcers that are putrid, especially if in old psoric persons living in poverty and filth; when there is inflammatory redness quite a distance about the sore; fistulous ulcers with dingy appearance; with shaggy, callous edges extending through to the bone; or when the surrounding parts are hard, swollen and bluish red.—W. T. HELMUTH, SR.

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; dental apical abscesses. *Kali li.* ulcers near tibia with punched out look.

*Lyc.* for ulcer of knee below left patella. *Sil.* in ulcers after vaccination.

*Merc.* flat ulcers on the shin. *Asafœtida*, syphilitic ulcers with atrocious pain.

*Opium*, old, painless, insensitive ulcers, blue base, no attempt at healing.—G. B. STEARNS.

Whenever the symptoms return in the same image, calling for the same remedy, then it is that we have demonstrated, that for a time, if the disease be chronic, we have but to commend the range of dynamics to cure this case. This rule is almost free from exceptions if the remedy is an antipsoric. What must the physician do who has not the knowledge of dynamic medicines? He must sometimes see sick images come back without change of symptoms, though I believe it is seldom.—KENT.

## COMMUNICATIONS\*

April 30, 1930.

To the Editor of *The Homœopathic Recorder*:

On Wednesday, April 23, 1930, at Orlando, Florida, the Homœopathic Medical Society of Florida was organized with thirteen charter members. A brief constitution was adopted, and the following officers elected:

President, Dr. A. H. Stafford, Orlando, Florida.

First Vice President: Dr. Thomas R. Gammage, Miami, Florida.

Second Vice President: Dr. S. Miles Robinson, Orlando, Florida.

Treasurer, Dr. M. Josie Rogers, Daytona Beach, Florida.

Secretary, Dr. W. A. Guild, St. Petersburg, Florida.

Cooperation and support of the Florida Society was unanimously voted to the Southern Homœopathic Medical Association and the American Institute of Homœopathy. The hearty cooperation of every active homœopath in Florida has been pledged to support the meeting of the Southern Association to be held in St. Petersburg, Florida, November 19, 20, 21, 1930. Committees were appointed and are actively at work for the Southern meeting. A committee of fifty ladies is preparing to welcome the visiting ladies and doctors.

Delegates were elected to represent Florida at the Congress of States of the American Institute of Homœopathy at Atlantic City in June.

Representatives from the American Institute, the Southern Homœopathic Medical Association, the Mid-West Homœopathic Institute and the Hahnemann Institutions of Chicago, spoke of the activities of these organizations.

It was voted to acquaint northern homœopaths with the names and addresses of Florida homœopaths, in order that winter visitors may know that they can secure competent homœopathic medical attention when here.

The work of securing further members and organizing the activities of the Society is going on. The members and officers are enthusiastic and the homœopaths of the country may be justly proud of this infant organization.

The next meeting will be held in conjunction with that of the Southern Homœopathic Medical Association at St. Petersburg in November.

Fraternally yours,

W. A. GUILD, M. D., Sec.

April 3, 1930.

To the Editor of *The Homœopathic Recorder*:

The meeting of the International Homœopathic League will be held in Rome, September 1, 2, 3, 4, 1930. The scientific program is most interesting for homœopathic physicians, and the social one for all the strangers who will come to Rome on this occasion. For the success of the meeting we have interested in our cause several authorities of our government and of our best aristocracy. For any inquiry write to: Contessa Gabriella Spalletti Rasponi, Via Piacenza 4, Rome, President of Societa Italiana degli Amici dell'Om̄iopat̄ia. Every visitor is heartily welcome!

CAV. DANDOLO MATTOLI, M. D., Pres.

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

## BOOK REVIEWS.

A HAND-BOOK OF REFERENCE FOR STUDENTS AND GENERAL PRACTITIONERS OF HOMŒOPATHY, by George Royal, M. D., published by Boericke and Tafel; price, \$3.00.

This book is very largely a report of the Round Table discussions conducted by Dr. Royal while on the European cruise. The book is divided into two parts. In Part I the author describes how to secure and assemble symptoms for the purpose of grouping and ranking them, and methods of supervising drug proving and the comparative importance of humans, animals and plants. Chapter 2, How to Study a Symptom; Chapter 3, How to Study a Drug; Chapter 4, The Use of the Repertory and a Study of the Materia Medica; Chapter 5, How to Select and Administer the Remedy. All these subjects are covered in a conversational way, and bear out the basic principles pertaining to the drug, the symptoms and the application of the drug to the symptoms.

Part II takes up the individual disease conditions, like heart trouble, emaciation, the digestive organs, dividing the subject matter according to the different organs affected and giving considerable dissertation to the diet. One chapter is devoted to the respiratory organs, stressing auxiliary and prophylactic treatment. There is another chapter on "I Can't Sleep". The last chapter deals with the conditions of the female organs of generation, with indication from many of the conditions met in these complaints. In the back of the book there is an index of conditions and diseases; and another index lists the remedies mentioned in the book.

While this is a book setting forth many of the principles of homœopathy, and many of the experiences of a practitioner of ripe years and large practice, it will be of much more interest as a round table discussion and to the beginner in homœopathy than to those who have a deep understanding of homœopathic principles and philosophy.

### ATTENTION I. H. A. MEMBERS

In order that the Committee on Proving may make a comprehensive report on the proving of *Cad. met.*, which is now being undertaken, at the coming meeting of the I. H. A. in June, it is urgently requested that all provers send the results of their provings to the undersigned not later than May 15th.

It is also requested that all members who may have any clinical data or other valuable material relating to the above-mentioned remedy, likewise send them to the same address.—  
C. L. OLDS, M. D., 1703 Chestnut St., Philadelphia, Pa.

### WANTED

Two copies of Kent's *Repertory*, 3rd edition; Dunham's *Homœopathy, the Science of Therapeutics*. Please state condition of book and lowest price.—E. WRIGHT.

## EDITORIAL

### WHAT DOES CASE TAKING MEAN AND HOW IS IT ACCOMPLISHED?

Case taking is really a misnomer. You have already taken the case when you have accepted the patient. Case taking, as commonly understood, is a thorough examining of the patient from every possible angle that will give a definite clue in the search for the indicated remedy. It is the greatest problem with which the physician must contend, and requires every atom of his ingenuity, skill and patience, for the case properly taken or canvassed is fully one-half cured. The physician must be a good listener, a very acute observer and a past master in the art of cross-questioning. He must know how to ask questions when necessary without any hint of suggestion of the correct answer. Watch the patient's every movement.

Seat the patient, after he enters the consultation room. Before allowing the patient to give his or her history, impress upon him, or her, the grave importance of telling everything; of telling nothing but the truth; of confining remarks to the ailment, leaving all visiting until after the examination is ended; of hiding nothing whatever as it is all for his or her own good; that that hiding important data might be serious and they would be the losers in so doing. Now let them begin their history, watching their every movement and expression, and, if possible, following every symptom to its completion before another is started, e. g., if it is a headache, have its character defined, its location, direction, modalities, etc. The principal points to be secured are the family history, the personal history, the mental and physical symptoms, the temperaments, the habits, occupation, and lastly the morphology and pathology. These latter, if any, are more for a diagnosis.

Of course it is to be understood that the above method is neither dogmatic nor final, for every one, after more or less experience, will develop some satisfactory, short-cut method of his own. The above is merely given as a reliable guide to the beginner.

After some practical experience one will be able to detect patients as follows: Mrs. A. will enter, sit down and heave a deep,



grieved, troubled sigh; Mrs. B. will enter, sit down and begin to tell her troubles, punctuated with copious tears; Mrs. C. will enter, and before she has time to sit down will, whether she knows you or not, lay her head on your shoulder, burst into a copious flood of tears, and, as soon as the storm is over, will say, "Doctor I do not know why I do this but I cannot help it"; Mrs. D. will enter, sit down, shut up like a clam, and be so cranky that every time you ask her a question she almost snaps your head off. We made a mental prescription for all four of those cases, the first and third before they even said a word, the other two right after the first question. We did not have to change the remedy nor repeat it, but we do not advocate that kind of prescribing, we merely mention it to show how far observation will carry one.—A. P.

\* \* \* \*

The I. H. A. went on record in 1924 as being opposed to compulsory vaccination. A survey of the present status of vaccination shows that thirty-four states of the Union have no compulsory vaccination laws. Six states leave vaccination by scarification optional with the local authorities. Four states have gone to the limit in freedom and prohibit by statute compulsory vaccination. Kentucky and Maryland are the only states in the Union making vaccination of infants compulsory. Eight states and the District of Columbia make vaccination the price of admission to the public schools.

In the state of Arkansas a test case is being fought by Dr. C. F. Ellis against compulsory vaccination by scarification. This has been carried through the lower courts and has been appealed to the Supreme Court, where it will be tried this month. Many of the I. H. A. men are assisting in this expense of this suit, and we trust Dr. Ellis will be successful. This question is within the province of each state to determine, as the question of the health of the citizens comes within the police power granted to each state by the Federal Government. It is interesting to note that Iowa and Michigan have tried such cases in their courts, and that decisions have been handed down in these states that the internal administration of *Variolinum* in potency was a legal vaccination.—H. A. R.

## CARRIWITCHETS

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

18. What remedy or remedies are needed to counteract the effect of plague inoculation?—G. S. BHATNAGAR.  
 19. Where can the provings of *Pestinum* or *Plaguinum* be found?—G. S. BHATNAGAR.

ANSWERS TO QUESTIONS IN FEBRUARY ISSUE

*Under what remedies does the symptom "sucking the thumb" come?*

—Generally I have found *Calc. phos.* very efficacious. *Cham.*, *Ceananthus*, *Merc. sol.* and *Sulph.* are also useful in many cases according to the symptoms. There are a dozen cases on record where *Nat. mur.* and *Sil.* have proved useful. With a few hydrogenoid babies *Nat. sulph.* has helped. With children under three I always first try *Calc. phos.* because I have generally observed gastric derangements.—G. S. VARMA.

ANSWERS TO QUESTIONS IN APRIL ISSUE

*Is it true that, if two or more miasms combined have been dissociated by the proper remedy and a mistake in prescribing causes them to recombine, they can never again be separated?*

—See the article *Separating the Miasms* by William H. Schwartz, M. D., elsewhere in this issue.

ANSWERS TO QUESTIONS IN JUNE ISSUE

*What remedy or remedies are needed to counteract the effect of plague inoculation?*

*Where can the provings of *Pestinum* or *Plaguinum* be found?*

For counteraction of the effect of plague inoculation I would first consider *Carbo veg.* as being the most similar to many cases of the plague. In antidoting the action of sera we should choose a remedy having an effect similar to the disease against which it has been given as a protective, choosing the nearest similar from the vegetable kingdom, never from the animal.

The only reference I can find to *Pestinum* or *Plaguinum* is in Clarke's *Dictionary of Materia Medica*, and this is only a short reference, I can find no record of provings.—H. A. ROBERTS.

## CURRENT HOMŒOPATHIC PERIODICALS\*

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(In German)

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THE JOURNAL OF THE AMERICAN INSTITUTE OF  
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(New York: Mar. 1930), XXIII, 205-308

- \*The Scientific Foundation of Homœopathy  
K. Kotschau, M. D., Berlin, Germany.....205
- The Scientific Foundation of Homœopathy*: The whole number is devoted to a translation by L. J. Boyd of the notable article by Kotschau which is making such a stir in Germany. Kotschau first attacks the modern scientific method of casualism (causes). He insists that the *what* question must be solved before the *why* question is investigated. Kotschau proposes his *type effect hypothesis* which is a near relative of the Arndt-Schulz rule and which he hopes will supersede it. He has done a vast amount of laboratory experiment and is trying to determine the proper dosage on the basis of the adequate stimulus to cure in the homœopathic sense. He gives in detail experiments with remedies in different strengths on animals and animal tissues, showing the curves, and his experiments result in the following propositions: "Under suitable conditions the possibility is given to bring a not irreversibly changed functional condition back to the normal . . . through small doses, and especially through substances, the characteristic and main effect of which (predominating with large doses) would change the already changed functional condition for the worse". He appeals to the profession to strengthen the scientifically exact fundamentals of homœopathy and help them to a wider basis, and to distinguish the unbased speculations which hinder real investigation. He has a section on the high potencies which he considers pseudo because of absorption during their manufacture, and suggests that potency preparation must have standardizing. He further stresses the observation of the *time interval* of a biological process. He gives bibliography referring especially to W. Ostwald's *Basic Physical-Chemical Problems for Homœopathy*. This article is eminently worth reading. It is difficult and abstruse but it comes to grips with the enormous and valuable problem of the scientific demonstration of homœopathy.—E. W.

L'HOMŒOPATHIE FRANCAISE

(In French)

(Paris: Mar. 1930), X, 161-240

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*Toward a Scientific Homœopathy*: Vannier's introduction to Cahis' article states that Cahis believes remedy action augmented by giving a mixture of different dilutions of the same remedy. He has prepared his series of potencies like the notes of the scale in accordance with a law of Fechner's which states that mean sensations (*sensations moyennes*) are like logarithms of the stimuli which occasion them. In his practice he uses multiples of a potency which he calls the normal, the supra, the pan, the per-supra, the pan per-supra, and the double pan, of each of which he has given the exact composition (figures 420, 600, 900, 1050, 1200, 1500). Cahis uses diluted bacterial cultures which he claims to be true nosodes and which he calls toxin remedies. Neither of these subjects is mentioned in Cahis' article, one of the theses of which is that certain remedies act better in low dilutions (*Camph.*, *Dig.*), others in high. Many more remedies have a wider scale of potency efficacy than a limited one. Cahis suggests five procedures for progress: To evaluate remedy symptoms anew, determining the hierarchy by actual measurement in the laboratory (of blood pressure in *Aconite*) for instance, and of vagotonia by means of the oculo-cardiac reflex in *Cocculus*; not to classify symptoms merely on the frequency of their appearance in provers; to determine the most efficient dilution of each remedy for each type of clinical case (compare the work of Hughes); to establish comparison between remedies which resemble each other (compare Farrington); to eliminate poorly founded statements. Cahis goes on to state that he has cured 30 per cent. of the cancer cases which were not operated.—E. W.

LEIPZIG POPULARE ZEITSCHRIFT FUR  
HOMŒOPATHIE

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<i>Arterio-Sclerosis</i> : Homœopathic treatment only is given. <i>Baryta carb.</i> and <i>Baryta mur.</i> offer a fairly strict analogy with this condition, the radical <i>Barium</i> acting chiefly, with minimum difference between the <i>carb.</i> and <i>mur.</i> A resume of the studies of the hypertensive and constrictive action of this drug and its pathological effects on the arteries follows. Other remedies are discussed, including: <i>Adrenalinum, Tab., Nat. iod., Sil., Plum-</i> <i>bum, Stron. carb., Stron. iod., Vanadium, Kali iod., Ars. iod., Aurum iod.,</i> <i>Amm. iod., Aurum mur., Cratægus, Phos.</i> This is a very interesting article.	

## ERRATUM

In the April issue of the *Recorder*, page 269, the 9th line from the top should read "were *allœopathic* physicians".

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THE LATE GEORGE H. THACHER, M. D., H. M.

# THE HOMŒOPATHIC RECORDER

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## TARANTULA HISPANICA IN THE MODERN AGE\*

JULIA C. LOOS, M. D.

*Tarantula hispanica* is a member of the spider family Lycosa, of tropic or sub-tropic origin, and is commonly known to the world for its fatal poison and the intense sufferings which this brings to its victims. The poison is a glandular secretion and this concentrated essence is a vehicle transmitting to the victim the characteristic nature of the creature which produced it. The proving of this poison and the indicated therapeutic uses following thereon are derived from a prepared tincture of the living spider, whose influence pervades this product.

\* \* \* \* \*

In the individual human subjected to the influence of *Tarantula* we perceive a diversion of the powers and capacities of mankind, temporarily perverted to the service of a tyrant-lordship; a disporting of the fulfilled nature of a vicious beastling displayed through activities of that higher type, the human. Then let us take first an understanding view of the characteristics peculiar to this beastling.

The intelligence of the creature appears as orderly. Instability is the outstanding feature; instability of action, or purpose, in wisdom for carrying through its changing purpose.

Adroit, conceited of its cleverness; yet stupidly assuming that false methods and false motives will escape detection, it elaborately manœuvres to deceive. Appearing in view, even parading its presence; then seeking cover, it hides from detection, unexpectedly to emerge from ambush to attack its victim elsewhere unaware.

All purpose, whatever and however carried out, excludes

\*Reprinted from the *I. H. A. Transactions*, 1926, Bureau of Materia Medica.

every consideration of the interest, the desire or the purpose of another. Only self-interest and desire are observed; and these are whimsical, changeful without limit, without calculation or foresight.

Love, perverted in this nature, appears as love annoying; making its presence an occasion of discomfort, disturbing the peace of others. It contributes no joy and cultivates no joy; invites from others no contribution that makes for happiness. To the contrary: It eludes every advance toward itself or its habitat, accounting such approach an intrusion or interference, it asserts privilege to conduct a joyless life in its own untrammelled way—no difference at what cost to others. A thorough non-conformist.

Satisfaction? No such state obtains in *Tarantula*. In its life is no parallel for the ease-indulging domestic cat which takes all places, times, occasions and devices for thorough enjoyment of its comfort. *Tarantula* attains no ease, no lazy comfort, no satisfaction. Its habit is restless activity. Seeking no ease to itself, it invades the peace of its environment. Would one seek to accommodate to its mood or desire? It then reverts and will substitute other mood or desire quite to a contrary. Contrariness within itself, as well as contrariness to outer circumstance and will, distinguish this pervert nature.

The guiding light is darkness; avoiding light. *Tarantula* shuns all investigation of its way or wish and, withdrawing to whatever convenient lair of the moment, by hidden devious path it makes its way to another point of vantage, resenting with insult any endeavor to change its course or to dislodge it.

This disposition, so pictured as indisposition in the provers and in the patients affected most similarly to *Tarantula* provers, presents a mentality elfish, impish, whimsical, mischievous, disporting itself in disregard for ordinary custom and usual expectation and inconsiderate of convenience or comfort of all others. It may be, in a measure, curbed by the effort and real disposition of the person affected; but an avowed effort is necessary, for avoidance of the perverted expression.

Clever, adroit, furtive, sly ways of carrying through courses of action which, were they announced, would be opposed by attendants or associates; these ways, and the doing of unusual

things, trivial in themselves, and fulfilling no purpose, engage the individual affected. Here are peerings and peekings into things and into affairs; hiding from view; hiding things. He is destructive; interfering with plans; menacing the safety of himself and of others.

He loves to assume the false as a basis of conduct; and depends on whims for guidance; this mind does not submit its behaviour, its thoughts, its desires, to the light of wisdom or of truth. It shuns such gauge or investigation and darts from idea to idea with the agility and the seeming purposelessness of the spider. Defense from seeming interference is aggressive, through some sort of vicious thrust, cutting remark or threatened injury.

\*OBSTINACY is aid to all whimsicality.

It is intolerant of contradiction. Ailments appear, following contradiction.

Music is to this nature hateful, and weakening; the demoniac vibrations are cancelled—subdued—through musical harmonies. As the appropriately named *Tarantelle* dance music and the dance itself express through their rhythm-impulse and action the sadness, excitability, mania, dancing and distress seen in victims of this spider-bite—the picture styled “tarantism” as indicating the dance-mania of those so bitten or so imagining—so also in these victims such symptoms, by fit music appropriately played are soothed, relieved, and ultimately subdued.

Provers and patients are *sensitive to music*; sadness and excitability are primary effects (of music) but amelioration follows. Not only the mental features; pains and bodily conditions also are ameliorated by music.

RESTLESSNESS, tormenting, intense, demands continued motion. In bed, rolling from side to side; when able to be out of bed, compels to walk, even though *walking aggravates* symptoms of the body. Herein is shown the contrariness within itself.

AVERSION TO BEING TOUCHED is manifest; yet *rubbing* is demanded. *Symptoms ameliorated by rubbing*. With headache wants hair brushed or head rubbed. Rubs her head against extraneous

\*Grading of symptoms is indicated throughout by values of type. Small caps shows the highest degree, italics second degree and lower case roman the lowest degree.



surfaces, the wall, the bed, the pillows; sometimes in chores the face is rubbed against the chest or the shoulder. An impelling demand induces rubbing, when there is no pain; it is an insatiable friction-impulse difficult to resist; spasmodic, habitual. It has been explained as "irritation of nerve-endings".

CHOREA: Twitchings and jerkings—continuing into night—of single muscles, groups of muscles, entire limb or head; and more general, in body-contortions or in the dance. Ameliorated through influence of music.

Indulgence in many purposeless oft-repeated motions; involuntary motions; or voluntary, yet so induced that will-control is practically impossible against them. Apparently a craving for the sensation must be indulged but is not thereby satisfied; is but momentarily relieved. This may be called "indulging sensuality"; the more it is indulged, the less will it be denied.

Sense-indulgence is further manifest in sex-sensual dominations; hysterical emotions; *intense sexual excitement*; lasciviousness. Too numerous for detail in a brief outline are the many symptoms centering in the sexual organs and the sex-functions; aggravation of other symptoms after coition: sadness, difficult respiration, cough, general weakness specifically increased by sexual excitement.

Of persons whose life-habits or culture largely inhibit the frank exercise of sexual indulgence, sensual domination may gain expression through other symptoms: Sensations and distresses that fix the individual's consciousness upon the pelvic organs; so-called nervous symptoms not recognized as related to sexual irritation; such may be functional disorders of rectum or bladder, or some sort of frictional symptom or uncontrollable restlessness of feet, or of legs, having origin in this domination.

Sometimes a *sweet cheerfulness* and gaiety; while at other times, *anger, irritability*. Quarrelsome, excitable; exhilarated or sad; but whatever the emotion—quite unwarranted by circumstances or environment, and unrelated to persons or incidents—merely an outcropping of the erratic mood.

Aversion to company; but wants someone present.

Making persistent demand on those present to minister to complaints.

Concurrent complaints so numerous, they cannot all be met nor ministered to at once.

Contented satisfaction impossible. Gratitude and content expelled from consciousness. Discontented with himself and with all things about him.

Delusions and imaginings are varied; sometimes droll and sometimes horrible sensations within himself or *visions of things unseen*.

Delirium, mania, shrieking, singing; erotic mania, or stupefaction, or indisposed to talk.

Sensation of being small (contrast to *Aurum, Plat., Stram.*)

Weeping, causeless, in sleep.

Weakness 9-11 a. m., 5 a. m., from walking, from sexual excitement.

On occasion: *Strength increased*.

In these states no lack of vitality is expressed. Alert activity challenges the endurance of a strong mind and body to follow it, to meet it, to outwit or circumvent it, to soothe the patient from her distresses. One's resources are heavily taxed for devising means to assuage the distresses and complaints. The forlorn victim herself gives many admonitions: "Take care, don't touch me there". "Can't you brush my hair; it might take away this awful pain"? "Don't raise that shade; I can't stand the light".

Light aggravates; wants to scream.

Noise aggravates.

Smoking ameliorates; cough.

Touch aggravates; finger-tips.

Water on the body excites some symptoms. Ailments from washing hair; from wetting the fingers. Yet the entire condition may be held in abeyance and positively ameliorated through persistent and habitual bathing. Spray baths, continued immersion, neutral baths, cold compresses properly applied will subdue some of the mental conditions and bodily distresses after the aversion and avoidance of water is overcome.

Awaking from sleep, especially in morning, symptoms are worse; weeping, sadness, vertigo; head symptoms, constriction, heaviness, heat, pain, noise in ear, nausea, sour eructations; pain

in stomach, kidney pain, cough, oppression of chest, chills, sleepiness, yawning.

*Tarantula* has also: *Cheerfulness* especially in morning, when waking; cheerful gaiety alternating with sadness.

Symptoms worse during menses; cheerfulness, *excitability*, irritability, restless tossing in bed, vertigo, pain in head, *pulsating in head*; nausea, abdominal distention, pain in sides of abdomen, BLADDER TENESMUS (the only remedy given in the *Repertory* for this particular), desire for coition, burning pain in female genitals, pain in back, pain in hip, convulsions, general weakness.

Before menses: Heaviness in stomach, pain in stomach and abdomen, dragging-pain in abdomen, and rumbling, itching in female genitals, bearing-down in uterus.

After menses: Itching of genitals and uterine bearing-down.

Symptoms aggravated from coughing; pain in head, occiput and temples; bruised pain in occiput, head and temples; heaviness in head; swelling in neck; retching, vomiting; oppression in chest; pain in chest; abdominal pain; cramping, tearing, involuntary urination.

REFUSES TO EAT—while manifesting need of nourishment.

Symptoms worse after eating; *vertigo*; hiccough (after breakfast); nausea; pain in stomach (after breakfast), burning in stomach; vomiting; abdominal distention.

Symptoms in evening: Mental; vertigo; some head pains; sore stomach and abdominal features; cough.

At night: Some head pains; stomach and abdominal symptoms; some kidney pain; genital itching; cough; pain in extremities; chill, fever, perspiration; general weakness.

At specific times: 4 a. m., 5 a. m., 9 a. m., 9-11 a. m., 2 p. m., 3-7 p. m., 3-9 p. m., 7 p. m.

Constriction sensation in head, chest, genitals, thigh.

Congestion and pulsation in head, eyes, throat, pelvis.

DESIRES SAND TO EAT.

HYSTERIA, "positive nervous systems", "semblance to spinal neurasthenia".

ITCHING, FORMICATION, especially after menses.

Numbness and heaviness.

Motions irregular in extremities:

Gestures; as if knitting.

Disposed to keep hands busy.

Pains are burning, stitching, lancinating, cutting, shooting; sore, bruised, cramping, rheumatic.

The sensations and the behaviour of provers and patients are the strongest characteristics. More accurately than functional actual disorder of organs or than tissue alterations in the body they manifest the influence of *Tarantula*. Influence of the nature which modern observation and classification have termed *hypnotic* temporarily usurps the normal intelligence and desires, and mental domination by the spider is shown through the substituted sensations and behaviour. Eventually depleted nutrition and depleted vitality result from the discordant activities. Yet the functional and tissue changes are not the characteristics which indicate the specific influence manifesting in the person affected. The individualizing characteristics will be found in the mental attitudes and subjective features.

#### RELATIONSHIP OF REMEDIES AND SPIRITUAL FORCES

In many instances after attaining a measure of success with *Arsenicum album*, in acute or recent disorders or for repeatedly recurrent distresses, the prescriber is led to explore this subtle constitutional background, *Tarantula*. *Arsenicum* "covers the case" to a limited degree. The symptoms and the characteristics shown before *Arsenicum* was called out, together with the tendencies, the lowered resistance and the frailties which feature the patient's experience after *Arsenicum* has cancelled the acute disturbances, display a total condition frequently recognizable as *Tarantula*. This relation is similar to that exhibited between *Me-dorrhinum* and *Cina*, between *Calcarea* and *Belladonna*, and among other coupled remedies: The mere superficial exciter acts as a contributing influence to rouse the sometime latent "sleeping dog" or resident tenant.

While the aim and mission of the physician is "to restore the sick to health" and toward this function he requires primarily knowledge of "what is curative in medicine" with "what is undoubtedly morbid in the patient", since man is a spiritual being

and mental influences subject him to persisting disorder, it will then be evident that the patient (as in *Tarantula*) needs something more than a physician—more than the most similar medication—again to stabilize a mental equilibrium. Metaphysical culture is laying the avenues and providing guides toward a dispelling of deep-seated mental discords, as well as for resisting their too-oft neglected onset. May we not assume to guide our patients to such methodic resistance and sustentation, while campaigning by the indicated similar to its further horizon: Thence to retain them newly erect in this life, and not too soon beyond? Shall we as physicians fail them in this guidance we need not be surprised that they turn to other leaders equipped of the later psychology. Patients whose disorders recur within the range of *Tarantula* are notably of a type accessible to the new healers.

## BODILY DISORDERS DISPELLED OR RELIEVED

Whatever the bodily derangements, where this remedy (*Tarantula*) will prove beneficial, some of the characteristics aforementioned will be noted. Bodily conditions in which the remedy has proven useful when the characteristics agree include:

Paralysis agitans	Convulsions	Suppuration
Zymotic fevers and general sepsis	Pimples on face and head	Opacity of cornea
Aural discharge	Lockjaw	Swelling of submaxillary
Aphthæ and ulcers on tongue	Inflammation, tonsils	Quinsy
Diphtheria	Abdominal œdema	Disturbed digestion, gastric and intestinal with distressing flatulence
Constipation	Hepatic cancer	
	RECTAL INACTIVITY accompanied by	
	AWFUL ANXIETY, rolling side to side	Diarrhœa
Renal inflammation	Inflammation of bladder	RETENTION OF URINE
Dribbling	TENESMUS DURING MENSES in this alone	Gonorrhœal discharge
Stricture of urethra	Gangrene from phimosi	Swelling of male genitals

Indolent tumor of testes	Inflammation of genitals	Condyloma of vagina; of uterus
Uterine cancer	Induration of cervix uteri; of ovary	Leucorrhœa
Metrorrhagia and protracted menses	Loss of voice	Angina pectoris
Gangrene of lungs	Endocarditis	Cardiac murmurs
Mammary cancer followed by sarcoma in stomach	Mammary swelling	Carbuncle, dorsal
Spinal sclerosis	Cramps in legs	Pustules on legs
Inflammation of fingers; of toes	Paralysis; motive power lost, numbness	Foot perspiration
Swollen joints	Chills, fever, perspiration	Stings of insects
Lack of reaction	Complaints from grief, unrequited love, contradiction, reprimands, punishment, sepsis, fall	

## DETAILED SYMPTOMATOLOGY\*

## MIND

Absent-minded  
 Anger, rage, fury  
 Anguish  
 Anxiety to black; to sombre things; to green, red, yellow  
 Clairvoyance  
 Death, thoughts of  
 Delirium; during headache; almost hysterical; maniacal; muttering nonsense with eyes open; raging  
 Delusions, imaginations; absurd figures present; animals; frightful; fears being assaulted

## Sees faces

*diabolical faces around him; hideous faces; figures; frightful; ghosts, spectres, spirits; horrible visions; monsters on closing eyes; legs cut off (Bar. carb., Stram.)*  
 strangers in room (*Thuja*)  
 Destructive  
 Discontented during menses  
 Discouraged evening, eating amel.  
 Dullness, *sluggish, difficult thinking*  
 Ennui

\*Arranged according to schematic form of Kent's *Repertory*.

*Excitable*  
 during heat  
 during menses  
 from music  
 nervous

Fears  
 being alone  
 death  
 impending disease  
 typhus fever  
 insanity

*Feigning sick*

Ideas deficient

Impatience

Indifference, apathy to external things

Indolence, aversion to work

*Insanity*  
*mania*  
 periodical (*Plat.*)  
 paroxysmal (*Bell., Dig., Gels., Kali carb., Nat. sulph., Phos.*)

Irresolution  
 in ideas (*Nat. mur., Sulph.*)

Irritable  
 during menses

Jesting

Kicks (*Bell., Carbo. veg., Lyc., Stram., Stry., Verat. vir.*)

Kleptomania

Kneeling; unable

Lamenting

Lascivious, lewd

Laughing  
 immoderately; involuntarily; sardonic; mirth; hilarity, loud; alternating with sadness

Loathing, general

Loquacity

Moaning, groaning  
 night (*Ars., Cupr., Hep., Sec., Zinc.*)  
 when contradicted

Mocking

Mood alternating  
 changeable

Nymphomania

Playful  
 pull one's hair, desires to (*Bell., Lach., Lil. tig.*)

Shrieking

Singing

Starting from sleep

*Striking*  
 himself (*Ars., Bell., Cur., Camph., Verat. vir.*)

*Stupefaction*  
 between convulsions (*Aur., Bufo., Cic., Hell., Hyos., Lach., Œna., OPIUM, Plb., Sec.*)

Suicidal disposition

Thoughts persistent

Throws things away

Violent, *vehement*

VERTIGO  
 morning, waking  
 after breakfast  
 evening  
 night  
 descending stairs  
 during erections

looking steadily  
 with nausea  
 riding horseback amel.  
 after sleep agg.  
 sudden  
 while walking

HEAD

Coldness  
 in warm room (*Merc. i. r.*)  
 as from cold water (*Cann. sat., Croc., Cupr., Glon., Sabad.*)

Forehead as from cold water

Occiput

Sides

Temples

Vertex as from cold water

Congestion, fullness, pulsation

Constriction  
 evening  
 waking  
 Forehead, as from a band

Eruption, pimples

Falling backward, of head

Hair bristling

Heat  
 with redness of face  
 on waking  
 Forehead  
 Occiput  
 Sides  
 Vertex

Heaviness  
 morning, waking  
 night  
 after heat

after waking  
 Forehead  
 Sides  
 Itching scalp  
 Motion  
 convulsive  
 shaking  
 nodding, wavering  
 rolling  
 rubs against something  
 impossible  
 throws about (*Bell., Caust., Merc., Phos.*)  
 turning to left (*Lyc.*)

Pain  
 morning, on rising  
 on waking  
 night  
 air, open: amel.  
 with mental confusion, as if would lose senses or go mad (*Acon., Agar., Chin., Stram., Verat.*)  
 coughing  
 compels to cry out  
 gastric (from flatulence)  
 hammering  
 hysterical  
 looks fixedly at anything  
 nervous  
 with pain in nape of neck  
 with perspiration  
 perspiration amel.  
 pressure amel.  
 pulsating  
 after rising  
 rubbing amel.  
 running, from (*Bry., Ign.,*

*Nat. carb.*, *Nat. mur.*,  
*Nux vom.*, PULS.)  
 sleep, after  
 touch, after  
 walking  
 extends to face  
 Forehead  
 daytime  
 morning  
 afternoon  
 3-7 p. m.  
 night  
 pressure amel.  
 stooping  
 Occiput  
 coughing  
 leaning head back  
 pressure amel.  
 rubbing amel.  
 to forehead  
 down back of neck  
 Sides (of Head)  
 night  
 right side  
 Temples  
 morning  
 evening  
 night  
 coughing  
 Vertex, open air amel.  
 Bruised  
 waking in a. m.  
 cough on waking  
 Occiput  
 coughing  
 extends to temples  
 Temples, coughing  
 Bursting

Forehead  
 Lancinating  
 Forehead  
 Sides  
 morning  
 Temples  
 Nail, as from a, occiput  
 Plug, as from a, occiput  
 Pressure  
 evening  
 during chill (*Sep.*)  
 Forehead  
 as from a band  
 eyes: as if forced out  
 Occiput  
 Shooting  
 afternoon (*Ferr.*, *Plat.*,  
*Sil.*)  
 evening  
 night  
 Forehead  
 Sides  
 night  
 Temples  
 evening (*Nit. ac.*)  
 transient (*Iris*)  
 night  
 Stitching  
 Temples  
 Perspiration, scalp  
 Prickling, temples  
*Pulsating during menses*  
 Rubbing head  
 against something  
 Shocks  
 morning, rising  
 Weakness

## EYES

Agglutination, morning  
 Distorted  
 Itching  
 Opacity of cornea  
 Unable to open  
 Pain, morning  
 evening  
 turning sideways  
 extending back  
 burning, smarting  
 cutting  
 sand, as from  
 stitching  
 morning, swallowing  
 Pulsation  
 Pupils unequal  
 Redness  
 Staring  
 listening to music  
 Weak  
 VISION, dim  
 forenoon (*Carb. veg.*, *Sulph.*)  
 foggy  
*colors caused by foggy vision*  
 stars  
 weak  
 evening (*Euphr.*)  
 EARS  
 Discharge  
 Itching  
 Noises  
 waking  
 buzzing  
 cracking  
 ringing  
 on rising, amel.  
 walking (*Arg. nit.*, *Mag.*  
*carb.*, *Sulph.*)  
 whizzing

## Pain

morning  
 afternoon  
 evening  
 in meatus  
 aching  
 lancinating  
 morning  
 below ear  
 stitching  
 right  
 evening  
 tearing  
 right  
 Wax increased  
 HEARING, impaired  
 NOSE  
 Coryza with fever  
 Epistaxis clotted  
 dark, black  
 FACE  
 Discoloration  
*black and blue spots*  
 bluish  
 bluish circles around eyes  
 earthy  
 grayish  
 pale  
*dark red*  
 Distortion  
 with toothache  
 Eruptions  
 buzzing  
 lips  
 herpes  
 impetigo around lips  
 miliary  
 pimples  
 forehead  
 Heat

- flashes
- Itching
- Pain  
lower jaw  
stitching
- Perspiration
- Swelling, sub-max.
- MOUTH**  
Biting tongue in spasm  
Tongue brown  
red  
dryness  
Speech difficult from chorea  
Taste bad
- TEETH**  
Pain  
noise agg. (*Calc. carb.*,  
*Coff.*, *Therid.*)  
pulsating  
tearing
- THROAT**  
Coldness as if water dripped  
down  
Discoloration  
purple  
red  
Gangrene  
Heat  
Inflammation, right  
Lump rising sensation  
Pain  
pulsating  
swallowing  
yawning  
tonsils  
burning  
stitching  
Pulsation  
Swallowing difficult
- EXTERNAL THROAT**  
Itching  
Pain  
sides  
turning head to right (*Arg.*  
*nit.*, *Chin. sulph.*, *Psor.*)  
Swelling from cough
- STOMACH**  
Sensation of something alive  
(*Chel.*, *Coloc.*, *CRÆT.*)  
Anxiety  
Appetite increased  
increased night  
ravenous  
wanting  
Aversion to bread  
food  
meat  
Desires ashes  
cold drinks  
highly seasoned food  
raw food (*Ail.*, *Sil.*,  
SULPH.)  
salt things  
SAND  
Disordered  
Distention  
Eructations  
bitter  
empty, during hysteria  
sour, morning (*Calc. carb.*,  
*Puls.*, *Sil.*, *Tab.*)  
Fullness sensation  
Heat  
extends to throat (*Cinnb.*,  
*Nit. ac.*, *Sumb.*)  
Heavy, night (*Æsc.*, *Chin.*,  
*Colch.*, *Crot. tig.*)  
before menses

- Hiccough  
after breakfast (*Zinc.*)
- Nausea  
night  
after lying down  
after eating  
during menses  
during pregnancy
- ABDOMEN**  
Constriction hypochondrium  
Contraction  
Distention  
after eating  
Hypogastrium  
œdema  
Flatulence  
morning  
Hypochondrium  
Heat  
Pain  
aching  
morning  
evening  
night  
during cough  
before menses  
pressure amel.  
during stool  
while walking  
extends to chest  
extends to sides  
Hypochondrium  
left  
morning  
lying amel.  
Inguinal region  
as from hernia  
would appear on  
coughing  
Liver, before chill
- after sleep
- Pain  
morning  
after eating (*Nux vom.*)  
afternoon  
evening  
night  
after eating  
before menses  
from pressure  
burning  
after eating  
cramping  
before nausea  
lancinating  
pressing  
sore, bruised  
tearing
- Retching  
with cough
- Sinking, night (*Dios.*, *Lyc.*)
- Thirst  
burning, vehement  
during chill  
extreme  
unquenchable  
with dread of liquids
- Uneasiness
- Vomiting  
morning

Sides  
 .Region of umbilicus  
 burning  
   during menses  
 Hypogastrium  
 cramping  
   morning  
   when coughing  
   region of umbilicus  
 dragging; before menses  
 gnawing, Hypochondrium  
 pressing  
 sore, bruised  
 Liver  
 Hypochondrium  
   right  
   morning  
 Hypogastrium  
 Inguinal region, left  
 Sides  
 tearing  
   Inguinal, cough agg.  
 Pulsation  
 Rumbling, forenoon, evening, night  
   before menses  
 Swelling glands

RECTUM  
 Constipation  
   difficult stool  
   ineffectual straining  
   old people  
   stool remains in rectum  
   WITH AWFUL ANXIETY  
 Diarrhœa  
   after washing of head  
   (*Podo.*)

INACTIVITY OF RECTUM  
 Pain  
   during stool  
   after stool, amel.  
   burning, after stool  
   stitching  
   tenesmus  
   before stool  
   after stool, amel.  
 Urging  
   during stool  
   after rising from stool

STOOL  
 Bloody  
 Copious  
 Dark, faecal  
*Hard*  
 Offensive  
 Scanty  
 Soft

BLADDER  
 Calculi  
 Inflammation  
 Pain  
   extends to uterus (*Merl.*)

RETENTION OF URINE  
 Spasmodic action of bladder  
   (*Calc. phos.*)  
 Swollen  
 Tenesmus  
   DURING MENSES  
 Urging, constant, ineffectual  
 Urination dribbling  
   *dysuria*  
   involuntary  
   during cough  
   from emotion  
   from exertion

laughing (*CAUST., Nat. mur., Nux. vom., Puls., SEP.*)  
 while walking

URINE  
 Bloody  
*Burning*  
 Brown  
 Dark red  
 Odor offensive  
 Sediment  
   copious  
   sand  
   RED  
   SUGAR

KIDNEYS  
 Inflammation  
 Pain  
   morning  
   evening  
   night  
   *after urination amel. (LYC., Med.)*  
   aching  
   during urination amel. (*LYC.*)  
   sore, bruised  
   *stitching*  
 Weariness, region of

PROSTATE GLAND  
 Pain

URETHRA  
 Crawling  
*Gonorrhœal discharge*  
 Pain: burning  
   during urination  
   after urination  
 Stricture

FEMALE GENITALS  
 Leucorrhœa, burning  
 Menses copious, frequent,  
   early, protracted  
 Metrorrhagia  
 Pain in ovaries, left  
   in uterus, during urging  
   to urinate  
   bearing down uterus  
   region of uterus  
   before menses  
   after menses  
   burning uterus, during  
   menses  
   cramp uterus  
   cutting uterus  
   sore, ovaries, uterus  
   stitching, uterus, vagina  
   tingling, voluptuous

TRACHEA  
 Dryness  
 Roughness  
 Tickling

LARYNX  
 Burning  
 Roughness  
 Scraping clearing  
 Tickling  
 Hoarseness on waking  
 Voice lost

RESPIRATION  
 Difficult; 9 a. m.  
   while lying  
 Gasping  
 Panting  
 Sighing

## COUGH

Morning  
 on waking  
 9 a. m.  
 Evening  
 Night  
 After coition  
 Burning in chest  
 Dry  
 morning  
 night  
 during fever  
 Exhausting  
 night, in bed  
 Fever, during  
 Loose  
 Lying agg.  
 Painful  
 Paroxysmal  
 evening  
 night  
 Rising from bed  
 Rough  
 Smoking agg.  
 night amel.  
 Spasmodic  
 evening  
 night  
 Tickling in bronchi  
 in larynx  
 in trachea  
 EXPECTORATION  
 Difficult  
 Scanty  
 Taste nauseous  
 salty  
 Thick  
 Tough

White  
 Yellow

## CHEST

*Angina pectoris*  
*Anxiety in heart region*  
 Ceased heart, sensation as of  
*Clothing agg.*  
 Constriction, tension, tight-  
 ness  
 Heart  
*grasping sensation*  
 Cramp Heart  
 Gangrene of lungs  
 Inflammation of endocar-  
 dium  
 Murmurs  
 Oppression  
 when coughing  
 when waking  
 Heart  
 Pain  
 rheumatic  
 walking  
 Clavicle below  
 left side  
 right side  
 Sides during cough  
 Heart  
 pulsating  
 aching  
 left side  
 Heart  
 burning  
 cutting  
 pressing, right side  
 sore  
 stitching, left side  
 walking

Heart  
 Palpitation  
*tumultuous*  
 Spasms  
 Swelling Mammæ  
 Trembling Heart  
 BACK  
 Coldness  
 lumbar  
 cold draft agg.  
 Carbuncle, dorsal  
 Eruption  
 Heat, cervical  
 Itching, cervical  
 Pain  
 during menses  
 wandering  
 cervical  
 moving head  
 turning head  
 dorsal scapular  
 under left scapula  
 lumbar, during menses  
 extending down legs  
 Spine  
 aching  
 dorsal under scapulæ  
 lumbar during menses  
 burning sacral  
 sore  
 stitching  
 dorsal  
 scapulæ  
 Stiffness, *cervical*  
 during headache  
 EXTREMITIES  
 Bandaged, as though, while  
 walking

Chorea  
 Coldness  
 Lower Limbs  
*Foot*  
 Contraction fingers  
 Lower limbs  
 Convulsions  
 Legs  
 Cramps  
 Lower Limbs  
 Thighs  
 Calf  
 Foot-sole  
 Toes  
 first  
 Discoloration, blue nails  
 Eruptions  
 pustules  
 FORMICATION  
 Heaviness, Upper Limbs  
 Lower Limbs  
 Inflammation, Fingers  
 Toes  
 Itching, Upper  
 Fingers  
 LOWER LIMBS  
 Leg  
 Foot  
 Lower Limbs becoming  
 cold  
 MOTION  
 IRREGULAR  
*Loss of power*  
 Upper  
 Fingers  
 difficult  
 Numbness  
 Left Upper



Lower  
Leg  
  right  
Pain  
  *Rheumatic*  
Upper extremities  
Shoulder  
Upper Arm  
Elbow  
Forearm  
Wrist, right, front  
Hand, back, palm  
Fingers  
  joints  
  third-finger joint  
  fourth-finger joint  
  using fingers  
THUMB  
  evening  
  pressure amel.  
Lower Extremities  
  walking  
Hip  
  *evening*  
  night  
  during menses  
rheumatic  
Thigh  
Knee  
  Patella extending to  
  back  
LEG  
  Tibia  
  Calf  
  Foot joints; toes, first  
aching, forearm  
  Wrist  
  Hip  
burning  
Forearm  
Palm  
Hand  
Hip  
Knee  
Leg, Calf  
pressing, Thigh  
shooting, Thigh  
sore, Hip  
  sitting amel.  
  standing  
  walking  
Knee  
stitching, Upper Limbs  
Wrist  
Hand, ulnar side  
Fingers, first  
Thumb, ball  
Thigh  
Leg, calf; toe, first  
Foot  
tearing, Toes: first toe  
*Paralysis*  
  Lower Limbs  
Perspiration: Foot  
Pulsation: Thigh; Knee  
*Restlessness*  
  *Upper*  
  LOWER  
    LEG  
    *Foot*  
Stiffness, Knees  
Swelling, Joints  
Wrist  
Knee  
Toes  
Trembling Leg

Twitching, Upper Limbs  
*Weakness*, Upper Limbs  
  Lower Limbs  
  Hip  
  Thigh  
  Leg, walking  
SLEEP  
  Dreams of animals  
  business  
  danger  
  dead bodies  
  death  
  horses  
  misfortune  
  pleasant  
  sad  
  unpleasant  
  water  
  Falls asleep sitting  
  Prolonged sleep  
  Restless sleep  
  Sleepiness  
    morning  
    evening  
    overpowering  
    sitting  
  *Sleepless*  
  Yawning, morning  
  spasmodic  
CHILLS  
  Daytime  
  Morning on waking  
  Evening  
  Drinking agg.  
  Icy cold  
  *Shaking*  
  After sleep  
  7 p. m.  
Trembling  
  On waking  
FEVER  
  Night  
  Alternating with chills  
  Congestive  
    threatens cerebral paraly-  
    sis  
  External heat  
  Hectic  
  Zymotic  
PERSPIRATION  
  Night  
  During anxiety  
  Lying  
  Sour  
SKIN  
  Anæsthesia  
  Burning  
  Bluish spots  
  Dirty  
  Yellow  
  *Ecchymosis*  
FORMICATION  
  Gooseflesh  
ITCHING  
CRAWLING  
  Stings of insects  
  *Unhealthy*  
GENERALITIES  
  Night  
CHOREA  
  Coition, after  
  Constriction as of a band  
  Convulsions  
    clonic  
  *Convulsive movements*

Compression on spinal column	Standing amel.
Epilepsy: from fright; hysterical	Stretching morning
Faintness	<i>Trembling externally</i>
Pain as from burning pressing internally	<i>Walking agg.</i>
sore, bruised; during chill	Weakness enervation
Pulse full; hard	daytime
<i>Reaction, lack of</i>	9-11 a. m.
rubbing amel.	5 p. m.-5 a. m.
Sensitive internally	coition, after
Septicæmia	diarrhœa, from
Sleep, beginning of	menses, during
	walking, from

Much more is known of this important remedy, in fragments not yet collected, which should be compiled into a unit brochure. The remedy is much needed for resolving complex cases in these modern days, and that it may be readily applied the apparent complexity requires an accessible study.

BALTIMORE, MD.

#### LITERATURE CONSULTED

Kent's *Repertory*  
 Boger's *Time of Remedies*  
 Clarke's *Dictionary of Materia Medica*

#### LITERATURE TO BE SEARCHED TO FILL OUT THIS SURVEY

*Clinical Records in I. H. A. Transactions*  
 Transactions Society of Homœopaths, *The Homœopathian*,  
 June 1913  
*Medical Advance*  
*The Homœopathian*  
 Additional data should be forthcoming from the clinical records of the master prescribers.

#### RANDOM NOTES

C. M. BOGER, M. D.

The aim of medicine is to make for comfort and increase the span of life. Hahnemann contributed notably to this end when he brought into the light nature's own way of healing, from within. In doing so he evolved a new and unique method of dealing with symptoms and at the same time showed that success with the abnormal depends upon fully realizing what is normal. Just as the lights and shadows of the mind color every form and kind of action, so they foreshadow those oncoming storm crises which we call sickness, by *changes of mood and disposition*. It is nature's first signal call for help, and often varies but little from sickness to sickness in the individual, thereby affording a sure point of departure for the study of particular illnesses whose salient features are to be found in a minute examination of their latest developments. All symptoms are *reactions*, be they *general* or *particular*. The mental ones are the most illuminating as well as interacting fully with all the others, hence they deserve the highest rank. General sense reactions to heat, cold, light, noise, touch, posture, motion, etc., are all distinctly related to the *comfort of the patient*, hence also of great value. Subjective sensations are ideographic expressions, useful for interpretation by the examiner and may have any value whatsoever. Their true worth is best ascertained by their *purity and definiteness*, as fully expressed by the patient who invariably gives them a mental slant not otherwise obtainable. This has value in so far as it leads away from the machine methods of the schools. Every symptom picture shows three phases, constitutional, general conformation and the peculiarities. The basic factors with the rules of procedure are the constants, while the symptoms are the variables. All three must be well met before the *simillimum* can be seen. The gist of the case may be featured in any one part thereof. Often it is the common factor of the assembled peculiarities, again it may come down through the anamnesis, hereditary predilection, etc.

Late in February a child of two years developed severe *chills at 11 a. m. on every alternate day*. His face became very

blue, soon intense heat followed, then a slight moisture. One dose of *Natrum muriaticum* MM was given at the close of the cycle. There never was another chill and he has flourished as never before.

The profuse leucorrhœa of a young woman suddenly ceased; a left sided salpingitis with local swelling, high fever, restlessness and severe prostration quickly followed. Each paroxysm of pain gradually rose to a certain pitch then suddenly ceased. A dose of *Pulsatilla* MM restored the discharge over night and a steady and complete recovery followed.

A woman in the seventies with chronic nephritis was operated for a right sided strangulated hernia. In two weeks she developed subacute pneumonia with gastritis. The stomach pains always went to the side upon which she happened to turn. Two doses of *Pulsatilla* MM quickly stopped all distress and she expectorated much muco-pus, tasting of ether. In a week the gastric pain recurred but another dose of the same remedy completed the cure.

A devotee of Bacchus and Venus with endarteritis of the aorta and broken compensation was suddenly seized with an agonizing twisting pain in the left calf along with complete anaesthesia below that point. A swelling in the popliteal space appeared and he rolled about in great pain, tried hot baths and all sorts of applications without relief. A few doses of *Nux vomica* soon put him to sleep and in two days he was back to his former state.

These case histories emphasize the necessity of discovering the essential peculiarities which crop out from time to time in every sickness. In cases of long standing they are usually deeply rooted and should be used with care, lest we stir up an aggravation that cannot be easily handled. If structural changes have not gone too far and there is an abundance of vitality, we may venture with some confidence into the storm crisis which is almost sure to follow the administration of one of these diggers among remedies. Such cases bring us face to face with the old question of palliation and the use of sedatives; where it goes without saying that the genuine relief obtained will be in strict proportion to our knowledge of materia medica, for the ultimate effects of pain killers are never happy.

A woman well in the seventies had a dangerous abscess of the gall-bladder followed in four months by apoplexy and left sided paralysis; then came recurring cerebral congestions with violent head pains which caused her to scream out, pull her hair and roll the eyeballs from side to side. There was some paralysis of deglutition and a heavy dry coat on the tongue. Several doses of *Cuprum metallicum* MM given at long intervals made her very comfortable, cleared the tongue, removed the throat paralysis and restored the appetite, but did not affect the vascular degeneration.

Suppression and metastasis turn disease movement toward more vital organs engendering many evils. The laity cannot visualize the damage done by the use of salves, plasters, liniments and the host of soothing drugs so well calculated to relieve distress while they throw the vital forces into disorder, make disease more intractable and lower the patient's vitality. Let it not be thought that specialists, apprentice surgeons and dope shooters are the only ones guilty of disordering nature's processes; for chasing symptoms about without grasping their actual import and connection is a most insidious and subtle form of suppression, entailing endless confusion, often making cure an impossibility. This is the particular weakness of some deluded homœopaths. The curative remedy removes the latest symptoms first, then reaches further and further back until reaction to it has eliminated everything to which it is in the least similar in action. As the morbid symptoms grow less and less a calm finally follows whereupon very old symptoms reappear transiently or the picture alters its character radically, demanding a new analysis. This is a critical time for both patient and prescriber; a mistake here may ruin everything.

Aside from their acute dangers serums are palliatives as well as causing defective elimination; they lower reactive power and force the vital powers into more sluggish channels where response is much slower. This is fully shown by the presence of retention changes in the iris and the increased susceptibility to disease which follows. Injecting heterogeneous matter into the blood stream violates the laws of nature and is full of danger; being certainly a step down procedure.

Life expresses itself through harmonious interaction and ex-

penditure of vital energy. If its regular movement be disturbed health is soon impaired and disease appears. Prompt restoration demands the contacting of a similar acting force such as is best carried by potentized substances which are, after all, but new vehicles for particular detached forces. The dissipation of their power by sunlight is highly suggestive proof of this. Potentization seemingly does not change inherent vibratory activity as much as might be supposed. Did it in fact do so, the manifest power of the nosodes would soon lose all resemblance to that of its parent substance and become a nullity, which we know is not the case, by any means. That mere dilution or attenuation hardly alters the specific effect or vibration rate at all, is proven by the fact that vaccination not infrequently reproduces true smallpox, while potencies of *Variolinum* develop spurious variolous symptoms of high potential value. No procedure that violates the protective barriers which nature has thrown about the blood can possibly be anything but a bad palliative at best, and should not be called curative, however expedient it may be. Actual cures are only made by again harmonizing discordant vibration by means of the application of similarly acting forces. We thus come to think of the human body as a generator and storehouse of convertible energy capable of being shifted into needed channels when properly and sympathetically handled, which means that the forces used must primarily act in consonance with those to which they are applied, if we wish to restore normal action again.

Should the case be taken correctly, the similar remedy found, an accurate diagnosis made and whatever else is needful be done, it will all avail but little, if we do not know how to control reaction. The test of our ability is to know how long to await its appearance, to recognize it when it comes, to correctly evaluate its course and finally realize when it really ceases. These are the essentials.

Peculiarities of drug action are carried forward, amplified and intensified by potentization while their crudities are gradually eliminated; hence physiological action has value in so far as it is definite only. The burnings of *Arsenicum* and the cramps of *Colocynth* already appear in poisonings and extend as a charac-

teristic action through the highest potencies. Of itself this would not absolutely separate them from their companions; but as the ascent through the potencies is made notable modifiers and concomitants appear which clearly distinguish them from their associates. In this respect drugs act just like diseases. They cannot do otherwise, for no applied force can call forth what is not already potentially present in the human economy.

Every disease picture appeals to as well as leaves something to the imagination. Were it otherwise we could not cure. Disordered life forces soon exteriorize themselves as manifest disease pictures which we at once try to fill out by searching out all of its ramifications in order to form an unified concept thereof, which will be harmonious and be a speaking likeness, as it were, of some medicinal counterpart.

The correction of a disordered symptom complex is important and often difficult. For this preliminary work *Nux vomica* has very generally been used, largely because of the American drugging habit; but sometimes other remedies are clearly called for and must be given. A case in point: A lifelong hard drinker of 63 recently came to me with mitral incompetence and broken compensation. He did badly under several remedies including an alloëopathic prescription of large doses of digitalis with hypodermics of morphia two or three times a day. There was mounting ascites, dropsy of the legs, Cheyne-Stokes breathing and increasing insomnia, not always due to the dyspnœa. We all know the picture, which usually ends in repeated tappings and final exitus. The peculiar sleeplessness kept me looking for a remedy to match the combined contingency and which would perhaps hold the heart a while longer. Sleeplessness in heart affections was finally found under *Cratægus*. The prescription was thirty drops of mother tincture in half a glass of water; one teaspoonful every three hours. The effect was unbelievable. In two days the patient's blue cyanosed face became red; the very dry, red tongue again became moist; he began to lie down a little and the immensely hypertrophied and dilated heart grew progressively less; in short, a marvelous improvement set in, until one day a left sided supra-orbital neuralgia appeared. Now I knew the

symptoms had been set in order. A single dose of *Spigelia* MM has seemed to establish valvular competency and only slightly irregular heart action remains. For obvious reasons, this case does not point to a complete solution of the treatment of even one type of cardiac disease, but it does show what the right application of the carefully selected homœopathic remedy may do in a very dangerous situation. In an acute endo-carditis following suppressed tonsillitis, with almost the same diagnostic picture, but accompanied by excessive restlessness of the arms and air hunger, *Tarantula* cured radically. It seems to me that valvular heart affections are more amenable to correct prescribing than has been generally supposed, but the utmost care to place the diagnostic and individualistic symptoms in their proper perspective, must be exercised, if success is to crown our efforts.

The problems which daily confront us are in no wise less vital if we take into account the ultimatum of disease, for every acute affection properly treated tends to bring to the surface those deeper lying dyscrasias which we carry about but too faithfully for our own well being. If we wish to eradicate these, much depends upon when and how we begin operations. Homœopathy has proven its high value in the growing years beyond all cavil. Dietetics and sanitation are the only measures which have come even within hailing distance of it here. When thinking over these things one is likely to become impatient at the narrow mindedness which has so long passed for real scientific attainment. Science is not the thing or mode which we learn, but the relativity with which we understand facts. This interdependence is not new in homœopathy, even, if almost bizarre in the senior branch of the profession.

One more thought. Our regular brethren may possibly take up and even extend the usefulness of the homœopathic method in a number of ways, but the purposeful manipulation of inherent vital powers is a step far beyond their grasp. For us it is almost natural.

PARKERSBURG, WEST VIRGINIA.

## CLINICAL CASES

R. DEL MAS, M. D.

## MALARIA?

March 6, 1927. A few years ago a man, 53 years old, felt coldness in the hypogastrium, followed by shaking, heat and sweating, all at once. About a week ago coldness was felt again in the hypogastrium, with a sensation of hardness and swelling in the same region; cold feeling in the abdomen from cold drinks; coldness alternating with heat in hypogastrium; coldness with sinking empty feeling in stomach; coldness with prostration; feverish 1-2 times every night; rumbling in stomach; flatulence. *Ars.* 10M, one powder, gave a soothing effect at once.

## ECZEMA

May 9, 1926. A girl, 5 years old, has had for some time an itching eruption on the backs of both hands, fingers and wrists. The skin is rough, red, indurated, thickened, with vesicles at times. *Graphites* 200, one powder, put the hands in normal condition by June 1st, and they have remained well since.

## ACUTE APPENDICITIS

June 9, 1928. A man of 20 complains of: Pain in the appendix region for the past three days; first day pains lasted from 4 to 7 or 8 p. m.; the second day pain again about 4 p. m. which took his breath away; pain again on the third day after stool. The pain is worse from motion, coughing, walking, and lying on affected side. *Lycopodium* 200, one powder. The trouble has not recurred since.

## A COMPLICATED CASE

Dec. 30, 1927. A nun, 58 years old in March 1928, having heard the writer had cured one of her acquaintances of rheumatism, wrote the following:

Pains in feet in 1924 and 1925, which still exist.

Pains wandering and shooting; as if she had walked on needles.

Since Nov. 1, 1927, pains in both shoulders, wandering from shoulders to hands.

Worse raising arms or putting a dress on.

Worse in right arm.

Worse washing clothes in cold water.

Worse parts becoming cold.

Pains paroxysmal.

*Ledum* 1M, three powders.

Feb. 4, 1928. Patient writes that she is not better, but her case is illuminating as she answered a questionnaire.

Rhinitis at 14 and 18. Local treatment with "eau blanche", a 2 per cent aqueous solution of lead sub-acetate.

Epistaxis from age 12 to 20.

Polyp in left nostril, operated on, but recurred at 40.

Phthisis of left lung contracted in 1925, following upon a neglected bronchitis preceding a neglected pleurisy at the posterior base of the left lung. After staying 11 months in a sanitarium the bacilli disappeared from the sputum, but the cicatricial tissue being adherent to the pleura, gave her a constant pain in the base of the left lung. Radiographs were taken.

Styes on the lid of the left eye in 1921.

Chronic enteritis since 1903; worse 1907 to 1915; with persistent diarrhœa. Today the intestinal affection reappears once in a while, but is always better from heat; diarrhœa only in the day time.

Morning cough, with green expectoration.

Dysmenorrhœa first 2-3 days.

Menses copious, lasting about 6 days.

Diarrhœa first day of menses.

Constant desire to urinate during menses.

Menopause established between age of 50-52, that is between 1920-1922.

Prefers cold to warmth.

Very emotional.

Very explicit in her report.

Very sensitive.

Hot flushes still felt occasionally.

*Lachesis* 200th, 4 powders, one every hour.

On April 10, 1928, *Lachesis* 200th, one powder, was sent to her.

On June 6, 1928, she was sent one powder of *Lachesis* 10M.

On July 23rd, she wrote: "I am well". Her chest was well also. She thought she did not need any more medicine, promising to write again if need be. The writer believes the patient was not yet altogether cured.

## SCIATICA

A woman, 84 years old, had, for one and a half months, complained of:

Burning pain along right sciatic nerve.

Pulsating over tibia.

Pain better on motion until limb gets tired.

Pain worse lying on affected limb.

Pain better cool place in bed.

Pain worse at night; no rest in bed.

Right knee gives way under her.

Urination slow.

*Lycopodium* 10M, one powder, relieved the woman altogether. Alloëopathic drugs had not been able to do so.

## HERPES CIRCINATUS

A man of 32 had had a ringworm on the right wrist for over one month. Had used iodine, lysol, and what not, in vain. Itching when warm. Eruption scabby, dry, cracked, with bluish areola.

*Tuberculinum* 10M, one powder, cured the case in about one week.

HUGO, MINN.

It not unfrequently occurs that we are called upon to prescribe for what seem rather *results*, of morbid actions, than active diseases. In such cases, it would seem that we may often successfully base a prescription upon the symptoms of a diseased condition which no longer exists but which form in reality a part of the case.—CARROLL DUNHAM, 1858.

## THE USE OF THE HOMŒOPATHIC REMEDIES IN INFECTIONS\*

HERBERT A. ROBERTS, M. D.

Septic states have kept the medical profession in bondage and fear since the dawn of medical history, and physicians have resorted to this thing and that thing as a possible cure, only to find they were following another will o' the wisp. Empiricism in these profound and dangerous septic conditions will not bring satisfaction to the doctor nor rapid recovery to the patient. As homœopathic physicians, we all need to have brought to our minds the wonderfully rich field for the treatment of these septic conditions that Hahnemann and his followers have provided; and it gives us assurance to realize that these profound states produce the best indications for remedies. It is with this idea in mind that I wish to refresh your memories by giving hurriedly some of the outstanding indications for a few of the many remedies that our homœopathic materia medica provides for these cases. I wish to emphasize that the remedies I speak of are but a few of the many that we might select, for there is hardly a remedy but may be used with the best results in these conditions when the indications call for it; and there is no field in surgery that will bring anywhere near the reward in satisfaction in seeing the patient brought from seeming death back to life and full recovery, by the exhibition at the proper time and in the proper form of the indicated remedy. Therefore let us review a few of the most outstanding remedies that may be indicated in our very next case.

A remedy not often thought of in septic states, yet one which is very valuable indeed when its characteristic indications are present, is *Arnica*. *Arnica* is suited to those low septic conditions, especially those brought on from traumatic injuries to the tissues. The part is exceedingly sore, and the patient complains of every part he lies on being sore to the touch. The skin is mottled, ecchymosed, and there is a tendency for carbuncles of a deep bluish color, and abscesses which have a very decided tendency to burrow in the tissues. There is bleeding of the parts affected. There is a peculiar fever, the legs and body being cold, while the head

\*Read before the Connecticut Homœopathic Medical Society, May 20, 1930.

is hot. The mouth is foul; in fact, there is nothing about *Arnica* that does not show this degenerative foulness. The eructations are like rotten eggs. The stools become involuntary, bloody and offensive.

Where erysipelatous infection takes place in a punctured wound, and there is great swelling and œdema of the parts, with smooth, red, shiny skin, and exquisite sensitiveness—a sensitiveness all out of proportion—we think of *Apis*. The patient complains of sudden, sharp, stinging pains. If the wound is in the fingers, the stinging pains extend upward to the shoulder, for these stinging pains always extend toward the center and are always of that intense stinging quality that causes the patient to cry out. The inflammation is very largely of the venous type, and phlebitis may develop and become very troublesome. With all these conditions we may get the general constitutional symptoms calling for *Apis*, for unless these constitutional symptoms are present it is not indicated: fever without thirst; sleepiness and drowsiness, only to be suddenly roused by the intensely sharp pains; scanty, albuminous urine; and aggravation of all conditions from 4 to 8 p. m.

Another remedy to come under our consideration is that which has been used so extensively by the routinist in septic states on a purely empirical basis. *Arsenicum album* accomplishes splendid work in profoundly septic states when it is given on its individual indications, but unless it is strongly indicated, given as a matter of routine, it will never accomplish the end the prescriber seeks to attain. The predominant symptom of *Arsenicum* is its intense restlessness. Without this symptom the prescriber should never think of giving it. This restlessness is aggravated from midnight to 3 a. m. The periodicity of *Arsenicum* is very marked; in fact, it is one of the major periodic remedies. Another peculiarity of *Arsenicum* is the aggravation from cold and damp, and relief from warmth. The *Arsenicum* patient loves warmth, like the other hydrogenoids *Nux*, *Psorinum*, *Hepar*, *Silicea* and *Magnesium mur*. The *Arsenicum* patient will hug the fire, and wants to be wrapped up warmly. This desire for warmth and aggravation from cold runs all through the symptomatology, for cold foods and cold drinks irritate the stomach. There is intense

thirst with the febrile conditions, but it is for a sip of water only, but he calls for it very often.

The pains of *Arsenicum* are burning and stabbing, but a marked peculiarity of the remedy is that with the intense burning pains, there is relief from heat.

When we get these characteristics of *Arsenicum* we need not hesitate in the least in its use in the potency; but just because *Arsenicum* has been used by ordinary medicine as an antidote to septic conditions is no indication that it will benefit, except in the individualized case.

A remedy that has served me in good stead, and one that is seldom thought of in connection with septic conditions is *Arum triphyllum*. This represents a very profound poisoning of the general constitution. It is more apt to be indicated in diversified or cryptogenic septicæmia, where the whole system is engulfed as it is in some of the puerperal septic states. Its symptomatology is peculiar. The skin presents a mottled appearance. There is extremely high temperature; all the secretions are exceedingly ex-coriating; the coryza especially is fluent. The nostrils are obstructed, yet the coryza is exceedingly watery and burning, causing the patient to breathe through the mouth. When the patient drinks, the fluid comes out through the nose. The tongue is cracked and bleeding, as well as the lips.

There is a delirium, or semi-delirious state, and a peculiar symptom in these delirious states of *Arum triphyllum* that has often been verified is the quivering of the left upper lid. Another characteristic symptom is that the patient persistently and insistently bores his fingers into the nostrils and picks at them until they bleed. As soon as the blood appears the patient seems satisfied and will cease for a time.

This remedy may be called for only occasionally, but where it is indicated it will do wonderfully good work.

The snake venoms are always to be considered in association with septic states, whether these be localized or general. There is no class of remedies that presents such possibilities in combating these dread states. Let us consider *Lachesis* for a moment. Probably the most outstanding symptom of *Lachesis* is its exquisite sensitiveness to touch, whether it be touch of the infected

part or of the general system. This aggravation is from the slightest touch rather than from the firm touch, and there is amelioration from heavy pressure. There is always the sense of constriction, especially about the neck, but it may be limited to the part affected. Most of its complaints are to be found on the left side, or beginning on the left side.

The hæmorrhages of *Lachesis* are very dark, fluid blood. It is characteristic that small wounds bleed much. This is because of the venous stasis, instead of the arterial hæmorrhage; therefore we get the blue color of the skin, and mottling. The inflammation has a tendency to go on to suppuration. The septic conditions where we most often find this remedy indicated are surgical fevers, gangrene, carbuncles, where there is a tendency for sloughing of the parts affected.

The patient is worse after sleep; in fact, the aggravation begins before the sleep ends. There is aggravation from warmth and from a change to warmer weather. Often we find this aggravation as the warm spells of spring come on.

The nervous system is very strongly affected, and there is trembling and tremor of the parts affected. The patient is profoundly weak, physically and mentally. Thus we have in the leading remedy of the reptile family many of the peculiar symptoms that may frequently be indicated.

In connection with the snake poisons, I would point to the peculiar symptoms of *Vipera* which make it so valuable in septic conditions. It produces all of the profound blood poisoning states of its family, but there is also intense aggravation from the affected part hanging down; a feeling as if the part would burst. This is the result of the venous inflammatory state. The hæmorrhages are frequent, and again they are venous rather than arterial. In the profound states, especially if there is coma, a peculiar symptom of *Vipera* is that pressure upon the abdomen, which is usually tense, invariably causes distension of the facial muscles. There is marked mottling of the skin, becoming almost black, and a peculiarity of this mottling is that some of the patches are cold to the touch, and there is great tendency to sloughing. Vivid spots appear on the hands or feet, with a red streak following the course of the veins upward to the body.



A study of all our snake remedies will reward the physician who has to deal with septic states.

The spider poison, *Tarantula cubensis*, has all of the restlessness and hysterical tendency of the *Tarantula hispanica*, but with it it has the added symptomatology of malignant suppuration and unhealthy abscesses, especially carbuncles, with burning, stinging pains, great weakness and diarrhœa. The pains are intense and most troublesome, and their effect on the nervous system is to produce hysterical manifestations. The parts affected are usually of a purplish hue, with a tendency to slough—again venous stasis. This remedy is to be compared with *Lachesis* and *Vipera*.

*Rhus tox.* can be of immeasurable service to the physician in these desperately sick patients from septic conditions. Probably the most outstanding indication for *Rhus* is its lameness, stiffness and soreness. This is particularly so when the patient is first moved. It ranks with *Arnica* in the bed being hard and the parts lain on being sore and lame. It is aggravated very much from touch. In *Rhus* conditions, there is a tendency for the inflammation to follow up the tendons, causing them to become inflamed and sore, along with the constitutional symptoms. The parts become very red, shining and there is swelling, often covered with small white vesicles. In erysipelatous swellings with this eruption it is one of the first remedies for us to consider, as in cellular inflammations. The glands become swollen, hot and painful. With all complaints there is restlessness, aching and soreness; better from motion, but aggravated from beginning to move. *Rhus tox.* will abort many of these septic states almost at their beginning, and it will be curative even after the condition has been thoroughly established, when these characteristic indications are present.

One of the great nosodes that has been used extensively in septic conditions is *Pyrogen*. Many times it has been used out of its sphere of action, because it has been prescribed on the pathological basis only. *Pyrogen* is the *Aconite* of the pyrexia state. In other words, it corresponds to a profound poisoning, but with many of the acute and active manifestations that we find in fevers in general at the beginning of *Aconite* poisoning. H. C. Al-

len claimed for it great results in septic states when the best selected remedies fail to relieve or permanently improve, analogous to the action of *Sulphur* or *Psorinum*. It has a violent chill, heat and sweat. Dry heat; violent aching of the limbs; restlessness, ameliorated by heat and motion; wants to be covered. It vies with *Sulphur* in aversion to being washed; however, hot bathing is grateful. Oftentimes the patient will not sleep in bed, but will sleep when slightly rocked in a chair. Pains are worse sitting and resting. The restlessness is like *Rhus*, but unlike *Rhus*, this restlessness is ameliorated when first beginning to move. Wherever pus is present and pent up, with hectic fever and the above symptoms, it will do excellent work. It is said that it will abort puerperal fever. In the profound states, with intense heat, the bed feels very hard, like *Arnica* and *Rhus*. It has the confusion of the mentality, simulating *Baptisia*; the inability to co-ordinate the parts. The *Pyrogen* fever often reaches 106, but with this exceedingly high temperature there is one marked peculiarity, that the ratio between the fever and the pulse becomes disorganized, and we have the high temperature with a low pulse, always a sign of great danger. In other words, the pulse and temperature are out of rhythm. Indications of poisoning where *Pyrogen* will do good work are conditions where there is great pain where the natural exudations from an open wound are scanty. There is violent burning in abscesses, like *Arsenicum* and *Tarantula*. Marked offensiveness; putrid discharges; cadaverous odors of the body, the breath, the sweat and all discharges. This is one of the great finds and help-meets in septic, surgical and puerperal fevers.

We have spoken of a few of the wonderful possibilities that are in the homœopathic materia medica for these dread septic conditions. It is only possible in a paper like this to speak of a few, but we leave it to each one to become familiar with the tools of our profession, and bear in mind this: that our instrument case is filled with tools whose edges are sharp; whose penetration is great; and when properly used will relieve desperate conditions that are beyond the reach of the humanly wielded scalpel; and above all, these tools will take precedence over empiricism at all times.

## THE TREATMENT OF PNEUMONIA\*

B. B. FENIMORE, M. D.

The earlier treatment is instituted in the course of the disease pneumonia, the better will it be for the patient and I believe this cannot be disputed. Pneumonia, though, is such a treacherous disease that seemingly, when everything appears in the patient's favor, he frequently will die, and obversely, so often when it seems there can be no hope, conditions will suddenly change and patient will get well. However, it does seem that the earlier a patient can be gotten to bed the better the result should be.

Physical and mental rest is most important and here the doctor is usually as much at fault for irritations to the patient as anyone else. Too frequent physical examinations are unnecessary. An early and complete examination is usually sufficient and unless serious changes take place, why subject the patient to more discomfort. Avoid making the patient exert himself; for instance, when using the bed-pan, or urinating, or changing the linen, much help can be given by nurse or attendant. Avoid discussing the case either with the patient or with others in the presence of patient. Pay close attention to condition of heart and pulse, and here, also, this can be done in such a way as not to annoy.

Infection is favored by cold; therefore, the patient should be well protected at all times even when changing the bed linen, but, of course, do not go to the other extreme and have patient too warm. Clothing, light but sufficient, thorough ventilation and a temperature of about 68 degrees should be carefully arranged. Bathing is necessary for cleanliness but as a rule it is not needed as an aid in reducing temperature. The air should be kept somewhat moist. The easiest way to do this is by using a wet sheet hung in a door-way. It can be wetted down as it becomes dry.

Feeding should be given special attention, light but nourishing, usually milk and broths. In those patients who have indulged, or are alcoholics, alcohol should be administered in some manner; best, possibly, by mixing whiskey or brandy with milk in the form of a punch. Many cases do well without alcoholic stimulants, but where there is increased prostration or collapse is

\*Read before the Connecticut Homœopathic Medical Society, May 20, 1930.

imminent, it is absolutely essential to employ it. Also when cardiac weakness impends, alcohol also in some form is the better stimulant.

Local applications are greatly over-done. Usually warmth as given by a light flannel jacket, regular use of the high frequency electric current in the form of diathermy or the use of the ultra-violet light is sufficient. The use of such weighty applications as the kaolin preparations is absolutely unnecessary.

Remedies found to be efficient both from the chest symptoms and pain are listed as follows:

*Aconite*. The fever is ushered in with a distinct chill and the history of an exposure to cold is clear. This remedy is particularly indicated if associated with the characteristic nervous and mental state. The pains of *Aconite* are violent stitches in the left side in the region of the breast; shooting pains in the intercostal region of the left side accompanied by a sensation of a weight in the chest. There is a hoarse, dry, croupy cough. The breathing is loud and labored and there is a hot feeling in the lungs.

*Veratrum viride* is indicated in the early stage with rapid pulse; rapid, strongly acting heart, dyspnoea and a sensation of heavy load on the chest as the most prominent symptoms. Usually cases which call for *Aconite* or *Veratrum viride* are seen too late to prescribe these drugs.

*Ferrum phos*. Here the chill is poorly defined. Blood-streaked sputum, hard, dry cough with a very sore chest, dyspnoea and fever are among the prominent symptoms.

*Bryonia*. This remedy is probably the most frequently indicated of all the remedies, but, not as some seem to think, the only one drug to use. The chief symptoms are a dry cough, dyspnoea and a great thirst. Pain is a prominent symptom, the type of which is a sharp, lancinating pain below the right nipple from within outward, felt during inspiration. Most of us consider this remedy as only right-sided but it also has a location on the left side and here pain is in the same region as on the right extending through to the scapula, also felt during inspiration. This symptom taken by itself does not, of course, mean *Bryonia*, but when associated with a characteristic right-sidedness, it is surely indicative of this drug.

*Phosphorus* is another very widely used remedy, and justly so. Pain is one of its prominent features. The pain is violent and stitching in character, under the left clavicle down the left side to the lower lobe of the lung, also a cutting pain from the sternum through to the right scapula. Other symptoms are, fever, chill and dyspnoea which is aggravated by motion and cough. The cough is hard, dry, tight and racking in character.

*Cantharis* has intense dyspnoea, palpitation, a frequent, dry cough which is short and hacking, with blood-streaked, tenacious mucus and severe stitches either on one or the other side.

*Conium*. There is a dry cough which is almost continuous, and worse the latter part of the day. A small amount of mucus is raised only after prolonged coughing. The patient feels relief afterwards. There is dyspnoea on exertion with an oppression and constriction of the chest. The pains are violent stitches on the right side, as if a knife were being plunged into the side.

*Causticum* has hoarseness, with pain in the chest and soreness accompanied by palpitation, great anguish and uneasiness. He cannot lie down at night. The pain is on the left side, in the lower lobe and on both sides at the lower border of the upper lobes.

*Rhus tox.* Lancinating pain extends from the left side through and under the scapula, accompanied by a dry, tickling cough, worse after midnight, oppression of the chest with a sensation that he cannot breathe because of the sticking pains.

\* \* \*

Possibly I have been fortunate in those cases that have come under my observation. In no case has the drug been prescribed higher than the third dilution and only the single drug has been given. Would my cases have recovered with another remedy than the one given or would they have gotten well without any medication whatsoever?

NORWICH, CONN.

Pathognomonic symptoms are of value not only in assisting to select the proper remedy, but also by their disappearance as indicating the removal or neutralization of the morbid influence.—  
HENRY M. SMITH, M. D., 1858.

## THIS AND THAT ABOUT THE LIVER\*

W. A. MCFALL, M. D.

How many cowards, whose hearts are all as false  
As stairs of sand, wear yet upon their chins  
The beards of Hercules and frowning Mars,  
Who, inwardly searched, have livers white as milk.  
Shakespeare's *Merchant of Venice*.

That organ of the body situated in the right side of the abdomen immediately below the diaphragm is known in English by the name of the liver. The word is of doubtful origin. One school of etymologists hold that the Anglo-Saxon word *lifer*, German *leber*, Icelandic *lifr*, Scandinavian *lever*, come from the same root as English *life*, German *leben*; possibly meaning the liver as the seat of life. Another school contends that the word has its origin from the Greek word *hepar* from which came old German *leper*, English *liver*. The Greeks, however, were not interested in the anatomy and histology of the liver but they viewed it psychologically. To the organ they assigned the seat of two of the great emotions, love and anger. They doubtless had observed the relation existing between a man's outlook upon life in general and the state and functioning of his liver. The Romans in their scientific works simply transcribed the word, the Greek *hepar*, genitive *hepatos*, becoming the familiar Latin word *hepatica*. And that dainty little flower which bursts forth in rich woods after the first April showers, a harbinger of Spring, the joy of every school child gathering wild flowers, is called hepatica from a fancied resemblance of the shape and outline of its leaf to the outline and contour of the liver.

Throughout the ages the liver has been associated with the occult, the divination, with peeping into the future. The custom was to kill an animal, generally a sheep or goat; the wise men examined the liver, and, according to its appearance, color, markings, etc., the outcome of important events, such as war, was predicted. To them it was an oracle giving an infallible answer. Even that great and mighty king, Nebuchadnezzar, did not hesitate to invoke the ancient rite before he made his historical ex-

\*Presented at the I. H. A., June 1930, Bureau of Homœopathic Philosophy.

pedition against Jerusalem in which the city was captured, the magnificent temple ransacked and destroyed, and the children of Judah carried captive for long years to Babylon. With due reverence we will quote the words of Holy Writ: "For the king of Babylon stood at the parting of the way, at the head of the two ways, to use divination; he made his arrows bright, he consulted with images, he looked in the liver". Ezekiel 21:21.

Among the excavations of the far eastern cities are found vast numbers of tablets of the shape of the liver and upon them are marked verses and also what each lobe and area represents in this art of divination. Centuries afterward, especially among the Greeks, birds were used in place of animals. The birds were kept and carefully guarded and fed in the royal household. At the present time, for superstition dies hard, the rite is practised by the natives of Borneo, who use a pig's liver. If the color of the liver is pale, then the natives skulk in their tents, the time is not propitious; but, if the liver has a blood red appearance, then they sally forth with murder and rapine in their hearts, fully conscious of the fact that, although their numbers may be fewer and their javelins shorter than the hostile tribes, yet victory is theirs as the fates are fighting on their side.

A custom common in European countries is to take fowl, generally geese, and put them on a roost, thus off their feet. Then they are greatly overfed with the result that there are produced enormously large juicy and succulent livers. From these are made that delicious dish of continental cafes, *pate-de-foie-gras*. The eating of livers obtained from animals fed in a special and de luxe manner has left its impress upon the language of the Latin countries. The French word "*foie*", Italian "*fegato*", are the shortened or derived forms of "*jecur ficatum*", the liver of an animal fattened on figs.

It is always interesting to study the shades of meaning of words used in the ancient languages. One of the oldest of all books is the Hebrew *Old Testament* and in it is recorded the giving of the *Ten Commandments* as a basis of human conduct. These Commandments, in their historical origin, were written upon two tablets of stone. Upon the one tablet was written a man's duty to God and upon the other tablet was written a man's

relation and true conduct toward his fellowman. But, there was an intermediary Commandment, one that was written partly upon the one tablet and partly upon the other—one that conjoined the two. That Commandment is "Honour thy Father and thy Mother", etc. The first word of that Commandment is "honour" and the word for honour and the word for liver, in the Hebrew text, are the same word. By way of comparison, it may be said that in the Hebrew text "womb" and "mercy" have a common word. Now one must be guarded in drawing conclusions from these observations, but if one adheres to general principles there is no harm in wandering into the field of philosophy and conjecture. All the blood from the stomach, pancreas, spleen, etc., laden with the products of digestion, etc., is freighted for the one port and that port is the portal vein and liver. The end and purpose of this is that the digested food shall be purified and built up into a fluid suitable for nourishing the tissues of the body, which is blood. The lower must be stepped up to a higher. That is the duty and function of the liver. Bile is only a by-product in this process, a by-product which, of course, nature puts to important uses. This can be illustrated by the lamprey eels of the class cyclostamata. These are the kind that adhered to the body of the marathon swimmers as they ploughed through the cold and placid waters of Lake Ontario in their Herculean struggle to win the Wrigley trophy. These eels, so called, have, in adult life, no bile duct, it simply withers away, and the liver functions as a blood making organ without the need of the bile secretion and purification. When a child is born the liver is the heaviest organ in the body, slightly exceeding the brain in weight. When one considers the very low percentage of iron in milk and yet the high hæmoglobin content of blood in a healthy breast fed baby, one wonders at the chemistry. Undoubtedly there is a reserve account in the liver. The reserve, however, may become quickly exhausted and marked anæmia will sometimes develop in milk fed babies.

In comparative anatomy an interesting point is that the horse and deer have no gall bladder.

Among the medicines used by the dominant school for their action either directly or indirectly upon the liver may be men-

tioned calomel, podophyllin, sodium salicylate, sodium phosphate, sodium sulphate, ammonium chloride, nitro-muriatic acid, iridin and eunomyn. Ammonium chloride, at one time a great favorite among a certain group of medical men, seems now to be enjoying a revival of popularity, while calomel, long the sheet anchor to unload a lazy and sluggish liver, seems to be losing in favor. Sodium phosphate which enters largely into saline hepatic mixtures is a constituent of normal bile.

In the realm of homœopathic therapeutics the truth of the indicated remedy based upon the totality of the general symptoms still rules. Among the remedies that are frequently indicated in liver disorders may be mentioned that great trinity of medicines, *Sulphur*, *Calcarea* and *Lycopodium*; then *Cinchona*, *Bryonia*, *Phosphorus*, *Carduus marianus* and *Chelidonium*, together with nearly all the agents mentioned above as being used by the old school.

Sulphur is undoubtedly very closely related to the function of the liver. As iodine is related to the thyroid gland so sulphur is related to the liver. We find sulphur indicated in pernicious anæmia, in diabetes and in chronic liver disorders, alcoholism, etc. Elementary chemistry teaches us that the two main elements of the air are nitrogen and oxygen. Now, the nitrogen series of chemical elements, phosphorus, arsenic, antimony and bismuth—are all destructive of liver cells, producing necrosis or fatty degeneration. The chemical allies of oxygen are sulphur and selenium. When arsenic is given as diarsenol in the treatment of syphilis, a danger arises of the arsenic being deposited in the liver with resultant injury. But a sulphur containing substance, sodium thio-sulphate, will liberate the arsenic from the liver cells and the arsenic thus liberated will again have an action upon the syphilitic lesions. One of the functions of the liver is to store up in its cells carbo-hydrate in the form of glycogen to be used for the tissues of the body. That which controls and regulates this function is a sulphur containing substance called insulin. And it is of interest that while insulin contains much sulphur it contains no phosphorus. Selenium in the oxygen chemical group will vulcanize rubber from its relation to sulphur. Farrington states that *Selenium* is sometimes indicated in chronic liver affections result-

ing from alcoholism, etc. Alcoholic livers were not uncommon in America before the 18th amendment was brought forth and given birth by way of a breech presentation. *Calcarea* is a valuable remedy for gall stones because gall stones are found in people who are fleshy and have enlarged abdomens, put on weight easily, are chilly and have cold hands and feet. The gall stone type is frequently the *Calcarea* type. *Lycopodium* with its right sidedness could hardly escape being a liver remedy. It has the coated tongue, the sour taste and vomiting, great hunger with the feeling that a very little food produces a sensation of being full up to the throat, sensitiveness of the region of the liver so that the patient can't bear the pressure of clothing; great flatulency with no relief from belching. *Cinchona*, on its general symptoms, is frequently called for in catarrhal jaundice and in the anæmias. *Bryonia* is a valuable liver remedy and frequently indicated with its sharp stitching pains in region of liver, pain under right shoulder blade, bitter taste in mouth, yellow coated tongue and general aggravation from motion, etc. *Phosphorus* with its typical thirst is indicated in acidosis of diabetes; after the anæsthesia of chloroform; and in acute hepatitis. *Carduus marianus* is indicated in jaundice with dull headache, bitter taste in mouth, tongue white, especially in the middle with tip and edges red, nausea with vomiting of an acrid green fluid. In *Chelidonium majus* we have a real find in therapeutics. It is certainly a valuable and frequently indicated remedy in gall bladder and liver disorders. A marked symptom is pain under the angle of right shoulder blade, shooting, tearing, lancinating pain extending from right hypochondrium through to the back or sometimes down into the stomach.

Whatever can be said against this article it cannot be charged against the writer that he has wandered from his text.

TORONTO, CANADA.

It is a reputed fact in psychology, that by being too much absorbed in a limited field of investigation, the mind is narrowed in perception and gradually rendered incapable of wider trains of reasoning. So in medicine, from the too close consideration and study of specialties, there grows the whole crop of *Specifics*.

## A CLINICAL CASE\*

JOSEPHINE HOWLAND, M. D.

January 19, 1929. Mrs. S., age 72, came in yesterday complaining of a terrible "cold" contracted last September, another in October, and another in November. She had alloëopathic treatment with no relief.

The face was pale and thin.

Cough ever since the "cold" in September, worse coming in from outdoors, (*Bry.*) worse rising in bed (motion), (*Bry.*) hurts the chest.

The expectoration is frothy.

The arms feel heavy and it hurts to raise them (motion) (*Bry.*).

There is thirst for large quantities (*Bry.*).

The chest is sore and lame (*Bry.*).

The bowels are constipated.

There is a tired feeling.

She is chilly all over.

*Bryonia* 50m.

February 2, 1929. The cold grew gradually better for two weeks and then disappeared after a terrible coughing spell. After this the chronic symptoms began to appear.

Pain in the right hypochondrium, worse on motion, better by heat.

Thirsty.

Sleep fairly good when not in pain.

Bowels, a stool every day, hard balls at times.

Appetite usually good.

Face, tip of nose red, red spot on forehead between the eyes.

*Sulphur* 6m.

March 12, 1929. The liver pain was quite severe for 3 days. Bile came up into the throat when the pain was most severe but it went back again. When first given *Sulphur* the tongue had a brown coating.

Today there is a headache in the forehead from indigestion. She used to have terrible bilious headaches.

\*Presented at the I. H. A., Bureau of Clinical Medicine, June 1929.

In 1890 she had "flu", at which time tumors came under the left jaw. The doctor removed one tumor and while so doing cut the facial nerve, causing paralysis of the left side of the face. The left eye turned in. He wanted to remove the eye but she would not allow it. Dr. Lee sutured the nerve and after a while the face straightened out and the eye regained its normal position. The drum of the left ear is partially destroyed and she is somewhat deaf in the right ear.

March 24, 1929. She says she has some pain in the liver, off and on all the time, worse the past few days.

The tongue is brown again.

The hands and feet are always cold.

Chills.

Headache through eyes, off and on.

Bowels, a stool nearly every day, and sometimes twice a day.

Nose not so red.

The face is filling out. She has put on some flesh, has more color, and is healthier looking.

Sleeps well when she first goes to bed, then wakens and can't sleep until it is time to get up. Then she wants to sleep.

While she was in the hospital for the nerve suture, her feet used to burn so that she stuck them out of the bed (*Sulph.*).

*Sulphur* 55m.

April 1, 1929. She has been gradually growing better, with only an occasional shooting pain in the liver.

Face: The red spot is gone from between the eyes.

The nose is nearly normal.

The pain over the liver lasted a few days and then appeared in the upper part of the left hypochondrium. This lasted a few days and then went to her back. I examined her back and found a displaced vertebra which she had since a fall at the age of 12. I replaced the bone but she complained of the pain for three weeks although not quite so bad. She still had a little pain in the back when she left me. After she left I discovered she had been taking aspirin. I had been wondering why the backache lasted so long. This explained it.

She was not an intelligent woman, and I couldn't do much with her. She thought she knew more than I did. She lacked am-

bition. Her brother wrote her that she needed some "ambition powders". She wanted to sit up till 12 or 1 o'clock and then lie in bed in the morning. I tried once to see how long she would sleep. It was 12 o'clock before she woke up. She didn't sleep much the fore part of the night but sat up and read or sewed. She was lazy. In Hering's *Guiding Symptoms* under *Sulphur* one finds: "He is too lazy to arouse himself up and too unhappy to live". She said she didn't want to live. She had high ideas about living but couldn't live up to them because of lack of money of which she has little. She was somewhat stoop-shouldered, which is *Sulphur*. It was a typical *Sulphur* case and it is too bad she was not intelligent enough to follow through to a cure.

UNION SPRINGS, N. Y.

The character of this interloping influence, which we call *morbid*, is various—it may be *spiritual*, *material* or *vital*. If spiritual, it has entered into the sphere of the personality through the psychical side, through the passions and emotions, or the intellectual labors; if material, through the material or molecular element, such as the chemisms, and mechanical injuries; and if vital, it has entered through the Life, as we see in the specific actions of drugs, aside from their chemical properties, the influence of other personalities, and the specific actions of miasms, as fevers, exanthemata, etc.

Now in whatever way, through whatever channel, the morbid element may effect an entrance into the personality of the man, the *manifestations* of that taint are always such as involve the Life principle of the Ego. The *symptoms* of a disease, in other words, are always dependent on the vitality, with the single exception of mechanical solution of continuity, and even in this, there is something secondary to the injury, which something cannot occur except under the involvement of the Life. Here then we perceive three methods in which a morbid element may come within the sphere of the personality, and as a matter of course, the morbid element must have contracted affinities for some one of the three entities which make up the individual.—*American Homœopathic Review*, 1858.

## A BRIEF STUDY COURSE IN HOMŒOPATHY

ELIZABETH WRIGHT, M. D.

### V

#### THE EVALUATION OF SYMPTOMS

In the lecture on case taking in the May issue we gave, in some detail, the hierarchy of the symptoms, and would suggest that in connection with this article the reader reperuse that one. The evaluation of symptoms is, perhaps, the most important part of the homœopathic technique, and, to the beginner, one of the most difficult. Certain propositions in relation to it are axiomatic. Owing to the terminology of modern medicine and the training that patients have received from non-homœopathic physicians, the emphasis which the patient himself places upon symptoms is often entirely misleading. The doctor must separate diagnoses and common symptoms (that is, symptoms which are common to any patient suffering from a certain complaint, such as vomiting in a gastro-intestinal case). These *common* symptoms are valueless from the point of view of homœopathic prescribing unless qualified by modalities. The physician must discriminate between the relatively worthless common symptom, which may often be the patient's chief complaint, and the precious, minor, subjective symptoms which the patient, inadvertently, brings out. The patient may complain loud and long of some pain or inconvenience which is relatively irrelevant, and not even be aware of grave and helpful symptoms plain to the physician.

On the other hand, just because the physician knows that mental symptoms are most important he should not hunt in the haystack for a tiny mental, with which to open his case. *The symptoms should have the same importance, the same weight or mass, in the patient's case as is assigned to them in the symptom hierarchy.* For example, a woman complains of indigestion and admits to overpowering fears, the fear, being a mental, outranks the stomach symptoms; but if this woman had violent pain in the stomach and an unimportant fear, the pain, being a much greater factor in the case, would outrank the fear.

A third axiom is that all rubrics used, or rather symptoms taken to be matched with rubrics, must be really true of the patient and reliable.

Another is that three or more similar particulars make a general, for instance, if the patient has burning in the head, the stomach, the feet, and the skin, the general rubric BURNING is applicable; whereas, if he has burning in the stomach only, it is a particular.

If a valuable general can not be found in the *Repertory*, as stated by the patient, it may be found under the opposite rubric, as, "cold weather ameliorates". This is found in the *Repertory* under "warm air aggravates". "Better in summer" is found under "winter aggravates". This, again, brings up the nice problem of the interpretation of the patient's words and their translation into terms of the rubrics. Only a knowledge of the exact meaning of words and of psychology sufficient to divine what the patient means by what he says, and a thorough acquaintance with every rubric in the *Repertory*, will enable the physician to allocate the symptoms.

If care and ingenuity are taken it is not only justifiable, but sometimes necessary, to combine rubrics in order to get the exact meaning. There are two ways of combining, by adding all the remedies in the two or more rubrics, especially when the rubrics are small; or taking only the remedies which appear in all the rubrics taken, which increases the grading of the remedies. An example of rubrics which may be combined by this latter method is, menses acrid, early, bright red and clotted.

There is divergence of opinion as to the proper place of pathology and also of objective symptoms (such as redness of the orifices). In the Kentian method, these are placed relatively low, whereas the Boger method, as given in his little *General Analysis*, stresses the pathological generals, as opposed to diagnostic pathology. Stearns favors stressing the objective symptoms as he feels that these can not mislead.

There are several kinds of pathology. Disease diagnoses appear here and there in the *Repertory* as, scarlet fever, septicæmia, chorea, apoplexy, etc. Other conditions which are pathological and yet are symptoms rather than diseases are found, such as,

convulsions, dropsy, cyanosis, hæmorrhage, etc. There is a third class of pathology, the importance of which consists in the bodily tendency to produce such changes, such as, warts, polypi, fibroid tumors, etc. These are the most important of the pathological rubrics as they indicate the tendency of the whole constitution. Such a rubric as empyema, which is found under chest, is a pathological particular and less important although it may be of great interest in such a case to see what remedies have had the power to cause and to cure this condition.

The schema of the order of importance of symptoms according to Kent is:

Mentals—will, understanding, intellect.

Physical generals—time, temperature, weather, position, motion, external stimuli, eating, drinking, sleep, clothing and bathing.

Particulars—strange, rare and peculiar, and the modalities of the particulars. For details see May issue mentioned above.

In the Kent method after taking the complete case the physician selects any outstanding mentals, grading them in the order above given. He, of course, adds such mentals as he, himself, perceives in the patient or as a cause of the ailment. There may be from one, or indeed none, to six or seven marked mentals. The physician then takes the chief generals in the case, ranking them in the order above given. The mentals plus the generals will give him a working basis for the selection of a chronic remedy. When the physician has repertorized these symptoms down to about five remedies he should then rank the particulars and see how the five remedies cover these. Then he must take these five remedies and study them in the materia medica, in order to select the one most similar to the case. It is obvious that this method proceeds from generals to particulars, and no special attention is paid to pathology.

In the Boger method fewer symptoms are used and special stress is put on pathological generals, for instance, if the case presents several excoriating discharges the rubric ACRIDITY, in Boger's *General Analysis*, would be taken; if the patient complains of marked dryness of mouth, rectum, skin, etc., the gen-



eral DRYNESS would be used. In this method the mentals are prominent and take first place, as in the Kent method.

Stearns takes not more than five or six symptoms, of which one is mental, one pathological, one objective and two physical generals.

Boericke divides symptoms into basic and determinative classes, the basic being the common, diagnostic and pathologic, and the determinative the subjective, modalities and generals. Boericke, like Dr. Margaret Tyler, in England, advocates the use of certain large general rubrics, such as lack of vital heat, as eliminative symptoms, which some Kentians consider dangerous.

It is hoped that the student will not be confused by this variance of method among the masters and it is strongly recommended that each beginner master the Kentian technique first, the other variants being short cuts to suit different types of minds.

As soon as the case is taken and the physician sits down to study it, he will find it useful to run down the list of symptoms and mark with *M* opposite the mentals, *G* opposite the generals, *PATH.* opposite the pathology, *P* opposite the particulars, and *O* for objectives. This should be done in the left hand margin and should be in colored pencil. For further clarity he may underline any peculiar symptoms in red. The symptoms to be actually used for repertorizing should be written off on a new sheet in the order of their importance. If the Kent method is being used he is then ready to transcribe the symptoms onto the special blank repertory sheets which can be purchased from the American Foundation for Homœopathy and which greatly simplify repertorizing.

After the beginner has listed his symptoms according to their importance he should reconsider, checking mentally his symptom list with his impression of the patient and see if any elements of the case are placed too high or too low, for on the correct evaluation of the symptoms depends the possibility of finding the most similar remedy which will lead to cure.

BOSTON, MASS.

## "CAN HOMŒOPATHY BUILD UP THE FEEBLE CHILD?"\*

S. MARY IVES, M. D.

In these days of so-called "modern medicine", with the congested traffic due to the various swift moving vehicles of highly specialized methods, one almost hesitates to come out in the open with the dear old "one horse shay"! And yet, looking back along the vista of thirty-six years' travel, with the tried and true old nag, one feels the courage to jerk the reins and start off along the well-beaten path!

Starting with the crowded children's clinics at Seventh and Spring Garden streets, in Philadelphia in 1894, under the able guidance of Dr. James Tyler Kent, and his associates, one learned to study the "feeble child". The pale, puny babies carried in, in the mother's arms, fretful and uneasy, only quiet as long as the mother walked back and forth, back and forth, whilst giving the symptom picture. Sitting down to rest her poor tired limbs a minute, then would the child begin to scream again. A pitiful wailing sound calling forth all one's sympathy for the suffering baby, made us give the child *Pulsatilla*; a snarling, spunky scream so that one felt a desire to spank the poor infant, made us hurry for a dose of *Chamomilla*, and so on. It might be a summer diarrhœa; it might be an irritated brain from teething; it might be a bronchial condition; it might be hunger from lack of proper feeding, but the child and his symptom picture was the indication for the remedy needed, rather than the physical state.

Perhaps tugging at the mother's skirts would be another small offspring, grimy and illkept; poor little face broken out with sore places; nose unattended to and very red-looking where the discharge had accumulated; fretting and teasing for "candy". A dose of *Sulphur* was the crying need there. Maybe another child would be brought in—pale, thin, almost to emaciation, "always hungry", the mother says, "never satisfied"; the child devouring a pretzel such as Philadelphia only can offer; loaded with salt

\*Presented to the I. H. A., Bureau of Obstetrics and Pediatrics, June, 1930.

crystals, and with each mouthful the child smacks its lips, so good is the salty taste. Here is a *Natrum muriaticum* case.

The babies are not all thin and puny; here comes a plump, waxy faced child, heavy looking and listless: perspiring freely and very sour smelling. How about *Calcarea carb.* for this one?

And so on through the crowded afternoon, day after day, week after week, month after month until a year swells into many years. There is no gratitude quite so fervent as that of the tired mother who finds her sickly baby relieved of its discomforts; its fretting turned into crowing; its wakeful, restless nights turned into quiet restful sleep. And she realizes that her child is on the road to health!

But it is a slow process, this building up the feeble child; it takes much patience on the part of parents and physician (to say nothing of the poor child itself). There are many handicaps to overcome. It is a little easier if one has had a free hand from the time of the birth of the child, or even before that, in the care of the mother during her time of pregnancy. One gets to know what to expect, so to speak, and as symptoms develop one is prepared to read the symptom picture more understandingly and to perceive clearly the indicated remedy. But constructive work may be done even though the child first comes to our attention when he or she is seven or eight years old. How about the tall, lanky, dark haired boy brought to the office by his father, who is greatly distressed by his son's long lasting bronchial cough; the boy is seven years of age; very thin and underweight; craving sweet things in preference to all other food. He has been under the care of the family physician for some time, an allœopath, who has prescribed cough mixtures and cod liver oil for this stubborn catarrhal cough. *But nothing for the boy!* The father says he has "heard of me" and in desperation brings his boy. A close study of the case reveals *Sulphur* as the needed remedy. It is given and in a very short time the cough disappears, the appetite becomes more normal and the boy gains gradually in strength and health. From that time on, and it is some twenty-four years ago, that family have been loyal to homœopathy. And homœopathic prescribing carried many members of the family through seri-

ous illnesses. Only the other night was I called to see the wife of one of the boys of this family who had developed a sore throat—tonsillitis. The husband took that occasion to remind me of the serious time he had had as a boy of twelve years with diphtheria and how well he responded to the remedies, all of which I remembered.

A child is born to highly nervous, sensitive people, and pretty soon one is asked to prescribe for distressing times of colic. The indicated remedy relieves promptly the acute condition and a study of the baby brings to light a much needed "constitutional" remedy. Disturbed digestion responds to treatment; the child's weight which has been unsatisfactory increases, showing better assimilation of food, and in general the baby is pronounced as "much better". It is a perfect waste of time to torture a child by experimenting with first one food and then another. Find out the child's indicated remedy, which puts in order the "disturbed vital force" responsible for the painful exhibition of symptoms, and in due course of time, the restored vitality will enable the child to digest and assimilate a well planned formula of food. *It is the child*, one is after; *the sick child*; prescribe for that and the food will take care of itself. Over and over again has this truth been borne in upon one.

And so it is all along the line of childhood ills; the baby covered with the distressing and hideous eruption called "eczema" is presented to our view. "Specialists" have been consulted, all manner of treatment resorted to, local and otherwise, and the external manifestation goes gaily on tormenting the child's peace of mind. What does this child need? A well chosen homœopathic remedy given internally and "hands off". Probably at first there is a flare up, an aggravation, that we rejoice to see and then gradually does the eruption disappear, the last lesions disappearing first, until by degrees that child is relieved of its grievous ailment. As I said before, this takes patience and understanding on the part of the parents and physician. But it can be done, and such a child grow up into healthy womanhood, a brilliant scholar, and now a happy wife. Several such cases stand out before me at this writing.

How about your child born of parents with a tubercular diathesis? Your pale, anæmic child, listless, perspiring freely, especially at night; developing enlarged lymph glands; tonsils enormous with frequent sore throat; craving abnormal foods to eat, refusing wholesome diet. We all know the type. What can homœopathy do for such as these? A well selected series of remedies will change that child by degrees into a healthy, hearty being. The whole economy responds to the impetus given by the remedy most similar to the case, and in due course of time the outward manifestations of the internal disorder disappear. Do we operate on those enlarged glands, remove them? A thousand times "no"; we cure them "from within, outward", or rather we cure the child and the glands come to terms.

"Modern medicine" may be a wonderful thing and to be "up to date" very important. But the old fashioned laws laid down by Samuel Hahnemann prove very satisfying when it comes to curative measures as applied to sick folks. "Safety first" is a good motto.

Homœopathy is also called into action to meet the disturbed condition with children known as "nervousness", "trying temperament", "difficult behaviour" and so on. Probe down until you know such a child and can read the symptom picture clearly, or as clearly as you can; then match your symptom picture with the picture of the indicated remedy, and the result is amazing. The nervous, irritable, impossible child, after a while, becomes reasonable, sunny and carefree. Much easier to manage many times, if the child can be removed from unwholesome home influence, but good results can be obtained after the application of the right remedy even amid baneful influences.

The field is big, and the effort well worth while. What more valuable work than this—the "building up of the feeble child" into healthy manhood?

MIDDLETOWN, CONN.

## POINTERS

The following are abstracts from a letter from Dr. Charles E. Johnson (deceased) to Dr. W. D. Gordon (deceased) concerning some grafts of *Sol* which the latter had sent to Dr. Johnson.

A case of heat stroke with symptoms of aphasia, agraphia, and erysipelatous appearance of the hand as though sunburned, responded promptly to *Sol* 30th, after other remedies had been tried without effect.

A woman had erythema on the back of the hand extending up the forearm to a well defined line of demarcation. The tongue had a raw appearance, was bright red and looked as if the blood would flow from it. Pellagra was suspected. *Sol* 500th acted like magic.

A woman, greatly emaciated, had a disordered stomach; thin, watery, yellow stools, forcibly expelled, often involuntary, alternating with constipation; no stool for a week, then large, hard and incomplete; a dreadful eruption on the hands; and arms and neck raw as if badly sunburned. This latter condition, after having been red quite a while, turned brown, became thickened, cracked and peeled off. The process was repeated, each time worse than the time before. *Sol* 200th was given and in two weeks the skin was normal.

The following sayings from Phineas P. Wells, M. D., were noted down by the late Stuart Close, M. D.

It is better to do nothing than to do wrong.

If you don't know what to do, wait.

When in doubt about changing a carefully selected remedy, don't.

Don't alternate remedies. There can be only *one* proper remedy. Any other is less proper—hence wrong.

The best remedy for rapidly maturing abscesses, without regard to location, is *Lachesis* in rapidly repeated doses. (Note, he recommends the 200th potency, in solution, a dose every two hours).

The neatest and simplest and most effective "poultice" is made by dipping cotton batting in hot water, wringing sufficient-

ly not to drip, applying to the part, and covering with oiled silk.

Pains of prominent bones, such as the malar bones, suggest *Rhus tox.*—E. WRIGHT.

*Zinc phos.* is the deepest acting of all the zinc preparations, it is "the" *Zinc.*—G. ROYAL.

*Phytolacca*, *Stillingia* and *Phos. acid* have marked periosteal, tibial pain in syphilis.—C. M. BOGER.

A deep red, wine colored scar makes one think of *Sepia.*—C. M. BOGER.

*Bell.*, *Arn.*, and *Ferrum* have hot head and cold hands.—W. B. GRIGGS.

*Bell.* is one of our best remedies for children.—W. B. GRIGGS.

A toxicological symptom of *Arsenicum* is uneven contracture of the abdominal muscles.—C. M. BOGER.

Remember that exophthalmos may signify chronic nephritis, that heterophoria is a frequent accompaniment of intractable headache, that early presence of tubercle bacilli may be found in the larynx with a cotton swab before it is found in the sputum.—C. A. BLUME.

"Stony hardness" is a strong characteristic of *Phytolacca.*—R. E. S. HAYES.

Painful aggravation of connective tissue and nerve conditions after 3 a. m. is characteristic of *Phytolacca.*—R. E. S. HAYES.

Scleroderma is related to the tubercular influence.—S. REINES.

The functional or anæmic heart sound is a dilatation sound. The dilatation is usually in proportion to the intensity of the sound.—S. E. HENSCHEN.

*Pyrogen* (Swan's) is useful for eczema when it takes on the pustular form, with intense itching, burning, throbbing, and can not bear the part covered.—H. C. MORROW.

*Syphilinum* may clear up old skin troubles when *Sulphur* and *Psorinum* have failed.—H. C. MORROW.

Dr. Morrow finds the Swan potencies very reliable and his *Pyrogen* wonderfully efficient.

Nosebleed may be stopped by packing the nose with linen dipped in hot vinegar.—E. KRAMBRISCH.

## EDITORIAL

### A FORWARD GLANCE

The International Hahnemannian Association, our Association, has just closed another year with our annual meeting and our feast of excellent papers dealing with acquired and applied knowledge of that for which we stand—homœopathic therapeutics. All praise be given to the memory of those who have gone to their reward, as well as those—the living—who have, by their counsel, their lives and their work, done so much for the alleviation of human suffering. We stand on the threshold of another fiscal year of our Association work. Let us pause—that we may have *vision* to act wisely and justly, *courage* to stand by our own honest convictions, and *strength*, individually and collectively, to put our wisdom and courage into action.

Homœopathy is vindicated. It has stood the test of the century, and the truths of homœopathy are the same today as they were when discovered by Hippocrates, and later rediscovered and applied by Samuel Hahnemann. The so-called science of medicine is in a most chaotic state; a fancy today is lauded as a fact tomorrow, and is dashed against the rocks and discarded the day following. Ours is an art of healing which is as solid, as unchanged and unchangeable as the laws of the universe.

Unless we give to our art our honest, hearty, concentrated, cooperative support its truth will be grasped from us and literally swallowed by others under some other guise or name. "Truth crushed to earth will rise again". Our Association is the only Association in the world which is endeavoring to band together as one united, harmonious body—all of us who believe in and endeavor in daily life to exemplify and practice pure Hahnemannian therapeutics. Our problems are legion, but united we stand.

Homœopathy is an ideal. Let us visualize our ideal and make of it a reality—an actual, active force. Let us, by our daily lives, our daily practice, our conversation, our correspondence, our training of all with whom we come in contact, radiate the truth of our art during this coming year. May the spirit of Samuel Hahnemann and his loyal followers, who have gone before,

guide us as we are scattered throughout the entire world doing faithful and efficient service. Then shall we be united and banded together for mutual helpfulness and power in this our International Hahnemannian Association. We invite the entire world to join with us in the grand Te Deum—homœopathy!—PLUMB BROWN, M. D., President.

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#### THE DRAGON'S TEETH

This year homœopathy has lost by death a large number of its elite, including Doctors Close, Thacher, Perez, Loos, DeFriez, and many more, and there are a number of others, well known to our readers, who are so seriously ill that they will not be able to serve longer for homœopathy. On the other hand, the office of the Hahnemann Institution of Chicago tells us that they have requests from 672 communities for competent homœopathic physicians. The State Insane Hospital at Westboro, Massachusetts, is in urgent need of a homœopathic resident psychiatrist. Some of our greatest masters have no one to train as their assistants and successors. How are we to fill these needs? How can we recruit the ranks? From whence will the new blood come?

The Summer School of the American Foundation for Homœopathy is training a few each year. This summer the Hahnemann Institutions of Chicago are opening a Post-Graduate School for this same purpose. These movements are wonderful but they are only a drop in the bucket. How can we make the young men and women see that, whereas ordinary medicine is overcrowded and the first years of such practices hard sledding, the homœopathic field has nearly seven hundred known openings, with practices of devoted patients large in numbers and often wealthy? This is merely the practical, financial side. How can we impress upon the young that a faithful study of homœopathy will so enhance their powers of curing as to make such cures seem miraculous? This, to our mind, is the greatest problem in homœopathy today.

Mythology tells us of Cadmus, Prince of Phœnicia, whose army was destroyed by the dragon. This monster was difficult to overcome because of his many invulnerable scales, but Cadmus

slew him and sowed his teeth, from which sprang, fully armed, a new host of vigorous warriors. Homœopathy is a Cadmus of today. Let us consider some of the scales of the dragon against which it must contend: Inertia; the inaccessibility of homœopathic knowledge; the lack of training in and appreciation of scientific medicine by many masters of the art; their hindering and ignorant animosities; the impurities of homœopathic practice among many of its self acclaimed vassals; the dissensions in its ranks; the lack of willingness, ability and financial backing to carry out the research on its scientific background (for, with any new discovery, the burden of proof is with the discoverers); and the ignorance and prejudice of the uninitiated.

We must systematically demolish these scales, slay the dragon and sow his teeth far and wide for then, and then only, will a new army be raised up for homœopathy.—E. WRIGHT.

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#### HOW DO YOU APPROACH THE MATERIA MEDICA TO FIND THE SIMILLIMUM?

There are various methods of approach to the materia medica, used by various physicians. Our advice would be to procure a copy of either Kent's, or Boger's revised Boenninghausen *Repertory*, using this as a basis.

In your examination of the patient, if properly done, you will learn what is individualistically characteristic of your patient, i. e., rare, strange and peculiar, and his most important symptom or symptoms. You then pick out these and take them to the rubric or rubrics covering them, in the *Repertory* of your choice, and there you will find a list of remedies covering these symptoms, thus saving yourself the trouble of having to wade through the entire materia medica. Each additional symptom, or symptom qualifier, is apt to reduce the number of remedies which must be compared. For example: Mr. A. comes to you with lumbago. You turn to your *Repertory*, to the section labeled back, then to pain in the lumbar region. There you will find the 600 or more remedies of the materia medica reduced to 200. Yet—some maze! Now here comes the part that shows the importance of having your symptoms qualified. You find your patient is worse morn-

ings in bed. This reduces your list to 26, which is some better. But your patient volunteers: "I must sit up before I can turn over in bed". Your *Repertory* says—*Nux*, and *Nux* only. Now you take the patient's symptoms and compare them with the provings of *Nux* and the chances are 100 to 1 that *Nux* covers the entire case. Again, suppose Mr. B. comes in with a bad case of vesicular erysipelas. You turn to your *Repertory* to the section labeled skin, then to the rubric marked erysipelas, then to the subrubric marked vesicular, and there you will find, instead of over 600 remedies with which to compare, but 45. But you learned that your patient had a yellow stool which cuts that list down to 17. You learned that that stool was watery, which in turn cuts that list to 14. You further learned that the stool was forcibly expelled, coming out like a shot, which further cuts your list down to 10. Then the patient finally volunteered, "My diarrhoea is always worse immediately after eating or drinking". That at once puts the characteristic mark or stamp of *Croton tiglium* on the case. By comparing your collected data from and of the patient with the proving of *Crot. tig.* the chances are 100 to 1 that you will not have to change your prescription.

So you see how this method makes your approach to the materia medica more easy and a time saver. With all these advantages and labor saving devices there is no excuse for our not being able to do equally as good work as our masters before us. They had none of these advantages. Try to learn to find the characteristics, the rare, strange and peculiar symptoms, the mark or stamp of each individual drug, not for prescribing purposes but for reference.—A. PULFORD.

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Dr. George H. Thacher, well known homœopathic physician, passed away at his late residence, 2008 Chestnut St., Philadelphia, on the evening of May 20, 1930. The cause of death was abscess of the kidney and acute pyemia.

Dr. Thacher was born at Milville, N. J., on September 21, 1868. He was the son of William F. Thacher of the well known firm of R. D. Wood & Company, and Ella Hoover of Philadelphia. He graduated from Penn Charter School in 1887, took a

special course at Johns Hopkins University and graduated from Hahnemann Medical College in 1892.

He is survived by his widow, Clara Wilkins Thacher, and his son, John Wilkins Thacher, general manager of the Florence Thread Company.

Dr. Thacher was quite active in Masonic circles and was Past Master of the Stephen Girard Lodge. He was a 32nd degree Mason, member of Philadelphia Consistory and Lulu Temple.

He was an accomplished musician and much interested in musical matters.

He was a well known writer on medical topics and was until recently one of the editors of *The Homœopathic Recorder*, a member of the American Institute of Homœopathy, the Philadelphia Homœopathic County Medical Society and the International Hahnemannian Association.

Dr. Thacher was also a member of the Penn Athletic Club and the Seaside Park Yacht Club.—EUGENE UNDERHILL, JR., M. D.

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Nothing seems more unreasonable than considering any disease incurable, simply because it has *not yet been cured*. A cure of organic changes in some of the organs by promoting the removal of the diseased portion and the formation of a substitute for the destroyed tissue, is a thing of daily occurrence in the practice of all physicians. The organs of special sense, the eye and ear, for instance, are frequently cured of organic affections which have lasted for years. Who shall say there is no remedy acting on the spinal cord, when the totality of the symptoms indicate its employment, as *Pulsatilla* and *Sulphur* act upon the ear in a like case?—HENRY M. SMITH, M. D., 1858.

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Hahnemann was neither a theorist nor a metaphysician, all the sayings of his revilers to the contrary. He gathered experience and careful observations and made numerous experiments and drew from this store of facts, by induction, the laws governing them.—B. FINCKE, 1888.

## CARRIWITCHETS

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

Will every *Recorder* reader in this country and abroad please give a keen attention to the editorial *Dragon's Teeth* in this issue and very serious consideration to the important problem there presented? Will each one then send answers embodying their suggestions to the two questions following? We need many angles from many minds as we are prepared to *act on suggestions*. This is a problem of the greatest importance to us all and to the future of homœopathy. Such answers should be sent to the Editor-in-Chief, Dr. Elizabeth Wright, 472 Commonwealth Avenue, Boston, Mass.

20. Will anyone who knows of any homœopathic education which is now being conducted in this country or abroad please send an outline of the details to the *Recorder*?—E. WRIGHT.

21. How can we best recruit our homœopathic ranks?—E. WRIGHT.

22. A man was given *Kali carb.* for asthma with splendid results. A few minutes after the first dose of the 200th he had severe dizziness, the table and floor swung up and down, it was so severe he had to be helped to bed. Shortly after the second dose, also the 200th, he had a very severe headache across the frontal region which lasted 8 hours. The pain was sharp, piercing and took away all his ambition. He had never had a headache like this and had had no headaches of any kind for some years. There was no known cause for either of these two attacks. What was the cause? Was it a reaction to the *Kali carb.*?—E. LYLE.

## ANSWERS TO QUESTIONS IN THE MAY ISSUE

*What should be given to a tubercular patient when Sulphur seems plainly indicated?*

—In advanced cases of phthisis, with early morning diarrhoea driving the patient out of bed, where the physician would think of *Sulphur*, but where *Sulphur* might cause grave aggravations, *Rumex crispus* has proved of great value in meeting the

conditions without causing the aggravations. Kent said that in cases of tuberculosis, with burning in the chest, severe pains in the larynx and trachea when talking, cough ending in belching, heat in palms and soles, *Sanguinaria canadensis* will act well, although *Sulphur* apparently was indicated; but *Sanguinaria* will palliate the conditions and will actually build up the patient to a point where he can receive with great benefit a deeper acting remedy in a medium high potency.—H. A. ROBERTS.

*How does one mechanically remove a tapeworm?*

—I usually use the heart of the pumpkin seed. Have a druggist make an emulsion of about one ounce of the shelled seeds, and have the patient take this on an empty stomach. The tapeworm immediately begins to feed on this, which produces a soporific effect upon the worm, and his tentacles let go their hold. Once they have let go, they do not anchor themselves again, and the worm is expelled in entirety. This I call mechanical removal, because it is his inability to use his anchorage and he must pass out with the natural peristalsis.—H. A. ROBERTS.

These writings and records of the masters, these rare old books and magazines of ours, and the transactions of the I. H. A. containing the choicest thought and experience of those who were near the fountain head, both in time and the spirit, the masters' own works—if you do not possess them, seek for them as gold-seekers pursue the yellow metal. Haunt old book stores, junk shops, auction sales of libraries, consult the experts for information. These writings are scarce; but they exist, and they may be found.

When you find them, buy them, renovate and rebind them, and put them on the middle shelf of your bookcase, just on a level with your heart, where you can read and take them down easily.

Cherish them, study them as models for your own work. Saturate your mind with them.—STUART CLOSE.

## CURRENT HOMŒOPATHIC PERIODICALS\*

### ANNAES DE MEDICINA HOMŒOPATHICA

(In Portuguese)

(Rio de Janeiro, Brazil: March and April, 1930), XXIX, 51-104

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<i>Records of Indian Drug Provings—Atista Indica</i> : The author has proved 20 Indian drugs in 12 years. During the influenza ravages he found that some of the Bengalese did not contract the disease and reasoned that this might be due to the fact that they cleaned their teeth with a brush stick of <i>Atiswara</i> plant. He therefore proved this, <i>Atista Indica</i> , on himself. The proving symptoms are given according to the Kent schema. Cases are given and therapeutic suggestions.	

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<i>Myrica Cerifera</i> in <i>Hepatic Derangements</i> : This drug has been neglected in the treatment of hepatic troubles. It is especially indicated in the catarrhal type of jaundice. Catarrh of the mucous membranes in general, nasopharynx, bronchi, bile ducts, etc.; thickly coated tongue, dry mouth with tendency to crust formation; thirst; craving for acids; stools vary from clay-color to light yellow or ashy gray. Two very characteristic symptoms: (1) Accompanying the jaundiced sclera abnormal redness of eyelids, with swelling and smarting of eyes, burning and sensation of sand in them. (2) Intense itching of skin without definite eruption, accompanied by jaundice. He follows with comparisons to: <i>Chel.</i> Marked jaundice of skin and sclera. Tongue thick yellow coat, shows imprint of teeth, bitter taste in mouth. Gnawing and oppression in stomach, relieved by eating. Stitching pain in liver extending to lower angle of right scapula. <i>Chionanthus</i> . Liver much enlarged and sore. Jaundice. Tongue heavily coated. Loss of appetite. Stools ashy or clay colored. <i>Digitalis</i> . Jaundice associated with passive congestion of liver dependent on heart disease. Pulse slow, weak, irregular, intermittent. Liver large, sore, painful. Stools white, grayish, pasty. Nausea and vomiting, worse from sight or smell of food ( <i>Colch.</i> ). Tongue clean. Thirst. <i>Hydrastis</i> . Passive congestion of liver with jaundice. Tongue large, flabby, shows imprint of teeth. Loss of appetite. Constant sensation of sinking or goneness in epigastrium, not relieved by eating, sensation of pulsation with it. <i>Mercurius</i> . Acute and chronic hepatitis with jaundice. Sharp pain in liver region, worse lying right side. Intense thirst. Tongue coated, moist, large, flabby, shows imprint teeth. Patient worse at night, profuse sweats with no relief. Breath and body have foul odor. <i>Podophyllum</i> . Vegetable calomel. Chronic hepatitis with jaundice and characteristic painless diarrhoea. Stool yellow to green, very offensive, profuse, patient prostrated with each evacuation. Prolapse rectum with the diarrhoea. Worse 4-9 a. m. <i>Bry.</i> , <i>Calc. carb.</i> , <i>China</i> , <i>Crotalus</i> , <i>Lach.</i> , <i>Lyc.</i> , <i>Nux vom.</i> , <i>Phos.</i> , <i>Sang.</i> , <i>Septa</i> , <i>Sulph.</i> are mentioned without indications. Dr. W. B. Griggs adds <i>Dolichos</i> with the following indications: Chalky white stool, violent itching, particularly at night, asks for cold water for relief which causes incessant burning.—E. B. L.	

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- The Vegetable Kingdom and Homœopathy Are United by the Universal Law of Analogy:* In the introduction the authors stress the need for botany and zoology in the training of homœopaths. They consider successively the following subjects: (1) The names of plants, their families, popular and foreign legends about them. (2) Regions and climates of remedial plants. (a) A wild plant transplanted and cultivated in a garden automatically loses its therapeutic qualities, i. e., *Aconite*; (b) Wild plants, especially poisonous ones, are remedies with more violent action than domestic plants; (c) Often in nature the remedy grows beside the evil (marsh plants useful in intermittents); (d) Poisonous plants are more often used if they come from a hot country. (3) Orientation, sun, shade, and winds. (a) Kitchen garden plants (oleraceous), grains, fruit plants love the sun; (b) Poisonous plants love woods or marsh, shade and wet (*Arum*, *Cycl.*, *Hell.*, *Mex.*, *Par. quad.*, *Stram.*) All these like northern exposure; (c) The following open to the sun: *Bry.*, *Clem.*, *Colch.*, *Puls.*, *Staph.* and the *Compositæ*, the *Rosaceæ*, the *Umbelliferæ* (except *Æth.*, *Cic.* which grows by water, and *Con.* which grows in sterile places), the *Labiata*, the *Boraginaceæ*, the *Convolvulaceæ*, the *Plantaginaceæ*, the *Polygonaceæ*, and the *Liliaceæ*; (d) The action of winds on plants (*Acon.*, *Puls.*); (e) Terrestrial magnetism, when plants turn especially in one direction (north, east, south, west). (4) Dryness and humidity. (a) Dry plants, aromatic, love sun, wind and rocky soil (*Müll.*, *Cham.*, *Gnaph.*, *Arn.* which apply to dry cough and muscular rheumatic pain, the turpentine bearing plants—all these mature in Aug. and Sept.); (b) The wet plants, fætid, love marsh, peaty soil, dampness (*Hyos.*, *Convallaria*, *Valerian*, *Ran.*, *Eup. per.*, *Salix.*). (5) The soil. Mineral constituents of plants. Wheeler of London treats of this in the *British Homœopathic Journal*, 1913. *Acon.*, *Arn.*, and *Gels.*, for example, all contain *Ferrum phos.*; *Arum triph.* contains much *Nat. mur.* and *Bell.* much *Mag. phos.*; *Nat. sulph.* is present in *Bry.* (which may account for the resemblance of *Bry.* and *Nat. mur.*), *Chom.*, *Chel.*, *Chion.*, *Iris*; *Cactus* contains *Kali phos.*; and *Lyc.* as well as *Puls.* contains *Sil.* and *Lyc.* also contains *Nat. sulph.*, *Mang.* and *Alum.*; *Viola od.* contains *Zinc*; *Puls.* and *Hydr.* contain *Kali sulph.*; *Phyt.* contains *Ferrum phos.*, *Calc. phos.*, *Kali phos.* and *Calc. fluor.* (which gives it its power over glands) and other salts. (6) Plant morphology and the doctrine of signatures. (a) Apropos of the doctrine of signatures: *Opium*, the poppy with its crown represents the head and the brain and is especially valuable in diseases of the head; *Euphrasia* looks like an eye; *Aristolochia rotunda* looks like the feminine abdomen and is used for trouble there; *Sabina* carries the signature of the uterine veins and acts on them; *Chel.* and *Croc.* are the color of *jaundice*; the *Bryonia* root looks like a dropsical foot and is a great remedy against dropsy; these quaint examples are quotations from Crollius, who lived between Paracelsus and Hahnemann. (b) The form of plants: An analogy is claimed between the form of liver cells and the grains of *Lyc.*; (c) Colors of plants and flowers: Poisonous plants have foliage either very dark, very pale or marked (dark—*Acon.*, *Bell.*, *Colch.*, *Euph.*, *Hell.*, *Hyos.*; pale—*Dig.*, *Verat.*, etc.; marked—*Ran. scel.*, etc.). Poisonous plants are those that have the whitest flowers, and the most beautiful in color, perfume and form; (d) Odor of flowers and plants: Poisonous plants have a fætid odor (*Bell.*, *Colch.*, *Hell.*, *Verat.*)

or too strong an agreeable one (*Con.*, *Stram.*, *Tab.*); (e) Milky plants: (*Card.*, *Chel.*, *Euph.*, *Op.*). (7) Time of flowering. Remedial plants are more efficacious if gathered at the time of flowering. Fruits should be gathered at night and certain plants such as *Arn.*, *Clem.* and *Thuja* should be gathered in the waxing moon, and *Dulc.* on the waning moon. (8) Animals, men and plants. (a) Animals: Insects living on a plant have a similar pathogenesis to that of the plant (*Aphis* to *Chen.*). Domestic animals do not eat toxic plants. A field where animals have browsed will yield you poisonous plants only. Animals occasionally doctor themselves by nibbling poisonous plants when they need them. (Cats eat *Valer.*). We need to know why certain plants are poisonous to carnivores and not to herbivores, for serpents and not for mammals. (b) Man. *Allium sat.* (garlic) is useful in tubercular undernutrition with low blood pressure, such as is observed in the southwest of France where much garlic is eaten. *Lyc.* is the antidote. The conclusions of this article are that the law of similars is but one application of the great law of analogy throughout the universe.—E. W.

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