

THE HOMŒOPATHIC RECORDER

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THE PRESIDENT'S MESSAGE*

PLUMB BROWN, M. D.

The rapid march of time has rounded out another year of our Association's life, and, at its close, asks of us an accounting of our stewardship. We, as Hahnemannians, are individually and collectively rated, in the sight of the world, by the ideals, standards, and accomplishments of our Association and our journal. With them we rise or fall. One year ago, you asked me to become the standard-bearer of the International Hahnemannian Association. Deeply did I, and more deeply do I, appreciate the honor conferred, also the obligation imposed. I trust that the annals of time will show that our year's work has not been in vain.

What has the work of the year, with its failures, as well as accomplishments, meant to us individually? Individuality is a matter of sensitivity, of choice and utilization of conditions; it is a power or capacity of development, of harmonizing diversified conditions requiring individual attack. No individual can make a choice or a determination for any one else, nor can he make it for himself at once and forever. A program of ideals implies a static individual. To gain individuality, each one of us needs to cultivate our own garden, or that angle of the world which touches our own being. Thus, we become a part of the moving present, and create ourselves, as we create an unknown future.

With this understanding of our individuality, let us accept the challenge; not a passive conformity, but a concentrated application—as a means of growth, not repression. Our attitude demands faithfulness to what is discovered; also steadfastness in adhering to new truths. We have it within our power as in-

*Read before the I. H. A., June 1931.



Pierre Schmidt, M. D.
Geneva
President, International Homeopathic League

dividuals to be potential creators of new values. Every occupation leaves its impress upon one's character. No one can safely be trusted with power until he has learned how to exercise power over himself, or as Cicero once said, "He alone is great who is master of himself." May we for a few minutes consider a Hahnemannian's life in terms of individuality.

What is our inheritance?

The first definite record of medicine dates back to 4000 B. C., when Dr. I. Em. He Tep was given, by the Egyptians, the title of "master of secrets", also the "bringer of peace". Everything points to the fact that they had in Egypt, at this time, nearly all of the infectious diseases with which we are familiar. Surgery was practised with much skill at least 5,000 years ago. Hippocrates left us a description of influenza written 400 B. C. About 1,800 years ago, Dr. Claudius Galen declared very loudly that the only remedy of much avail in tuberculosis was fresh air, sunlight and good food, preferably milk and eggs.

Following this we come to the age of superstition, which was partially cleared by the very rudimentary study of anatomy, botany and pharmacology. In 1628, Dr. William Harvey discovered the circulation of the blood. From this time on, little progress was made in the treatment of disease until the time of Hahnemann. The principles of homœopathy had their origin in the mind of Hippocrates, the father of medicine, who taught the minute observation of symptoms. On April 11, 1755, there was born of poor parents a child of destiny, who became a man of ability, a physician of prominence, an old school physician; as there were no homœopaths then, but a man who kept on thinking; an earnest person, who realized that life is something other than a play spell. Honest, earnest, fearless thought—seeking only truth and willing to welcome truth at any cost, always brings reward. Hahnemann was intellectually great, not egotistically great. When a man becomes egotistically great there is no possible chance of him ever becoming intellectually great, as egotism kills intellect. The general practice in vogue, at this time, was bleeding for fever, bleeding and leeches for ophthalmia, blisters and bleeding for pneumonia, etc. Hahnemann had little confidence in the chaotic state of medicine then prevailing. His love

of medical science was great, but he had his own individual ideas and ideals. You are all familiar with Hahnemann's preparation for life, his development and accomplishments during life and his gift to us of Hahnemannian homœopathy.

Dr. Hans B. Gram introduced homœopathy to this country in New York City in 1825. The American Institute of Homœopathy was organized in New York City, April 10, 1844, its object being a union for the sake of strength and for the best interest of our school. They resolved to restrain physicians from pretending to practise homœopathy who had not studied it in a careful and skilful manner and who were not able to pass an examination in its theory and practice. The International Hahnemannian Association was organized in June, 1880, to demonstrate that Hahnemannian homœopathy still had a name to defend and principles to maintain, and as a protest to the growing tendency of the so-called homœopathic physician to ignore nearly every cardinal principle, as laid down by Hahnemann in the *Organon*. Thus the ideal of the organization of the International Hahnemannian Association was *pure* homœopathy.

This afternoon, we have been revering the memory of those who, by their lives, precepts and accomplishments, have made this gathering possible. Without them our individual and collective existence would be impossible. Have we been, and are we now, true to the trust placed in our care? In these days of unrest and general skepticism, are we satisfied, are we proud of the creative therapeutic power that we, as individuals and as a body of humanitarians are energizing? "A chain is no stronger than its weakest link." Our Association is no stronger than we, its integral parts, are. If our faith and belief in pure homœopathy is vital, our work will throb with life. If we, individually, thoroughly understand and believe in the foundation truths and principles of pure homœopathy; if we are imbued with a true desire to spread the knowledge of Hahnemannian homœopathy, to practise it, to teach it, yes, to live it, and are filled with a burning desire to go forth as true humanitarians, with an eye ever single to the full realization of our ideal, pure homœopathy; if we will but so work and live, our growth, individually and as an Association, will be assured, strong and harmonious.

In 1870, Dr. Carroll Dunham delivered an address before the American Institute of Homœopathy, entitled *Freedom of Medical Opinion and Action*. This was received with gloomy forebodings by the Hahnemannians then present. During the next few years there was an ever increasing number of men who feared the perversion of homœopathy, as then practised. They realized that unless definiteness of purpose was maintained and finer distinctions were drawn, the red strand of pure homœopathy would be obscured in mongrelism. This was over fifty years ago, but is it possible that we of the present day are approaching a wind in the road? Homœopathy is resourceful, it has not exhausted its possibilities. In appreciative recognition of the teachings of Hahnemann, as set forth in his *Organon*, is it possible that some of us are becoming careless, indifferent, or are not firm enough in our stand relative to the law of similars, the single remedy and the minimum dose? Are any of us losing sight of the fact that the development or growth of our organization depends upon its internal *unity* and upon the persistent reiteration of the fundamental vision of its founders? Do we fully believe in and accept the principles of pure homœopathy as laid down by Hahnemann? "When we have to do with an art, the end of which is the saving of a human life, any neglect on our part to make ourselves master is a crime." In paragraph 4 of the *Organon*, "He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health". In paragraph 7 of the *Organon*, "Now, as in disease, from which no manifest exciting or maintaining cause (*causa occasionalis*) has to be removed, we can perceive nothing but the morbid symptoms". Is it possible that, in our zeal to conserve pure homœopathy, some of us may have lost sight of an opportunity to increase its prestige? Will it harm our law, or harm us, to avail ourselves more frequently of our laboratories, to determine the exciting or maintaining cause, to ascertain the sensitivity of our patients, as well as the processes going on within their organism, also to make a more careful sociological, hygienic, dietetic and glandular study of our patients? Having done this, let us, as true Hahnemannians, take our case with the utmost care, and find

the *simillimum*, which, when administered in the proper potency, will surely restore health whenever possible. Then, and then only, will we be able to stand up with confidence to proclaim and prove to the world not only a cure and *what cured*, but also *what was cured*. This will materially strengthen the standing of our Association and pure homœopathy. "Prove all things; hold fast that which is good." We must not only believe in, live and practise our ideal, pure homœopathy, but we must also proclaim it, disseminate the knowledge of the foundation truths of our laws.

The American Foundation of Homœopathy was organized for this very purpose. The summer session or school is open to all who desire to acquire a knowledge of pure homœopathy. Let us do all within our power to co-ordinate and harmonize, yes unify, all the allied individuals and organizations working for the confirmation, demonstration and promulgation of pure homœopathy. Let us, of the present, work with and for the believers in and followers of Hahnemann's law, who have given and are giving of themselves, unstintingly, in effecting and maintaining a strong, harmonious, well-organized Association. The number of Hahnemannian homœopaths is comparatively small, but let us make our Association so worth while that every believer in Hahnemann's law in the world will desire to become affiliated with us. A few in number, with truth, are greater than an army, without an ideal.

What is more radiant for good than a united family? Let us visualize an international Hahnemannian family, thoroughly united and efficiently organized as a potent force. In the first place, each member of our family is a firm believer in Hahnemann's law and is imbued with a full, unselfish, humanitarian spirit. We must have our home, our Foundation—well appointed and housing a complete library, which, in order to do its best, should be generously endowed; its trustees plan and oversee its destiny, supervising its finance committee; its publicity committee; its efficient layman's league; its well organized and skilfully managed post-graduate summer school; its research bureaus; and the International Hahnemannian Association, which has the same goal or ideal as its pioneer founders had for it, Hahne-

mannian homœopathy. A united family, where each lives and works for the other, and all for the best good and glory of our specialty, Hahnemannian therapeutics and humanity.

Let us now, this year, organize a committee for reprov- ing old and proving new remedies, and report at least one such prov- ing at each annual meeting.

Let us take some definite steps toward increasing, improv- ing and making more accessible our homœopathic literature.

Let us consider the appointment of a committee on Hygiene and Dietetics, as related to Hahnemannian therapeutics.

Is there not some one who can invent and manufacture a neat and suitable automobile emblem, that will be distinctly Hahnemannian, of equal moral value and of superior appear- ance to that issued by the American Medical Association?

We have our journal, *The Homœopathic Recorder*, of which we are justly proud, as it goes, each month, to every state in the Union, but two, and to fifty-one foreign countries, spreading the knowledge and beneficial results of pure homœopathy. Let us rally one hundred percent to its support, for we must main- tain it; without it we cannot live and grow. We desire to con- tinually raise its standards and excellence; to send it out to all the world as a messenger of Hahnemannian homœopathy un- burdened. In order to maintain our journal, we must have money and have it immediately. In order to attain our ideal for the journal, we must have an endowment of liberal proportion. "To him that hath shall be given." Let us establish an endowment fund, and let us start it now. Let our Association, this year, elect three trustees to be known as the trustees of the endow- ment fund. The first trustees to be elected for five years and empowered to raise and collect a nucleus for an endowment fund to be under the control of the International Hahnemannian As- sociation, and used for our journal in spreading the knowledge of pure homœopathy. After the five years' period of organizing, collecting and establishing the endowment fund, have the trustees elected to serve one, two and three years, respectively.

Our Association has a membership of 207 physicians. In this membership it should not be difficult to find at least fifty (50) who would pledge to give or be responsible for giving five

hundred dollars (\$500.00) each. This is to be paid in a lump sum for this specific purpose, or one hundred dollars (\$100.00) to be paid annually for five years, or fifty dollars (\$50.00) to be paid semi-annually for five years. Less than thirty cents a day to perpetuate an ideal.

Add to this, fifty members, who pledge to pay two hundred and fifty dollars (\$250.00), either in a lump sum, or fifty dollars (\$50.00) annually for five years, or twenty-five (\$25.00) semi-annually for five years. Less than fifteen cents a day to vindicate truth.

Once more add fifty members who would pledge one hun- dred dollars (\$100.00), to be paid in a lump sum, or twenty dollars (\$20.00) annually for five years. About seven cents a day to proclaim a principle. Thus, only one hundred and fifty members of the International Hahnemannian Association, and of course, there would be many more, but one hundred and fifty members would establish an endowment fund of \$42,500. With this as a nucleus, well-guarded and specifically outlined, we could go to our patients, our friends and to financiers and have in a few years legacies and bequests of sufficient size to enable us to man and publish our journal in a most creditable manner.

A radiant vision of an Hahnemannian's ideal, fully possible of achievement, if we believe that which we profess to believe and are true to ourselves and homœopathy, if we really desire and intend to do to others just the same as we would have them do to us, if you, if I, if we "will to can always what we ought to do".

SPRINGFIELD, MASS.

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS

The President's message most happily combines idealism, sound philosophy and practical suggestions for the immediate present. Our attention is first called to the fact that a fixed program of ideals implies a static individual. Ideals must ever keep far beyond accomplishment.

After a quick, sweeping glance down the long ages of medical history the President soon brings us face to face with the needs and problems con- fronting our own Association. The International Hahnemannian Association has a record of fifty-two years of success and worthwhile service behind it. Its future is in the hands of the present membership.

The Committee feels that it can do no better than to briefly summarize and emphasize the practical suggestions made in this address. These are:

1. Proclaim homœopathy and advertise the International Hahnemannian Association.
 2. Promote co-operation between the International Hahnemannian Association and the American Foundation for Homœopathy. We must present to the world a united front and co-ordinated organization. The Association, the Foundation and the *Recorder*—all are essential, and our responsibility must, of necessity, include all three.
 3. Organize a committee for proving and reproving new remedies, and report at least one such proving at each annual meeting.
 4. Take some definite steps towards increasing, improving and making more accessible our homœopathic literature.
 5. Consider the appointment of a committee on hygiene and dietetics as related to Hahnemannian therapeutics.
 6. Rally one hundred per cent strong to the support of the *Homœopathic Recorder*, for without it we cannot live and grow. Without it we cannot speak to the world nor scarcely to each other. The *Recorder* needs money and needs it immediately. The *Recorder* should be liberally endowed but it will not endow itself nor will philanthropists endow it of their own free will and accord. We must put our shoulder to the wheel, both individually and collectively. It is up to no one but ourselves. We must get busy to
 7. Establish an endowment fund to support the *Recorder* and we must do it *now*.
 8. Let our Association this year elect three trustees to be known as the Trustees of the Endowment Fund, these trustees being empowered to collect a nucleus for a fund under the control of the Association.
 9. Secure pledges from our membership and from others, these pledges to be paid either in a lump sum or at intervals, as individually arranged, over a five-year period. Having done our share we will then be worthy petitioners when we approach our friends, and the friends of homœopathy. Having given ourselves we can ask of others. With these contributions as a nucleus we can then go after financiers and philanthropists and give good and sufficient grounds for lending their aid.
- A radiant vision says our President, and one fully possible of achievement!
- The Committee earnestly counsels action by the Association on these recommendations so sanely thought out and so frankly presented by our esteemed and much loved fellow member—the President of the I. H. A.
- Signed: EVELINE B. LYLE, *Chairman*
ALFRED PULFORD
EUGENE UNDERHILL, JR.

The curative action of homœopathic remedies consists in the mutual action of remedy and organism, that is, of the drug in its proper selection and application and of the organism in its actual state and susceptibility—*Mutuum*.

Mutual action consists of action and reaction and they are always contrary and equal under the third Newtonian law—*Contrariety and Equality of Mutual Action*.—B. FINCKE, M. D., 1862.

VITAL ENERGY*

C. M. BOGER, M. D.

A thorough understanding of the subject of energy is a necessary foundation for the study of homœopathic philosophy, if the student is to understand the principles upon which the practice of Hahnemannian homœopathy is based.

Energy, as we understand it, is of a three-fold form, spiritual, dynamic and physical. In practical application we think of the source of energy as being a thing upon which we can draw. We draw upon spiritual energy, upon dynamic energy, upon physical energy. Because we speak of three forms of energy we do not mean that they are essentially different. They are not. The different forms shade insensibly into each other. Energy is a store-house of vitality which exists in all nature and it shall be our special effort to so train you that you may avail yourselves of the power which we call energy.

In homœopathy we are more particularly concerned with dynamic energy. This dynamic energy Hahnemann called the dynamis, the spirit-like, vital force animating the material body. In the human body we have present all three forms of energy, the physical in the tissues, the dynamic in the brain and nervous system, and the spiritual in the mind. This dynamis of the human organism interpenetrates each and every physical tissue of the body, it does not sit apart and superintend the actions of the tissues and organs. It is the thing, the power, the force, upon which we depend for reaction. This brings us down to the practicality of taking advantage of this dynamic energy in our homœopathic prescribing. All energy, in its essence, consists of action and reaction, and this action and reaction are equal and opposite.

DISEASE

Now we come to the practical application. Disease, as we ordinarily understand it, originates in a disturbance of this dynamic energy. The harmony under which the vital, dynamic energy usually operates becomes disturbed. Its pace, its rhythm,

*Read at the A. F. for H. Post-Graduate School, June 1931.

its rate of vibration become changed in one way or another, and this disturbance reflects itself outwardly by means of symptoms. The appearance of the external symptoms is a manifestation of the internal storm. In speaking of these external manifestations we are not speaking of symptoms of arteries, of muscles, or of mind, but rather of universal symptoms shown in every part of the body, for the sick patient shows distress as a unit, and not as separate, single discrete changes or actions. Let us look upon disease as a unit of action moving in a certain direction, destined though it be. We must remain within the rhythm peculiar to our own vital force. That rhythm is normally paced between certain limits and when these are overstepped, heightened beyond the normal or lowered under it, we have sickness. Thus sickness is a disturbance of the rhythm of the vital force, either increasing or lowering it, and such sickness is manifested by external symptoms.

In drawing upon this store-house of dynamic force within us we are also calling upon another force which acts almost synchronously with the disturbed vital force of the human body. If the pace were exactly synchronous there would be no effect. It acts by modifying the disturbing force by changing its rhythm. For example, in the case of a runaway train an engine is not sent in the opposite direction (allœopathy) but in the same direction, following it. This engine or force acting in the same direction (homœopathy) changes the speed (pace) and rhythm of the runaway and checks the train (disease).

Symptoms show themselves in just the order above outlined, mental, dynamic, physical, but not every patient shows all symptoms in all three classes. One patient may show symptoms in the mental sphere, another in the dynamic sphere, and yet another in the physical sphere. Every patient will show some symptoms from all three spheres if careful search is made for them, but the symptoms shown will be more prominently marked in some one particular sphere.

RESTORATION OF ORDER

Disorder or disturbance of the dynamis is called sickness, illness, dis-ease, not at ease. This not being at ease presupposes

some disturbance somewhere, which disturbance originates in the dynamic force of the body and restoration to order presupposes restoration of the normal dynamic action first and the physical afterwards. The dynamis of the body is resilient, just as a rubber ball pressed in on one place bulges in another. Distress, disease, injury of any part of the body shows in some other part. Allœopathy attributes this to the reflexes. This disorder is disharmony, and to restore harmony a similar acting force must be applied. Such similar forces are of various kinds but the most similar and the best known at the present day is the potentized homœopathic remedy. How do we know this? We know it because the potentized drug when given to a well person, one without disorder, produces symptoms of disorder in the dynamis, and these symptoms represent distress, disturbance, picturing disease of one kind or another. We know it because the similar potentized remedy, administered to a sick person, tends to establish equilibrium and brings about a smoothness of action, a restoration to orderly action in the sick person. This constitutes the only logical and philosophical explanation of our homœopathic remedies ever expounded. Even that great philosopher, Emerson, recognized this to be true and whenever it was necessary called only a homœopathic physician.

The symptoms of disorder, due to many causes, produce an innumerable array of variations. Therefore remedies to be used to restore harmony in disorder must display in their manifestations this same plasticity. They must, in their nature, be capable of having this same power of making numberless combinations of symptoms so that we may be able to fit them more or less approximately to any picture, whatsoever may arise. Disease in nature is plastic, for all or any disease shows a multiplicity of action which can not be foretold. Therefore the remedies must be pliable and admit of endless variations in their combinations. Under certain conditions it may be possible to foretell the type of symptoms in disease but this is not the general rule. For example, in a certain locality, at a certain time or season, measles break out, and this particular epidemic is of the hæmorrhagic type. This epidemic responds well to a certain remedy, the so-called *genus epidemicus*. Later influenza, typhoid or some other

epidemic follows. These also are very apt to show hæmorrhagic symptoms, and the remedy which fitted the original hæmorrhagic measles epidemic will very likely be the remedy for these other diseases also. Homœopathy gets away from the fixed, moulded form, it is adaptable, pliable, it must be so or it would have died long ago.

The remedy must be adapted to the patient, not the patient to the remedy. In taking your case and hunting through your repertories and materia medicas don't make the mistake of getting a remedy too firmly fixed in your mind or you court disaster. No remedy is a fixed thing. It is capable of producing many different kinds of action in different people. For instance, in one person it produces liver disturbances, in another cutaneous, and in yet another mental. All the same remedy, but variations of its action. This is plainly shown in our provings. In partially proven remedies only one side of a remedy action may appear, as a disturbance in the digestive tract, while in the fully proven remedies one sees the multiplicity of symptoms, the innumerable variations. When the partially proven remedies are better known they too will show the same plasticity, the same adaptability.

The restoration of order presumes that the patient has been brought back to health. This may be spontaneous or induced. After the surgeon has done his best for a patient he may send him to a sanatorium or health resort to recuperate with the help of his own natural power. This is spontaneous recuperation, and is but a shadow of what can be done by unleashing the vital, dynamic power within the system to bring about orderly reaction and restore health. Whether the reaction is orderly or is disorderly, enters as a large factor into our final prognosis of the case. A case with a disorderly reaction is one which zigzags back and forth or one which progresses well then stops and shows no action whatever, or one which repeatedly shows an array of entirely new symptoms. In such a case it is unwise to try to find a new remedy to fit the new conditions (provided you are sure the remedy chosen was the correct one) without convincing yourself first, that this new array of symptoms is but a reversal of or a new array of old symptoms shown formerly. In such a case

it is best to step up the potency. Say the 200th had been used, step it up to the 210th or 215th. Then wait for another pause in the progress of the case and continue waiting for the possible arrival of an entirely new symptom picture. A new symptom picture will most probably be fundamentally different from any seen before. It is not necessary to wait indefinitely because the patient has stopped progress and is doing nothing. This "do nothing" is in itself a symptom. In such a case think of the "do nothing" remedies, *Op.*, *Phos. ac.*, *Psor.* or *Sulph.* Take it slowly, one step at a time stepping up the potency a little each time, don't skip too many steps at a time in this stepping up process.

It is readily seen that such a system of treating disease constitutes an orderly and logical method. It does not consist in throwing together a great mass of heterogeneous observations, as is done by the old school. It is, as Hahnemann has said, the quickest, most gentle, most reliable and safest manner of obliterating disease and restoring health to the sick.

On striving to again stabilize disordered vital action a just estimate of the energy available, as well as what things must, of necessity, be overcome, can not be dispensed with. Right here let me warn you strongly against allowing your great enthusiasm for pure homœopathy to get the better of your judgment. This is a dangerous rock for a beginner or for the poorly informed. May you safely sail between this Scylla and that Charybdis. Just how far we may venture with the sole aid of the remedy will always remain a moot question because our potencies are continually surprising us by doing the seemingly impossible, now aborting a dangerous case of capillary bronchitis, then extruding some foreign body, a piece of dead bone, etc. You can never definitely determine its power, but you should be able to realize when it is exhausted and its further application futile. In this connection allow me to call your attention to a wonderful attestation of this truth of homœopathic dynamics as applied to the sick. When the *simillimum* has about exhausted its action and the patient, like a stream at low water mark, is beginning to slowly come back, then, if the friends unwisely become impatient and call in a materialist with his crude drugs,

the end will come with a crash. One of my patients, a business man, desperately ill with dropsy, was slowly brought back by the indicated remedy and was up and at his work for many months. Following a serious business depression he again became very ill. This time he responded slowly but was showing progress, being up and about the house, when some relative, dissatisfied with his progress, called in an alloëopath. The third morning after this he dropped dead. I feel that this was probably due to the administration of digitalis in the crude form and that it probably would not have happened under the continued homœopathic remedy.

Again let me say that this system of therapeutics is the quickest, most gentle, the most reliable and the safest way to turn disorder into order and sickness into health.

PARKERSBURG, W. VA.

Susceptibility depends upon assimilability of matter in general. As the organism is assimilative to the remedy, so the remedy is assimilable by the organism and *vice versa*.

Pathologically, as well as physiologically, life is conditioned by assimilation, and it depends upon assimilation in disease as well as in health, and as much was taught by Hippocrates.

Health and disease are not contradictory things, but, as has been observed by Hahnemann, Reil and Comte, contrasted forms and modes of existence, and contrary states, of the same organism, and both are governed by the same laws.

Consequently, pathology is the counterpart of physiology, both being correlate to the given state of the organism and under the dominion of the same law of natural processes.

Therefore, in a physiological and pathological aspect, the healing process by high potencies, in its modality, appears to be a process of assimilation, the disease, as Hering expresses it, assuming the form of the remedy.

The law of *assimilation* serves as the *physiological* and *pathological* principle of homœopathy.—B. FINCKE, M. D., 1862.

SURGICAL REMEDIES*

IRVING L. FARR, M. D.

Under a title, such as this, the whole homœopathic materia medica may be called into service, for if a cure may be made by the properly chosen remedy, no surgery will be necessary. On the other hand, if accident or pathology renders surgery imperative, certain remedies aid in preparing the patient for operation. Finally, when the successful operation restores the patient to a condition for recovery, another list of remedies becomes available to remove whatever symptoms remain and the more gently to aid in restoring the individual to perfect health. With this knowledge as a background, a review of the materia medica, from A to Z, furnishes the following outstanding remedies arranged in three groups.

GROUP I

The remedies here listed are those which, prescribed early, according to the symptoms shown by the individual patient, will so well remove the symptoms that the probability of a surgical operation is also removed.

REMEDY	LEADING SYMPTOM	SURGICAL RELIEF, PROBABLE
<i>Abies nigra</i> <i>Nux vomica</i> <i>Pulsatilla</i>	A sense of weight or load, with sore pain.	A gastric ulcer.
<i>Aconitum nap.</i>	Early congestion in plethoric.	Beginning infection.
<i>Esculus hip.</i> <i>Aloe</i> <i>Collinsonia</i>	Pain, dryness, pressure or bleeding in rectum.	Beginning hæmorrhoids.
<i>Aletris farinosa</i> <i>Cinnamon</i> <i>Trillium</i> <i>Viburnum opulus</i>	Relaxation of female pelvic organs with pain and severe hæmorrhages.	Curettage or hysterectomy.

*Presented at the I. H. A., Bureau of Surgery, June 1931.

REMEDY	LEADING SYMPTOM	SURGICAL RELIEF, PROBABLE
<i>Alumina</i> <i>Opium</i>	Lack of proper bowel action, due to sluggish sensations.	Appendicitis, ptosis.
<i>Argentum met.</i> <i>Argentum nit.</i>	Irritation at mucocutaneous outlets.	Ulcers.
<i>Allium cepa</i> <i>Arsenicum iod.</i> <i>Camphora</i> <i>Gelsemium</i> <i>Natrum mur.</i> <i>Arum triphyllum</i>	Acute coryzas, with sneezing, stuffed nose and general malaise.	Sinusitis, inflammation of antrum.
<i>Baryta carb.</i> <i>Baryta iodide</i>	Hypertrophied tonsils and adenoids.	Tonsillectomy.
<i>Belladonna</i> <i>Bryonia</i> <i>Phosphorus</i>	Acute to sub-acute inflammations, local or deep.	Appendicitis, pleurisy with effusion.
<i>Berberis vulg.</i> <i>Lycopodium</i>	Kidney colic, due to calculi.	Abscess of kidney or nephrectomy.
<i>Capsicum</i>	Acute inflammation of nose, throat, Eustachian tube and mastoid bone.	Mastoiditis.
<i>Chimaphila</i> <i>Cerefolius</i>	Hypertrophy of the prostate.	Prostatectomy.
<i>Bryonia</i> <i>Belladonna</i> <i>Colocynth</i> <i>Dioscorea</i>	Abdominal pain, colic, with or without fever.	Appendicitis.

REMEDY	LEADING SYMPTOM	SURGICAL RELIEF, PROBABLE
<i>Echinacea</i> <i>Hepar sulph.</i> <i>Hecla lava</i> <i>Silica</i>	General septicæmia, inflammations to pus formations.	Incisions, drainage, exploratory operations.
<i>Merc. sol.</i> <i>Merc. viv.</i> <i>Merc. iod. flav.</i> <i>Merc. iod. rub.</i>	Throat infections, leading towards quinsy.	Lancing of abscess.
<i>Psorinum</i>	Repeated tendency to quinsy.	Tonsillectomy.
<i>Phytolacca</i>	Acute mastitis, early chronic mastitis or lump.	Lancing abscess. Removal of breast.
<i>Spigelia</i>	Left sided superorbital pain.	Resembles sinusitis.

In the case of an Italian woman, following an operation for probable tumor of the uterus, which resulted in a hysterectomy, she had a severe left sided pain, starting in the groin and going in waves to the left breast, several times in the day, and preventing sleep at night. She had been back to the hospital for observation with no relief. She was given one dose of *Spigelia* 30th upon the one symptom, "left sided pain". When next seen she reported that the pain left with no return, thus preventing a secondary operation. This illustrates the strong affinity of *Spigelia* for left sided injury to nerves.

GROUP II

Here are found remedies whose action is to prepare the patient to meet his necessary operation with the greatest fortitude and to put his system into the best possible condition to resist the shock of the anæsthetic and operation.

REMEDY	ITS USE OR SYMPTOM
<i>Aconitum nap.</i> <i>Belladonna</i>	Plethoric, easily excited persons, full of fears as to the approaching operation.
<i>Arsenicum alb.</i> <i>China off.</i>	Weakness and exhaustion, with fear and trembling in dread of the ordeal; thirsty and perspiring.
<i>Anacardium</i>	When the fear produces an anger, with swearing.
<i>Aurum mur. nat.</i>	Weak and fearful, no nerve, with tendency to run away.
<i>Coffea cruda</i>	The highly sensitive intellectual patient who cannot sleep from too acute hearing.
<i>Gelsemium</i> or <i>Ignatia</i>	For the nervous patient who is unable to prevent too frequent bowel or bladder evacuations.
<i>Glonoïn</i>	An unusually high blood pressure, due to nervousness at the approaching operation, will be lessened.
<i>Phosphorus</i>	Given 6 to 12 hours before operation removes tendency to nausea and vomiting from the anæsthetic.
<i>Pulsatilla</i>	This restores the weak, weeping female to equilibrium.
<i>Zinc met.</i>	Helps the patient whose nervousness shows itself by restless feet.

GROUP III

As surgery is accomplished only by cutting, bruising and tearing living tissues, much pain and suffering naturally results

to the patient, so for his relief there will be found in this group- ing those remedies whose symptomatology points to a relief of this discomfort to the patient. Also here will be found those remedies whose function is to remove the various after symp- toms, such as gas pains, nausea, cough and nerve pains, etc., which follow major operations.

REMEDY	ITS INDICATIONS OR SYMPTOMS
<i>Ammonium carb.</i> <i>Antimonium tart.</i> or <i>Aralia racemosa</i>	For the wheezy, loose, rattling cough which often follows an ether anæsthesia.
<i>Apis mellifica</i>	Is of great aid, if there is an inability to urinate.
<i>Arnica mont.</i> <i>Bellis perennis</i> <i>Bryonia</i> or <i>Rhus tox.</i>	These remedies come well into use for the bruising and injury to soft tissues: <i>Arn.</i> and <i>Bry.</i> for the more superficial muscle tissues; <i>Bellis</i> or <i>Rhus</i> for the deeper and more fibrous tissues.
<i>Cimicifuga</i> <i>Hypericum</i> <i>Spigelia</i> or <i>Symphytum</i>	This list helps in the restoration of dam- aged nerve tissues: <i>Cimic.</i> for intercostal nerves and muscle; <i>Hyper.</i> for injuries to nerves in the extremities; <i>Spig.</i> for in- jured left side nerves; <i>Symph.</i> for the pain of nerves in fractures and stumps.
<i>Arsenicum alb.</i> <i>China off.</i> or <i>Causticum</i>	After the operation a general weakness and lack of reaction results and any of these remedies, as per the type of patient, will turn the scale for the better.
<i>Natrum mur.</i> <i>Pulsatilla</i> or <i>Sepia</i>	Again a weakness and prostration but these remedies are prescribed more on the men- tal type of patient than upon his weak- ness, e. g., <i>Nat. mur.</i> for the retiring pa- tient; <i>Puls.</i> for the mild blonde; <i>Sepia</i> for the sullen brunettes.

REMEDY	ITS USE OR SYMPTOM
<i>Phosphorus</i> <i>Ipecac</i> or <i>Nux vomica</i>	Some one of these follow, as soon as the patient recovers consciousness, to relieve the nausea and vomiting incident to the anæsthetic. <i>Phos.</i> if water is returned as soon as down; <i>Ip.</i> if constant nausea; <i>Nux</i> if bilious vomiting.
<i>Colocynthis</i> <i>Dioscorea</i> or <i>Lycopodium</i>	For the gas pains these drugs save much suffering: <i>Coloc.</i> if pains are relieved by pressure on abdomen; <i>Dios.</i> if pains are better by lying on stomach; <i>Lyc.</i> if there is much gas felt rolling in abdomen.
<i>Berberis vulg.</i> <i>Cantharis</i> or <i>Triticum repens.</i>	Often, due to toxicity or scanty fluids, the patient's urine burns or scalds. <i>Berb.</i> will relieve if sediment is present; if there is much burning with urinations, <i>Canth.</i> will sooth; <i>Trit.</i> has an irresistible desire with only a few drops passing.

Without doubt any or all of these remedies may fail in certain cases but no harm will follow a trial and ordinarily the result is excellent. To the surgeon of the old school, ignorant of the homœopathic law, morphine seems to offer the only sure relief from pain, but to those who have the advantage of such homœopathic knowledge the chosen remedy is a boon in allaying the suffering of his patient.

MONTCLAIR, N. J.

Every complete symptom consists of three parts or factors: 1. Locality, the part, organ or tissue involved in the disease process. 2. Sensation, pain, indicating the functional or organic change characterizing the morbid process. 3. Conditions of aggravation or amelioration, exciting causes or circumstances, conditions increasing or modifying the manifestations—H. A. ROBERTS.

"THAT EUPHONIOUS TITLE—CASES"*

D. T. PULFORD, M. D.

CASE I

Mr. F. P. T., age 48, painter. On April 13, 1931, his son noticed a peculiar expression on his father's face. The patient, himself, noted that he had difficulty in expectorating, because one side of his face did not function properly. Later he found he could not close his eye, even having to cover it at night so that he could sleep. The trouble located on the right side. Before this he had had a bad cold, caught by sitting in a draft. This developed into an attack of sub-acute bronchitis. To add to his discomfort there was pain in the right ear and a boil on the back of the neck. Other symptoms were: Right upper eyelid red and swollen, sensitiveness of right maxilla and vertex of head, deep aching in right maxilla, with temporary amelioration from warm applications. He was nervous and restless because he could not work, partly from fear of further exposure and partly from embarrassment. There was a noise of escaping steam in both ears. The appetite was increased and he was hungry between meals, a condition entirely foreign to him. The sleep was light, disturbed by any unusual noise, unrefreshing, restless, and he had difficulty in getting to sleep. He was first seen ten days after the trouble began, April 23, 1931. Because of the boil and bronchial trouble he received on that day *Hepar sulph.* 1M, one dose. This helped the cold and boil but had no effect on the face and eye. The most peculiar condition about the paralysis was the inability to close the eye, a spastic type of paralysis. This symptom is covered by: *Aur. mur.*, *Cadm.*, *Carbo veg.*, *Euphb.*, *NUX VOM.*, *PAR. QUAD.*, *Phos.*, *Sil.* This condition with the peculiar sleep, the aggravation from cold and relief from warmth led us directly to *Nux vom.* He received the 30x on April 30, 1931, the 200th on May 6th and 13th, and *Sac. lac.* on the 20th. There was steady improvement after starting the *Nux vom.* and while the condition has not cleared up entirely a recovery may reasonably be expected.

*Presented at the I. H. A., Bureau of Clinical Medicine, June 1931.

CASE II

Mr. J. W. Y., age 55, government meat inspector, was an example of surgery run amuck. On February 26, 1931, while about his business, he cut the middle finger of his right hand. This cut came on the palmar surface between the hand and the first knuckle. The wound apparently healed at once but he thought that due to constant danger from contamination he had better have it seen to. On March 3rd he consulted a government surgeon who said that an infection was present. He opened the finger, washed the wound with alcohol and put on a mercuriochrome dressing. On the 4th the finger began to pain and swell. On that day the surgeon split the finger open, dressed it in cotton, put the patient to bed and bathed the finger in lysol. After this the hand began to swell, a temperature developed, with headache, pain in the back, insomnia and profuse sweating. He was sent to the hospital to have the hand drained. Red streaks went up the arm, the lymph glands as far as the axilla swelled and were painful. After many cuts and very free drainage the trouble once more localized in the finger and he was sent home with a tonic as his general health was impaired. Four days later the finger was again worse and he returned to the hospital. The swelling returned and there was evidence of proud flesh in the wounds. The bone was found to be involved and the finger was amputated. From that time until seen by us on April 26th there had been no tendency for the wound to heal. Because of the nerve injury due to the amputation and the history of the red streaks he was first given *Hypericum*, and was requested to bathe his hand in a solution of *Calendula*. On May 8th he received *Silica* 1M, one dose, and under this improvement was constant. The wound healed entirely and he had no pain. In fact, his wife objected to his having more medicine as he seemed to be doing so nicely.

CASE III

Mrs. L. Several years ago this lady ran her right index finger into an electric wringer causing an irregular tear in the skin at the junction of the finger and the hand. A surgeon closed the

wound and dressed it. A few days later the stitches let go and the wound gaped. There was very little pus, the edges looked pale and inactive, almost dead. It looked as if it would never heal. The surgeon told her later that he was afraid she was going to lose it. He is an old friend of the writer and often pooh-pooed homœopathy. While he was whetting his knife for further use old man *Silica* was getting in his licks. The wound was kept dressed but was never restitched, the edges being held in apposition by adhesive tape. As a result this lady still has her finger and a rather obscure scar as mute or eloquent evidence (whichever you or she prefer) of a machine age.

CASE IV

Miss C. L., age 24. Complains of menstrual trouble since the inception of menstrual life at 15. It has been much worse for the last few periods. The first period was attended by severe pains and cramping. There was no history of exposure then or later. The pain is in the midline of the abdomen, cramping in nature, has no extensions, worse at the beginning of the period and up until the last few periods was relieved when the flow began. Now it lasts through the entire period. The pain is relieved by hot drinks and vomiting, and is worse from lying down and from warm applications to the abdomen. It makes her want to get up and pace the floor. The flow is scanty at one period and copious at the next, an alternating state. The periods are fairly regular and last five days. Dark clots and bright fluid blood. In the evening she is nervous, cannot keep still, cannot keep feet still. This nervous restlessness bears no relation to the period. Prickling in hands and feet evenings. Her posture is stooped, the attracting symptom of the case. She craves sweets, especially candy. Sleep poor, restless and unrefreshing. She is generally worse from heat, a warm room, and better in open air. The stooped posture led to further questioning which brought out a hungry faintness in the forenoon and aggravation from not eating at once, and a history of burning palms and soles. *Sulphur* 10M, one dose, cleared up the menstrual condition and improved the general health.

CASE V

Mr. F. B. An incomplete case. He had been working in a factory where he was exposed to fumes of a sulphur compound. He developed an asthmatic state with a severe cough. Here are the symptoms: Short and wheezing breathing, worse lying, walking, exertion of any kind; cough worse lying down, rising from bed, one-half hour after eating, paroxysmal, paroxysms lasting 10 to 15 minutes; cough temporarily relieved by expectoration, bending forward so as to cramp the epigastrium, sitting up and coughing it out and by open air; the expectoration is scanty; sensation of a reed vibrating in the larynx; perspiration during cough; sleep good after coughing it out. He might cough hard the early part of the night, sit up, cough it out and then go back to sleep until morning. Because of the exposure to sulphur fumes and the marked relief from open air he was given *Pulsatilla* 200th in repeated doses until a change was noticed, then *Sac. lac.* This was on May 25th, 1931. A change was noticed but not a pleasant one. He was seen again on the 28th and said he had forgotten to state that when riding in an automobile, especially in the back seat, he became nauseated, that he had been troubled in the past with car-sickness, also that moderate exertion made him worse but violent exertion affected him less and he even felt better for it. Running was not as bad as walking and what he called "chest exercises" if strenuously done did not affect him. One dose of *Sepia* 1M was given. This was on the 28th. On the 29th he reported a bad night followed by great general improvement. He was not heard from until June 8th. He had been to the Ford Hospital for a thorough examination where it was found that the sinuses were affected. After "doing his sinuses in oil" he was told that they were the seat of his woes. Other than this he received no assaults upon his system and the mind was more at ease even though his hope is by medication and his remedy looks like *Sepia*, regardless of where his "distributing" point may be. On the 8th of June he reports that his cough occurs now mostly in the morning and that he feels generally better. I await the outcome with interest. This cough and breathing calls to mind *Puls.*, *Con.*, *Spong.*; *Puls.* because of the great

relief from the open air; *Con.* because of the cough which compels the patient to sit up, cough it out and then permits him to sleep; *Spong.* because of the cough ameliorated by bending forward. We know *Puls.* failed and the others had too many contra-indications. Two marked generals, later learned, pointed to *Sepia*. The particulars were cast away and Mr. F. B. was prescribed for.

TOLEDO, OHIO.

DISCUSSION

DR. R. E. S. HAYES: The first patient mentioned certainly deserved to have a good prescriber for his multiform complaints, and did. I notice that the conditions that came first went off first, then the doctor prescribed for what came last, that is, what was left. Which was all that he could do then, of course. Several questions arise, for instance: Did the doctor prescribe intentionally for the cold and boil first or did *Hepar* appear to cover the entire condition? What would have been the course of results if a reaction affecting the facial condition had been produced first? Was there a deeper or longer standing constitutional condition—latency, as some of our miasmatisists would call it—and were there any symptoms of it upon which a reaction could have been produced? If so, would the cure have been any better than the one the doctor brought out? If you will kindly excuse me, I will leave this for Dr. Pulford and some of the other knowing ones here to answer.

However it was, we must admit that our young prescriber showed the Lippe like skill. It is said that the celebrated French painter Vollon had such off-hand skill with the brush that he could, with one sweep, produce a fish or similar single object that would be a masterpiece. In like manner with the second prescription, at least, the doctor seized on what he had of symptoms that was representative, with its background, and without working up a headache over it picked the prize remedy from the group without benefit of elaborate procedure. This is as it should be for great numbers of cases. And experience and practice widens the scope of this method greatly.

Concerning the man who had his finger opened I would like to attract the attention of the profession to the inanity of spreading infection by forcing the products of infection into the lymphatics with the knife. Why do not some of our keen eyed pathologists watch that process and tell the profession just what goes on after the knife has been thrust into the bed of inflamed infected tissue. The practice seems contrary to the allœopathic theories of infection and deductions of pathology. Besides, it should be apparent to any or all that the natural effort to focalize needs inter-vesicular pressure to effect softening and complete elimination and evacuation; and that this desirable pressure is considerably lowered at the point where it should occur and raised outside the original area.

Each case report has points of interest. *Sepia* will probably do well for the man with the cough. The phrase "regardless of the point of distribution" did not escape notice.

Here again is illustrated the truth that the best prescriptions are based on the symptoms that are most symbolic of the individual vital pattern.

EXPERIENCES WITH MEASLES*

MARGARET BURGESS-WEBSTER, M. D.

Helen was a thin, scrawny child, with a congenital heart lesion, a frequently recurring eczema of the head and face, and a very unstable nervous system. When the measles eruption should have been fully developed, there was only a pale, livid rash under the skin, the heart action was weak and failing, and the child looked extremely ill, with rapidly increasing prostration. *Sulph. 1M* produced prompt reaction, development of the rash, and normal course of the disease without further complications.

Edward's rash was developing slowly, when suddenly the temperature shot up to 106°, with pulse and respiration correspondingly high, the whole chest being filled with rales. He was indeed a very sick child, the rash was under the skin and of a livid color, the cough was infrequent, the chest was filled with mucus, there was no expectoration and he was in a semi-stupor, being roused with difficulty. Edward had been under my care since birth and under such constitutional remedies as *Sulphur* and *Tuberculinum*, but in spite of carefully selected remedies at this critical time the temperature remained at 106°, and there was no improvement in the symptom picture. Dr. Rabe was called in consultation from New York. Because of a similar appearing skin in an undeveloped rash in a recent case of scarlet fever, he advised *Ammonium carb.* which was given in the 200. In about five hours the rash appeared in full force, the whole body was covered with a drenching sweat, the chest symptoms were relieved, and Edward had turned the corner. A teasing, persistent cough and an afternoon temperature of 100° and over called for *Tuberculinum* which completed the cure.

Barbara, sister of the above, during the course of measles, had a hard, deep, barking cough, with retching and vomiting. She would become greatly exhausted by the violence of the prolonged paroxysms, during which she would hold her chest with her hands. *Drosera 1M* relieved at once.

Richard was apparently making fine progress with an uncomplicated measles, when the rash suddenly receded, the temperature mounted to 105°, and over night we had a fully de-

*Presented at the I. H. A., Bureau of Obstetrics and Pediatrics, June 1931.

veloped right lobar pneumonia. *Bryonia 1M* redeveloped the rash and modified the chest symptoms, but *Phos.* was called for in thirty-six hours for the hard, dry cough and flapping of the nostrils. The pneumonia ended by lysis.

Susan was just recovering from a follicular tonsillitis when she came down bang with measles, hard, dry, racking cough, temperature 104°, and pale undeveloped rash. *Bryonia 1M* developed the rash but the temperature persisted, both lungs being filled with rales, threatening broncho-pneumonia. We had a very sick little girl who could sleep neither night nor day because of the constant hard, dry cough. *Sticta 200* relieved almost immediately, the cough subsided and the chest cleared. Another rise of temperature occurred, and we had a right sided otitis media with profuse greenish yellow, offensive, excoriating discharge. Several remedies were given without benefit. The chronic symptoms were taken into consideration, hypertrophied tonsils and foul smelling foot sweat. *Baryta carb. 200* not only promptly cured the ear condition, but shriveled the tonsils and greatly improved the foot sweat.

PHILADELPHIA, PA.

DISCUSSION

DR. R. E. S. HAYES: I trust that the essayist will forgive me for not saying very much. In a certain way she said it all.

Five little ones departed from the ordinary course of measles and took dangerous routes from which neither the most celebrated specialist, the most wired clinician, the clearest visioned laboratorician nor the most zealous health official could have brought them. Life cannot be saved nor protracted illness prevented in conditions of that type unless the genius of the Hahnemannian principle is recognized.

With practiced eye and keen insight the homœopath knew what to do and what to expect. Her work, as also the consultant's in one of the cases, shows an understanding of influences far deeper than mere measles. It shows the master hand.

Reports like this' always suggest the phrase "That reminds me." At our last state meeting Dr. B. S. Adams related the case of a boy who went through measles in the usual way but the disappearance of the rash was followed by a large swelling of the cervical glands. *Belladonna* was used with prompt recession of the adenitis. Then the boy went through another complete attack of measles just as though none had occurred before.

I am reminded of an experience which I may have related at some previous time. An apparently robust boy was convalescing from an ordinary course of measles in the ordinary way when he suddenly came down with a very high temperature, drenching sweat, marked pallor and prostration. The most spectacular symptom, however, was a remarkably rapid loss of flesh. His soft tissues appeared to melt away with the passing of every hour. I had never seen anything like it before nor have I since. *Tuberculinum* checked the whole process, whatever it was, almost at once, with prompt recovery as the sequel.

SACCHARUM LACTIS

W. W. YINGLING, M. D.

Saccharum lactis is a remedy introduced by Dr. Swan many years ago. It was his "Fatigue powders", the accuracy of which I have verified. When a man, woman or child is completely fagged out by muscular work of any kind, too tired to eat or sleep, *Sac. lac.* in a high potency will very quickly and permanently remove the fatigue, the patient will feel rested. *Sac. lac.* is to muscular fatigue what *Tela aran.* is to nervous fatigue or depression. *Sac. lac.* was proven by a number of persons in the potencies, but because it is so common or inert, it has been used but little. Hahnemann esteemed it the nearest inert of all substances, and it may be in the crude state. In the potencies it is active and curatively reliable, even if the patient is using the crude form at the same time. It is used but little today in pellets, as cane sugar is used mostly. Herein it is like *Natrum mur.* A person can be using the table salt daily, even in large quantity, yet in the potentized form it will act like a charm. I had, some years ago, a family of four from Arkansas, who had had ague for a long while, and had taken quinine by the peck. There was an insatiable craving for salt. The children would steal salt and eat it by the handful. Yet one prescription of *Natrum mur.* 20M cured all four and removed the craving for the crude salt.

Clark gives in his *Dictionary* quite a resume of this remedy, but not as full and complete as is given by Dr. Swan in his *Materia Medica*. Sight fails; eyes tire very easily. It has *cold pains* as a feature. Swan considers cold pains as a keynote. Cold, neuralgic pains in lobes or cartilages of either ear, and in other places. These pains were *icy cold* like needles. Symptoms worse before a storm, in a damp room or basement. Better by warmth of a fire. Sensation as if it is only by a great effort one is kept together. Loses way in well known streets. Imagines there is a large hole in back just above sacrum; that her mother wants to kill her; that someone is behind her. Very nervous, jumps from her seat at least noise. Great fear of death during paroxysms of

pain in heart. *Fæcal odor of body, or only hands, before stool, passing away after stool.* Great soreness around anus, passing up rectum three inches. It has a number of important rectal symptoms; also urinary. Heart symptoms are marked and peculiar. Sensitive in every part of body. Restless at night caused by itching all over body as soon as covered in bed. It has symptoms all over the body. It will pay any one to make a study of this remedy and use it in the potencies. See Clark's and Swan's *Materia Medica*. Also *Homœopathic Physician*, vol. 10, p. 137; vol. 12, p. 98; *Organon Magazine*, vol. 2, pp. 288, 247; vol. 3, p. 117; *I. H. A. Trans.* 1889, p. 194.

EMPORIA, KANSAS.

TELA ARANEA

W. W. YINGLING, M. D.

Tela aranea, the spider cobweb, is a reliable remedy, acting on the nervous and arterial systems. It is a soothing remedy. With it I have given refreshing sleep to a number of very nervous patients who could get no rest at night from the nervous sleeplessness. Sleeplessness from nervousness is a prominent symptom and a reliable one. Nervousness, intense restlessness, cannot lie in bed or sit quietly, must move about. "I am *so tired*", is a feature that will be seen in nervous exhaustion. It produces a calm and delightful state of feeling followed by sleep. It rapidly lowers frequency of the pulse rate, produces a calm and delightful state of feeling, followed by a desire for sleep. It has a nervous cough, a dry, irritating cough. It is claimed to be helpful and soothing in the last stages of tuberculosis; it soothes the declining patient. It has suffocation when lying in bed, must be supported on pillow, head raised. It is useful in organic heart disease. Nervousness, intense restlessness, languor and depression. "I am *so tired*." Spasms, startings. Action seems primarily on the nervous and arterial systems. In *New, Old and Forgotten Remedies* its action in intermittent fevers is given, but the crude tincture was used in the report. Clark gives a short resume of

the remedy. I have used the potencies exclusively. If a remedy will act curatively in the crude it will act better homœopathically in the potencies, 200 to the 5M, my own potencies; and of course in still higher potencies.

When I was a boy, possibly eight to ten, I cut my hand severely with a sharp ax. The old colored mamma rushed to the cellar, secured some cobwebs and bound up the bleeding wound. It acted promptly as a styptic. The wound gave me no trouble and soon healed. *Calendula succus* will do the same, stopping the flow of blood and healing the wound by first intention. The cobweb used in the above incident was covered with dust and more or less dirt, but there was no sepsis or other trouble. It is not that which goes into a wound (within reason) that causes trouble, but that which is kept in, or is within. There is much foolishness today mingled with truth among the false scientists. There is too much reading today coupled with too little thinking. This causes the assumed specialists and false scientists to jump at conclusions, from erroneous concepts or ideas, and fills their minds with cobwebs.

You will find mention of *Tela aranea* in *I. H. A. Trans.* 1890, p. 414; *Medical Advance*, vol. 26, p. 102; *Hom. Recorder*, vol. 13, p. 283. Also in Clark's *Dictionary* and *New, Old and Forgotten Remedies*.

EMPORTA, KANSAS.

For the purpose of effecting the cure, as the organism must be susceptible of the remedy, so the remedy must be susceptible by the organism and its concerning organs.

The susceptibility of the organism is varying and different in each individual case.

For this reason, it is necessary to individualize the susceptibility as well as the dose and the remedy.

The susceptibility actually stands as the indication and measure for the form and quantity of remedial action required in the given case, *i. e.*, for the potency and dose.—B. FINCKE, M. D., 1862.

THYROID SYCOSIS*

J. W. WAFFENSMITH, M. D., H. M.

On July 19, 1929, a married woman, age 27 years, consulted me for a right sided enlargement of the thyroid which she said moved up and down on swallowing and talking. It was aggravated two days to one week before the menses and ameliorated by raising the head with a pillow when lying. She had consulted several physicians who, without hesitation, had advised an operation. She was fearful of operation, yet the discomfort was of such a nature that she felt it imperative to have something done. Under these conditions I was requested to treat the case with the internal remedy.

We are apt, in our keen desire, to seek in the newer field of remedies for our selection, instead of searching among the well known and time tested group which has been thoroughly proven by the early masters and found reliable in clinical tests.

The tumor was of a typical sycotic nature, fibrous in consistency, and possessing the concomitant symptom complex of the great constitutional miasm. The patient possessed a remarkable degree of physical health, there being a lack of objective symptoms except the growth which made her life unpleasant, and, as a matter of materialistic reasoning, extirpation was the only reasonable conclusion.

It is here that the value of the genius of Hahnemann is appreciated, namely, to add miasmatic interpretation of mental symptoms in a study of the unified whole. The simplicity of the procedure shows the value of the principle underlying the process of reasoning. It presents the advanced position homœopathy occupies in medicine within the realm of constitutional diagnosis and remedy selection.

The mental symptoms have disappeared and with them the tumor. Homœopathy has won another ardent friend and the doctor has added confidence in the potential possibilities of the indicated remedy properly selected and handled in potency.

The following symptoms were obtained on taking the case:

Anxiety.
Irritable, aggravating before menses.
Fear of thunderstorm.
Lassitude.

*Presented at the I. H. A., Bureau of Clinical Medicine, June 1931.

Oversensitive and easily offended; had to give up her occupation on account of same.

Aversion to children.

Confusion of mind; fumbles for words.

Forgets names of persons and places.

Misplaces things.

Fear of solitude.

Easily frightened.

Fear of man behind her (caused her to give up occupation).

Starting.

Sensitive to cold air; to draft; wants open air and head uncovered, although away from window; sensitive to cold on back of neck.

Irritation to clear larynx, aggravated talking.

History of suppurative tonsillitis.

Feet cold as ice.

Sacral backache, aggravated first day of menses.

Dates beginning of all trouble to shock from automobile accident.

Hoarseness, aggravated before menses and continued walking.

Miscarriage five years ago; no pregnancies since; sexual frigidity (sycosis).

Menses irregular; too soon; watery in color; fishy odor (sycosis). *Rhus tox.* 30 (B. & T.)

September 5, 1929. Aching pain in lumbar region, aggravated before and after menses and p. m. Ameliorated by heat.

November 2, 1929. Nausea; eructations taste of food; faintness aggravated 10 p. m.; hoarseness ameliorated; fishy odor of menses disappeared; leucorrhœa thick and yellow, aggravated p. m.; irritability improved; confusion of mind and fumbling for words better. *Rhus tox.* 500 (B. and T.)

December 22, 1929. Return of throat symptoms. Tumor smaller in size. *Rhus tox.* 1M (B. and T.)

June 2, 1930. Desire for sweets; increase in weight; dull, aching pain in sacrum aggravated first day of menses, ameliorated from heat; perspiration in axilla; easily frightened with internal trembling which begins in feet and passes to chest and throat with inclination to swallow. *Rhus tox.* 50M (Skinner).

NEW HAVEN, CONN.

THE BEST METHOD OF STUDYING HOMŒOPATHY*

RAY W. SPALDING, M. D.

The definitions of *Webster's Dictionary* in regard to allœopathy and homœopathy are a good starting point for the consideration of our subject. Allœopathy is defined as "that system of medical practice which aims to combat disease by the use of remedies producing effects different from those produced by the special disease treated". Homœopathy is defined as "the art of curing founded on resemblances".

A comparison of these definitions at once justifies a striking difference in the method of study. For the purpose of homœopathic study a different approach other than the accepted pedagogy of the so-called regular school is essential. Briefly, the allœopathic physician considers disease and pathological changes, therefore diagnosis first of all. Homœopathy considers first the patient. It is the individual who is sick. Disease produces such a disturbance of the individual's vital force that symptoms result. All these resultant variations in the economy represent the reaction of that inner force on which life depends, as expressed in changes which together make up the image of sickness. Note that allœopathy is defined as a combat of disease by effects differing from those produced by the special disease treated. Note well that homœopathy is termed the art of cure.

It must therefore require an unprejudiced and open mind to grasp the knowledge necessary for acquisition of this art of cure. Cure means the restoration of balance in the economy as shown by the disappearance of symptoms. With this freedom of the vital force from the disturbing morbid agent a feeling of health and well being returns. There is a law of life and there is a law of death. Homœopathy puts first principles first; concerns itself primarily with causes rather than effects; and in this respect is a pure science as well as an art. So much in the way of introduction.

What should be stressed in a study of homœopathy? Certainly no more authoritative source could be quoted than that of the master mind which gave homœopathy to mankind. The name of Hahnemann, for this reason, is found again and again

*Introductory lecture at the A. F. for H., Post-Graduate Summer School, July 1931.

in homœopathic literature. He presented his concept and philosophy with directions for acquiring the art of cure in *The Organon*. No one can properly study homœopathy without the sound background of this monumental work. Next Hahnemann leaves his *Chronic Diseases* and *Materia Medica Pura*. In the *Chronic Diseases* he presents his miasmatic concept, clearly defining psora, sycosis and syphilis, not as occasional diseases, but back of the predispositions and weaknesses of the human race. The student cannot afford to attempt homœopathy without these considerations.

Philosophy is defined as "literally the love of wisdom; in actual usage the knowledge of phenomena as explained by and resolved into causes and reasons, powers and laws"; or more briefly "the science of things evidently deduced from first principles". As applied to our subject we use the term "homœopathic philosophy" and stress it in study and practice because it is basic and controlling in all our procedure. You will find this subject amplified and clearly discussed in Kent's *Lectures on Homœopathic Philosophy*. It will bear constant rereading as a standard reference.

The materia medica of the homœopath deals with the action of drugs as proven on the healthy. To the beginner it is a maze of symptomatology, hard to understand. The sick-making power of a drug, its pathogenesis, is revealed in its effects on various temperaments and backgrounds. Upon study the drug pictures are differentiated and their similarity to the images of sickness made comparable. The homœopathic principle or law of similars has been compared to a weapon. The materia medica is the ammunition with which we fight the altered states in illness. Unremitting study in materia medica must be the life work of a physician, if he would be well trained and a successful prescriber. No one pretends to remember all of any drug, but we must know where to find accurate and detailed information, as in Hering's *Guiding Symptoms* and Hahnemann's *Materia Medica Pura*. Gradually we acquire drug pictures and characteristics which make remedies come to mind in a given case, but reference and study must always be made, if any mastery is to be gained.

The student notes a tremendous difference in the taking of

the case as compared with the allœopathic case history. Hence case taking practice must precede any search for a remedy. Again you will see it is the symptoms of the individual that are noted as revealed by his disturbed inner vital force. Individualization is first and foremost in homœopathy. When a student has learned to take a case properly so that he has a totality of symptoms which represent the patient, with all modalities and concomitants, he is ready for remedy study. You will have, thanks to your homœopathic philosophy, a basis for the all important grading of symptoms, that is, a realization of their comparative value.

Now for the repertory study as pointing to a group of remedies for analysis. This arrangement, as Kent points out in his Preface, "built from all sources, is a compilation of the useful symptoms recorded in the fundamental works of our materia medica, both ancient and modern, as well as taken from the notes of our ablest prescribers". These indexes of symptomatology require much study by the student in order to comprehend the arrangement and use. No study course could be complete without a good deal of repertory work. Again it must be emphasized that the repertory is not an end in itself but a great help in pointing to several remedies for final materia medica study before selecting the single remedy to be prescribed.

From this sketchy presentation you will agree that the study of homœopathy cannot successfully be purely didactic. It is an inductive method. It must be intensive and thorough to be valuable. The important preceptor system is seldom available in these days and so the American Foundation for Homœopathy in this short post-graduate course attempts to present the subject intensively, with special emphasis on homœopathic philosophy, case taking, repertory and materia medica study, supplemented by clinics and clinical papers. But do not consider it as an end in all. It is the best beginning for the student that I know of today. The effort is to give sound foundation in homœopathic principles as expounded by Hahnemann, and so to stimulate your interest in this law of cure that you will, throughout your practice, strive through continued study to achieve a real mastery in prescribing.

DEDHAM, MASS.

ADDITIONS TO KENT'S *REPERTORY**

C. M. BOGER, M. D.

- Page.
381. Pain, chewing, when: Coca, Coloc.
382. motion of lower jaw: Coloc.
383. swallowing, agg.: Bell.
talking, agg.: Coca, Coloc.
walking, amel.: Ail.
extending, neck, to: Lyc.
teeth, to: Merc.
bones: Sulph.
385. bursting: Bov., Thuj.
cutting: Ars.
386. drawing, right: Kali chlor., Lyc., Verat.
left: Arg. nit., Sulph.
387. sore, bruised: Alum., Anac., Ant. tart., Bry., Kali carb., Manc., Mez., Phos., Plat., Verat.
390. *Paralysis*, lower jaw: Bapt., Carbo veg., Colch., Hell., Hyos., Lyc., Mur. ac., Op., Phos., Sec. corn., Stram., Sulph., Zinc.
- Peeling*, lips: Nit. ac.
- Perspiration*: Amm. carb.
391. eyes, under: Con.
upper lip: Med.
- Picking* lips: Arn., Lach., Stram.
- Pulsation*, lips: Berb.
- Saddle* across nose: Tril.
392. *Stiffness*, pain, during: Nit. ac.
lower jaw: Cann. ind., Cic., Ign., Phyt.
- Sunburn*: Thuj.
- Swelling*, right: Act. spic., Ars., Calc. carb., Plb., Rumx.
morning: Hep., Kali chlor., Lyc., Kalm., Phos., Sep., Spig.
afternoon: Bell.
evening: Ars., Lyc., Sulph.

*Continued from June Recorder.

- Page.
393. eating, after: Merc.
oedematous: Urt. ur.
one sided, side on which he lies: Phos.
sensation of: Æsc., Bell., Lil. tig., Mez., Nat. mur.
toothache: Thuj.
cheeks: Calc. carb.
bones: Nat. ars.
forehead: Apis, Ars., Hell., Lyc., *Nux vom.*, Phos.,
Rhus tox., Ruta, Sep.
eyes, above: Chin., Puls.
around: Ail. (r), Rhus ven. (r), Urt. ur.
under: Bursa past., Carb. ac. (r), Colch. (1),
Raph., Sulph. (1).
lips, lower: Arn., Lach.
submental gland: Glechoma.
394. *Tension*, as of white of egg dried on: Nat. mur.
forehead: Cann. ind.
395. *Trembling*, right, then left: Plb.
jaw: Gels., Ign.
lips: Gels., *Nux vom.*, Terb., Zinc.
lower: Ant. tart., Gels., Ran. scler.
- Twitching*, upper (over malars): Amm. mur., Glon., Phos.
eyes, below: Bell. (r), Thuj. (r).
right: Amm. mur., Bor., Bry., Calc. carb.,
Chel., Kali nit., Mag. carb.,
Meny., Mez., *Nux vom.*, Phos.,
Plb., Thuj.
left: Ant. crud., Arg. nit., Bar. carb., Bell.,
Brach., Carbo veg., Chin. sulph.,
Con., Euphor., Glon., Kali carb.,
Phel., Phos., Tel., Thuj., Valer.
- flatulency, from: Nat. carb.
lips, lower: Ind., Puls., Thuj.
396. *Veins*, distended: Cupr., Tab.
forehead: Abrot., Calad., Camph., Chin.,
Cub., Piloc., Sulph.
temples: Ars., Glon., Sang.

Page.

- Weak*, lower jaw, after eating: Cham.
Wrinkled: Sec. corn.
 forehead: Syph.
 eyebrows: Rheum, Violo. od.
 lips: Amm. carb.
397. *Biting*, glass, when fed: Ars., Bell., Cham., Cina, Cupr., Puls., Verat.
399. *Coldness*, sensation: Lac. can., Lach.
 gums: Phos.
 tongue: Iris.
 left: Aloe.
- Covers* mouth with hand, etc.: Ip., Lach., Rumx., Kali bich.
Cracked tongue: Kali iod.
 center, across: Lach., Merc.
Detached from teeth: Par.
400. *Discoloration*, blue: Ambr., Gymn.
401.
 brown, base, at: Pyrog., Torula.
 green: Caps., Chion., Iod.
 red stripe down center: Arn., Bapt., Colch., Iris, Lach., Plb., Pyrog., Rhus tox.
 tip: Hyos.
402.
 white, sides, one: Daph., Irid.
 yellow: Kali bich.
403. *Dryness*, morning: Senecio.
 chewing food, agg.: Ferr.
 forepart: Ars., Bry., Nux vom.
 posterior: Thuj.
 sensation, spells of: Kali bich.
 thirstless but: Arn., Ign., Kali bich., Sep., Verat.
404.
 tongue, forepart: Rumx.
 side: Cocc. ind. (edge), sang. (r).
 tip: Apis, Codeia, Ind. met., Phyt., Sec. corn., Val.
 sensation: Mang.

Page.

- Enlarged*, tongue sensation: Absin., Alum., Caj., Card. mar., Phys., Polyg., Rat., Spig., Xanth.
 base: Bapt., Calc. chlor., Cocc. ind., Spig.
405. *Greasy* palate: Card. mar., Kali phos.
406. *Indented* tongue: Bapt., Calc. carb., Crot. tig., Pip. meth., Puls.
Inflammation, tongue: Magn. arct., Phos. ac., Prun. spin.
Itching, gums: Kali carb.
 palate: Polyg.
407. *Mapped* tongue: Lil. tig.
Mucus: Tab.
 balls of: Mag. phos.
408.
 viscid: Lach.
Mucous membrane, excoriation: Carbo veg., Nux vom.
 menses, agg.: Kreos.
 scaling off: Spig.
 tongue: Agar., Carbo veg., Lach., Nux vom., Phos., Sil.
- Nodosities*: Lyss.
- Numbness*: Mag. mur., Stram.
 morning on waking: Ambr.
 tongue, posteriorly: Bov.
409. *Odor*, menses, during: Ov. gal. pel.
 onions, like: Lyc.
Open: Ail., Bar. carb., Nat. carb.
 flies, suddenly: Carbo an., Ign., Magn. arct., Rhus tox.
410. *Pain*, palate, eyes and root of nose, to: Phos.
 tongue, warm or cold, agg.: Osm.
 root, swallowing, on: Kali bich.
 sides: Calc. carb.
411. gums: Act. spic.
412. tongue, spots on: Act. spic., Ars., Kali iod., Phos. ac.
 across: Asar.

Page.

- edge, left: Lach., Nat. sulph., Ox. ac.
right: Phos.
sides of: Calc. carb (one).
tip, night, at: Hep.
burnt, as if: Arg. nit., Ars., Puls., Sang.,
SEP., Syph.
413. sore: *Manc.*
palate: Lac. can., Laur., Plb.
414. tongue, sides: Calc. carb.
right: Carbo veg., Merc., Phos., Plat.,
Sabad.
spots: Agar., Ant. crud., Apium, Bar. carb.,
Cinnb., Ind. met., Iod., Ran. scler.,
Sil., Tarax.
stitching, tip: Acon., Aloe, Arg. nit., Asaf., Aur.,
Canth., Con., Dios., Glon.,
Hell., Led., Merc., Nat. sulph.,
Verat., Zinc.
415. *Pimples*, tongue, tip: Lyc.
416. *Ranula*: Syph.
Saliva, acrid: Hydras., Kali chlor., Kreos., Phos. ac., Plb.,
Sec. corn., Stann., Staph., Sulph., Tarax.,
Zinc.
astringent: Caps., Merc. cor., Sabad.
fœtid: Caps., Phos., Zinc.
frothy: Gaulth., Ip.
offensive: Kali carb.
417. salty: Sanic.
snow white: Ol. an.
yellow: Spig.
418. *Salivation*, night: Verat.
cough, with: Bell., Nat. mur., Verat.
dryness, with sense of: Aral., Asaf., Calc. carb.,
Chion., Ind. met.,
Laur., Lyc., *Merc.*,
Nux vom., Sep., Spig.

Page.

- eating, after: Cham., Kali phos., Petr., Rhus tox.,
Staph.
- headache, during: Epiph., Irid., Kali bich.,
Mang., Op., Phos., Sep.
- mouth, forepart of: Lyc., Plb.
side, right, of: Hep.
- stomach pains, during: Gran.
- sudden attacks of gushing: Carbo veg., Nat. mur.
- talking, while: Mang.
- Sensitive tongue*: Croc., Stront.
419. *Spasms*, tongue: Acon., Carbo veg.
Speech, stammering: Vip.
420. *Sticky*, tongue, back of: Laur.
421. *Swelling*, tongue, one sided: Merc.
right: Calc. carb.
left: Lach.
spasms, before: Plb.
and contracting alternately: Xanth.
422. *Taste*, astringent: Aur., Caps., Chion., Card. mar., Clem.,
Coc. cact., Coloc., Graph., Kali cyan.,
Merc. dulc., Sang.
bad, on awaking: Merc. i. r.
apples, after eating: Bell.
water tastes: Acon., Ars., Chin. ars., Colch.,
Kali bich., Puls., Sumb.
- bitter, on awaking: Merc. i. r.
bread, of: Bell.
423. food tastes: Sep.
throat, in, not in mouth: Podo., Ptel.
sour: Chin.
sweet: Æsc., Chin. sulph., Dulc.
424. fatty: Iris.
fishy: Graph., Lach.
metallic: Merc. præc.
cough, agg.: Cocc. ind.
tobacco, to: Kali carb.
musty, throat, in: Mar. ver. (Teucrium marum
verum).

- Page.
425. pasty: Kali bich., Nux mosch.
peppery: Acon., Chin., Euphb., Lach., Lyss., Manc.,
Ol. an., Plat., Sulph.
pine wood, as of: Glon.
resinous: Cocc. cact.
salty in a. m.: Brom., Cupr., Fluor. ac., Puls.
p. m.: Bar. carb., Kali bich.
426. slimy, morning: Puls., Sil.
soapy: Arg. nit., Chlor., Merc., Rhus tox.
sour, morning: Merc., Phos., Zinc. val.
eating, after: Amm. mur., Con., Mag. mur.,
Nit. ac.
meat tastes: Lapp.
throat, in: Alum.
sweetish: *Iris*.
night: Fluor. ac.
mouth posteriorly: Lil. tig., Thuj.
sour: Chin.
427. *Trembling*, tongue, tip, of: Nat. mur.
429. *Ulcer*, tongue, tip of: Thuj.
Vesicles: Bor.
430. *Teeth*, abscess at roots: Merc. i. f.
431. *Caries*, roots: Fluor. ac.
Clinch together: Lach.
Coldness: Ox. ac.
Crumbling: Arg. nit., Bor., Crot. hor., Kreos., Sabad., Spig.
Dry, as if: Merc. i. f.
Edge, as if on: Rob.
432. *Falling out*, as if: Hyos.
Fuzzy, as if: Calc. caust., Hyper.
Grinding: Glon.
Heaviness: Fluor. ac.
Loose sensation: Graph., Kali carb., Mag. cor., Tarant.
433. *Mucus* on: Senec., Ther.
brown: Nat. phos.
434. *Pain*, one sided: Acon.
night, lying, when: Ars.

- Page.
435. air, draft, from a: Nat. mur.
biting teeth together, amel.: Mur. ac., Ol. an.
blowing nose, amel.: Acon.
436. cold, amel.: Bism., Caust., Nat. sulph., Sep.
or hot, agg.: Carbo veg., Lach.
dental work, after: Acon., Arn., Hecla, Hep., Merc.
i. f., Staph.
437. jarring, agg.: Nux mosch.
438. periodical: Lach.
sour things, from: Cimic., Cupr., Dulc.
439. talking, from: Amm. carb., Nux mosch.
touch of cheek: Mag. mur.
tongue: Mag. carb.
vinegar, amel.: Tongo.
440. water, from feet in: Nat. nit.
extending downward: Cann., Carbo veg., Coff., Crot.
hor.
eyes, to: Spig.
fingers, to: Coff.
lower limbs, to: Chen., Kali carb., Lycps.
outwardly: Chin.
441. tooth to tooth: Puls., Tilia.
upward: Caps., Clem., Nat. carb., Nit. ac.,
Ol. an., Syph., Thuj.
boring: Laur., Mur. ac., Nicc.
bursting: Bar. carb., Chin., Phos. ac.
corrosive: Merc.
443. grumbling: Mar. ver. (Teucr.), Nux mosch.
jerkings: Mang., Nat. sulph.
nerve, exposed, as if: Kalm.
444. pressing, as of a shred of meat: Ptel.
wedge: Ptel., Rhus tox.
pulled, as if: Bov., Calc. carb., Con., Mag. carb.,
Magn. arct.
446. *Sensitive*: Ox. ac.
447. *Smooth feeling*: Carbo veg., Phos.
Sticky: Syph.

Page.

- Tension*: Merc. i. f.
Warm, feel: Chel.
448. *Adhesive*, sticky, as if: Caust., Kali nit.
Choking: Sil., Syph., Tereb.
 evening: Mag. carb., Ol. an.
 night: Gadus.
449. drinking, when: Phos.
Coldness, sensation of: Chel., Meny., Mez., Ol. an., Rhus tox., Sulph.
 peppermint, as of: Agar.
450. *Discoloration*, mottled, spotted, etc.: Ail., Kali per.
 redness, dark red: Merc.
Distension, sense of: Upas.
451. *Dryness*, talking, from: Merc. acet.
 thirst, without: Kali carb., Lyc., Sep.
 posteriorly: Caust., Merc., Rhus tox.
Dust, as if, in: Cocc. cact.
Emptiness, as if hollow, etc.: Chin., Elat., Fluor. ac., Iris, Lob., Ptel., Sanic., Xanth.
452. *Fissured*, pharynx: Kali bich.
Fulness: Eucal., Iber.
Glazed look: Bell., Hydras.
Hair, as if a, in: Arg. nit., Cocain., Scorpio, Uran. nit.
Hard, as if: Cupr.
453. *Hawks*, eating, after: Hep., Ol. an.
 cheesy lumps: Arg. nit., Bry., Cocc. cact., Ign., Lyc., Merc. i. r., Nit. ac., Tub.
Heat, extending to stomach: Iod., Merc.
Induration of tonsils: Cham., Cupr., Graph.
454. *Itching*: Anac., Plan.
 swallowing, agg.: Nux vom.
Liquids are forced into nose: Phos.
455. *Lump*, plug, etc.: Lil. tig., Phos., Puls., Ust., Verat. vir.
 night: Mag. mur.
 side, left: Bar. carb., Calc. carb., Kali carb.
 right: Sil.

Page.

- rising sensation: Spong., Zinc.
 swallowing, returns after: Calc. carb.
 pit of, in: Benz. ac.
455. *Membrane*, left to right: Xanth.
 patches, small specks: Ars., Lach.
 white: Lach.
456. *Mucus*, albuminous: Cepa, Coca, Spig.
 bitter: Nat. mur.
 black: Elaps., Sulph.
 cool: Phos.
457. forepart of throat: Merc.
 frothy: Amm. caust., Kali bich., Sil., Urt. ur.
 grayish: Sulph.
 lumps: Coca, Merc. i. f., Zinc.
 offensive: Bry., Mag. carb., Mur. ac.
 putrid: Cham.
 saltish: Anac., Lach., Nux vom., Tell.
 sensation of: Penth.
 sour: Plb., Tarax.
 tenacious: Hydras.
 thick: Calc. carb., Merc. carb.

PARKERSBURG, W. VA.

Infinitesimality is the quantity of a remedy required for the action which is to be curative, and to constitute the healing process, the remedy assuming the form of the disease.

Therefore, infinitesimality stands as the indication and measure for the remedial quantity required for the curative process—*Posological Endeixis*.

Infinitesimality is in point of fact the quantity of the homœopathic remedy—*High Potency, Minimum*.

Consequently, *infinitesimality* is the *quantitative* principle of homœopathy.—B. FINCKE, M. D., 1862.

THE CLINICAL USES OF *DIGITALIS**

A. PULFORD, M. D.

Kent was right when he said: "This drug as used by the old school has done more mischief than any one drug in their materia medica." He could have truthfully included many "modern" homœopaths.

This drug touches at three points in the male—the heart, the liver, and the prostate gland. The individual mark or stamp is expressed in profound atonic muscular weakness of the heart and arteries, the heart being too weak to throw a forcible volume of blood into the arteries, and the muscles of the arteries too weak to contract on and hurry the blood after it enters them. Thus we get the symptom—slow, weak pulse, slower than the beat of the heart.

The essential symptoms to an accurate *Digitalis* prescription, from a curative position, are, including the above identification mark: sore, tender, uneasy liver; sluggish bowels with light colored, putty-like, grayish bileless stools; a tendency to jaundice; and a gone, sinking sense in the stomach as if one would die. Those essentials will indicate *Digitalis* in any disease, and unless present *Digitalis* is never indicated no matter how slow, weak or irregular, or how rapid the pulse may be.

In all cases where *Digitalis* is positively indicated, and it is not indicated if not positively, the higher dilutions or potencies will act more promptly and effectively, and more to advantage than the grosser material doses of the crude drug from both a curative and a palliative standpoint. We have been compelled to take case after case off the crude drug and either antidote and then give a higher potency of *Digitalis* itself, where it had been or was indicated, or select the proper remedy. We have never, as yet, resorted to crude *Digitalis*, much less when it was the similar remedy.

In clinical cases *Digitalis* is often indicated in the hands of the alloëopath, as well as in the hands of many so-called modern homœopaths, but in the majority of cases in which it is used, it

is *not* indicated. Its use in rapid heart beat, in massive doses, is as foolish as sitting on the safety valve of a boiler when it is so full of steam that it is about to explode, the one is just as dangerous as the other. For that kind of a use of *Digitalis* there is no possible excuse. Think of the number of patients who die from this inexcusable ignorance.

With the above characteristic mark, plus the above essentials, we took a postmaster, in an inland town, who was fast failing and unable to attend his duties, off of excessively large doses of crude *Digitalis* and sent him back to his occupation by infrequent doses of the 1M. A case of prostatic trouble with the above mark and essentials was promptly restored with the 1M. The husband, whose wife we relieved of gall-stone colic with a single dose of *Acon.* 30x, came to us. His heart was failing under massive doses of *Digitalis*. He had to give up a large part of the territory over which he had supervision on account of his condition. *Digitalis* was indicated in the first place. The 1M at long intervals soon put him on his feet and allowed him to take back his abandoned territory, made a new man of him and helped him to gain his normal weight back. We could recite many more such cases, but those are sufficient to show some of the clinical uses and results of *Digitalis* when given in cases which include the identification mark and the essentials of the drug. In all other cases in which they are not included in the make-up of the prescription, the drug must be physiologically, ignorantly, and dangerously used, as the following quotation from *International Clinics*, 1931, p. 200, will attest:

Harc, in commenting upon this work (the use of *Digitalis* in pneumonia), states that under some circumstances digitalis is positively contra-indicated in pneumonia, as, for example, in those instances where partial heart block seems to be a cardiac condition. In instances where the general condition of the patient is manifestly one of grave toxemia, the question as to whether digitalis should or should not be used may be answered in the negative in a fair proportion of cases: an electrocardiogram may show digitalis to be contra-indicated. The electrocardiogram has shown, according to Stecher, that digitalis is definitely contra-indicated in diphtheria, as has been generally maintained by pediatricians. Stecher reports nineteen cases of heart block occurring in patients with diphtheria all of whom were over twenty years of age. All had received early administration of antitoxin. Death occurred in every one of those cases of heart block within ten days.

So we see the danger of using a dangerous remedy in a manner clouded in ignorance. And where is the electrocardiogram

*Presented at the I. H. A., Bureau of Clinical Medicine, June 1931.

that can give us the positive indications for *Digitalis*? And where is the cardiogram, electric or otherwise, that can nullify the ignorant application of a drug, or the evil results which must of necessity arise from that use?

TOLEDO, OHIO.

DISCUSSION

DR. J. HUTCHINSON: If we refer to Hahnemann's provings of *Digitalis* in *Materia Medica Pura* we find Dr. Pulford's statements corroborated. Or if we take our own cases, particularly those of *Digitalis* toxicosis from the drug long continued, in what we should consider wholly improper treatment, we are able to confirm all of the doctor's findings. Personally, I have never seen or known of a single case that has received the drug in the popular professional manner which was ever benefited by it; rather, injured indubitably, and usually permanently with the permanent outcome.

The toxic cases we have to deal with present different phases of the same problem. *Digitalis* poisoning leaves not all patients in the same systemic condition. Each may have been affected at his weakest point, and it remains to be determined what is the most serious disturbance. Usually it is multiple. There will be many evidences of disturbed organs. And this reminds one eloquently of the fact that *Digitalis* in potency is not only a heart remedy, but is a remedy for conditions in which any or all of those organs in intimate cooperation with the cardiac control can be profitably cared for by the indications for *Digitalis* as they have evolved in the provings. In fact, *Digitalis*, from the homœopathic standpoint is a great deal more than simply the heart remedy *per se*. It is undoubtedly needed in cases otherwise diagnosed that too often fail to receive it.

One of the most painful facts constantly thrust upon one's attention, either professional or social, is the fearful misuse of the drug on incorrect indications, when *Digitalis* in potency when suitably prescribed would heal and not destroy.

The correct judgment of the actual susceptibility in the given case implies not only the careful examination of the case, considering the morbid symptoms of the organism, in its present state as well as the ætiological symptoms of previous health and habit and disease, and including the physical method of inspection, palpation, pressure, succussion, percussion, auscultation, mensuration, chemical and microscopical investigation, and the like; but also the perfect knowledge of the mode of action and power of the medicine upon the healthy and sick organism, and its probable ratio to the organism in question, derived from the above elements, being eliminated.

The *susceptibility*, therefore, serves as the *diagnostic* principle of homœopathy.—B. FINCKE, M. D.

A PARTIAL PROVING OF *OCIMUM SANCTUM* (Eng. Holy Basil)

V. G. DIVANJI

PHARMACOLOGY: Whole flowering plant in double quantity of absolute alcohol for three days; tincture 2x. Used for proving 30x. Proving on three.

MIND: Confusion, anxiety.

HEAD: Headache, beating, pounding, biting, after chill; vertigo sitting, getting up.

MOUTH, TONGUE, TEETH: Furred, yellowish white.

STOMACH: No appetite, aversion to all foods, indigestion, eructations, nausea.

ABDOMEN: Constipation, pain, stools hard and dry, painfully expelled.

URINATION: Burning.

GENITALIA: Desire increased, decreased, impotency, discharge too late, too short; leucorrhœa, white, yellow, menorrhagia and metrorrhœa dysmenorrhœa right side.

RESPIRATION: Painful expiration right side.

COUGH: Dry, hacking, evening and early morning, expectorations easy.

FEVER: Chill, no desire for water, high fever, wants cold water, tertian, daily, quartan fever, typhoidal.

PERSPIRATION: Smelling.

SKIN: Eczema, ringworm, herpes, eruptions.

AMELIORATIONS: Heat, humidity, indoors.

AGGRAVATION: Cold, morning, right side.

POONA CITY, INDIA.

While the *materia medica*, in the books, is a simple record of observed facts, in the mind of the practitioner it becomes a subject of reflection, of comparison and of hypothetical reasoning, which will be more or less just and valuable according to the measure of the practitioner's natural ability and to his intellectual culture. For, as has been already said, "The significance of a fact is measured by the capacity of the observer".—CARROLL DUNHAM, M. D., 1865.

THE CARE OF CHILDREN*

LOUISE ROSS, M. D.

This is going to be a semi-clinical paper. Those of us who have more faith in homœopathy than some of our colleagues, believe that much can be done for the children by treating their constitutional states, not only in building up that constitutional state but even in averting threatened acute illnesses or mitigating their severity. We believe this because we have tested it out. For similar reasons we believe that it is not necessary to immunize our patients in the currently accepted sense of that verb. We prefer the immunization arising from that same upbuilding of the constitutional state. Especially do we protest, inwardly or vocally, against the claim that all or practically all accepted immunization immunizes and that all other methods of meeting these situations are criminal neglect of our patients.

On or about October, 1929, a case of diphtheria was discovered among the school children of a certain town on Long Island. The whole school body was panic-stricken and parents were so strongly urged to use anti-toxin that it amounted almost to a threat of criminal negligence on their part if they did not use this prophylactic and invitation to the disease to attack their children. In the meantime, the little patient was being cared for by a graduate nurse of the community. You may be sure she did not go near that house without receiving the full limit of anti-toxin. The child died—probably solely because he did not receive the anti-toxin sufficiently early. Nothing is said about his not receiving toxin-anti-toxin, so it is a safe assumption that he contracted the disease causing his death, despite plenty of prophylactic injection.

What about the nurse? The child died—of "pneumonia"—and within a few days the nurse died of diphtheria. How could she? She certainly had received ample injections of toxin-anti-toxin, as a nurse, and surely there was an ample supply of anti-toxin to pour into her. But she died. My patients in the com-

munity sent me a clipping from the local paper, commenting on the nurse's death, from which I quote in part:

"With two deaths attributed to diphtheria in this community, the town health department urges parents of small children to have them inoculated with toxin-anti-toxin. Cooperation on the part of the parents, says the health officer, will help prevent an outbreak."

I wish to record myself as fully in accord with this statement of the health officer, since they have no other means of building up an immunity against diseases. But we have a better method and we would like to make it widely known.

My patients in this community include two small boys. Their paternal grandfather died of tuberculosis. Their father is very tall, extremely slender—his ankles look like pipestems—and while his general health is good, he suffers from asthma. Their mother's family has a history of much neurosis, including herself, and some mental obliquity in other members of the family. Both boys are very nervous, and the younger one has appalling tonsils at times, very much enlarged, ragged, and rough. The school people insist that they must be removed. And again I concede their viewpoint since they know no other successful method of meeting the situation, while we do. The parents and myself are determined to build him up without hauling down that flag which gives warning of his constitutional state.

In December 1929, the children were both ill and the local doctor called in pronounced the disease scarlet fever. I happened to be in the vicinity at the time and went to see them. All evidence of scarlet fever had disappeared by that time, but both boys looked suspiciously like nasal diphtheria. I requested cultures, and the local doctor came to take them before I had left the house. It is to be assumed that he had never heard of nasal diphtheria, because he contented himself with a swab from each throat and departed, after telling the mother that he had taken all the cultures we requested. The reports were negative—but the mother and myself never changed our opinion as to the presence of nasal diphtheria.

The work on the constitutional condition of these lads has gone on steadily and they have both kept remarkably well most

*Presented at the J. H. A., Bureau of Obstetrics and Pediatrics, June 1931.

of the intervening months, particularly this past winter. Just now the younger one is rejoicing in a very prompt, uncomplicated recovery from mumps, while many of his playmates are suffering from pyelitis otitis, and even an infected tooth, as sequela. I saw the children in December 1930, and even I was astonished at the improvement in the condition of those tonsils.

Why have I bored you with this long clinical recital? Because it preaches more effectually than any mere words can, the doctrine of the single remedy applied to the constitutional state and not alone directing our attention to acute conditions. Our homœopathic remedies are the best immunizing agents available.

One word more: Apropos of the death from diphtheria of the graduate nurse who had been caring for a diphtheria case (which died of "pneumonia"—do not lose sight of that death-cause) in the news dispatches of June 9, 1930, from Luebeck, Germany, was the following item:

"Luebeck, Germany, June 9 (A. P.)—Eight more babies have died in an infant hospital here as the result of being inoculated with anti-tuberculosis serum recently. Thirty-five in all have died."

So we have further confirmation for the faith that is in us to care for our patients homœopathically.

WASHINGTON, D. C.

Infinitesimal or High Potentization, and Microdosia, serve as the pharmacological principles of homœopathy.

Qualitatively, assimilation depends on the material nature and distinctive quality of matter and action, both of them concerning organs and the drug, and upon their specific relation to each other.

This quality and relation to each other of drug and organism in the healing process must necessarily be the same with the nature of all matter and action in mutual action, that is under the third Newtonian Law of Motion—*Contrariety* (and equality) of action and reaction.—B. FINCKE, M. D., 1862.

THAT ELUSIVE SOMETHING IN SUCCESSFUL PRESCRIBING*

W. W. YOUNG, M. D.

In this paper I make no claim to profundity of thought. Rather I must plead guilty to being the author of what might be well termed a rambling paper. Possibly because of this there is some little originality achieved, although of that I am not certain. Even if I repeat an already current thought I feel that a reiteration of that idea is commendable.

While a pupil I was much interested in homœopathy. This statement proves nothing other than that I was of a disposition philosophical. An oft indulged analysis of the mental traits of my classmates led me to a conclusion that I was one of a small number who were interested in the subject. Contemplation of that fact led me to indulge in a closer scrutiny of the material from which were to be molded the future cohorts of homœopathic physicians. Needless to say I have become an enthusiastic advocate of the Hahnemannian precepts, yet I feel that this enthusiasm has not prevented me from drawing sane conclusions.

Matriculates of a homœopathic medical college are essentially a heterogeneous group in no way possessing greater homœopathic propensities than similar groups in any other college. That each and every one of these men will develop into a homœopathic physician is an assumption which only the most fanatical optimist could entertain. Among the average class there will be those who, by reason of their innate mental characteristics, will tend to develop into laboratory workers, others, possessing an innate impulse of another kind, will gradually lean toward surgery. The gradual development of these diverse tendencies becomes increasingly apparent to the teacher as the years pass and it is more and more impressed upon the observer of this academic unfoldment that, in spite of all that he may or may not do, he is unable to greatly alter the end result.

This does not imply that the homœopathic doctrine is such that its teaching calls forth on the part of the pupil an opposite reaction which has as its cause the doctrine itself. Rather it

*Presented at the I. H. A., Bureau of Clinical Medicine, June 1931.

is an illustration of the fundamental fact that only a certain percentage of any given class, a percentage which varies little from year to year and which has limits of little elasticity, is open to impregnation with the germ of the homœopathic conceit. Conclusions drawn from an analysis such as this, may be logically applied to the entire medical profession, giving us pause to realize that our particular method of therapy will never become so popular as to be subscribed to and practised by more than that limited number who adopt internal medicine as their field of endeavor.

Therefore I would urge that we cease all efforts to proselytize those who, by their very natures, are exempt from such an accomplishment on our part, and that we refrain from condemnation of those who fail to see things from our own viewpoint for, in doing those things, we are apt to find such occupation so pleasurable and self commendatory, that we lose valuable time and fail in progressive accomplishments. Therefore I suggest that in the years to come we devote our attention to the systematic accumulation of data, scientific, concrete, accurate and conclusive, sufficient in quality and quantity to amply justify those oft repeated and reiterated assertions made by ourselves concerning the validity of the law of similars, the necessity of the totality, the efficacy of the small dose, not to mention the doctrines of suppression of eruptions, the tenacity of psora and the profundity of sycosis.

I do not hesitate to state that to substantiate our claims we today possess little more than anecdotal evidence which has no accepted place on the rostrum. That iota of conclusive or half conclusive proofs of the truth of homœopathy has been chiefly the work of alien investigators. It is not a pleasant task to confront an old school colleague today, one who displays an interest to learn, with the sketchy and insubstantial literature and source material at our disposal.

An honest confession is said to be good for the soul and, although I may be branded as raising a dissenting voice or of injecting a note of disharmony, I make haste to suggest that possibly it would be well for us to confess our acts of omission which have been termed the greater sins. Since the times of

Hahnemann there has never been a coordinated analysis of all the conflicting claims, counter claims and denials which have had their birth in the intervening years with an unbiased, impersonal adjudication and coincident synthesis into some sort of a harmonious system. That such a progressive step is of prime importance cannot be disputed although it is quite apparent that, because of the intrinsic nature of the entire subject, the task is of herculean proportions. In this connection it is pertinent to remark that after the lapse of a hundred years the question of dosage remains to cause schisms. The three great repertoires, books which certainly have a claim to being authoritative, in a great many major respects, and in a host of minor respects, differ. If authorities differ then we exhibit culpable vulnerability. From the tremendous imagination of a Burnett to the apologetic homœopathy of a thousand homœopaths there seems to exist all grades of purity which is a situation that will persist till that day when we shall synthesize all that which has been proven true into a comprehensive epitome.

That which is essential to artistic homœopathic prescribing is of an entirely different nature than the concrete, material, objective with which I have dealt thus far. Yet, inasmuch as we must first creep before we walk, and lisp before we talk, the material, the concrete and the objective, is of primary importance for it is through the material that the immaterial works and manifests itself. Thus it logically follows that a proper understanding of the material manifestations permit of a comprehensive and imaginative conception of the behavior of the immaterial, the potential. I have sought to draw attention to the grave shortcomings we display in the matter of such material furnishings as, data of a conclusive and permanent nature, a central authority, an impersonal literature. It will be my unpleasant duty now to demonstrate that the situation is even more chaotic and hectic in the realm of the abstruse. Excuses for this state of affairs when applied to the immaterial or imponderable, naturally hold more weight than when applied to the realm of the objective, and rightly so, yet we should none the less remain cognizant of the fact when we enter the realm of the high potency, sycosis and psora discussions will remain controversial un-

til there is developed a technique applicable to the proper investigation of this phase of medicine. It would behoove us then to speak less glibly of the mechanisms of this or that subjective phenomena until such a time as those among us who can give adequate time and thought to the matter will have given a Solomonic survey to this field. This does not imply, however, that we should refrain from applying the doctrine of sycosis or psora. Rather, I would suggest that that be done and that the results of all such cases be reported to a central authority so that, by systematic study, a better understanding of the subject may be had. But a mere statistical study is not sufficient, and hence such reports should contain a statement of the train of thought pursued which result in the case being viewed as of a particular nature as well as the reason for the selection of one or more particular remedies and the rejection of still others.

In illustration of what I profess here I submit the case of G. W., aged five. This boy had had asthmatic attacks since the time when they were first differentiated from acute colds in his infancy, and his father has had the identical complaint all his life. The boy's paternal grandmother was subject to bronchitis and had had several illnesses which were said to be pneumonia. I attended her in the last of these. The child exhibited a severe eczema of the wrists, back and cheeks, the characteristics of which were constant oozing, scratching and the formation of thick yellow crusts. Prescribing on the objective symptoms I gave *Graphites* with absolutely no results. Further questions elicited the fact that he slept in short naps if at all, was always picking at things such as his nose and the bed clothes, and that he would eat particles of the carpet or paper, wood, etc. *Calcarea carb.* failed in its turn. Next it was found that fresh fish caused chemosis and urticaria and *Dulcamara* failed to do more than give him better rest and stop nocturnal enuresis which I had attributed to a redundant foreskin. The dose of *Dulcamara* was raised to the 200x which caused him to be extremely stuffed up but stopped the asthma for over a month, whereas he was accustomed to have it each night at midnight. The father would also wake up at this time and the two would sit up in bed together to get their breath. This dosage almost entirely eradicated

the skin condition also, but the improvement did not last and *Dulcamara* in still higher potencies had no further effect. Plainly I was opposed here by a force of remarkable power, and I requested advice from my former teacher. *Medorrhinum* was given with a severe aggravation of all his complaints but little improvement after the lapse of some weeks. Once more I returned to *Dulcamara*, one dose of the 200. This time my action was immediate, complete and permanent, if a period of two years may be said to be permanent. Plainly this was a history of sycosis, not in the child to be sure, and perhaps not in the father, as his other children were all well, and his asthma dated from childhood. From the older generation I could glean no information. This case, then, may be said to be instructive but again may well be misleading. If, however, it is segregated with a number of similar cases it may contribute a mite of value. I bring to your attention the fact that there is listed nowhere a relationship between *Medorrhinum* and *Dulcamara*.

Now as to the father who was aged 42. This man had had asthma so long that he also had a chronic bronchitis and his sputum contained at times hard lumps and portions of the lining of the bronchi. Although he was worse in a feather bed and in the stable he gave no positive skin tests. I was tempted to begin with *Medorrhinum*, on the basis of analogy, but decided to take his case in the usual way. This revealed that he had been taking hydrochloric acid before meals on the advice of a columnist, for he had gastric complaints of a vague nature. There was also a severe left sided sciatica characterized by knife like pains. I have already mentioned the time modality of midnight, a modality which I ignored in this case as well as in that of his son. Prescribing on the two outstanding characteristics of knife like pains and the concomitant gastric condition, together with the type of expectoration, this man received *Kali carbonicum* in a low potency. I was rewarded with a comparatively rapid improvement in his sciatica and his asthma although, because of the far advanced changes in his bronchi, I hesitate about claiming a complete restoration to normalcy. Perhaps the most interesting aspect of these cases is that which calls our attention to the necessity for an anti-sycotic remedy in the child and the

lack of such a necessity in the parent, when it might well have been supposed that the reverse would obtain. The second thought that gives us pause is that, in spite of the identical and pronounced time modality present in both cases, the indicated remedy was best selected without its being considered.

The third case is one in which a consideration of the time modality was of primary importance. This is a case of a woman of fifty-eight years whose mother and father had both died of diseases of a pulmonic nature, and she herself had always been subject to chest colds. This gives us liberty to assume that in the event of anything occurring to her which would seriously influence her general health, she would manifest her potential reaction in ways pulmonic. Four years before her present illness set in she had all of her teeth removed, the net result of which was to impair her health so that she stated that she had never been really well since that time. Two years later she had influenza which left her with her present asthmatic condition well developed. A sinus operation aggravated this trouble and was followed in turn with pneumonia. As we see her she is a tall, thin, emaciated woman with a long and prominent nose. Her hair is white. She is intelligent, in good spirits with a general build suggesting *Phosphorus*. She has a constant dyspnoea and a cough of varying intensity. She cannot lie down comfortably. The cough is hard and dry as a rule increasing the dyspnoea, and the frothy mucus which she does raise is raised with difficulty. It contains no blood. She complains of a constant tickling in the throat which, together with the cough, is aggravated by inspiration, dust, dampness. She is susceptible to coldness and dampness but during attacks she desires the windows open. There is a constrictive pain about the heart which organ is not fundamentally at fault. Her chest is full of rales especially in the larger bronchi. She has no sense of smell. She is habitually accustomed to migraine settling over the right eye, accompanied with nausea and vomiting. With the chest condition there is associated a black or dark mucous diarrhoea, old blood, with the formation of gas in the left lower quadrant which ascends to the heart causing the aforementioned pain. These symptoms are relieved by a bowel movement. At present the patient is apt to take from four to

six injections of adrenalin a day, for the choking up and cough is very distressing. She is always distinctly worse at two o'clock in the morning. But before using this modality I had to weigh the possibility of this modality being another illustration of the modality of worse from cold, as at this time country homes begin to get cold as the fires die down. The fact that this modality persisted in the warm weather as well as in winter was instructive. In any case *Rumex* was the first and last choice. Its effects were immediate, but, strange to say, although this patient improved continuously under doses of the 3x she experienced little or no improvement from any of the higher potencies. After two months of periodic medication she was so much improved that she had discarded her adrenalin, had returned to her household duties after a year's sojourn in bed, and was once more enjoying a full night's rest. Unfortunately at this time I moved away from that vicinity and lost track of the case.

At this point it is apropos to broach the subject title of this paper. What is the criterion by which we judge one symptom to be of particular value in one case while in another case of similar nature we relegate a symptom of like nature to a place of secondary importance? Next to the ability to interpret symptoms, this ability to assign to each symptom its relative degree of importance is that elusive something which differentiates the successful from the unsuccessful prescriber.

Unless one possesses or acquires that ability it is a foregone conclusion that he will hardly remain a practitioner of the homœopathic art. On the other hand, he who possesses that ability will continue to develop into a better and better homœopathic physician. A pitiable few seem to be naturally endowed with this particular type of genius and a larger number by dint of concentrated mental effort develop a commendable technique. Still others by virtue of persistent application and long experience acquire the ability to some degree short of proficiency. From the standpoint of the teacher it presents a problem which is difficult of solution. It is not sufficient to say that it is intuitive or imaginative although many times the one or the other factor plays a large role. With the passing of the preceptor, the necessity for teaching to assume a didactic aspect became ap-

parent and it is obviously difficult to reduce the matter of homœopathic prescribing to didactic methods.

Still another criterion of the successful prescriber is his ability to keep his head when, as has been poetically said, "all about you, are losing theirs". This, combined with the willingness to refrain from any but the measures called for in the individual case under consideration, marks the physician as the confident artist or as the over anxious, though well intentioned, heteropath. As an illustration of this let me cite the case of B. W., a girl of eighteen. She was a buxom wench, whose mother was endeavoring to marry her to a farmer with some money. She, however, persisted in gratifying the desires of a pleasant though poor young Scotch laborer. The mother, ever alert, produced a worthy abortion following which the girl developed an illness which in every respect was typical of acute rheumatic fever. The joints of the upper extremities, wrist, elbow, fingers, were involved. There was the excessive sweating, high temperature and the excruciating pain, in spite of which the patient was constantly in motion. *Rhus tox.* was given with a change in the picture to *Pulsatilla*, as the upper joints improved and those in the lower extremities became involved, with a concomitant cessation of the excessive thirst. The uterus was soft, enlarged slightly and from it came a discharge which was bloody but bland and odorless. At no time was any other remedy than the above used. The attack lasted three weeks in all, but at the end of that time a mental condition appeared. She became irrational, spoke of seeing bugs, etc., on the walls and failed to recognize her parents. The skin became sweaty and the sweat was offensive. *Sulphur* eradicated this in twenty-four hours. Seven months later a thorough physical examination revealed no cardiac lesion, no dyspnoea, and the fact that her menses had been normal for the last five months. No curettage had been resorted to in spite of surgical authorities to the contrary. *Pulsatilla* and *Rhus* were used in the third and *Sulphur* in the twelfth.

No one of these four cases cited was of a kind to permit of scientific proof of my veracity because of the fact that laboratory methods were useless to me and were apt to mislead me. The last cited had a distinct sociological aspect. In concluding this

paper I wish to cite three cases all of which are of prostatic pathology, occurring in males of sixty years or over. The first is a case of W. W. who had for three years had attacks of urinary retention of an acute nature, with hæmaturia and dysuria and concomitant hypertension. Of late these attacks were occurring each month, and it was during the first one for which I attended him that I left him with a tied in catheter. The prostate was very large and tender causing constipation. Temporizing I gave him a nephritic diet and 6x *Glonoin* for one week. Because of his ravenous hunger, internal throbbing, angina referred to left hand. I prescribed *Iodine* 12x. Two years later I said good-bye to him with a knowledge that he had had no subsequent attacks and had not missed a day's work since my first visit.

The second case was that of J. G. This was his first attack. His prostate also was large and tender and hard. He complained of dysuria with great straining causing lachrymation, sudden urging and testicular burning. *Clematis erecta* in the 500th potency gave no relief. Being of an aggressive, impatient disposition I took this man to the hospital where he was subjected to four operations in all, and now, six months later, is on his death bed. The diagnosis was carcinoma. It will ever remain a question in my mind whether W. W. would have gone the same way as J. G. had I had him operated. Perhaps it will never be known what nature of growth existed in W. W.

The third case is that of F. S. who came to me each week for several months for catheterization, a practice which had been stimulated by my predecessor and persisted in for about one year. The prostate here was tremendous and rapidly growing for I could not help but notice that a deeper insertion was required each month or so in order to evacuate the urine. Always there was blood. Constipation was severe. Browsing through ancient papers I came across a note on *Hydrangea arbor.* and, as the old man presented no well defined symptoms, I essayed this remedy which has only sketchy provings. It was given in the 2x, six drops twice a day. From that day to the day I left my practice I had no occasion to attend this patient, and whether the gland was a cancerous one or a benign one I have no way of telling. It was sufficient to give me thought, however, when I reminisced.

Subsequent successful treatment of additional prostatic cases have led me to believe that much can be done for them by conservative medication but I would hesitate to say that by medicines we can check cancerous growths of this organ, since it is obviously very difficult to obtain proof of that assertion.

In closing I would like once more to emphasize my unalterable opinion that little is to be gained by a simple presentation of a case. One cure or a number of cures is insufficient to establish a substantial deduction, and especially is this so, if, in our periodic publishings, we exercise no method or system. Such a method merely leads to haphazard confusion. Yet a case when presented, if accompanied by an exposition on the part of the author of his reasoning, can be extremely instructive, and, if such a case was accompanied by a series of similar cases to provide a paper which took care to point out the items of similarity, those of dissimilarity tending to a harmonious development of a theme, I feel sure that excellent material which is now wasted would be utilized to greater advantage.

CODYS, QUEENS, N. B., CANADA.

Quantitatively, assimilation is molecular, and depends upon the fineness and infinitesimality of matter and motion both of the drugs and the concerning organs—*Homœoleptomeria*.

Assimilation by the organism is quantitatively carried on and mediated by the elementary organs and imperceptibly fine and delicate conduits in the organism.

Accordingly, a corresponding fineness of the drug-matter is required, proportionate to the assimilability of the organs.

The crude and massive form of the drug is not such as to admit of the required assimilation.

The required fineness and assimilability of the drug-matter is obtained by potentization.

The quantity of the remedy thus obtained is necessarily molecular and infinitesimal.—B. FINCKE, M. D., 1862.

DO THE HIGHER POTENCIES ACT?

A. PULFORD, M. D.

What a question at this late day, after over 125 years of *positive* proof and verification! Do we breathe? Does the earth revolve? Who, with a single grain of intelligence, would question them? Yet we have men who consider themselves homœopaths, who profess to doubt both the action of the higher potencies and their ability to act. Is it ignorance that actuates them in asking the above question, or is it a desire to discredit homœopathy and injure its standing in the field of medicine?

Pope said, "All fools have an itching to deride and fain would be upon the laughing side". But, who is going to laugh last? Are our so-called modern homœopaths going to be able to laugh after they have helped to discredit homœopathy and to banish it from the face of the earth? We are afraid not, at least not after the operation is fully completed.

Ignorance and spinelessness will ever aid and abet the enemy by causing us to pursue the course of least resistance. Nothing was ever gained by that method. For their pains and efforts in discrediting homœopathy our modern homœopaths will, after all is over, find themselves relegated to the rear in the allœopathic ranks, despised, forsaken and ostracized, because of their treacherous acts, in the belief that if they will play false with one method there will be no assurance that they will not also play false with the other. Can any of us, in the final wind up, afford to seek and work to that end? The Creator has sent to us, in homœopathy, a luminous guide to the search for the proper remedy to heal His people, and has entrusted to us its care for research and proper application. He has reposed this faith in us. Can we as a body afford to misplace that faith, confidence and trust? He will hold us responsible, for He alone can restore us life, reason and memory after death, and mete out to us proper and just punishment for our faithlessness. How shall we, then, excuse and atone for our delinquent acts in the last judgment? In this we are not sentimental; we are very, very apt to wake up only to find it a stern reality. How shall we excuse

our ignorant prejudices, our narrow-mindedness, our refusals to be convinced, our wanton sacrifice of human life because of those ignorant obsessions? Everlasting doubting with no intention to learn or to be convinced is a mark of the crassest kind of ignorance, and inexcusable in any one who makes any profession of possessing even a modicum of that rare commodity known as education. It is this ignorance, the refusal to learn, this narrow-mindedness, this prejudice, and the refusal to be convinced that caused the death of eleven children in a Cincinnati hospital, with a certain serum injected into the spine; also the death of 44 children in Luebeck, Germany, with an anti-tuberculosis serum; also of 11 children at Sidney, Australia, with toxin-anti-toxin serum; also 232 children, under five years of age, in England, in the 24 years ending December, 1928, with vaccine virus; also the injury and deaths for which a certain serum manufacturer had to pay many damages in Texas.

It is this narrow-minded, prejudiced class that gets all the real sick cases, or if they are not real sick when they get them they will see to it that their victims are good and sick before they get through with them. It is that class of people, who when they have man-handled a case until life is nearly extinct, and then the victim is turned over to you and recovers under a high potency, run to shelter for their failure, in the stereotyped ignorant, stock excuses, "It was a case of mistaken diagnosis on our part; or the recovery was merely a coincidence; or there was nothing ailed the victim anyway, he was about to get well before he left us, etc., etc., etc." If that is not self-condemnation, just what is it? If the case after much man-handling and maltreatment is compelled to leave their hands they at once lose faith in their own diagnosis. If it was "only a coincidence" or "if they would have gotten well anyway", could homœopathy ask or have a greater recommendation for its acceptance? Just think of it, we are credited, by modern medicine, with a system that can, at the twist of a wrist, by the patient's merely turning himself over to it, change his serious, incurable disease into one of benignity or banish it altogether. Isn't that *wonderful, marvelous, miraculous!* You have no conception of what you possess in homœopathy. The strangeness of it all is that our

allœopathic friends are too dumb to realize that in their assertions and condemnations they are condemning themselves and parading their own ignorance and, at the same time, boosting homœopathy to the very high heavens.

While these men are trying to deride homœopathy, the very cases that turn from them to homœopathy and are cured by the higher potencies are stern sentinels pointing the finger of inefficiency and ignorance at them.

Thousands of homœopaths, from Hahnemann down, have proven beyond question of doubt the action and the efficiency of the higher potencies. Hahnemann said, "That a potentized dose of a homœopathic remedy should ever fail to act, in a case conducted with care, I think impossible; I have never perceived it". Even those so-called modern homœopaths who profess to doubt the action and the accuracy of these preparations as well as the veracity of the firms which prepare them, such as B. and T., seem very glad to avail themselves of these "doubtful preparations" in case of stress.

We have reported several cases, that had been very badly man-handled, which were restored to normal with a few doses of the higher potencies. We have a bottle of *Variolinum* 30x bought of B. and T. over 15 years ago. It was the 30x then. Out of that ounce bottle we have medicated over 600 2 and 3-dram vials for immunization against smallpox. Every time 9/10ths of the liquid was used out of the bottle it was filled up again with pure alcohol and given seven sharp strokes against a pile of cardboard strips that we keep for that purpose. We have done this over 160 times, so that if it was not the 30x then it surely is now. Only a short time ago we produced typical smallpox pustules with it on the wrists of a young lady. We have quite frequently produced with it all the prodromal symptoms of smallpox. But we presume the doubters will say that even that bottle still contains some of the original crude substance in its crude state, or that the results were only coincidental, etc., etc.

On April 23, 1930, Ruth G., aged 19, a beautiful girl in both features and form, was brought to us by her fiance, whom we were also treating for a skin eruption. She was covered from head to foot, front, back and sides, with psoriasis mumulata,

the spots varying in size from 3/16 to 1/4 inch in diameter. Dr. D. T. Pulford took the young lady's history for me, and how well he did his work you can decide for yourself from the result obtained. Out of two pages of closely written history we were able to get the following characteristic stamp of the drug: Sad, hopeless; extremely irritable; wants to lie down and be let alone; offensive; offensive discharges; chilly, desires a warm place, yet skin is worse from warm covering; weak; stools never completed at one sitting, and lack of reaction to any treatment. This young lady received but a single dose of the 10M and *Placebo*. She reported weekly, improving steadily both generally and locally. She was in today, July 2, 1930, with body clean, eyes bright, thoroughly happy and full of good healthy energy. As to the accuracy of the potency, we bought it of B. and T., so that your doubts cast only reflection on them. We have had the 2-dram vial over 15 years and have filled it up numerous times since with pure alcohol so that we positively know it was not the crude remedy; and we have always found B. and T. honest as far as we have been able to check up on them.

That the 10M acted in the above case, and that after other means had failed, it would take a very perverse and prejudicial soul to deny, and if you require a sworn statement to the above, all parties will be glad to comply with your request in its make-up.

In denying the action of the higher potencies the "would-be scientist" denies real science and thus stamps and displays his own ignorance. It is true that the higher potencies fail to act physiologically, but only the crassest perverseness can deny that they act pathogenetically as well as curatively, palliatively and produce euthanasia.

We fully realize that it is a waste of time to attempt to convince those who are opposed to conviction. Homœopathy does not want, nor can it afford to accept, the man who even consents against his will and still remains of the same opinion. It wants and badly needs, men of intelligence with open minds, who are willing and anxious to be convinced and who are willing to submerge self in the interest of principle and truth. Preju-

dice, narrow-mindedness and obstinancy are all the children of ignorance and have no place whatever in any profession, be that profession religion, law or, especially, medicine, yet this latter is dominated and ruled by that very trinity. Personally we are right glad that we started out an "empty vessel" both from a literary and a medical standpoint, for it gave us a chance to fill up on something of value and worth while with no scientific false educational matter to dislodge, which false education reminds us of concrete, which when once set requires a chisel and a mallet to change it.

Homœopathy needs, and it needs it badly, the work on diseases of the skin, and therapeutics which are not a rehash of allœopathy with merely a few names of homœopathic remedies sprinkled in a work which will show to the public the superiority of the higher potencies in skin diseases, and their advantages over the ignorant uses of crude, and near crude, drugs and all kinds of impossible local applications.

TOLEDO, OHIO.

TOAST TO THE FATHER OF SAMUEL HAHNEMANN

May I take you back previous to 1755? As you all know, today is nationally designated as Father's Day. There is someone who receives only a scant historical interest, and yet, one who has played an important part in the rediscovery of the homœopathic principle. He was like a high potency, whose only visible aspect was, and is, a label, yet whose dynamis sent out a boundless reaction, boundless in time and power. But for his efforts in behalf of his son's instruction homœopathy's advent might have been long postponed. I mention him in respect for our fathers in general; more particularly for those, our fathers, who were and are in the profession; for those of you who are fathers; and, most particularly for what my father has meant to and has done for me. Mr. President, ladies and gentlemen, a toast to the father of Samuel Hahnemann!—D. T. PULFORD at the I. H. A. Banquet, Cleveland, Ohio, June 21, 1931.

POINTERS

Always conserve the strength of your patient and never repeat a remedy which exhausts him.

Pathological symptoms may lead toward the indicated remedy, but these pathological remedies usually hold a low rank in symptom valuation.

It is a prime rule not to keep repeating your remedy when the intervals between aggravations of the disease are lengthening. This is an indication that the patient is improving.

Frequent repetition of the remedy is usually an indication that the prescriber is not certain of his remedy and is uneasy about the choice. Frequent repetition of the remedy may add a drug picture to the disease picture and seriously confuse the case.—C. M. BOGER.

Bellis perennis is frequently indicated in chronic induration of the breast which often are cancerous in nature.—C. M. BOGER.

A boy, seriously ill with measles showing marked cerebral irritation, had the following symptoms: Violent, biting, scratching, yelling delirium; had to be held by a strong adult for four hours; face red; temperature 106; pupils widely dilated; jumping at every motion or jar. *Belladonna* 200, one dose, and in ten minutes the father no longer had to hold him, he became quiet. He was put into a warm bath and fell asleep, the temperature dropping to 103. He roused when put to bed and slept five hours. *Bell.* 200, on waking this time. Marked improvement. Every day for some days he had some excitability at 3 p. m. All members of this family have this same type of cerebral irritation with measles.—H. A. ROBERTS.

A young man cut his foot and it was supposed that a piece of glass remained as he was lame. Nothing could be found on examination. Many attempts were made to remove the sliver without success. Six weeks later three doses of *Silica* 200 extruded a sliver of glass three-eighths of an inch long. It took the remedy just about 24 hours to work this miracle. The observer feels that this individual was somewhat deficient in *Silica*.—W. M. D. From the *Mid-West Homœopathic News Journal*, June 1931.

Medorrhinum worked wonderfully in three or four severe cases of constipation when everything else had failed.—A. PULFORD.

In proving *Cadmium metallicum* an old inflammation of the left nasal septum with much bleeding, during two years, cleared up in two weeks and has not returned.—B. C. WOODBURY.

Warts. *Calcarea ostrearum* removed numerous warts bunched together on the back of the hands of a little girl. Every time she scratched her hand a row of flat warts soon appeared on the line of the scratch. There were so many they looked like an eruption. A few doses of the remedy in the 200th and they disappeared like snow in the sunshine.

A few doses of *Solanum dulcamara* (Woody nightshade) 30th cured large, fleshy, smooth warts covering the back of a farmer's hands. Location was the only definite guiding symptom.

A dressmaker had a painful wart on the face of the terminal phalanx of the right thumb. This was irritated by the thread of her needle. *Ranunculus bulbosus* cured it. Later there was a slight recurrence. A second dose of the remedy removed it permanently.—J. MCLACHLAN. From the *Homœopathic World*, February 1931.

If a case seems to be *Pulsatilla* but the mental state is peevish and irritable rather than mild try *Cyclamen*. It will often work wonders.

Magnesia phosphorica is one of our best dysmenorrhœa remedies when the pains are neuralgic in type and the variety of the pain is almost limitless, sharp, cutting, piercing, stabbing, shooting, knife-like, stitching, lightning-like in coming and going, intermittent, and especially cramping. Relief from hot applications. Pain ceases as flow begins.—C. D. FISHER.

Veratrum album causes convulsions which come on secondary to exhausting diseases. In *Strychnia* the convulsions are primary, and are worse from the slightest touch.

Curare is useful in cases with paralysis of respiration. The poison destroys or diminishes reflex action which results in the paralysis.—W. A. DEWEY.

EDITORIAL

Another milestone is passed and the *Recorder* is at the beginning of its fourth year. During the past three and a half years, under the able editorship of Dr. Elizabeth Wright Hubbard, it has increased in size, now numbering eighty pages in each issue; it has improved the format and general set up, with the kind co-operation of our printer; it has instituted several new features, and, all things considered, has shown a great advance in the literary content. Its object is to spread the art of Hahnemannian therapeutics. It therefore leaves to the medical schools, to the numerous medical text-books, and to the other journals the purely medical side with all its ramifications. These are important, very important, but *we* are concentrating on Hahnemannian homœopathy *only*.

A new literary editor is taking the helm. The captain at the wheel can only win the race if there is close, quick and willing response by every member of the crew. A good ship, an able captain, a co-operative crew, and the race is won! A good ship, an able captain, a lack of co-operation from the crew, and the race is lost! The *Recorder* is the ship, we are the captain, you, our readers, are the crew. The *Recorder* has sailed well among the journals of the world. That it may continue on its good course we need your co-operation. Let each and every reader consider these questions: In what way would you have the *Recorder* changed, what additions, what omissions, what type of papers? Will you send us questions for the Carriwitchet department? Will you answer the questions in this department? Will you send us pointers from your clinical experience? *In fact, will you please have suggestions, and will you write to the literary editor at 14 Marion Street, Brookline, Mass. Write soon and write often for we need your co-operation.*—E. B. LYLE.

* * * * *

Probably the most fundamental urge in the universe is perpetuation—the desire to preserve the existence of the individual and of the species. Without question this is the vital impulse underlying all the problems we face today, to preserve and perpetuate our own lives and those for whom we, as physicians, are more or less responsible.

Granting the vital basis of the desire for preservation and perpetuation of the species, a recent abstract in the *Journal of Organotherapy* gives rise to much searching thought. This deals with the problem of sterilization of the female, and speaks of the work that has been done experimentally in the temporary sterilization of animals by the use of ovarian or placental substances prepared from pregnant animals. These were first used by transplantation or injection methods, and later the same results of temporary sterility were achieved by the same preparations through oral methods.

The thought naturally arising in the minds of homœopathic physicians is this: If such a basic, fundamental and necessary function as that controlling the production of young may be governed by oral administration of certain substances, and if this is scientifically proven by series of experiments, so that it is accepted by general medicine, why should the modern physician impose upon his patients the use of sera, that are produced from a different order of species, as a matter of course to fortify the body against diseases which are not fundamentally and basically a part of their nature, but rather the expression of a weakened vital force which is unable, at the time of stress, to fortify itself?

If it is recognized that the material substance, prepared and administered on the food plane, is able to so affect the vital processes that it inhibits natural reactions, why is it not possible to achieve general acknowledgment of the power of the potentized remedy, applied on the basis of the law of similars and on a far higher plane, to gently and promptly affect the vital force to the point where it sets the body in order and the beneficent and constructive effect is manifest in the peace and comfort that comes to the mind and body of the patient?

It is the preservative urge of the human being to have a normally functioning mind and body, and it would seem to the logician far easier to effect this by natural methods than to subvert the natural laws of perpetuation, except by the exhibition of violence. In other words, *similia similibus curantur*, being based on a natural law, cannot fail to be effective, and it would seem patent to any thinker that this should be so, rather than that Nature should be subverted.—H. A. R.

As time goes on and scientists continue their work of investigation, one thing after another comes up that demonstrates in other channels than therapeutics the universality of Hahnemann's teaching, that the human economy is one inseparable, indivisible unity, and that it is only by taking the whole body into consideration that we come to a correct presentation of life itself. Almost simultaneously and very recently two research bodies came to very similar conclusions regarding the unity of the body.

Dr. Lay Martin, at the American College of Physicians, demonstrated that the stomach, when damage had occurred in the body from cancerous growths, took over to a large extent the work of the kidneys and where it did not immediately eliminate, rendered harmless the dangerous substances. The gastric juice was found to contain uric acid, urea and amino acids. These represent waste products of the body, and were found present in the gastric juice in some considerable degree; whereas these materials are usually conceived of as being eliminated only by the kidneys. What is more, it has been demonstrated that these substances were converted into innocuous substances as compounds of ammonia. It was also found that even when the kidneys were in a healthy condition, the stomach loaned itself in the job of eliminating urea and converting it into less harmful substances in such conditions as overloading of the stomach when the kidneys had an extra amount of work to do. These facts were also demonstrated by Rumanian investigators.

It is a very great step forward that the physiologists of today have gone beyond the idea that special cells were specialized only for certain work, and that no other part of the body could make up for the loss. No greater advancement can be brought forth at this time than the proof that while certain groups of cells have certain tasks to perform, that other groups can be used to carry on the work if the first group is unable to perform the duty assigned to them. This discovery of the physiologists serves to augment and abet the teaching of our system of medicine more than any other that has been demonstrated since the time of Hahnemann, that all parts of the body are affected by conditions and drugs, and that the totality and unity of the whole personality must be considered; this has been solely the province of the homœopathic physician.—H. A. R.

CARRIWITCHETS

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

9. If the vital force of each human being is paced within certain limits and must remain within those limits, why is it so often necessary that a patient, instead of receiving a single constitutional remedy, must have a series or succession of two, three or more?—J. N. HAZRA.

10. A patient, who all of her life has been cold blooded, when taken ill becomes warm blooded. Which is to be considered in treating this case the original constitutional general, cold blooded, or the new symptomatic general, warm blooded?—J. N. HAZRA.

ANSWER TO QUESTION IN THE JUNE ISSUE

Will our readers please analyze this case and suggest treatment: Dull, hard pain in the left side of the head, sometimes worse in the vertex, at other times in the occiput, and for several years this pain has been present in some part of the left side of the head; worse at midnight and in the early morning; vertigo on sitting up from a reclining position; much pain and soreness and stiffness of the muscles of the back of the neck, worse in the early morning, relieved by walking around; hissing noise in the left ear; weakness and numbness in the left hand and arm. These above symptoms have been present more or less for twenty years. The history of the case would indicate syphilis as the probable cause. Recently he has complained of a tickling sensation in the larynx and pharynx which, at times, causes a physical exertion, talking and laughing always brings on a wheezing cough which continues for some minutes and brings up a slight amount of tough mucus with some relief.

—I would suggest *Thuja* very high in potency.—R. E. S. HAYES.

WANTED: Second-hand copy of Kent's Repertory, third edition. W. H. Roberts, M. D., 63 Lower Mount St., Dublin, I. F. S.

CURRENT HOMŒOPATHIC PERIODICALS*

ANNÆA DE MEDICINA HOMŒOPATHICA

(In Portuguese)

(Rio de Janeiro, Brazil: March-April 1931), XXX, 49-96

Cutaneous Horns, Pemphigus—Cases R. Romero, M. D., Merida, Yucatan, Mexico.....	49
Oration on Hahnemann U. Auletta, M. D.....	70
The Homœopathic Treatment of Corns A. Nogueira da Silva, M. D.....	76
Can We Avoid Appendicitis? U. Auletta, M. D.....	80

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: March 1931), II, 49-96

The Miasms and the Remedies to Meet Them N. Ghatak, Calcutta.....	49
The Spiritual Power of Medicine Does Not Accomplish Its Object by Means of Quantity But by Potentiality and Quality C. Roy, Calcutta.....	56
Totality of Symptoms A. Roy, Calcutta.....	65
A Comparative Study of <i>Calcarea Carb.</i> , <i>Sulphur</i> and <i>Lycopodium</i> K. M. Banerjee, Calcutta.....	68
Abortion—Could It Be Avoided? K. B. Sen, Calcutta.....	90

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: April 1931), II, 97-144

The Miasms and the Remedies to Meet Them (cont.) N. Ghatak, Calcutta.....	97
The Homœopathic Physician Who Thinks in Quantities Cannot Realize True Homœopathy C. Roy, Calcutta.....	128
Psora—Its Real Significance J. Sanyal, Calcutta.....	135
Can Homœopathy Cure Appendicitis? Clinical Cases G. C. Basu, Calcutta.....	139

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: May 1931), II, 145-192

Miasms and the Remedies to Meet Them (cont.) N. Ghatak, Calcutta.....	145
Vaccinosis W. Younan, Calcutta.....	178

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

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: July 1931), LXVI, 481-560

Ten Remedies in Acute Influenzal Colds J. Murl Johnson, M. D.....	481
How Shall We Treat Painful and Deformed Hip Joints? J. A. Brooke, M. D.....	484
Hemochromatosis Associated with Primary Carcinoma of the Body of the Pancreas G. R. Critchlow, M. D., Buffalo, N. Y.....	488
Goitre: Hemostasis A. R. Grant, M. D., Utica, N. Y.....	492
Death's Time-Table and Passing Remarks S. W. Sappington, M. D., Philadelphia, Pa.....	494
A Report of Fifty Cases of Breast Operation H. L. Matern, M. D.....	499
Homœopathy: Its Principles and Practice B. C. Woodbury, M. D., Boston, Mass.....	506
The Doctor as the Lawyer Sees Him A. E. Powell, Cleveland, Ohio.....	516

THE HOMŒOPATHIC BULLETIN

(Calcutta, India: February 1931), III, 173-188

<i>Justicia Paniculata</i> N. Sinha, Calcutta.....	173
Therapeutic Notes on Convulsions, Epilepsy, Etc. S. C. Boral, Calcutta.....	178

THE HOMŒOPATHIC MIRROR

(Calcutta, India: Dec. 1930), VII, 164-189

Head Symptoms (cont.) B. Chakkavarti.....	164
Urinary Symptoms B. Chakkavarti.....	167
Principles of Homœopathy B. Chakkavarti.....	180
Nasal Symptoms B. Chakkavarti.....	186

THE HOMŒOPATHIC WORLD

(London, England: June 1931), LXVI, 141-168

Homœopathy and Longevity J. Ellis Barker.....	146
* <i>Cichorium Intybus</i> E. Bach, M. D.....	149
Elasticity of the Cardiac Muscle J. McLachlan, M. D.....	153

*To be reprinted later.—ED.

LE PROPAGATEUR de L'HOMŒOPATHIE

(In French)

(Lyon: April 1931), VI, 155-185

The Place of Natural Therapy and Internal Remedial Therapy in Human Medicine: Naturism and Homœopathy	
H. Duprat, M. D., Geneva.....	155
What Every Patient Should Know to Profit by Homœopathic Treatment	
P. Schmidt, M. D., Geneva.....	171
The Use of the Repertory	
R. del Mas, M. D., Hugo, Minn.....	181
Aphorisms of Kent.....	184

MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: May 1931), IV, 152-188

A Study of <i>Crotalus Horridus</i>	
G. Royal, M. D., Des Moines, Ia.....	153
Homœopathic Remedies in Diseases of the Skin	
E. Garcia-Trevino, M. D.....	155
Symptomatic Indications for <i>Rhus Tox.</i>	
C. A. Freund, M. D.....	161
The Second Battle of New Orleans or the Fight of 1905: Being the Story of How Official Medicine Obscured a Great Discovery in the Prevention of Yellow Fever	
R. B. Leach, M. D.....	167
Some Observations on Suppurative Appendicitis	
A. L. Smethers, M. D., Anderson, S. C.....	174
A Veterinary's Homœopathic Vision	
F. R. Whipple, M. D. V., Chicago.....	178

PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Berkeley, Cal.: May 1931), XLII, 227-284

Vital Statistics	
E. Petrie Hoyle, M. D.....	228
Some Considerations of Abdominal Malignancy	
R. F. Miller, M. D., Los Angeles, Cal.....	238
Sleep Without Narcotics	
S. Talcott, M. D.....	242
Intestinal Stasis	
C. A. Crockett, M. D., San Francisco, Cal.....	249
Does Homœopathy Occupy an Incontrovertible Place in Medicine?	
F. H. Cookinham, M. D., San Francisco, Cal.....	254
A Layman Looks at the Medical Profession	
J. M. Malloch, Berkeley, Cal.....	259
Samuel Hahnemann	
H. G. Marquez, M. D., San Francisco, Cal.....	264
Blood Grouping	
H. G. Marquez, M. D., San Francisco, Cal.....	270
The Medical Treatment of Pneumonia	
L. P. Crutcher, M. D., Long Branch, Cal.....	272

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: June 1930), XLIII, 203-236

<i>Asafœtida</i> : Generalities and Bone Symptoms	
— Mouezy-Eon, M. D.....	205
Mental Symptoms of <i>Asafœtida</i>	
R. Allendy, M. D., Paris.....	223
<i>Asafœtida</i>	
P. Le Tellier, M. D., Paris.....	227
Digestive Troubles of <i>Asafœtida</i>	
J. Pariot, M. D.....	231
<i>Asafœtida</i> : Head, Eye and Face Symptoms	
— Rouy, M. D., Paris.....	235
<i>Asafœtida</i> : Urinary and Genital Symptoms	
P. Chiron, M. D., Paris.....	237
<i>Asafœtida</i> : Nervous System Symptoms	
G. Dano, M. D., Paris.....	238

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: July 1930), XLIII, 245-280

Uterine and Adnexal Homœopathic Treatment	
R. Picard, M. D., Paris.....	245
Homœopathic Treatment of Ocular Circulatory Troubles: Glaucoma, Retinitis, Hæmorrhage, Anæmia, Opacity	
X. Jousset, M. D., Paris.....	261

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Oct. 1930), XLIII, 285-320

<i>Aranea Diadema</i> and the Spider Poisons	
— Mouezy-Eon, M. D.....	285
Digestive Troubles of <i>Aranea Diadema</i>	
J. Pariot, M. D.....	303
Hypertension and Hypotension	
J.-P. Tessier, M. D., Paris.....	305

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Nov. 1930), XLIII, 323-359

The Neuroses and Their Treatment	
H. Jousset, M. D., Paris.....	325
A <i>Heloderma</i> Case	
R. Allendy, M. D., Paris.....	333
Diabetes	
P. Le Tellier, M. D., Paris.....	338

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Dec. 1930), XLIII, 363-400

Pathogenesis and Clinical Study of <i>Causticum</i> R. Picard, M. D., Paris.....	365
Cutaneous Lesions of Syphilitic Origin P. Le Tellier, M. D., Paris.....	380
Pathology and Therapeusis of Serous Membranes J. Pariot, M. D.....	389

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Jan. 1931), XLIV, 1-40

Pathogenesis and Clinical Study of <i>Causticum</i> (concl.) R. Picard, M. D., Paris.....	4
--	---

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Feb. 1931), XLIV, 43-102

Report on the Actual Condition of Homœopathy in France P. Le Tellier, M. D., Paris.....	69
The Entero-Ocular Syndrome — Rouy, M. D., Paris.....	75
<i>Aranea Diadema</i> — Moezy-Eon, M. D.....	85
On the Application of the Law of Similars—The Action of Homœopathic Remedies — Chauvet, M. D.....	89

REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Mar. 1931), XLIV, 107-143

The Sequelæ of Infectious Diseases: Diphtheritic Paralyzes A. Rouy, M. D., Paris.....	109
Is Homœopathy Antagonistic to Science or to Prejudices? P. Ferreyrolles, M. D., La Bourboule.....	117

YOUR HEALTH

(New York, N. Y.: May 1931), XII, 1-16

Medical Fakes and Fakers E. R. Eaton, M. D.....	3
Impressions Arising from a Recent Visit to the Homœopaths of Rio de Janeiro, Brazil E. Petrie Hoyle, M. D.....	8
Medical Lessons from History: Ambrose Pare E. W. MacAdam, M. D.....	12
History of the Women's National Homœopathic League Mrs. H. F. Staples.....	13

TABLE OF CONTENTS

SEPTEMBER, 1931

THE MANAGEMENT OF THE CHRONIC CASE AND THE REMOVAL OF OBSTACLES TO RECOVERY EUGENE UNDERHILL, JR., M. D.....	625
VERIFICATION OF <i>PHOS. AC.</i>	636
THE SPIDER POISONS H. A. ROBERTS, M. D.....	637
HOMŒOPATHIC REMEDIES IN SURGICAL CONDITIONS AND INJURIES GUY BECKLEY STEARNS, M. D.....	648
<i>ARNICA, BELLIS, RUTA, SYMPHYTUM</i> JOHN HUTCHINSON, M. D.....	654
HOMŒOPATHY IN THE TREATMENT OF ANIMALS W. W. YOUNG, M. D.....	660
ADDITIONS TO KENT'S <i>REPERTORY</i> C. M. BOGER, M. D.....	663
FURTHER RESULTS IN THE HOMŒOPATHIC TREATMENT OF CANCER A. H. GRIMMER, M. D.....	674
RAMBLING THROUGH THE MATERIA MEDICA ANNIE C. WILSON.....	680
POINTERS.....	686
COMMUNICATIONS.....	688
<i>IMPATIENS ROYLEI</i>	688
EDITORIAL.....	689
CARRIWITCHETS.....	696
CURRENT HOMŒOPATHIC PERIODICALS.....	700



SARAT CHANDRA GHOSE, M. D.
President of the All Bengal Homœopathic Conference
Held in Calcutta.

THE HOMŒOPATHIC RECORDER

VOLUME XLVI. DERBY, CONN., SEPTEMBER 15, 1931. No. 9.

THE MANAGEMENT OF THE CHRONIC CASE AND THE REMOVAL OF OBSTACLES TO RECOVERY*

EUGENE UNDERHILL, JR., M. D.

"Why doctor you don't think my case is *chronic* do you?" Casually, perhaps thoughtlessly, we let slip the fatal word and it has struck deep, carrying terror and a feeling of utter hopelessness to the very centers of conscious existence. Doubtless we have all had this experience; we have spoken the word, have seen the look, have heard the question and have tried to comfort as best we could. Can one doubt the power of the spoken word?

Chronos means time, but *chronic* means incurability as far as the average patient is concerned, and it must be admitted that the medical fraternity in defining chronic disease includes, as part of the definition, the same idea of incurability and fatal outcome.

What does *chronic* mean to us as Hahnemannians? Does it mean a long case?—it means that to the "successful" physician of whatever school or system of therapy. Does it mean incurability?—if it does there is something radically wrong and we have been boasting of powers we are either failing to use or do not possess.

Let us pin down this word *incurability* in the hope that it may no longer, inevitably like a shadow, or a nemesis, dog the footsteps of our chronic patients.

It has been pretty definitely determined that all chronic diseases of whatever nature begin on the functional plane and gradually progress toward altered structure and organic change. Properly handled no case should be considered incurable so long as the disease manifestations are chiefly those of functional disturbance.

*Read at the I. H. A., Bureau of Homœopathic Philosophy, June 1931.

Does the death of the patient prove that his case was incurable? Not necessarily by any means. Was the real *simillimum* given in proper potency and repeated, or the potency changed at the proper time? Were all the obstacles to cure removed? Was the diet intelligently managed? Did the patient really co-operate with his physician? Did the environment and routine of life receive due consideration?

Unless all these questions can be honestly answered in the affirmative we have no right to call the case incurable.

In section four of the *Organon* Hahnemann says: "He (the physician) is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease and when he knows how to remove them from healthy persons."

This leads us to consider in general and very broadly the causes of chronic disease. For this consideration we must not allow ourselves to worry too much about the three chronic miasms of Hahnemann or the transcendental speculations of modern medical science.

The causes of chronic disease are:

1. The inherent, individual constitutional bias and susceptibility. This may or may not follow the general family trend. It is highly probable that this "constitutional bias"—call it psora, if you wish—determines in large measure the type, direction and ultimate localization of chronic disease.

Every human being is born with certain mental tendencies and with corresponding and correlated physical tendencies. There are in everyone some inherent defects in character, mind and body. Balanced, more or less, against these are certain strong points of character, mind and body.

The homœopathic physician would be the last to call in question the correlation and reciprocity of reaction between the spiritual, mental and physical planes of life.

2. The environment. This is to be considered in its broadest sense—namely, the totality of all the conditions of existence.

Philosophers have taught that back of will stands desire. Accepting this statement as axiomatic we are forced to conclude that in so far as possible man will harmonize his environment—

consciously, but more often unconsciously—with his inherent constitutional bent or tendencies. Almost automatically his environment will, as the years go by, tend to gradually increase and augment the original bias. Chronic disease, therefore, has its roots in the very core or essence of existence. It is a part and parcel of the defects and faults in man's own nature. The environment merely furnishes the conditions and culture necessary to work those defects out to their ultimate manifestations. Intelligent intervention on the part of the physician is absolutely necessary in order to stop or retard the progress of chronic disease.

In order to intelligently intervene the physician must know the essential generals in respect to the patient's environment and routine of life. He must comprehend in some measure the loves and hates, the unsatisfied longings, the griefs and disappointments, the shame and remorse, the fears and forebodings, the jealousy, the avarice, the ambition, the lust for name, fame and fortune. Clearly perceive the dominant qualities, perversions of the mind and heart, and the relation existing between the patient and his environment, and his chronic sufferings will be made plain and understandable. Moreover the *simillimum* for the case in hand must, in the provings, have shown essentially similar mental and moral characteristics. The remedy must fit the mind, the internal man. Recovery must be from within out, from mind to body, from cause to effect and not from effect to cause. "That physician is also the preserver of health and the promoter of happiness" who not only gives the *simillimum* but who also counsels his patients to think less of themselves and more of others, to be less introspective and more altruistic. By careful suggestion and correction of the attitude of mind some of the serious obstacles to recovery can be removed.

Coming now to the more external or physical elements of environment we must consider the matter of *intake*—food, drink, drugs, anything and everything taken into or consumed by the body, including even the very air the patient breathes.

The intake is apt to be more or less habitual and, therefore, directional. We have only too often to contend with the alcoholic habit, various drug habits, the candy habit, the soft drink habit,

the tea, coffee, pastry and tobacco habits—perversions of appetite, wrong food combinations, over-eating, over-seasoning, vitamin deficiencies, radical reducing diets, over-indulgence in canned, bottled and preserved foods, delicatessen products, manipulated, processed, adulterated and medicated foods. Less time in the kitchen and more time at the club, the card parties and the movies. The modern tempo is a fast one but everything has its price. The relation of diet to chronic disease cannot be ignored.

The physician who fails to correct and simplify the diet in harmony with good, common sense is unintentionally leaving serious obstacles to recovery unremoved and to that extent he is falling short of "the physician's highest and only calling (which) is to restore health to the sick".

The intake of laxatives, tonics, sedatives, serums, vaccines, antitoxins, external medicaments, antiseptic douches, cold tablets, headache remedies, nostrums, poisons of all kinds and description must be absolutely and finally discontinued. There can be no temporizing in the handling of the chronic case. Patients exposed by occupation or otherwise to noxious or deleterious gases may require the removal of these obstacles before the remedy can do really curative work.

Next we will briefly consider the question of elimination of waste from the body.

Retention is a word that fits many a chronic case—a damming up process that may have been going on for years. Too much going in, not enough going out. A chronic toxic state is the inevitable result.

Normally the elimination of waste is accomplished through the kidney, the bowel, the skin, the expired air and to a greater or less extent through all the mucous membranes, especially those of the nose and throat. Abnormally or pathologically other means of elimination are devised by nature—eruptions, fistulas, sores and discharges of all kinds. The excretory organs function on a selective basis and only to a partial and limited extent is one able to do the work of another. Stimulation of the excretory mechanism is often but temporary and palliative in effect. Moreover, in many cases artificially increased elimination through certain

of these organs is more than offset by reactive suppression through other channels and this to the detriment of the patient.

The relation between intake and output is direct and obvious, yet many physicians pay scant if any attention to the matter. Others concentrate on laxatives, purgatives, bowel lubricants, enemas, irrigations and whatnot, meanwhile permitting their patients unrestricted license in the management or mismanagement of their diet and habits of eating.

The next factor in environment is the daily routine—the more or less habitual schedule followed and only occasionally interrupted day after day, year in and year out. No matter how large a variety there is in one's daily life, it is more or less the same old grind after all, until finally a rut or groove is formed—in other words it becomes habitual, and therefore, directional in respect to chronic disease.

For how many is breakfast a quiet, restful meal? How many find time for a little repose of mind and body other than perhaps occasionally on Sunday? How many take any worthwhile exercise in the open air or enjoy the priceless benefits of the great outdoors and the free and glorious sunshine? How many retire at a reasonable hour and get really sufficient sleep?

Repose of mind and body, adequate sleep, suitable, sensible and sufficient exercise in the open air, away from the noise and fumes of industry and traffic, in short a sane, intelligent daily routine of life is to be prescribed and insisted upon in the management of the chronic case. Optimum conditions can rarely be had but this is no excuse for failing to ameliorate circumstances in so far as possible for each and every patient.

When the apparently well indicated remedy fails to act or permanently relieve it may be that we haven't given it a chance. If the conditions that brought about the disorder still obtain the best selected remedy—the *simillimum* itself—may not bring about a complete and permanent cure. Causes are continuous into effects. It is our duty to break the chain of cause and to destroy as many links as we can or it will drag the patient down to the grave sooner or later. We have performed only part of our duty when we have given the homœopathic remedy. Let us do our full duty and then watch results. If the patient will not co-

operate the responsibility is his. If we do not prescribe something more than the remedy when that something more is needed the responsibility is ours and the failure to cure will also be ours.

At the risk of repetition permit me to briefly outline the essential factors to be considered in the management of the chronic case.

1. The inherent, individual constitutional bias and the ruling qualities, and aspects of the mind.
2. The totality of the environment
 - (a) The psychological environment, personal contacts, etc., not only at home, but also in business and social life, with especial reference to any pronounced emotional complex.
 - (b) Intake of all kinds.
 - (c) Elimination of waste.
 - (d) Rest and sleep.
 - (e) Outdoor recreation and exercise.
 - (f) Habitual drains and depletions especially those of sex vice and excesses—if such were large factors in a given case how much curing can the remedy accomplish if the depletion continues unabated? Perhaps the remedy will check and correct the habitual tendency, perhaps it will not.
 - (g) Venereal, malarial and other infections. These we will pass over without comment save to state that the constitutional bias and the totality of the environment doubtless determine both the susceptibility to these infections and the virulence of the disease when once acquired.

PRACTICAL CONSIDERATIONS

The urge to get busy and do something right away is almost overpowering to many physicians. In the average chronic case such haste is generally to be condemned. Let haste give way to sober judgment and thoughtful deliberation.

It is only exceptionally that it is either necessary or desirable, in chronic work, to prescribe at the first interview.

The old routine of at once giving *Nux vomica* or other antidotal medicine to a patient fresh from old school hands is generally unwise. In the first place over-drugging is only one indication and in the second place supposing *Nux* to be symptomatically called for we have not had the opportunity to find out and remove the obstacles to recovery and thus get the full curative effect of the homœopathic remedy. The obstacles, in so far as possible, should be removed before, certainly no later than at the time of giving the remedy if the best results are to be obtained.

If the patient's life is first untangled and intelligently simplified and harmonized with his individual needs the remedy at first apparently or only superficially indicated may be found to be unrelated to the essential symptom ensemble and valuable time may be lost in waiting weeks or months following the administration of an inadequate or unhomœopathic remedy.

It is at times surprising how much a patient will improve and how much the symptoms will clarify in even a few weeks or a month's time, when the contributory and perpetuating causative factors have been corrected or eliminated.

In addition to his medical knowledge what special sagacity and technique are required of the physician if he would undertake the removal of the obstacles to cure?

Three things are absolutely necessary—

First—A broad knowledge of human nature coupled with an understanding heart.

Second—A clear perception of the condition, environment and needs of the individual patient.

Third—An unlimited store of good common sense.

The patient must be pointed and guided away from the artificial and the complex toward the simple and the natural. The ideal, of course, can not be reached but we must nevertheless aim for it, travel toward it.

Now what shall we do at the first interview?

The doctor or his secretary should first of all obtain complete and accurate data as to the patient's name, address, telephone number, age, occupation, marital status, etc.

Method and painstaking accuracy in all these preliminary details are important psychologically as well as practically.

Next inquire very carefully as to the chief complaints giving the patient freedom to tell all he will (if not too rambling) before questioning him more closely.

We thus come quickly to understand in some measure the patient's viewpoint in respect to his own case. The family history and previous medical history can be more understandingly investigated if the salient factors of the case as it stands at present are before the mind of the physician.

It is not necessary in this paper to go further into the important subject of the taking of the case.

One suggestion, however, may be well to leave with you.

Some patients can write out their case and their symptoms better than they can tell them, in others the reverse is true.

It can do no harm to request the patient or a member of the family to write out the symptoms and describe their case in detail.

No matter how well and how completely we may have taken the case every now and then peculiar and characteristic symptoms, veritable gold nuggets for purposes of remedy selection, can be picked up from such written statements.

Both men and women can be made to co-operate in this way and a little "home work" in behalf of their health or the health of a loved one will do them no harm.

Patients in general can be made to do almost anything within reason. If the physician cannot make his patients work and co-operate in their own behalf the fault is his, not theirs.

While we are on the subject of "home work" let each patient write out and bring in a complete list of all foods and drink taken for say two days' time—breakfast, luncheon, dinner and anything taken between meals or upon retiring. Make no modification of the diet until after this list is turned in. When requesting the complete two day menu tell the patient you will make whatever corrections may be necessary in his present diet without disturbing him any more than necessary.

Often you will have a treat in store for you.

Let each member of the Association make this request of each new patient or old patient for that matter and the importance of diet in the management of the chronic case will soon be brought

forcibly to mind, and furthermore we will all hear about it at the next meeting of the I. H. A.

Correct the diet as promised. Usually it will be necessary to add more raw fruits which can be taken between meals or upon retiring in place of the candy, cookies, soft drinks, ice cream, pastries, jellies, etc.—raw fruit between meals will not disturb the digestion.

Add more fresh raw vegetables to the diet and a larger variety of fresh non-starchy cooked vegetables.

Observing how restricted and habitual the patient's diet has been you will advise a small variety of foods at any one meal, of course, but a very large variety over a week or a month's time.

You will often find it necessary to restrict meats—using your judgment according to the needs of the individual patient and not being influenced by your own desires, prejudices or aversions in respect to meat or any other food.

Often you will find patients overloading themselves with carbo-hydrates—some with starches, others with sweets, some with both. Sensible corrections in such cases are in order.

Right food combinations should take the place of wrong ones, but time will not permit any detailed consideration of these matters at present.

Habits of over-eating and fast eating must be corrected.

Excesses, deficiencies and perversions in respect to food and drink constitute some of the major obstacles to recovery. There are all kinds of diet fads and fadists and all kinds of diet insanities brought to the attention of the physician and the public, many of them bearing the scientific label. But there is sanity as well as insanity and the intelligent and discriminating physician will be able to choose that which is good for both himself and his patients.

Proper attention to diet alone has cured many patients of chronic constipation.

Suitable exercises persistently carried out have cured many cases.

The homœopathic remedy alone and unaided has cured obstinate constipation of years' standing.

1. Correction of the diet.

2. Suitable exercise.
3. The homœopathic remedy.

There is little excuse for failure.

Find out what drugs and chemicals the patient has been taking and using externally and internally. Stop medicines and drugs of all kinds once and for all before giving the homœopathically indicated remedy. Chemical interference with the action of the remedy may or may not be a very real obstacle to recovery. As long as there is any doubt best eliminate whatever may possibly be a factor in perpetuating the constitutional disorder or that may perhaps more or less antidote or divert the remedy.

Having removed all the probable obstacles to recovery and having found what we consider to be the actual *simillimum* we prescribe the remedy and hopefully, in fact confidently, await results.

Just here is a point I wish to stress and that is the kind of improvement that is to be looked for under the action of the homœopathic remedy. No matter what particular symptoms may persist, if the patient looks better, steps firmer and quicker, says he feels stronger, has more ambition, more interest in things and the world looks brighter it is practically certain that the remedy is acting in an orderly and curative manner.

Now suppose after a time improvement lags or comes to a standstill or the patient gets worse. Relapses are all too common in chronic patients. Just at this point many a case is confused or spoiled by stepping in with another remedy or an untimely repetition of the same remedy. Careful and thoughtful deliberation on the part of the physician is most essential to the ultimate welfare of the patient.

What are the possibilities?

First, a temporary aggravation or reaction—a mere passing phase in the recovery process. Often a number of such reactions will occur and still the remedy continue to act.

Second, failure of the patient to continue his whole hearted co-operation—he may have grown weary in well doing.

Finally, the remedy may really have ceased to act.

The discriminating physician will determine which is the case and govern himself accordingly.

To the average patient and to many physicians the word chronic does indeed convey a threat of incurability, but correct homœopathy supplemented in the way indicated will often accomplish the apparently impossible.

Therapeutics will take on a keener edge and cut through and cut away the barnacles of time and the chronically sick will become actually and permanently well.

PHILADELPHIA, PA.

DISCUSSION

DR. C. L. OLDS: I want to commend this very valuable paper of Dr. Underhill's. I think we are rather up against it when it comes to food. This is one of the great obstructions that needs attention in a chronic case. It is very difficult to tell your patient just what to take, particularly of manufactured products. Of course, when it comes to fresh fruits and fresh vegetables, in general, that is easy, although some of those things have been doctored. They have been sprayed or ammoniated or something of that sort, so that it is very difficult to know whether your patient is getting pure food when it comes to the manufactured products. Very likely the flour your patient is using has been bleached. You know what that means. The prunes have probably been shrunken down by the use of some preservative. The raisins have been sulphured. Almost every variety of adulteration is used in preparing commercial food stuffs. That is what we are up against.

There is one other thing that might interest you, which Dr. Underhill has brought to mind in speaking of ice cream. Last winter I had a very bad case of hiccup. I prescribed unsuccessfully for five or six days. Then the patient ate a nice little dish of vanilla ice cream and the hiccups immediately ceased for about two days. She took another dose of ice cream and they were completely routed.

DR. A. H. GRIMMER: It is worth my trip and expense from Chicago to hear this one paper. Dr. Underhill has given us a classical, concise, understandable record of how to manage chronic cases. It is true we are up against the food proposition, as Dr. Underhill has stated. However, we can eliminate a great many of these injurious things with which we have to contend.

There is one other thing that should be included. Of course, Dr. Underhill included it in the adulterants of all kinds, that is the chlorination of water. This is among some of the very vicious things that are being done right along under the guise of public health service. I think that all of us, no matter how long we have been in practice, no matter how much we have been imbued with the teachings that Hahnemann laid down, can profit immensely by a study of Dr. Underhill's paper, and I want to thank him for bringing it to us.

DR. W. W. WILSON: I sometimes wonder how so many people live to be old. I wonder, too, what on earth we are going to do when it comes to water supplies for large places. New York City recently had a suit in the United States Supreme Court against New Jersey and Pennsylvania, trying to persuade the Government to permit them to take their water supply from the Delaware River. When I was a student in Philadelphia the hospital was crowded with typhoid fever and pneumonia patients. There wasn't any-

thing else to show the students. I guess they must chlorinate the water—perhaps Dr. Underhill would know—for they don't have very much typhoid fever there any more.

You know that nowadays the poor farmer has his fruit, his vegetables, and everything else eaten up by insects and other pests. What is he going to do? What are we going to do about it? Apples and fruit must be sprayed otherwise we wouldn't have any fruit. Yet somehow or other we do live to be old.

DR. E. UNDERHILL, JR.: In regard to the filtration of the water supply in Philadelphia, typhoid fever was very rampant in Philadelphia when we first moved there in the nineties, and now you hardly come across a case. I didn't serve my internship in Philadelphia, but in another city. At no time did we have fewer than six or eight cases of typhoid fever in the hospital. We often had as many as 10 or 20 cases. Since I have been in Philadelphia I have only seen two cases. The filtration of the water supply has reduced the number of typhoid fever cases, but I think the chemical treatment of the water is absolutely pernicious.

I advise my chronic patients to get spring water if they can, and if not, distilled water, although there is some question as to whether distilled water is safe. Some say it is very good and some say it is bad. I don't know.

In regard to fruits, I don't think any one should eat the skin of fruit unless it has been very thoroughly washed. They are putting a paraffine coating of some kind under heat and pressure on fruit. It makes a fine, greasy, impervious coating over the fruit, and it prevents it from shrinking and decaying, but we are getting a dose of paraffine every time we eat it. We get rid of some of it by peeling the fruit. I think we should either peel or wash all our fruit. Of course, most of the vitamins in vegetables and fruits are right beneath the surface, in the lower layer of the skin.

I might say that chronic disease is really one of the blessings of civilization. The more civilized we become, the more mechanized, the more canned and processed foods we have. The more adulteration of food and drink the more chronic cases we are bound to have. I think it is one of the great ætiological factors in the progress of civilization.

VERIFICATION OF PHOS. AC.

Fair, thin, frail, mentally active little girl of ten years had been ill with glandular swelling and high fever for several days. On the fourth day, when I was called, her temperature was 104.4 degrees, throat sore, with great difficulty in swallowing; left cervical glands swollen and exquisitely sensitive to touch. The child seemed anxious to tell me of her most disturbing symptom, a sensation as if the bed were tilted on end and that she was STANDING ON HER HEAD. *Phos. ac.* 3M, one dose, was given. In twelve hours the temperature was down to normal and all symptoms promptly disappeared.—M. BURGESS WEBSTER.

THE SPIDER POISONS*

H. A. ROBERTS, M. D.

LATRODECTUS MACTANS

This "Black Widow," as it is called, is a member of the genus *Latrodectus* of the family *Theridiidae*, which bears the name of being the only truly venomous family of spiders. However this may be, observations of *Latrodectus* poisonings have been recorded that show it to be a powerful venom, having a direct action on the circulatory system. In fifteen cases observed by Dr. Bogen in the Los Angeles General Hospital, the spider's bite had been witnessed by the patient, and nearly all these cases developed pain in the legs and abdomen, extreme abdominal rigidity, high blood pressure and high temperature. Had these cases been recorded by a trained homœopathic physician, how much valuable data we might have gained!

It is significant that the higher types of animal development show the greatest reaction to *Latrodectus* poisoning. Horses and camels have succumbed to the bite, while sheep and pigs can eat the spider without any ill effects, and are used to clear fields of the spiders instead of the more common custom of burning over the fields. Experiments have determined that extracts from the poison gland of the spider will kill a cat very quickly.

The *Latrodectus mactans* is the largest spider of its family. It sometimes attains a length of one-half inch. The abdomen is round and the whole body is a velvety black, except a bright red spot underneath and one or more red spots over the spinnerets and along the middle of the back. The legs of the male are much longer than those of the female, although the male varies in size of body very much, in some instances being only about one-fourth the size of the female. Each joint of the legs is marked with orange, shading to black at the edges of the joint. The male also has four pairs of stripes along his sides, red in the middle and white at the edges.

This spider makes its nest among loose stones, on plants or in houses. Around its hiding place it spins a large funnel-shaped tent that widens into a flat or curved sheet of web, closer in

*Read before the I. H. A., Bureau of Materia Medica, June 1931.

texture toward the tube and more open toward the edges, spreading two or three feet over plants and stones. It is found all over the United States as far north as Massachusetts and New Hampshire, although its northward spread was by forced means, a professor whose summer home was in New Hampshire carrying some specimens north for experimental purposes, and they escaped from captivity and made themselves at home. Their habitat extends southward through Florida, the West Indies and South America, as far as Chile. It is probably the *Theridion curassavicum* of the West Indies, or a very near relative, for the *Theridion cur.* also has the velvety black body with the spots in the same relative position as the *Latrodectus mactans* (the large spot underneath and the three smaller ones above) but the color of the spots in *Theridion cur.*, is not bright red, but yellow underneath and orange-red above, and in size the *Theridion cur.* is about the size of a cherry pit.

Many of the *Latrodectus* symptoms that have been recorded resemble those of *Theridion cur.*, although *Latrodectus* has not been thoroughly proven, and *Theridion cur.* was proven by that indefatigable worker, Hering. Had there been a more careful proving of *Latrodectus* by such a master as Hering, we might have noted more similarities.

It is interesting to note that the genus *Latrodectus* will eat almost anything, including tarantulas, scorpions, woodlice and lizards, and even the Spanish fly, cantharides, all without showing any poisonous effects.

The poisonous effects of the bite of this spider on human beings have given us some peculiar and valuable symptoms, which are almost wholly associated with the action of the poison on the heart. There is disorganization of the blood, with inability to coagulate. We have used this remedy in these critical conditions with prompt and marked effect.

In the mental sphere there are symptoms of great anxiety and fear that dissolution is impending. This is not so much a fear as a foreknowledge of the approaching dissolution, with the attendant fear; and the countenance shows this great anxiety.

The heart symptoms are marked. There are very violent præcordial pains extending to the left axilla, down the left arm

to the hand and fingertips. The patient's left arm seems to become almost paralyzed with the pain, and there is extreme numbness. The pulse becomes very rapid, so that it can hardly be counted, and so weak it is almost imperceptible.

The respiration is slow and gasping. There is great shortness of breath, approaching apnoea.

The surface of the body breaks out into a cold perspiration.

There are severe abdominal pains with nausea and sinking sensations in the epigastrium. Finally there is vomiting of black blood, with dark bloody evacuations of the bowels.

LATRODECTUS KATIPO

This venomous spider is found in some parts of California and in New Zealand. The recorded symptoms are those produced by bites. The symptoms are slow in evolution, and in a fatal case which was recorded, the child, who was bitten on the abdomen, did not die until six weeks after the bite.

The bite produces a small raised place like that of a flea-bite, sometimes with intense burning. This swells, sometimes at once and sometimes after the lapse of a few days, as large around as a teacup, white with a red halo. There are severe pains running upward from the bite, as in *Latrodectus mactans*, accompanied with a great deal of burning pain and severe twitching. The face becomes anxious, with extreme pallor, changing to a bluish tint. There is nervous depression and delirium. The jaws become stiff, so the patient cannot eat, nor scarcely articulate. The heart becomes slow in action and the patient is almost pulseless. The appearance of the patient is as of one going into a decline. Those bitten take a long time in recovering; after very long and gradual loss of strength the tide may turn and there will be a long, slow convalescence.

A marked peculiar symptom is the sensation as if the heel were lacerated by a dull instrument; a bruised pain, which awakens him from sleep, and which is an aggravation in sleep.

In these animal poisons we expect to find the anxious expression as a result of heart complications, and the pallor and blue tint extending from the face to the entire body, are of course due

to the disorganized condition of the blood, which almost always is the first action of these animal poisons.

The stiffness of the jaws is so great that the patient can not eat, nor scarcely speak. There is a loss of all desire for food; severe cramping and drawing pains in the abdomen.

Respiration is very greatly slowed, almost ceases. The pulse becomes very slow, scarcely more than twelve to fourteen beats to the minute.

There are severe burning pains running from the foot and limbs to the back, but centering about the heel. The sensation in his sleep as if his heel were being lacerated.

With these symptoms, there is nervous twitching beginning in the limbs and extending over the whole body; severe shaking; lack of energy; sudden faint spells, with pallor; great emaciation and wasting.

THERIDION CURASSAVICUM

Theridion curassavicum, or the Orange Spider, is a native of the West Indies, coming from the island of Curacoa, where it is found on orange trees. It is about the size of a cherry stone. When young it is velvety black with anterior and posterior lines composed of white dots. Later the markings are three orange red spots on the posterior of the body and on the belly a square yellow spot. This is an exceedingly poisonous spider, and the poison has a marked action on the nervous system, producing weakness and trembling, coldness, anxiety and fainting.

There are two very characteristic symptoms always present when *Theridion* is indicated. One is the excessive sensitiveness to the least noise. This sensitiveness extends to vibrations as well as noise, as jars or the moving of a carriage, or even the moving of a boat, the vibration against the waves. Another peculiar sensation is as if these vibrations extended to the teeth, and were felt most in the teeth. "Sounds penetrate the body, and especially the teeth, increasing the vertigo and causing nausea." Many symptoms make this remedy applicable in sunstroke.

Because of its symptomatology, this remedy is very often of value in hysterias, especially the hysterical conditions of puberty and during the climacteric. It is indicated in many nervous

disorders, and it is peculiarly useful in some forms of seasickness.

Hering introduced and proved this spider poison in 1832, using the preparations made from the live spider crushed in alcohol. Hering's careful observations elicited a very interesting symptomatology.

The provers found that time passed very quickly; their inclination to mental exertions was increased, and they became very talkative, hilarious and even hysterical. Then the reverse side of the picture, great aversion to work, especially to do the common tasks of everyday life. There was great mental depression, especially with the headaches, and with the peculiar toothaches there is much weeping and hysterical manifestations.

There is vertigo, nausea and vomiting, aggravated on stooping, from the least movement, and markedly aggravated on closing the eyes. In sick headaches and seasickness they will often be able to keep about until they close their eyes, but the moment they close their eyes the vertigo and nausea increase tremendously. The vertigo is more marked on board a vessel, and often blindness and cold sweats accompany the vertigo.

Theridion has much headache. These headaches are frequently throbbing, this throbbing extending back into the occiput. It is especially violent behind the ears, with heavy pressure. With the headache there is confusion of mind; it is hard for her to describe the feeling, her head is so confused. She feels as if her head were disjointed, as if it did not belong to her or to the rest of the body; as if she could lift it off; as if it were strange to her and belonged to another. This is one of the remedies having the marked sensation as of a band pressing about the head. There is a sense of pressure in individual parts of the head as well as about the head. There is a headache with nausea and vomiting like seasickness, at the climacteric period. With the headaches there is an aggravation from lying down, which causes pain deep in the brain.

There are marked eye symptoms. There is flickering before the eyes, even when closing them; a sensation as of a veil before the eyes. They are sensitive to light, and light causes sparkles before the eyes. There is double vision.

All the ear symptoms are made worse by the least noise.

Every noise reverberates and penetrates the whole body, especially the teeth, causing vertigo and nausea. There is roaring in the ears. The scalp itches behind the ears.

The jaw is immovable in the morning on waking, making us think of *Latrodectus katipo*; later in the day the jaw opens involuntarily. There is tetanus with frothing from the mouth, with shaking chills. Cold water feels too cold to the teeth. There is pain in the teeth, particularly in the eye teeth.

There is a peculiar sensation in the oesophagus as if there were something slipping toward the epigastrium, temporarily taking away the breath.

These patients have a craving for acid food; a desire to eat and drink first one thing and then another, with particular desire for wines and brandies, and for smoking tobacco.

There is a burning pain in the hepatic region, aggravated on touch. *Theridion* has produced abscesses of the liver. It is one of the many remedies that is known to cure cases of anthrax in sheep, with great tumefaction of the hypogastrium and great thirst.

In the lower abdomen, there is great pain in the groins after coition. One of the peculiar symptoms of *Theridion* is the sensation as if someone tapped her in the groin when she flexes her knees.

The stool is a painless diarrhœa, with a sensation as if a lump were lying in the rectum. The urinary symptoms are peculiar, in that they have to get up several times in the night, and they void practically none in the day.

In the male organs, sexual desire is lessened. There are weak erections during coition, with pains in the groin after coition; and there are forcible seminal emissions during siesta.

Theridion has been used successfully in the respiratory organs, several cases of phthisis florida having been cured by it, with the symptoms of cough at night, constant inclination to take a deep breath and much sighing. There are sharp stitches through the chest, especially sharp pains about the heart, radiating to the left shoulder.

There is a peculiar sensitiveness to the spine, and they will sit down sidewise to avoid pressing against the spine. The jar

of the foot in walking so aggravates this sensitiveness that it makes her cry out.

Theridion has many peculiar sensations: as if the head were another's; as if the vertex did not belong to her; the band about the head; the veil before the eyes; as if too much air passed into the nose and mouth; as if the mouth were furred, benumbed; as if a lump lay in the perineal region; as if someone tapped her in the groin when she flexed her leg; as of a child bounding in the abdomen; as if the bones were broken and would fall asunder.

The aggravations occur every night; from cold; after stool; by coition; on motion or exertion, especially on stooping or rising; walking or going up and down stairs; after washing clothes there is nausea and fainting.

These patients are ameliorated by warmth, and the nausea and vomiting are relieved by warm water.

This is very largely a left-sided remedy.

TROMBIDIUM

Trombidium is a parasite that inhabits the bodies of house-flies, resembling very closely the itch-mite and closely related to the spiders. The remedy is prepared from the tincture of these parasites, and it has been proved in the 3rd, 6th, 9th, 18th and 30th potencies, under the direction of that indefatigable worker and observer, Constantine Hering. The provings have brought out a number of peculiar symptoms which are noteworthy.

The symptoms brought out by the provings show the action of *Trombidium* to be very largely on the left side. Its great characteristic is the marked aggravation of all conditions by eating or drinking, either while eating or after eating. It vies with *Croton tig.* in aggravation of stool from eating or drinking. All conditions are aggravated by touch; aggravated by pressure; aggravated lying down, especially toothache. Rising up causes faintness. Warm drinks relieve; open air relieves.

Some of the peculiar sensations are: As if there were no weight in the head (light-headed); as if there were incarcerated flatus in the abdomen; as if anus were excoriated after tenesmus; as if everything were coming out of the anus; as if hot air were

blowing over the lower abdomen and thighs; as if the abdomen needed support; sinking sensation, as if breath would leave her; as if three toes on the left foot would be twisted off.

The mental symptoms of *Trombidium* show much talkativeness and loquacity; a determined inclination to do things by contraries; an inability to collect ideas and co-ordinate them. There is loss of memory and a constant disposition to yawn.

In the inner head there is oppressive headache; the head is congested, with red face and ears. Light-headedness and dizziness is marked in *Trombidium*, especially aggravated upon rising from bed, when they are very apt to faint. There is sharp pain in the head and temples, and the headache is aggravated by shaking the head or by jars, as in walking. There is an intolerable itching of the scalp on the vertex and occiput.

The eye symptoms show a great deal of lachrymation in the open air, and the inner canthus itches intolerably. The conjunctiva is red and injected.

There are shooting pains through the ears, which are aggravated on swallowing or blowing the nose. The outer ear itches, especially mornings, and there are burning pains in the outer ear.

The nose is obstructed; there is dryness and scabs, and nosebleeds mornings.

One of the choicest and most frequently verified symptoms is a peculiar fluent coryza which manifests itself in the open air and especially when eating. Some people cannot eat without constant attention to the nose, due to this fluent coryza, which is very marked in the proving of the remedy.

There is much aching in decayed teeth, the pain starting up when eating breakfast and lasting until noon, returning when beginning to eat. The toothache is aggravated lying down, eating, talking, or from cold air; ameliorated from warmth and hot drinks.

The tongue is coated white.

After meals there is eructation, tasting of ingesta. There is vomiting in the morning after breakfast, or after having coffee. There is much griping in the pit of the stomach after eating.

The abdominal symptoms are manifested in griping pains on

rising, which soon give way to the desire for stool. The pain and tenesmus is so intense as to cause the patient to break out all over in a sweat. There is pain at 3 a. m. from incarcerated flatus. The abdomen is quite sore, and the patient is wakened at 5 a. m. with urging to stool (*Sulphur*). There is also pain in the abdomen during the forenoon, aggravated from drinking cold water, from eating and from pressure.

There is pain in the right hypochondriac region, with soreness over the liver on pressure, with darting pains, especially evenings.

There is constipation following soft stools. There may be diarrhoea and straining, with expulsion of much flatus. The diarrhoea at 5 a. m. is followed by several small stools during the day, which are preceded by some pain in the intestines. During the stool there is continuous pain in the abdomen, with urging and chills and shivering along the back, with tenesmus. The stools are light brown, consisting largely of mucus, and are preceded and followed by pain in the abdomen. With these conditions there is great debility.

The patient complains of many sharp stabbing pains here and there through the chest, sometimes in the region of the heart, often brought on by a long deep breath.

There are rheumatic pains in the limbs, mostly shooting and stabbing here and there, as well as in the fingers and phalanges. With these rheumatic pains there is restlessness and inability to keep quiet. There is relief in the open air and relief evenings.

The skin symptoms manifest themselves in pimples, especially on the nape of the neck and in the beard.

The sleep is restless and with lewd dreams. There is constant waking from 4 a. m. on.

In the feverish condition calling for *Trombidium* there is a great deal of chilliness in the evenings, in the mornings and on waking.

Trombidium is a remedy that bears study, keeping in mind these peculiar symptoms that have been mentioned, and these will lead us to the more frequent use of this remedy. Where it is indicated, it does exceedingly prompt and efficient work.

DERBY, CONN.

DISCUSSION

DR. C. L. OLDS: I think this is an exceedingly valuable paper. I am particularly interested in these remedies. Regarding spider poisons, it is rather remarkable that many of the spiders are only poisonous during the period of bringing forth their young, that is, during July and August in this climate. It is during those months, almost entirely, that we get the poisonous spider bites with their poisonous symptoms.

I recall the case, some years back, of a child that had been bitten by a spider, being brought to me. She was brought to my office about thirty minutes after she was bitten. She was then swollen from the feet to the top of the head in an almost unrecognizable way. I don't remember the other symptoms. I think there was not very much pain. I gave her, as an antidote, *Apis*, and in a short time she returned to her usual health.

In regard to this first remedy, *Latrodectus*, I have used it very little except in cases of angina pectoris, and there I have had very good results with it.

In regard to *Theridion*, I am particularly interested in this remedy as I recently had a case in which it acted most beautifully. It was a case in which there was swelling of the glands of the groins and neck. There was emaciation and long sickness. There were intense bone pains, which were left-sided. In fact, most of the symptoms were left-sided. There was this great sensitiveness that the doctor spoke of, sensitiveness to jar, sensitiveness to all impressions, mental and physical. The mental state was also one of more or less agony. The woman felt as if she would fly all to pieces; she felt she could not exist any longer. The condition had been going on for some months and nothing had been found to more than temporarily relieve these pains—intense pains from the left hip down. One dose of *Theridion* 200th caused a terrible aggravation the first night. After that there was absolutely no pain. It has been about two months now. It is quite a remarkable case.

In regard to *Trombidium*, I have had little experience with it except in the case of certain diarrhœas that come in the daytime and usually only after eating. Several such cases I have cleared up with this remedy.

DR. E. B. LYLE: About a year ago, a paper was published in the *Recorder*, January 1930, p 20, on spider bites and the way the doctor treated them. We are not quite sure what the spider was, because unfortunately in sending it to the university for identification it was lost, but it would be well to compare this paper with that one.

DR. C. STEVENS: I would like to ask Dr. Roberts if he knows any antidote for *Latrodectus*. For instance, would *Lachesis* serve?

DR. C. M. BOGER: The signature for *Latrodectus* turned up quite unexpectedly in my work. I was reading over one of my cases one day, and I noticed that one of the main symptoms was that the patient was persistently annoyed by dreams of flying. Of course, that is not such an unusual dream, but in a few days the patient came in and her symptoms were not very clear. They did not point very clearly to any particular remedy. I didn't have the particular spider, but I had the next one, which was *Latrodectus*. I gave that and all the symptoms disappeared.

I frequently do that sort of prescribing. The spider doesn't fly with wings, but he flies with jumps. I think that one of the great signatures for spider poisoning is a dream of flying. It seems to indicate that this symptom is more or less in common with many of our remedies, remedies from the same natural order, remedies of the same chemical composition. It is well worth remembering.

**Spider Bites*, *Recorder*, January 1930, page 20.

DR. D. T. PULFORD: I think the article by Dr. Schwartz,* in regard to spider bite might help some of us in regard to the question of an antidote. He used *Arsenicum*, I think, in most of his cases.

DR. H. A. ROBERTS: There is very little I need to say that is not in the paper itself. From the clinical observation, however, I have had quite a bit of experience. It is a very, very valuable remedy. I will not go out without *Latrodectus* in my case, for the reason that when you want it you want it very badly. It will relieve the terrible torture of angina very promptly, and it will hold it for some time. I have used it repeatedly in those cases. Not only does it hold it, but it holds it for a very long while. You very seldom get a repetition of it afterwards, unless it is a natural pathological condition that has destroyed altogether the coronary artery.

There is another peculiar thing that is very annoying, which you will often be able to relieve. There are many people whose noses will begin to drip the minute they begin to eat, a fluent discharge from the nose. It is exceedingly annoying to the patient. I have, on several occasions, been able to relieve that entirely by *Trombidium*. It is a light symptom, but it is terribly annoying.

DR. C. C. WALLENBAUGH: Would you give them a high potency or a lower potency?

DR. H. A. ROBERTS: I ordinarily in those cases use 200th.

DR. C. C. WALLENBAUGH: Do you think a higher potency would aggravate them too much?

DR. H. A. ROBERTS: I should be afraid of it. It is too powerful.

CHAIRMAN A. H. GRIMMER: The doctor brought out one point that might be of value in the case of people who are trying to rid themselves of the desire for tobacco or alcohol. It might be one of the remedies in such a condition. That is just a suggestion, because of the craving that it has. That is the way we develop these things.

Hypothesis has no part nor lot in the homœopathic prescription; the homœopath does not attempt to translate the simple, truthful language of the symptoms into the ever changing, and always unintelligible jargon of pathological diagnosis. A diagnosis of the symptoms of any given case might indeed point to fatty degeneration of the heart, or to a cirrhosis of the liver, or to some other artificial classification; nevertheless the true homœopath administers the remedy indicated by the totality of the symptoms, not stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis. Any attempt at a pathological basis, for homœopathic prescriptions, must at once exclude mental and subjective symptoms, and these are often our surest guide to a proper selection, even though they be pathologically insignificant.—E. J. LEE, M. D., 1881.

HOMŒOPATHIC REMEDIES IN SURGICAL CONDITIONS AND INJURIES*

GUY BECKLEY STEARNS, M. D.

Much has appeared in surgical literature in recent years about the advisability of preparatory medical treatment before operations and of proper medical treatment afterward. All that has been written, however, is based on broad general grounds and has no relation whatever to treatment based on homœopathic principles. Every operation, no matter how necessary, is in itself an injury. Certain remedies have a broad general relationship to injuries. For successful prescribing, the most recent symptoms furnish the most valuable indications for a homœopathic remedy. During an operation there are four factors to be considered: The effects of the anæsthesia; the effect of the operation itself; the condition for which the operation is performed and the general state of the patient at the time of the operation. Immediately after the operation, the patient having survived the anæsthesia, the injury from the operation can be considered the most recent symptom. As a general injury-remedy, *Arnica* is probably the king-pin and it is good practice, as soon as the patient is removed from the operating table, to give him *Arnica*. It is my custom to put the 30th or the 200th in water and have a teaspoonful given every half hour for three doses and then every two hours for another three doses, unless indications for some other remedy appear. In the majority of cases, the benefit from *Arnica* will be obvious and frequently it is the only remedy which is needed.

Occasionally it appears to have no effect. However, I never knew it to do harm and it does so much good in the majority of cases that much is gained by giving it early. Where it is not needed and something else is indicated, the symptoms for the other remedy will show themselves as soon as the patient begins to come out from the effects of the anæsthetic. Even though an operation is successful in so far as it relates to the condition for which it was performed, there can frequently be traced directly to the operation remote effects which occur some time afterward.

*Read at the I. H. A., Bureau of Surgery, June 1931.

In such a case, one should consider all the remedies which have proved useful in different types of injuries, no matter how long ago the operation had taken place. If *Arnica* was not given at the time of the operation, occasionally it will be useful for the long after-effects. Frequently, however, the anæsthesia leaves long after-effects. Obese patients sometimes develop cardiac weakness as one of the remote effects from operations. *Chloroform* may be useful here, particularly if the operation had to do with the gall-bladder. Where sepsis has been a complicating factor and the patient has never fully recovered, *Echinacea* is a remedy to be considered. The long after-effects of sepsis from any cause frequently call for *Echinacea* and of course this means it is one of the most useful of remedies during the active infection.

Arnica is the first remedy to consider in concussion of the head. It is so nearly a specific that one does not have to see the patient who has had a head-injury to prescribe *Arnica*.

Recently a patient casually mentioned that a friend in another city had been struck on the head by a spring door-stop which came loose and fell on her as she was passing through the door. This had caused miserable suffering with headache and confusion for two weeks and she felt unable to go anywhere. I suggested his sending her a powder of *Arnica* 200 with his compliments, and he did so. A few days later, he received a letter saying she had received the powder and had taken it at 2 p. m., after which she took a short nap. When she awoke, she felt much better. At dinner she was feeling still better and by bedtime she felt quite well. She was troubled a little during the next three days and then all symptoms cleared up. I have had several just as vivid experiences with *Arnica* in concussion.

Arnica is a useful remedy to give as a first remedy for a sprain or fracture. If given at once after a fracture, it almost instantly relieves the muscular spasms which often occur and relieves the shock. It is very useful both internally and externally for the effects of a sprain. The sooner it is given, the better.

The various stages of healing of a fractured bone are covered by a group of remedies. *Arnica* covers the effects of contu-

sion and laceration. *Ruta* covers well the effects of injury to bone and periosteum and, unless some other remedy is especially indicated, *Ruta* is the proper one to follow *Arnica*. After a few more days, *Symphytum* is apt to be the remedy. *Calcarea phos.* may come in as well as *Symphytum* in delayed union.

Recently, in a case of fracture of the surgical neck of the humerus, *Arnica*, *Ruta* and *Symphytum* were obviously helpful in the order mentioned. The ecchymosis, which was extensive, faded rapidly after *Symphytum* was given. After three weeks, although the pain had gradually diminished, its constancy got on the patient's nerves. As soon as she would fall asleep the pain would wake her. She described it as a gnawing pain, not only in the shoulder of the injured side but also in the shoulder on the other side, as well as in the wrists and joints of both forearms and hands. With this was backache at and below the waistline. The pain caused a smouldering rage and indignation. *Ledum* 200th was given. That night she had the best sleep she had had from the time of the injury and she improved steadily from then on. The pains did not extend from below up nor were they better from cold applications as would be expected for *Ledum*, but the mental symptoms were perfect for this remedy.

Abscesses can be influenced very markedly if the proper homœopathic remedy be given. It is my opinion that any abscess can better be taken care of by means of the homœopathic remedy than by opening it.

When I say by means of "the homœopathic remedy," I mean the exact *simillimum*. If the *simillimum* cannot be found, incision may be indicated. In case of an abscessed appendix, one must be very cautious because, unless the remedy is one hundred per cent. perfect, too much danger is involved in not operating, on account of the location of the abscess.

I have had experience with a few cases of abscessed breasts and every patient who has been prescribed for without operation has done better than have those who were incised. *Phytolacca* is almost a specific for mastitis where abscess is threatening. It is a remedy to keep in mind where abscess has formed and the breast has been incised. *Hepar* controlled one case of abscessed breast where softening had taken place and the abscess had

already begun to point. The effect of the 200th was obvious at once, the pain being controlled and the tension of the breast becoming much reduced. The inflammation subsided each day and at the end of a week there remained only a small abscess which was released by a slight prick and the discharge of only about a dram of pus. The indications for *Hepar* were classical. She had chilliness, great sensitiveness to touch, with soreness of the part, and craving for sour lemonade.

In another case, the mother had been obliged to wean her baby because her milk did not agree with the child. She had plenty of milk and more in the right breast than the left. A month later a lump came in the right breast. The lump was a little sensitive to touch and became quite hard. The left breast began to waste. She said that her nipples were very sore and cracked before the baby was weaned. *Conium* 200 was given. This was followed in five days by a profuse menstruation with a filling out of the left breast and a little milk in both breasts. The swelling and hardness of the right breast were becoming less, the swelling being about two-thirds the size it had been at the beginning. Two weeks later she began to feel exhausted and became nauseated in the morning, with a diarrhœa which came on as soon as she would rise in the morning; pale yellow and watery and offensive. She became chilly toward evening; her right breast was becoming very painful; *Merc.* 200 was given. The diarrhœa cleared up at once but the swelling in the breast began to increase, with redness and fluctuation. The pain increased and extended into the armpit; chilliness up and down the back, worse at night; couldn't bear to have the breast moved or touched and was kept awake by the pain. The skin over the breast felt like a burn; evidently, suppuration had taken place and, from the surgical angle, incision was indicated. Instead of that, *Merc.* 54 m was given and symptomatic relief was dramatic, the pain diminishing within a half-hour. The swelling and soreness gradually lessened; the softened portion concentrated in a small area and later on yielded about one-half teaspoonful of pus from a slight prick. The induration was gone in about a month and both breasts had come back to normal. She had a slight cold a month later, which cleared up without

medication in two days. Two of her friends had abscessed breasts at the same time; both were operated on; one, three times and neither was well for a month after my patient was completely well.

A recital of the numerous cases of boils which have been successfully prescribed for would be tedious. There is no reason for a homœopathic prescriber ever to incise a boil.

Empyema of the chest is almost always treated surgically. It is my opinion that many times the pus is evacuated before it should be. I recall two cases which I believe would have recovered if the operation had been deferred. In both cases a remedy was plainly indicated but it was not allowed time to build up the resistance of the patient before the operation was performed.

In empyema of the sinuses, if a remedy be sufficiently closely indicated, operation is seldom needed. *Arsenic*, *Kali bich.*, *Kali iod.*, and *Guaco* are useful remedies. Where polypus is or has been present, *Teucrium marum verum* should be thought of.

Filix mas. This remedy was found by means of the reflexes in the following case: A preparatory school pupil, while boxing, was struck on the side of the neck and knocked down. He got up and tried to resume boxing but, within five minutes, his right leg got weak and he could not walk. A half-hour later he was taken to the hospital and lost all power in his right arm and leg and his speech became affected. Soon after the accident he vomited. Two days later, movement began to come back and, at the end of a fortnight, he could walk a little. Eventually he was able to walk with but a slight limp and, in due time, he entered Harvard. Four years later, he had so far recovered that a casual observer would not notice any effect from the accident, yet he had not recovered full power in the right side and his right hand was so slowed down that he had difficulty in writing his examination paper. It left also a slight immobility of the face, something like in sleeping-sickness. After *Filix mas* 200, he became markedly better and has remained much improved. He can write faster, thinks more quickly and his right side is much stronger. This case is remarkable because there had been only a very slight improvement during the four years preceding the *Filix mas* prescription.

In another case, a physician seventy years of age was struck by an automobile. He wasn't hurt at the time but was greatly shocked, so that he could not work all summer. Two and one-half years later I saw him. He could not remember people's names or streets, although he could recall them in his mind. Easily tired and difficulty in speech necessitated his giving up all outside activities. Diagnosis was "multiple hæmorrhage of the brain followed by œdema." *Filix mas* 200 came out through the reflexes and his condition was improved by the remedy. The lasting effect remains to be seen.

In another case, a man of seventy fell in the bathtub, cutting his scalp. After *Arnica* had taken care of the immediate effect, *Filix mas* was found through the reflexes and cleared up many of the remaining symptoms. *Filix mas* has been used as a vermifuge from old Grecian times. When used as a vermifuge, blindness has been caused, due to atrophy of the optic nerve. Its specific relationship to the optic nerve probably indicates its relationship to the base of the brain, where damage is apt to occur from boxing and concussions. It may be a remedy useful in sleeping-sickness.

NEW YORK CITY.

DISCUSSION

DR. H. A. ROBERTS: It occurred to me that there is a possibility that Dr. Stearns stuck too closely to *Arnica* in concussions of the brain. *Arnica* is a good remedy in a good many of those cases, but it is not the only remedy in concussion of the brain. He also spoke of *Ruta*, if it was bruised too much. In automobile accidents many of the concussions of the brain are injury to the bone, a bruised condition of the periosteum of the bone, and I think you will find that *Ruta* will fit in a good many of those cases better than *Arnica*.

DR. E. UNDERHILL, JR.: Also *Natrum sulph.*

DR. H. A. ROBERTS: As I understand it, *Natrum sulph.* is more for the chronic conditions.

DR. A. H. GRIMMER: *Hypericum* might be used where the nerve tissues or the spinal nerves are involved.

If there were no idiosyncrasy there would be no homœopathy. Every individual is susceptible to certain things; is susceptible to sickness, and equally susceptible to cure.—J. T. KENT,

M. D.

ARNICA, BELLIS, RUTA, SYMPHYTUM*

JOHN HUTCHINSON, M. D.

This remedy grouping is unfair to at least two important items—*Bellis* and *Symphytum*, this is mainly for the reason that these latter are inadequately or incompletely proven. We use them, yes, but in narrow fields, in fields much more restricted than is just, since their widest applications are not known. Hence they cannot be considered in the same category with their companions, *Arnica* and *Ruta*, which, on the contrary have come down to us equipped with the unprecedented values of Hahnemann's work, a work that we as an Association have failed to approach, much to our well-earned embarrassment.

The only way in which these facts should be qualified is, perhaps, that if we had been industrious in collecting data concerning *Bellis* and *Symphytum*, data which, from time to time, have been contributed to the professional archives, we might at this late hour be in possession for ready practical use of well-rounded information of their widest symptomatology, and that, too, of high rank beyond expectation.

It is now over half a century since Timothy Field Allen published his monumental work, *The Encyclopædia of Materia Medica*. In it *Symphytum* does not appear, for obvious reasons. There is a brief proving of *Bellis* made by Dr. Thomas and published in the *British Journal of Homœopathy*. This was a proving made with the third dilution, and is good as far as it goes. And, in truth, it is about the only proving literature that *Bellis* has yet acquired. Fortunately, there have been clinical additions made to this record, all of which might furnish substantial material if they were accessible. One of our ex-Presidents, Dr. Franklin Powel, cited an interesting *Bellis* case last year. All such should be collected.

Symphytum, indispensable as it is, enjoys only a scanty literature. Probably no work of our Association could be more valuable than an exhaustive proving of this remedy in the potencies. I will make but one comment on its present usefulness

that is recognized as invaluable, and will hope that further verifications may be forthcoming from others here. That power which *Symphytum* has of energizing the union of bone fragments after serious fracture, particularly in the aged subject is indispensable in our armament. Obviously, this very item suggests the minor qualities of the remedy, some of which only have been discovered. Such wider utility of application may be determined by thorough investigation.

When we come to *Arnica* and *Ruta* the status is different, the conditions are entirely changed in respect to their place in therapy. These two remedies are easily differentiated when one has the picture of each in mind, a picture visualized by study of the remedy as a whole, which is doubtless the only way in which materia medica can be learned. While with *Bellis* and *Symphytum* there is no definitely broad picture that invites a concept essentially unique, a mental grasp that is inescapable on all sides, *Ruta* and *Arnica* both provide what the two former lack. With *Ruta* and *Arnica* the complete picture exists.

I am not now referring to detailed symptoms but to the remedy individuality. This cannot be expressed in words alone, any more than can some other phases of art be converted into verbal or other terms. Language may begin the description of a remedy, but more than language is necessary to fulfill an understanding of that remedy. Hence, personal knowledge of its proving if possible.

It has been said that *Ruta* symptoms are difficult to classify in the repertory. If true, so much the worse for the repertory, but not for *Ruta*. Which is the more important, the repertory or *Ruta*? It certainly does depend through what channel we arrive at the result if that result is to be right. The mental picture we retain of the great polychrests—for all their wonderful comprehensiveness—is the *sine qua non* of our success.

And so when we come to *Arnica* alone, what admiration seizes! Here is a remedy that has tradition, the prestige of universally recognized importance and value, and the crowning triumph of some six or seven hundred symptoms of Hahnemann's own observation and provings from the root—*Arnica montana radix*. Perhaps it is only the homœopathic medical profession

*Read before the I. H. A., Bureau of Materia Medica, June 1931.

that keeps in mind the danger of employment of the flowers for tinctures, but the British pharmacopœia has the root as official. The "arnica fly" infesting the flowers renders them unfit for our use, though a separate proving of these flowers is recommended, which might resemble that of *Cantharis*.

To enumerate the classes of patients to whom *Arnica* in potency becomes a boon would exhaust Hering's thirty pages of its symptoms. It would seem that at some period of life—yes, many periods—the human organism calls for *Arnica* in no uncertain terms. Far beyond the popular bruise remedy, it is demanded by conditions representing the finer internal disorders of circulation, the vegetative and the nervous systems, functions of the internal organs, no viscus being exempt. In cerebral cases it is sometimes difficult to disregard *Opium* for *Arnica*, since the former in highest potency may do marvelous things toward the complete correction of arterial spasm or its threat. However, *Arnica* cannot be forgotten, particularly if the disorder has culminated in hæmorrhage and its accompaniments.

Let us pray for more provings like the one of *Arnica*. Also let us secure more provings like that of *Ruta*, a remedy inspiring the physician by its breadth of power veritably assured by one of the best pathogenetic outlines in all materia medica. Even a brief study of its text, and certainly any apt employment of the potency impresses most favorably. The longer one uses the remedy, the greater the reward. It would be difficult to name any organ or region in which it does not excel in harmony with its symptomatology. Experience has favored me with many fine results. The eyes and the nerves in general respond with promptness and with permanence.

Both *Ruta* and *Arnica* have great control of the mental sphere. The mind rubrics have been verified in actual cases in numberless instances, as would be expected of the Hahnemann records.

Undoubtedly it should be admitted that the task of securing the correct proving in this age is far from being an easy one, or a simple one. Our life is beset with trivialities, with the superficial things that lead nowhere in particular. Our attention is constantly diverted by the radio, the airplane, and things in

general of which jazz is a symbol. In fact, what might be used for benefit is abused intemperately, so that there is no time nor inclination left for the conservative attention entailed by devotion to the intensive study of the healing art. However, the first paragraph in the *Organon* will never be trite. It is fraught now with meaning that we cannot neglect.

NEW YORK CITY

DISCUSSION

DR. I. L. FARR: This is an unusual paper and one which brings home to each homœopath the fact, that had it not been for the thorough work done by Hahnemann and his immediate followers, there would be no homœopathy today. And as the doctor says, very little, during recent years, has been added to the materia medica, hence the lesser remedies, because of their scant provings, are little used.

Dr. Hutchinson has grouped *Bellis* and *Symphytum* because of their brief literature. How would it do to follow the title and compare *Arnica* with *Bellis*? Each is similar to the other in action, and both are called into action following trauma. With this strong resemblance and with the action of each, called forth by trauma, our provings of *Arnica* give the key to what should be expected from *Bellis*. *Bellis* may well be considered the chronic or deep acting *Arnica*. Achings, lameness, and weakness, of long duration, in joints, conditions reminding one of rheumatism or neuritis, which conditions may be traced to an old injury, as their cause, clear up under *Bellis*. The writer has seen several such cases, one especially, in which all indicated remedies failed to relieve the pain and lameness, until one day the patient remarked that she had had trouble with the joint in question, ever since she had fallen upon the ice. A few doses of *Bellis* cleared the case.

An Englishman, Dr. J. Compton Burnett, in his book, *Change of Life in Women*, page 130-131, in part says, "*Bellis* is our common daisy; it acts very much like *Arnica*; it causes pain in the spleen and a feeling of being very tired. It acts on exudates, swellings and stasis, therefore in varicose veins, patients are loud in its praises; it is a grand friend to commercial travelers, for in railway spine, of moderate severity, it has no equal, for stasis lies at the bottom of these ailments. In the higher dilutions it cures the symptom, 'wakes too early in the morning'." Dr. Burnett again speaks of *Bellis* as useful for the treatment of tumors especially if left sided and of traumatic origin. In his book, *Curability of Tumors*, pages 85-95, he cites the case of a man with a very large, painful, left sided abdominal tumor, which had been seen by six other physicians, previously. Their diagnosis varied from a tumor of left kidney or spleen or connected to both, or cancer. For treatment they could advise nothing except operation and the tumor was too large and the patient too weak to operate. The history showed that the probable origin was from a fall the patient had sustained eight years before.

On above history, left sided location and apparent stasis, Dr. Burnett prescribed *Bellis* tincture, drops five, every four hours. There soon occurred a great reduction in the size of the tumor and the patient passed vast quantities of urine. In about ten weeks the tumor had disappeared; the glands of the left side which had been much enlarged were non-palpable and the man bade Dr. Burnett good bye, to report at frequent intervals for a long period, and he continued well.

In this quartette of remedies under discussion, this fact is pertinent: The whole body of mankind is serviced, as we have proved above as to the locations of *Arnica* and *Bellis*. Now we find that *Ruta* relieves the symptoms from trauma to tendons, ligaments and periosteum while *Symphytum* goes to the bottom of things and aids in repair of the bony structure.

DR. B. C. WOODBURY: I have had under my care, since Dr. Patch's death, a woman who had the left breast removed, probably about 1913. The thing was diagnosed as malignant by microscopic section. Six months later it appeared in the other breast. Despairing of all hope from surgery, she sought Dr. Patch's advice, and the remedy he found for her was so successful in changing that whole condition, not only to one of palliation but one of apparent cure, that she has been all these years practically free from any very marked trouble. I have seen her at least two or three times a year. The interesting thing about it was that Dr. Patch gave her in a sealed envelope the name of the remedy which had been beneficial in her case. She told me only the other day, "I know what that remedy is, Doctor, and Dr. Patch told me if I at any time could not get hold of a homœopathic physician, and I could obtain some of it, I could take it myself." That remedy was *Carbo animalis*. He gave her the 200th potency. I have a record of the case and know the times and seasons in which he gave it to her. There came a time, soon after I saw her, when *Carbo animalis* no longer did her any good. She was apparently at the end of the rope. She had severe bronchitis that started the old breast trouble, and every cough was torture. *Bryonia* did her no good. I was at my wits end. Finally I thought of *Bellis* and gave it to her in the third decimal. Immediately she was relieved. Finally I went back and looked over the records and found that Dr. Patch himself had evidently been in the same dilemma, for he had given her *Bellis* in the 30th potency. I never had to give it higher than the 3rd or 4th to her. I always keep the record, and if she ever needs it in a higher potency than the 3rd or 4th, I shall remember that Dr. Patch used it in the 30th. It is a very definite case. The woman is absolutely sure of the fact that Dr. Patch's remedies, particularly the *Carbo animalis*, saved her from inevitable results in recurrent cancer of the breast.

DR. P. L. BENTHACK: I have a case of a woman with a tumor just above the breast. When I inquired about the history of the case, she said her grown son had hit her there. I gave her *Bellis* in the tincture three times a day, and inside a month it is only half the size.

This is a very interesting paper, but unless I missed something, I didn't hear much about *Bellis*. I don't know of any one remedy that covers as many symptoms as *Bellis*, with a history like this: "I have never been well since I worked in the harvest and got warm and then all at once cooled off." "I got very warm and then went in the water and went swimming." I had a woman tell me that during her monthly period she went in the water and never was well again; she had not been well for years. I couldn't get very clear symptoms out of that for one remedy, and I gave her *Bellis*. She made a wonderful improvement.

I can say one thing about *Ruta* that I did not hear mentioned. If a school girl or any professional person has trouble with the eyes, *Ruta* is a good remedy. Many people's eyes hurt when they read. There are a great many people who will not need glasses if you give *Ruta*.

DR. B. C. WOODBURY: I have used *Ruta*, generally in the 50 M, in ganglion. It will remove it almost without fail.

DR. J. W. OVERPECK: I would like to ask for some information. I have *Bellis* in tincture in my office, but never have used it. The only thing I know about it is that it is said to be good for pains resulting from nerve pressure. I don't know whether that can be confirmed or not.

Some time ago I treated a man who had three of his teeth pulled, two lower incisors and the next one to them. They healed up nicely, but he has had pains a good part of the time since in the gum, right where those teeth were extracted, little shooting pains like needle pains coming and going. It is very much like *Belladonna*, and *Belladonna* has done him some good, but never cures him. I think I have given it as high as the 10 M. He has gone to different doctors since I treated him, and is back with me again, getting some results from *Belladonna*, in fact very good results, but it does not cure him. Just the day before I came away, I was thinking of giving him *Bellis*, on account of the pressure of the nerves, which I think is causing the trouble. I would like to have some information as to what remedy to give if *Belladonna* doesn't cure it.

DR. P. L. BENTHACK: I would give *Hypericum*.

DR. W. W. WILSON: So would I.

CHAIRMAN A. H. GRIMMER: It depends on the diagnosis in this case, whether it is really the pressure of the nerves or lacerated tissues. That would make a difference.

DR. J. W. OVERPECK: I know a great deal about *Hypericum*, but I am ashamed to say I didn't think of it.

CHAIRMAN A. H. GRIMMER: *Hypericum* could be used. If it fails, you could try *Colocynthis*.

There is another remedy where we have pains after incised wounds, and pains where there is great stretching of the sphincters producing tremendous agony, and that is *Staphisagria*. It often is a wonderful help.

DR. R. E. S. HAYES: One peculiar thing about *Bellis* that you might remember is that it has aggravation of sudden cooling, but the local complaints are relieved by cold instead of being aggravated.

CHAIRMAN A. H. GRIMMER: That is a nice distinction between *Rhus* and *Bellis*. They both enter in there. Thank you for the point.

DR. A. F. SCHWARTZ: In the case of a bookkeeper, whose eyes were used a great deal of course, *Ruta* gave great relief, and also corrected some of her medical symptoms and cardiac palpitation. After the effects wore off, I repeated it, and her eyes were in better shape than they had been for some years.

DR. C. WOODBURY: I have also verified *Ruta* in eye strain, especially from overwork.

Those of our school who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than symptom coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old-school authorities, as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school.—CARROLL DUNHAM, M. D.

HOMŒOPATHY IN THE TREATMENT OF ANIMALS

W. W. YOUNG, M. D.

One who practises medicine in rural districts, far removed from centers of civilization, is frequently called upon to be dentist, advisor, banker, veterinarian and at times a doctor. It was while thus engaged that I was called upon to adapt homœopathic therapy to the cure of horses and dogs. In recalling some of these cases, three very extraordinary ones come to my mind. The first was that of a horse which had injured its right hind leg with some penetrating instrument. The injury was followed by multiple abscesses and these in turn gave rise to tremendous swelling of the member. Various treatments were given, as each and every neighbor, considering himself a horseman, ventured his opinion. The condition became rapidly worse and the owner visited my office for some medicine of which he had read in an almanac. I displayed interest in the beast and decided that I would be venturesome. I allowed the man to believe he was getting the medicine he desired but instead I gave him sixteen ounces of a solution consisting of twenty pills of *Hepar sulph.* 12x, in colored water, a tablespoon every three hours. With this treatment the horse rapidly became well. I must apologize for many things in this case, first for practising duplicity, and secondly for not seeing the patient before prescribing. Even the result cannot atone for these professional errors.

The news of this cure led shortly to my being called to see a mare and her three weeks old foal. The foal had been born under duress of a nature which I, not being versed in equine obstetrics, cannot detail. It lay on a bed of straw, weak and debilitated with great falling of hair. Its every bone was prominent and, from lying so long, there were trophic ulcers on each Mark Twainian point. It was unable to raise its head and hardly had strength to move its short tail to frighten the flies which buzzed about it. There was a large, tense, tender, umbilical hernia with generalized abdominal distention and no peristalsis was heard within. There was an oozing from the anus of a bloody, catarrhal mucus. Preparations were being made to kill the animal so I asked that the farmer give me a day or two to see what

I could do before he did away with the poor thing. With the help of the wife I prevailed upon him to do this. Thereupon I poured two drachms of *Lycopodium* 3x into one-half a bucket of water with instructions to give this water in six doses at three hour intervals. This done I turned my attention to the mare, the original patient. This beast had an endometritis, the result of the uncleanly attentions of its owner. What was particularly striking was the attitude she assumed when standing, which she did with great difficulty, often having to lean against the stall and, indeed, I was almost afraid to get near her for fear she would topple over she swayed so. She stood with her four feet close together and it was evident that every touch on her hooves hurt her for she placed them down very carefully. There were three large areas of nasty, foul ulcerations about her neck and shoulders, one fully a foot in diameter and of quite a depth. These had been treated topically with creolin. The joints were swollen and sore. In short the horse was very, very sick. Instructions were given that the creolin applications be stopped and the ulcers washed three times a day with soap and water thus eradicating the obvious factor of suppression of discharges. Once more *Hepar sulph.* was given on the indication of extreme tenderness. Two days later I returned. It is with some misgivings that I record the results for one is often looked upon as of doubtful veracity when one ventures to make statements seemingly miraculous no matter how true they may be. It remains a fact, however, that the foal was eating, could raise its head, the hernia had disappeared some time during the first night, the anal oozing had ceased and peristalsis was present. Helped to its feet, the animal, although very wobbly, managed to keep in that position long enough for us to get a sling beneath its abdomen which acted as a binder. Thenceforth the ulcers healed and the foal prospered.

The mare fared likewise, although her recovery was slower. The ulcerated areas healed well and as soon as these became clean the joints returned to normal. Within a month she shed her four hooves beneath which was revealed pus and necrotic tissues and the new hooves, although somewhat smaller than the originals, permitted her to go back to work and once more enjoy her oats.

The third case is that of a dog and incidentally my own, a pointer of thoroughbred stock and an excellent hunter. When he was about one year old I found him lying prone on his couch paralyzed in both hind legs and with an offensive, watery diarrhoea. He dragged himself about with his forefeet, and the pitiable, pleading look in his eyes aroused in me hardly restrained emotions. He received *Sulphur* 200x. The next morning he jumped down from his bed wagging his tail and stretching himself as was his habit, and that afternoon, as if to celebrate, we enjoyed a half hour in the cover.

The following year I took him a thousand mile journey in an open car in the middle of winter to a middle Atlantic state and there left him on a farm with an old hunter for training. There he developed a severe case of cancer and was attended in my absence by a veterinary. He recovered but was left with a paralyzing arthritis of the right shoulder. It was exceedingly painful as I observed when, after six months of such treatment, I made him a visit. The leg was useless and the shoulder had atrophied till each and every bone was sharply defined beneath the skin. In a number of cases of gonorrhœal rheumatism I had used *Ferrum met.* high, with excellent results where the complaint was located in the right shoulder. Therefore I gave him this remedy in the 200x, three doses a day for twelve doses. Improvement was immediate and lasted for a week, at which time the remedy was repeated and to my great delight once more Belteshazzar has his nose in the air, his mind on birds and fervently I thank homœopathy for in this, as in the two previous cases, there can be little probability that coincidence or the psychic elements contributed a great deal.

PHILADELPHIA, PA.

There are no two things alike in the universe. This is so of diseases and of sick people, of thousands of crystals of the same salt. No two stars are alike. When this thought presents itself to the mind of the physician, he can see that no remedy can be substituted for another.—J. T. KENT, M. D.

ADDITIONS TO KENT'S REPERTORY*

C. M. BOGER, M. D.

Page

458. *Numbness*: Bov., Nit. ac., Sep.
Pain, right: Nicc.
to left: Ceba.
left to right: Acon., Xanth.
daytime, alternate days: Lach.
cold, from a: Lach.
damp weather: Lach.
exertion: Caust., Lac. can.
laughing: Nat. mur.
lifting: Caust.
lying, amel.: Calc. carb., Lach.
menses, before: Nat. sulph.
during: Nat. sulph., Nux vom.
opening mouth: Kali carb.
sneezing, amel.: Amm. brom.
swallowing, when not: Cocc. ind.
sweets, agg.: Lach.
touch, when: Bar. carb.
washing, bathing, agg.: Lach.
460. yawning, when: Amm. mur., Hep., Nat. mur., Rhus
tox., Zinc.
alternating with anal pain: Sin. alb.
extending to ear: Apis., Kali bich. (I), Mag. mur.,
Staph., Sulph.
eyes: Merc. cor., Taran. (I).
head: Hep. (F), Merc. cor. (F),
Plat.
nares: Phos.
tonsils, aching: Æsc.
461. burning, drinking water, on: Mez.
peppery: Coloc., Ol. an., Plat.
cutting: Merc. cy., Rob., Stann., Thuj., Uran.
nit., Ust.

*Continued from the August Recorder.

- Page
462. pressing: Graph.
oesophagus, throat pit, etc.: Bar. carb.,
Brom., Calc. carb., Caust.,
Graph., Lach., Phos.
463. scratching, like an awn: Berb., Kali bich., Mag. carb.,
Phos. ac., Sars.
sore, every cold, from: Lach.
coughing, on: Ant. sulph. aur.
menses, during: Sulph. ac.
464. stinging: Stram.
stitching: Arg. nit., Iod.
right: Taran.
left: Bell., Cupr., Glon., Grat., Kali nit.,
Mag. mur., Nat. mur., Psor., Sil.,
Sulph. ac.
465. *Paralysis*: Phos.
Prickly: Sulph. (1).
466. Softness: Cist.
467. *Spot*, in a, dry, sore, etc.: *Cimic.*, Cist., Con., Hep., Lach.,
Nat. mur., Phyt., Sil.
Spots in pharynx: Phys.
Stiffness: Lac. can., Nit. ac.
Suffocative sensation: Sang., Verat. alb.
Suppuration, left: Sep.
Swallow, disposition to, deep in: Calc. carb.
468. difficult, bending forward, amel.: Nit. ac.
drink, must: Bar. carb., Calad.
liquids: Crot. hor.
more difficult than solids: Stram.
amel.: Kali carb.
nervous, when: Cocc. ind., Gels., Nux
vom., Phys.
lying, when: Sec.
amel.: Canth.
469. *Swelling*, coughing, on: Ars.
tonsils, right: Amm. carb., Apis, Bar. carb., Gels.,

- Page
Ham., Hep., Merc., Merc. dulc.,
Naja, Nicc., Phos., Thuj.
left: Æsc., Kali phos., Nux mosch., Ust.
Tension, pit of, in: Cham., Puls., Sulph.
470. *Varicosis*, pharynx: Nat. ars., Phyt.
Vapor, fumes, etc., rising in: Apis, Ars., Asaf., Brom., Bry.,
Carbo. veg., Chin., Colch.,
Ferr., Hep., Ign., Ipec.,
Kali chlor., Lach., Lyc.,
Merc., Mosch., Nux vom.,
Ol. an., Op., Paris, Puls.,
Rhus tox., Sabad, Sars.,
Thuj., Zinc.
- Water*, full of: Hep.
Weakness, agg. exertion: Lac. can.
471. *Constriction*: Xanth.
Discoloration, red: Apis, Graph.
spots: Amm. carb.
yellow: Ars., Hydrast.
Formication, thyroid: Ambr. gris.
Goitre: Graph., Mang.
left: Chel.
right: Hep., Mag. carb.
472. exophthalmic: Ferr. phos.
Induration, like knotted cords: Æth., Berb., Nit. ac.
474. *Perspiration*: Lach.
Sensitive at angles of jaw: Thyroid.
Swollen sensation: Xanth.
475. thyroid: Con.
Tension, thyroid: Agar.
476. *Air*, as if forced through: Cocc., Crot. casc., Cobaltum.
Alive sensation: Sang.
Anxiety: Hydrocy. ac.
Appetite, changeable: Amm. mur., Coc. c., Cocc. ind., Cycl.,
Gels., Gran., Iod., Merc., Nat.
mur., Op.

Page

477. increased, evening: Phos.
eating, after: Cepa.
478. headache, before: Sep.
waking, on: Arn.
479. ravenous, emaciation, with: Con., Ipec., Lyc.,
Sacc. alb., Sec.,
Sel., Uran. nit.
marasmus, with: Kali iod.
relish, without: Kali sulph.
480. *Aversion* to acids: Nat. phos.
coffee: Cinnb.
481. food, eating a little, after: Bry., Cham., Cina,
Ign., Lyc., Prun.,
Rhus tox.
seen, if: Ptel.
green things: Mag. carb.
liquids: Bell.
meat, roast: Ptel.
482. sweets: Hippoz., Rad. brom., Senec.
tobacco: Lob.
Ball rolling in: Arn.
483. *Coldness*, eating, after: Graph.
icelike, with pain: Caust., Ol. an.
icy: Lachn.
stone, as of a cold: Acon.
Crawling (formication): Cast., Caust., Hyper., Kali carb.,
Nux mosch., Raph., Rhodo.,
Rhus tox.
484. *Desires*, bread, white: Bar. mur.
buttermilk: Ant. tart., Bursa past. (Thlaspi bur.
past.), Chion., Elaps., Sabal.
coffee: Xanth.
cold drinks: Kali mur., Sac. lac.
485. delicacies: Æth., Mag. mur.
fat: Mez., Nat. carb., Rad. brom., Tub.
highly seasoned food: Abies can.
ice: Ars., Lept.

Page

- indistinct, knows not what: Arn., Hep., Sulph.
lime: Chel., Sil., Taran.
milk: Sabal., Sanic.
sour: Ant. tart.
onions, raw: Thuj.
paper: Lac. fel.
pastry: Sabad.
486. potatoes, raw: Calc. carb.
pungent things: Caps., Chin.
raw food: Cep.
sand: Sil.
sweets: Merc. dulc.
tobacco: Coff., Mgts., Rhus tox.
smoking: Med.
vegetables: Cep.
warm drinks: Spig.
487. *Dryness* in: Calad., Chin., Ox. ac., Raph.
Emotions are felt in: Calc. carb., Cham., Coloc., Dig., Kali
carb., Mez., Nux vom., Phos.
489. *Emptiness*, walking, while: Sep.
after: Ferr.
490. *Eructations*, agg.: Kali carb.
coughing, after: Rumx.
eating, before: Carbo. veg., Croc., Nit. ac.,
Nux vom., Plat., Ran. bulb.,
Ran. scel., Sel., Sulph.
491. after, amel.: Amm. mur., Sulph.
headache, with: Arg. nit., Iod.
lying, agg.: Verat. alb.
painful: Acon., Ant. crud., Coca, Cocc. ind.,
Lob., Nicc., Petr.
sneezing, with: Ham., Lob., Mag. carb., Phos.
vomiting, followed by: Sulph.
during: Phos.
after: Arg. nit., Ars., Caust., Con.
acid: Carbo. veg.
bitter, drinking water, after: Chin.

Page

493. sour: Mag. mur.
cool: Cist.
eggs, spoiled, like: Plant.
494. headache, during: Psor.
495. frothy: Cimx.
greasy: Alum.
hot: Apis, Carbo. veg., Kali bich.
496. mucus: Calc. carb., Carbo. veg., Coca, Graph.,
Hyper., Puls., Staph., Sulph., Verat.
alb.
salty: Mag. mur., Sil.
497. sour, headache, with: Pic. ac.
sweetish: Dulc.
urinous: Agn.
water, of, stomach pains, with: Ars.
waterbrash, bitter: Amm. mur., Arg., Bar. carb.,
Calc. carb., Chel., Cic.
vir., Coloc., Graph.,
Grat., Ign., Lach., Lyc.,
Mang., Merc., Nat.
carb., *Nux vom.*, Phos.,
Rhodo., Sulph., Sulph.
ac., Valer., Zinc.
498. periodical, at same hour: Hep.
Fall out, as if to: Hell, Mag. carb.
499. *Fulness, eating a little, after: Senec.*
Gagging, coughing, from: Dirc.
Hanging down sensation: Merc.
501. *Heaviness: Bism., Calc. carb., Spig.*
502. *Hiccough, drinking, after: Thuj.*
laughing, agg.: Calc. carb.
504. *Jerking: Fago.*
Loathing, thought of food: Carbo veg.
505. *Nausea, rising on: Cimic., Puls.*
midnight, after: Ambr. gris.

Page

506. in abdomen: Grat.
lower: Merc. iod. flav., Puls., Rhus
tox.
- constant: Iris.
descending, agg.: Nat. sulph.
507. drafts, agg.: Hippom.
eating, amel.: Rad. met.
eructations, amel.: Ferr., Lil. tig.
exertion, from: Crot. hor., Lob.
eye symptoms, with: Calc. carb., Kalm., Laur.,
Merc., Nat. mur., Nat.
sulph., Puls., Raph.
- faintlike: Bor., Coff., Hyper., Mag. mur., Phos.
fasting, while: Puls.
flatus passing, amel.: Bell.
food, thought of: Carbo. veg.
508. hawking, when: Coc. c.
hiccough, with: Lach.
light, agg.: Lach.
lying down, on: Hep., Nat. mur.
amel.: Caust.
on abdomen, amel.: Magn. aust.
right side, agg.: Cann.
amel.: Nat. mur.
left side: Ferr., Lach.
- mouth, in: Olnd.
- nose, blowing, agg.: Sang.
509. pain, during: Graph.
perspiration, amel.: Glon.
rectum, felt in: Ruta.
singing, agg.: Ptel.
sleep, during: Nux mosch.
smoking, amel.: Eug., Sanic.
510. sneezing, when: Sang., Sulph.
standing, while: Arn., Crot. hor., Dict., Hep.,
Merc., Puls., Tarax.
stool, after: Acon., Con., Hyper., Lyss., Merc.
cor., Thuj.

Page

- sudden: Lyc.
 sweets, agg.: Acon., Cycl., Merc., Tarax.
 thinking of it, agg.: Bor.
 throat in, agg. tight collar: Hyos.
 touching lips, agg.: Nux mosch.
 urinating, amel.: Nat. phos.
 walking, amel.: Chrom. ac.
 washing, while: Zinc.
511. *Numbness*: Acon., Bry., Castoreum, Plat., Sars.
 512. *Pain*, bending double amel.: Sil.
 coffee, amel.: Brom., Coloc.
 cold drinks, after: Carb. veg., Elaps., Phos.
 513. eating, amel.: Arg. nit., Bov., Calc. phos., Cann. ind.,
Mag. phos., Raph., Rob., Zinc.
 exercising, while: Calc. carb.
 heat, amel.: Carb. n., Cham.
 laughing, on: Lyc.
 lying, while: Bellis, Carb. veg., Coc. c.
 on abdomen, amel.: Magn. aust.
 514. side: Carb. ac., Puls.
 motion, amel.: Kali carb.
 arms, on: Arg. nit., Nux vom.
 passing of sand: Thuj.
 raising arms high: Anac.
 raw food, from: Ruta.
 sitting erect, amel.: Kalm.
 spine, pressure on: Lach.
 standing, amel.: Kalm.
 515. talking, agg.: Rumx.
 touch, agg.: Kali bich., Phos.
 warm drinks, amel.: Kali carb.
 extending, abdomen, over: *Arn.*, Caust., Cocc., Nux
 vom.
 arm, to: Con., Kali carb.
 back, to: Cupr., Kali carb.
 chest, into: Arg. nit., Bar. carb., Ign.,
 Rumx., Sep.
 on coughing: Rhus tox.

Page

- downward: Phos., Zinc. sulph.
 head, to: Carb. veg., Plb.
 liver, to: Asaf., Hyper., Mill., Nat. mur.,
 Rhus tox.
 lumbar region, to: Amm. carb. Carb. veg.
 navel, to: Lyc., Nit. ac.
 nipple, to: Amm. carb. (1).
 shoulders, to: Kali bich., Kali carb., Phos.
 throat, to: Chion.
 upward: Ferr., Phos.
516. burning, morning: Arg., Merc.
 eating, after: Arg. nit., Kali bich., Mez.
 lying down, on: Sang.
517. extending downward: Nux vom.
 throat pit, to: Sabad.
 up cesophagus: Sabad.
 upward: Sabad.
518. cramping, extending to chest: Lyc.
 519. gnawing: Bell., Spig.
 522. pressing, weight, as from a: Lyc.
 scraping: Chel.
524. *Perspiration* on pit of: Bor., Hyos., Kali nit., Ol. an.
 526. *Sand*, as if, in: Ptel.
Shooting, in epigastrium: Bell., Bry., Chin., Puls., Rhus tox.
Sinking: Bar. carb., Conv., Lach.
527. *Stone*, sensation: Dig., Eup. per., Lach., Lyc., Mang., Mill.,
 Oind., Ox. ac., Phos., Ran. bulb.,
 Terb.
 cold, after vomiting: Sil.
528. *Thirst* 8 p. m.: Phos.
 529. large quantities, for: Lac. can., Lil. tig.
 often: Lil. tig.
 small quantities, for: Anac., Bry., Calc. carb., Caps.,
 Carb. veg., Hep., Laur.,
 Nat. mur., Nux vom.
531. *Vomiting*, night, alternate nights, on: Lach.
 acids, after: Guarea.

- Page
532. as soon as water becomes warm in stomach:
Kali bich.
533. hawking up mucus, when: Euphr.
hiccough, after: Cupr.
hot water, amel.: Sulph. ac.
light, agg.: Sang.
lying on right side in liver affections: Bry.
534. nausea, without: Lyc.
painful: Phyt., Verat. alb.
painless: Sec. corn.
pregnancy, during: Cocc.
sleep, followed by: Æth., Ant. tart.
stool, after: Eug.
sudden: Acon., Bell., Kali bich., Op.
blue: Ars.
everything: Merc. cy.
eating, undigested food: Æth.
538. frothy: Cic., Mag. mur., Phos.
green, as grass: Ars.
milk: Arn., Bor., Bry., Calc. phos., Cham., Cina,
Ip., Lyc., Nux vom., Rheum.
539. mucus, lumps of: Canth.
sour: Kali bich.
offensive: Acon.
solids only: Arn., Ferr., Sep.
sour bitter: Bism., Cann. ind., Castoreum, Che-
lone, Cic. vir., Cina, Dros., Mag.
mur., Nux vom., Plat., Sars.,
Sulph., Sulph. ac.
stringy: Colch.
sudden: Kali bich.
540. wheylike: Cupr.
Water, sensation as if full of: Grat., Laur., Mag. carb.
541. *Alive*: Lac. defl., Puls.
542. *Coldness*, as of cold water running through: Bufo.
upper part: Ars., Camph, Kali carb., Mang., Olnd.,
Ox. ac., Sec. corn., Sulph.

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543. *Constriction*, bandage, as of a: Acon., Dros., Ign., Nux vom.
544. *Distension*, 4 p. m.: Sep.
545. colon, transverse: Bell.
546. *Electric shock* passing through, like: Coloc.
Emptiness, umbilicus: Cobaltum.
547. *Excoriations*, inguinal: Nux vom.
548. *Flatulence*, morning: Calc. carb., Cann. ind., Con., Kali
carb., Kalm., Lach., Petr., Plat.,
Puls., Scilla, Senec., Sulph., Verat.
here and there: Cham., Chin., Cocc. ind., Cycl.,
Nat. mur., Nat. sulph., Spig.,
Verat.
menses, during: Kali phos.
stool, during: Acon., Arg. nit., Asaf., Nat. sulph.,
Petr., Podo., Thuja.
549. *Fulness*, urinating, after: Nat. mur.
hypogastrium: Mag. carb., Sep.
liver, gall bladder: Myrica.
Gurgling: Asar., Jats.
stool, before: Gamb., Lach.
551. *Hard*, liver: Lach., Mur. ac.
Heat, umbilicus: Sulph. ac.
Heaviness: Lept., Myrica, Nux mosch.
552. hypogastrium: Apis, Sep.
umbilicus: Agar., Camph., Canth., Carb. veg.,
Graph., Nit. ac., Op., Ptel.
Hold, must: Lil. tig., Merc., Sep., Staph.
553. *Itching*, inguinal region: Bar. carb., Camph., Coc. c., Sep.

PARKERSBURG, W. VA.

Some have been confused by primary and secondary effects of medicine. You need not worry over this. You only need to know that certain symptoms follow each other. Primary and secondary action reverse themselves in different individuals.—

J. T. KENT, M. D.

FURTHER RESULTS IN THE HOMŒOPATHIC TREATMENT OF CANCER*

A. H. GRIMMER, M. D.

Two years ago, we were privileged to read before this group of my colleagues, a paper entitled *Cadmium Cures of Cancer*, wherein were stated the results of the treatment, up to that date, of two hundred and twenty-five cases, with a loss of fifty cases in four years. At this time, there has been added to that list twenty-two more deaths by cancer, but these last named lived six years, most of the time in comfort, performing their accustomed work, and all dying with a minimum of suffering. Many experienced no suffering, and without morphine or any other narcotic or anæsthetic drug, they went quietly and peacefully to their rest. The remaining hundred and fifty—these give every promise of living many years, excepting some of those, whose advanced age at any time may intervene to end life. From these figures, we may claim a cure of two-thirds of all cases treated after a lapse of six years, by strictly homœopathic methods, because most, if not all, of the remaining patients will die from causes other than that of cancer. Remember, these were not incipient cases, they all showed the cachexia, and the clinical and laboratory evidence of the developed active cancer disease. Many had been treated surgically and by radium and x-ray with only harm resulting, before they came to homœopathy. Because of these facts, and because of new data collected under wider and more varied experience in the application of homœopathic research in cancer, I am hopeful of far greater achievement in the near future in the cure and abatement of this implacable disease. It is destined to be accomplished by all the true disciples of Hahnemannian homœopathy.

We need but correlate our remedy prescribing with dietetic and hygienic measures to accomplish even more astounding results than we have in the past (in terms of cure). We need also to discover a method of making an absolute diagnosis of the pre-cancer stage. When this desirable thing is a certainty, and

it is in sight even now but not quite perfected, we shall witness the recognition of the power of the homœopathic law over man's most destructive and heretofore ineradicable foe. After a review of all modern research, and after the futile and discouraging results obtained by surgery, x-ray and radium over a long period of time, we know that Hahnemannian homœopathy holds out to the afflicted the only real hope for cure in the early cases, and amelioration of suffering and the prolonging of life in the advanced cases.

The more experience I have with the use of the *Cadmium* preparations, the more convinced I am of their indispensable need in cancer. Not that they always perfect the cure alone and unaided, but they are the most effective antidote I have yet found to aluminum poisoning, and that factor plays a far more important role in cancer than most of us believed in the past. Intestinal forms of the disease, especially, are undoubtedly much aggravated by the presence of that subtle poison. Aluminum is one of the most common of the irritants entering as exciting causes in many cases of cancer. *Cad. iod.* is the most effective antidote to radium and x-ray burns to be found among the homœopathic remedies, competing with *Phos.* for radium poison and with *Fl. ac.* and *Sil.* for the x-ray abuses. These remedies are the most effective agents yet found against the frightful results both locally and systematically, that radium and x-ray produce.

From a homœopathic view, the cancer problem presents four basic aspects, each a study in itself:

The first is the physiological phase, and this is related to both doctor and patient. The horror and depressing effects of a cancer diagnosis, right or wrong, is in itself, overwhelming in most cases. To the patient no hope remains, it is useless to try, the only concern left is to avoid as much suffering as he can and possibly prolong for a time a life already doomed. To the doctor, especially if he is scientific and imbued with the up to date ideas of the so called authorities, it means just another fated victim for whom there is no remedy or help, only an object of experimentation of mutilation and torture, all in the name of science and progress. No attempt by intelligent effort

*Read at the I. H. A., Bureau of Clinical Medicine, June 1931.

is made to seek causes and invoke law, which is the first attribute of true philosophy and science. The patient under such mental states is permitted and left to go, to think, act, eat, and do as he chooses, unguided, unaided, as a bit of driftwood on a storm tossed sea, without compass or succor.

The second aspect is the one of irritation which comes from many sources, some very subtle and obscure. Drugs, especially the coal tar derivatives, serums, vaccines, metallic poisons; and processed, adulterated, demineralized, devitalized, irritating foods, are found in this group.

The third aspect is that of dietetics, the removal of all irritating and harmful foods, and the careful selection of non-irritating, balanced, individualized nourishment.

The fourth aspect, is that of remedy selection. This is more difficult and complicated than that of ordinary prescribing because so many things enter in the history and cause of cancer, and because no two cases are alike. We may have to antidote some specific drug poison in one case, before anything else. Another may require the reduction of some specific basic miasm or infection, such as syphilis. A series of complimentary remedies is frequently needed to meet conditions in many cases, but all according to the homœopathic law, doses given singly, and at sufficient intervals apart, for the expression and evolution of the cases.

We may learn much from observation, relating to the nature and growth of cancer, both when left to the vital force unassisted by medicinal action, and when influenced by such action. Last year, I saw a woman, sixty-three years old, who presented a breast cancer in active stage, far advanced, but only for a short time, prior to my seeing her, had it pained. She stated that she first noticed the lump in her breast twenty-three years before and she had feared to see any doctor because of her dread of operations; she had taken no treatment, observed no rules of diet, worked hard under more or less trying circumstances, yet nature unassisted, had kept her alive, free of pain and fit for over twenty years. What work homœopathy could have done with that case in its incipency. We all see the an-

swer in the number of lumps and nodules that disappear under good prescribing.

This brings us to the most vital part of our subject, that of prevention; for if we can cure a large number of developed cases, and if nature, unaided, can retard the disease ravages for twenty years, what will good prescribing plus proper diet and proper living do, to prevent the development of cancer. It has long been known that constitutional homœopathic treatment will prevent cancer in the large majority of cases. In these times when this silent terror is dominating the world, especially the world of dominant medicine, it becomes our solemn duty, to give to humanity, these potent facts. Millions of dollars are wasted annually in donations for alloëopathic ignorance, to squander in cruel animal experimentations that ignore and pervert the laws of God and nature, and fail to bring anything save additional suffering and sacrifice to an already overburdened race. Is it wrong, to let a suffering and terrorized world, know that homœopathy is the balm of healing to check the destroying conquest of this hideous monster, conceived in violated law, born in wickedness, and nurtured in ignorance?

CHICAGO, ILLINOIS.

DISCUSSION.

DR. E. UNDERHILL, JR.: This is one glorious paper. I would like to see it reprinted and distributed to every physician in the United States. Dr. Grimmer has emphasized the three essential points—the homœopathic remedy, diet, and routine of life. Without those three together, I do not think you are going to cure a very large percentage of cases.

DR. P. L. BENTHACK: As the doctor says, you must remove the cause. I will give you a brief outline of what Dr. Emil Schlegel says in his German book, printed in 1923, which he gives from his own experience. He practised forty years, and has cured cancer. His work, I think, is the best in the world on cancer. I wish you would have that book translated into the English language. It is very condensed. He says you must remove the cause of the trouble. He says his cancer cases are similar to all other chronic diseases. He does not hold that coffee antidotes our remedies, but that too much coffee is not good. If he cannot get his patients away from coffee he lets them drink one cup in the morning. He has to do with the laboring classes mostly. He says if people are undernourished they should be encouraged to eat more nourishing food, and a little more meat than they have been eating, but if they have been over-nourished or over-fed, they should eat less, and especially less meat. They can take a good deal of soup made from beef bone, because the phosphorus and lime that boils out is good for one who has cancer. I had a paper in the *Homœopathic News* in September 1930, on what I call drainage limitation. It would be worth your while to look it up. I gave the remedy

mostly in the tinctures and in low potencies. Dr. Nebel in Switzerland, uses compound remedies. His son gave me the list of those remedies and some indications for their use. I have given them in the good homœopathic way, the indicated remedy, the single remedy.

Burnett changed from high potency to a low potency because the high potency is too strong. When the patient is overloaded with poison the lower, functional potency is a better aid for nature cannot throw off the condition alone.

If we can get cancer cases in time, I believe we can cure 90 per cent. of them, and those that we do not cure live much longer and much easier. I hardly ever have to resort to a dose of morphine, although in extreme cases I have used it.

I have had a good many cases come to me with a fearful odor, and with homœopathic remedies I have been able to get rid of the odor, prolong their lives and give them a fairly easy death.

DR. C. M. ROGER: This wonderful paper gives me an opportunity to say two or three things. I will begin by mentioning two cases of cancer. One was a case of a middle-aged woman whose mother died of malignant cancer of the breast. The mother lived eight years under homœopathic treatment for the malignancy. The daughter had a lump in her breast, also, and went to a surgeon and had the lump taken out. This was about six years ago. About four months ago, she came to me and said, "Doctor, I have a pain in that old scar. There is something wrong in my armpit." I examined her, and sure enough there was. She had a pain in the old scar and a lump in the armpit. I gave her one dose of *Bellis perennis* 30th potency, and repeated it in two weeks. The lump has entirely disappeared, and the pain has gone away. She says she is entirely well and is overjoyed.

The point that I wish to bring out in connection with this case is this: From old school sources we have been led, for many years, to believe that cancer and injury were of some relation to each other. The old school men are not mistaken in everything. There are some good points. You put these two things together in her case, and it gives you the solution very well.

The other case is a woman eighty-four years of age. Twelve years ago she had gallstones removed by surgical operation. Six years after that a lump appeared in the right breast, which gradually enlarged until it now extends below the nipple and is about the size of a saucer. It is dark blue in color. The peculiarity of this case is that she does not have much pain in this lump, but every now and then she has an attack of acute inflammatory erysipelas. Finally I discovered that *Arnica* covers both symptoms, erysipelas and higher cancer. Her last attack of erysipelas occurred less than ten days ago. It came on severely with high fever, intense drowsiness, terrible prostration and eruption on the chest. She was down with an erysipelas just thirty-six hours. That is the shortest she has ever had. The attacks of erysipelas are getting shorter and shorter. This shows what is possible in the case of cancer.

There is another part of this paper of which I wish to speak. It has nothing to do with cancer. There are many investigators, nowadays, who seem to labor under the delusion that they can do evil and have good results therefrom. Men who are doing this are the vivisectionists and men of that type. Oh, yes, we have been taught in the old school that many victories in medicine are due to vivisection and so on, but how we get around the moral law and the logic of the thing, I don't exactly comprehend. If anyone here can enlighten me and tell me how one can break the moral law and do evil, and have good come out of it finally, I shall be glad to get the information.

DR. A. H. GRIMMER: The doctor spoke about potency. It is an important factor, and it is going to take much more experience than I have had yet to trace out the relative merits of the potencies. They all have merit.

You can go clear back into the literature and find that there have been many cures made, and Buckley, Burnett and Cooper have undoubtedly given us authentic cures. It is true, as the doctor observes, that if we give the potency too high at first, especially if the cases are advanced, we are going to cause unnecessary suffering and perhaps create an aggravation we cannot get rid of in these advanced cases of cancer. So I start with the potency around 30th in most cases and feel out to see how the reactions are. If they stand that well, the succeeding potencies will carry on with the work very beautifully.

The diminution of the odor is a favorable symptom in the cure of cancer. When you find that taking place it is one of the surest indications that your remedy is working, that the patient feels better, looks better and is better. It may be some time before the growth begins to show the improvement we hope for, but if that order prevails, your remedy is doing its work. If any other order prevails, if the cancer is healing but there is more pain and more odor, your remedy is not the best.

Again the doctor mentions the diet. I stated in the paper that the diet must be selected for the needs of the individual case. I think that covers that subject pretty well, with one exception. You should limit the meat you give a cancer patient, because the uric acid in the meat has a specifically deleterious effect on the cancer. This has been proven by a good many good observers outside of our homœopathic ranks, and some of them are getting results. One of the first men to note this was an old school man, a Dr. Buckley, of New York, who cured a number of cases with nothing but diet.

Dr. Roger's observations are absolutely true. They refer to the irritational part of our text, injuries, and so forth. We have the most wonderful remedies to correspond with these things, and such remedies as he mentioned, especially *Bellis*, have given us a great many cures. *Bellis* has probably given us as many cures in breast cancer as any other one remedy, if you can get the specific history following an injury. It competes with *Conium*. In *Conium* the breast is apt to be free of pain. In *Bellis* you are apt to have more or less pain.

Hypothesis has no part nor lot in the homœopathic prescription; the homœopath does not attempt to translate the simple, truthful language of the symptoms into the ever changing, and always unintelligible jargon of pathological diagnosis. A diagnosis of the symptoms of any given case might indeed point to fatty degeneration of the heart, or to a cirrhosis of the liver, or to some other artificial classification; nevertheless the true homœopath administers the remedy indicated by the totality of the symptoms, not stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis. Any attempt at a pathological basis, for homœopathic prescriptions, must at once exclude mental and subjective symptoms, and these are often our surest guide to a proper selection, even though they be pathologically insignificant.—E. J. LEE, M. D., 1881.

RAMBLING THROUGH THE MATERIA MEDICA

ANNIE C. WILSON

"Trudging along a dusty country road at high noon of a July day, with the sun blazing down on the weed-filled roadsides," not a particularly interesting nor fascinating picture, is it? But there was a delightful breeze and the roadsides were crowded with lush growth that brought wrath to the heart of the farmer, but delight to the heart of the homœopathic layman who was wandering in search of specimens.

To those born of New England farming stock, a weed is uncompromisingly a weed and it takes education and strenuous cultivation of the seeing eye to evaluate it properly and place it correctly in the homœopathic materia medica; but to one whose eyes have been opened the lowliest weeds of the field and roadsides have a new value from the high place of usefulness which they hold in the healing of the aches and pains and illnesses from which we suffer.

When the idea first occurred to me to make a collection of plants used in the preparation of the homœopathic materia medica it seemed a simple matter. There are some common plants with which we have a speaking acquaintance, as it were; and as an outstanding beginning—or one might say an upstanding beginning—we recognize the *Rumex crispus*, that straight and sturdy soldier who guards our roads and waste places, and often our fields, from invasion by his own vigorous army. No one who travels the summer roads can fail to see the tall candles of *Verbascum thapsus* rising from a rosette of gray-green velvet leaves, to the height of a tall man in many instances, along the cut banks bordering new-made roads or on sandy hillsides, the little yellow flowers like smoldering lights creeping up the tall stem in twos and threes, never lighting all at once. These stems have served as candles to light many an ancient gathering, for was it not the Romans who dipped them in tallow to burn as torches?

However, like most subjects the more one looks into it the more material one finds, and the materia medica has an astonish-

ing number of representatives in the northeastern corner of the United States of America known as New England. It is now the middle of July. My search began with the first flowers of spring, the saxifrage and *Dicentra canadensis* (*Corydalis*); yet with the honest intention not to let one plant pass the blooming season without securing a good specimen, many have come and gone without representation, and still the pile of specimens towers higher and higher. The wild flowers are easily noticed and secured, for their beauty insures them attention; but the lowly weeds that are unnoticed except as pests are very apt to pass their blooming season before they are noticed. Then, too, many of these lowly friends have found life reduced to such harsh terms that their blooms are reduced to the barest necessities for the existence of the species. Here you will find no showy flowers with bright petals and fragrant scent; bare necessities with no time for beauty, so great is their economic pressure.

Botanists list chickweed (*Stellaria media*) as the most common weed the earth around, for it blossoms under the Arctic snows as well as covering Europe and Asia. They name as the second most common weed the shepherd's purse (*Thlaspi bursa pastoris*). It is true that these plants are not native to this country; like countless other plants they have come as immigrants and have adapted themselves so completely that it is hard to trace their habits to another land. No gardener lives who has not fought hand to hand with these small, insignificant but amazingly persistent weeds; but their value in the hands of the homœopathic prescriber cannot be estimated. Some idea of the persistence of Nature in perpetuating her children is seen from the fact that in many instances plants put into the press after the plant has ceased to bloom continue to ripen their seeds and even disperse them in the press; they will ripen from the time the petals fall, perfecting and developing their seedpods to fruition. This was true of many excellent specimens, among them the *Thlaspi bursa pastoris*. To perpetuate under the most trying and unlikely conditions has earned it its place as the world's second greatest weed.

But let us wander along this dusty and perhaps uninteresting road. It lay along the flat top of a considerable hill

overlooking the junction of the Housatonic and Naugatuck Rivers in southern Connecticut, and from the southern end of the hill one might see Long Island Sound. The banks being slightly higher than the road, there was here no view for some little distance; the road was a typical country road, stony and dusty, and to keep down the dust a dressing of oil had been applied. Altogether, it was not an attractive road to walk on just there; its fascination lay in the abundance of interesting plants crowding upon it from both sides.

The fence corners were filled with *Prunus virginiana* in green fruit. *Rhus toxicodendron*, with its beautiful glossy leaves, draped its poisonous lengths indiscriminately over fences, trees and earth, creeping through the grass to the very edge of the road. Dainty tracings of *Ampelopsis quinquefolium* on rough gray rocks gave them unsuspected beauty. The low-growing shrubby *Apocynum androsæmifolium* rang its tiny pink bells daintily, giving no hint of the deadliness of the little blossoms, for the little flies crave the sweet sticky fluid in the bloom, and this craving is their death, for it seals over them and they die where they touch, not for the nourishment of the plant but as a punishment for venturing to trespass.

The grassy places were not without interest. Stray timothy grass has wandered from its legitimate place in the meadow, where it holds first place as the world's best hay grass; but it has found, as *Phleum pratense*, a place in the armamentarium of the homœopathic physician.

As the road winds down hill we see bunches of Lady-at-the-Gate, to call her by one of her provincial names, or Bouncing Bet, as she is better known. Perhaps Sweet Arcady is the daintiest name we have to offer, in recognition of the fragrance emanating from her phlox-like blossom; yet *Saponaria officinalis* has served other purposes than those expected of garden flowers, for she is a runaway from the gardens of the old world. The early settlers, faced with the problem of keeping clean in spite of great odds, kept bunches of *Saponaria* by the gate or door, which they could pluck and use in washing. Not for nothing was she known as soapwort, for the sap which was released in water did duty for a long time before the soft soap was ready for use.

Myrica, that sweet-smelling shrub, lined the fences and sturdily stepped forward around the rocks. Barren sandy soil has no terrors for the *Myrica carolinensis*, for the bayberry finds its best habitat sandy soil, whether on the shore or far inland. It is beloved because of the spicy pungency of the whole plant; and the little gray berries which will cling close to the stem a little later in the season are sought for their thin coating of wax which is melted for the treasured bayberry candles so dear to the lovers of the old ways.

Ranunculus is still in bloom; probably not the *bulbosus* now, but another brother of this large family. They have the same golden cups held to the sun to be filled with molten sunshine, but their leaves vary, some being sharply angled while others have the angles rounded in a gentler manner. Other yellow blooms in which we take an interest are the St. Johnswort family, with their yellow whorl of petals. *Hypericum perforatum* is a little past the high tide of its bloom now, but many blossoms are still opening. This, too, is an immigrant from the other side of the water, and as sturdy as such wanderers must be to adapt themselves to such varying conditions. It seems strange to see this plant growing in the clefts of the rock. Its usual habitat is sandy soil, yet it may be seen on up-tilted rocks, growing at right angles to the rock itself, no matter what the angle of the rock may be. To see the straight stem of this plant carrying the frowsy yellow head rigidly at right angles to its sharply sloping foundation is to think of a person of overweening dignity in a most undignified position.

Rumex crispus, the curly dock, and his small brother, *Rumex acetosella*, whom the children know and love as sheep sorrel, are both a little ragged now, but still attending to the ripening of the remainder of their seeds. At intervals there arise the greyish white heads of *Achillea millefolium*, looking like myriad mummified blooms. The leaves, cut into fine grey-green threads, do not look quite alive, as do the other neighbors; but brush the plant and there will arise the strong, clean, pungent smell that is so characteristic of the plant. Yarrow seems like a weary pilgrim, keeping his head erect no matter how hot and stony the soil; but do not waste your sympathy. Under the ground he is

sending out spicy roots which will send up at intervals a host of other plants, and they in their turn will spread and spread until a whole fine meadow must be plowed up to get rid of this weed so pernicious to the farmer. That he is an individuality is evidenced by the many names given him through countless generations and from many countries: Old Man; Nosebleed; Old Man's Pepper.

Chenopodium occasionally finds a footing here, too, although it prefers rich garden corners or near the barns where the soil is richer. It is just coming into bloom now, the bloom looking rather like greyish fungus stalagmites. It is curious how erect these July weeds are; single erect stems, perhaps branching toward the top, but spending their energies in perfecting their blooms and perpetuating their racial characteristics rather than wasting effort on beautifying the neighborhoods where they make their homes. The old, old strife for survival—how clearly it is pictured here!

One might go on to great lengths speaking of a July roadside: the *Lactuca* just opening its small blossoms from six to ten feet aloft; *Solidago*, seemingly every member of the family to be found in New England, is getting ready to spread its yellow banner over the countryside; those troublesome fellows, *Ambrosia artemisiaefolia*, and *Ambrosia trifida*, who have the gift of inciting to distress uncounted sufferers of "ragweed fever," are thrusting their buds upward; here and there an *Asclepias syriaca* (*cornuti*) hangs its numerous small blossoms in the heat.

Each one of these plants is an individual, with its own personality, from the proudest flower head to the lowliest ragamuffin of the kingdom, and aristocrat or vulgarian, each has a mighty task to perform for the healing art. Not all have been proven; there are still untouched fields of endeavor for the explorer in potentials. Not all that have been proven have their complete potentialities revealed. If one knew these personalities thoroughly, might it not be that we would forget their commonness, their vulgarity, and remember them for their healing qualities, the peaceful sleep, the stanching of wounds, the relaxation of tension, and all the many virtues that the homœopathic prescriber masters as he masters the knowledge of the art? Humble help-

ers these, perhaps; but invaluable nevertheless, and not to be overlooked.

It leads one to wonder if each countryside does not provide medicaments sufficient for the ills of the people around, if but enough were known of their possibilities. We know that *Arnica* grows on breakneck mountainsides; *Hypericum*, too, thrives on rocky slopes as well as level ground. *Eupatorium perfoliatum* finds its best habitat low swampy ground, and its brother, the *purpureum*, also borders swampy meadows.

As we know, the character of the soil has much to do with the characteristics of the plants as brought out in the provings. Through the symptoms we find the relationship of the plant to the metals, and the character of the soil undoubtedly is the selective agency in the adaptation of the plant to new territory, or even in spreading in its own neighborhood. We know that the soil will vary greatly in elements within a few feet. Two driven wells in western Massachusetts were splendid illustrations of this. These wells were within twenty-five feet of each other, yet one well was rich in iron so that it would rust clothes washed in the water, while the other well was so rich in lime that it formed thick crusts on all vessels in which water was boiled. In the plant kingdom we find that *Equisetum* is almost pure silica; and that *Pulsatilla* is so closely related to *Kali sulph.* because *Pulsatilla* grows only on soil that is permeated with this salt combination. *Digitalis* grows only on gravelly soil; and one might mention numerous instances among our remedial plants.

One wonders whence came the incentive to prove these plants, and one marvels at the patience and persistence that continued the provings against what often became great distress of body and mind, that little by little knowledge might be added to the materia medica. Like the *Tale Without an End*, "the ant went in and brought out one grain of wheat; and another ant went in and brought out another grain of wheat; and another ant went in and brought out another grain of wheat; and another . . . and another . . . and another . . ." The materia medica has been in the building for many, many years; and who can tell how far it is from completion?

DERBY, CONN.

For constipation try: *Nux vomica* at night; *Sulphur* in the morning; at the sea coast *Aqua marina* or *Natrum muriaticum*; when travelling *Platinum*; when away from home *Lycopodium*.

—T. SKINNER.

For the terrible falling out of hair after typhoid *Fluoric acid* is well indicated.—C. M. BOGER.

In pneumonia with pleurisy one dose of *Aconite* followed by one dose of *Sulphur* will frequently give relief.—J. T. KENT.

In high temperatures use the medium potency, 200th, and repeat night and morning until reaction occurs.—C. M. BOGER.

In capillary bronchitis of children with the chest full of mucous rales, a bluish color to the face and sweating, one dose of *Ant. tart.* will work wonders. You will hardly ever lose a case.

—C. M. BOGER.

The best potency of *Ant. tart.* that I know is Jenichen's, 1M.

—C. M. BOGER.

Can't stand extremes of temperature, worse from both heat and cold, is a frequent symptom in old syphilitics who have been mercurialized.—C. M. BOGER.

Diphtheria, or any other disease, beginning with collapse, dry skin, not sweating, is a most serious type of disease to meet. *Merc. cy.* will give a wonderful result.—C. M. BOGER.

Homœopathic materia medica has a pathology all its own. The symptom the pathologist would exclude as accidental or meaningless is usually the symptom which decides the choice of the homœopathic remedy. It actually has a vital meaning.—

H. A. ROBERTS.

Make every symptom as complete in itself as is possible, covering the specific points of location, sensation, conditions which aggravate or ameliorate, and the concomitants or co-existence of other symptoms under the same circumstances.—

H. A. ROBERTS.

Cantharides 30x has given me good results in many cases of chordee.—B. C. WOODBURY.

Polygonum sagittatum is useful in cases of kidney stone.—C. M. BOGER.

Croton tig. has complete loss of voice from drinking cold water when overheated.—H. R. EDWARDS.

Bromium has a sensation as if the air passages were full of smoke.—H. R. EDWARDS.

Camphora is useful in sleeplessness. In this it is similar to *Aconite*.—H. R. EDWARDS.

Ledum palustre has purulent, fœtid expectoration with a musty taste.—H. A. ROBERTS.

Digitalis has a sensation as of a weight attached to the stomach or as if the stomach would fall into the abdomen.

Sanguinaria has a bad feeling headache when the patient wakes, which by eleven o'clock has crept up about the ears, and at noon is about the right eye, where it stops.—H. R. EDWARDS.

Laurocerasus has a sensation of emptiness or weakness in the stomach, especially after eating. In this it is similar to *Digitalis*.

Modalities are the natural modifiers of the body and as such represent the man himself.

Conium has ravenous appetite and feels wonderfully well the day before a headache.—H. A. ROBERTS.

The first flowers or the first hot weather are very apt to make the *Sanguinaria* patient sick.

When the *Sanguinaria* patient coughs he feels as if the sternum would split. The cough is made worse by belching.

Sanguinaria has pain in the right shoulder. He cannot move the arm, it hangs helpless at the side.

Pain in nodosities and large joints.—*Sanguinaria*.—H. R. EDWARDS.

Crotalus has languor, low spirits, imbecility, weakness of memory, constant drowsiness. It is chiefly a right-sided remedy.

Lachesis has irritability of spirits, insanity, mental excitability, sleepiness. Peevish, fault finding, fond of contradicting. Worse during rest, from alcoholic drinks, and smoking; worse after sleep; better by deep inspiration. It is chiefly left-sided.

Naja has intense depression of spirits. Even with full perception of what is to be done, he is unable to resist inclination not to do it. It is worse during motion; better from alcoholic drinks, better from smoking; better by sleep; worse from deep inspiration.—B. ROY CHOUDHURI.

COMMUNICATIONS*

48 Chaulpati Road,
Bhowanipore, Calcutta, India.

Esteemed Colleague:

You are probably already aware of the position and status of homœopathy in India. There is no common bond of fellowship among the homœopaths of India; no real friendships among them; no organized attempt to push the claims of homœopathy before the government. In the name of homœopathy vagaries and abuses are being practised by so-called homœopathic institutions. To remedy the evils mentioned above an all Bengal and Assam homœopathic medical conference was held in Calcutta on May 17 to 19, 1931, amidst great enthusiasm. Over 450 delegates, all homœopaths, attended, many from remote parts of Bengal; many not known to each other by any contact. The conference was formally opened by the most educated and richest landholder of Bengal, Maharaja Bahadur Srish Chandra Nandy, of Kasimbazara.

The Indian homœopaths always look upon you as their sincere supporter in their struggle for the cause of homœopathy, so I am writing to ask if you will have this published in the pages of the *Recorder*. We have decided to start forthwith a homœopathic society entitled The Indian Institute of Homœopathy. As soon as it is matured I shall send you a full account of the same.

With my sincere and cordial fraternal greetings and good wishes, I am,

Yours cordially,

SARAT CH. GHOSE.

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

IMPATIENS ROYLEI*

Impatiens—the enthusiast. This remedy is for acute pain, no matter what the cause. It is the severity of the pain which is its indication. In some cases it has given relief after morphine has failed.

It is also for acute mental suffering, again the intensity being the guide.

It is useful in those people who (no matter their apparent status) are making a great effort to overcome some adverse quality, hence the intensity of the suffering when they fear failure.

In addition the remedy brings peace and a definite mental uplift of which the patients are usually very conscious.—E. BACH.

*Reprinted from *The Homœopathic World*, December 1930.

EDITORIAL

"IN UNION THERE IS STRENGTH"

On May 17 to 19 of this year, there occurred at Calcutta, India, one of the most important events, homœopathically speaking, of recent years. Of such import that it behooves every true follower of Hahnemann in our own country to pause and seriously consider the status of homœopathy throughout the world today.

India is a huge country, as large as all of Europe with the exception of Russia, and with a population of 319 million, three times that of the United States. There are many homœopaths in this great country, some well trained, many poorly trained, some true followers of Hahnemannian principles, many with no understanding of the meaning of homœopathy—homœopaths in name only. There are many homœopathic medical schools, a few with an exceedingly well manned teaching force, fairly well equipped, teaching pure homœopathy and the other basic studies necessary to the practice of medicine. The other schools are poorly equipped and poorly manned, and it is not difficult to understand the type of homœopathy spread by such institutions. Because of these conditions, and the lack of co-operation between those interested in this great subject, this conference was called by some of the leading Indian homœopaths. Over 450 delegates attended from all Bengal, and Dr. Sarat Ch. Ghose was elected president. The conference was an enthusiastic gathering, and it voted to make an organized effort to establish better fellowship among all Indian homœopaths, to put Indian homœopathy on a higher plane, and to push its claims before the government. In other words the thinking men back of this movement realize that the individual, no matter how good a physician he may be, alone, can accomplish little, while all the individuals acting in harmonious union become a great power.

A new society was organized, The Indian Institute of Homœopathy, the objects of which are: "The promotion of the science and art of homœopathy in India; the union of the homœopathic profession of Bengal into one compact and harmonious organization; the development and diffusion of homœopathic

therapeutics; the promotion of friendly intercourse between all homœopaths; the elevation of the status and standards of homœopathic medical education in India; the endeavor to have homœopathy recognized by the government"; the formation of a Central Homœopathic Medical Board whose responsibility it shall be to improve medical text books and standards of medical institutions, to examine all medical institutions and recognize all institutions coming up to a high standard, to give a final examination to graduates of all medical institutions and register all those who successfully pass such a rigid examination. A new journal is to be published to cover the activities of this new organization. This will be a welcomed addition to our other homœopathic journals, especially if many of the now existing Indian journals can combine their efforts. India already has two or three very good homœopathic journals, and, as has been said above, is large enough in both square mileage and population to admit of this new one.

Our best wishes to the Bengal homœopaths, in their great endeavor.—E. B. L.

* * * * *

THE SYMPTOM TOTALITY

Much has been written about, and great stress laid on, that greatest of all requisites to an accurate homœopathic prescription, the symptom totality; but little seems to have been known, or really understood, as to just what that totality embraces. If such has been known it was never clearly, intelligently and concisely presented.

It is our frank opinion that the man or woman proficiently competent to teach *materia medica* has not yet arrived upon the scene. Our students are turned loose into the *materia medica* as a stranger into a dense primeval forest and there left to grope his way, each to find his path alone with neither guide, compass, nor definite instructions as to just where to go or just what to look for; and we expect him to read and mentally digest this dizzy maze.

Our *materia medica* makers have shown a greater desire to accumulate symptoms than a desire to know and teach just what

those symptoms mean and how they should be classified that we may have a better understanding of their relative importance. Let it be understood that this criticism is in no way to be construed as destructive or reflectionary, but to point the way to real construction. You will note that the true drug pathogenesis is so mingled in with the reactionary results of that drug's pathogenesis that it takes years of practical study to be able to divorce them and discover just what symptoms truly and positively indicate the drug. Masses of symptoms, irrespective, are or may be all right if you wish merely to find a similar remedy, but it is quite another thing if you wish to find the *exactly* similar remedy.

There are certain elements absolutely necessary to the complete symptom totality. The uninitiated believes it to be the complete list of symptoms gathered from the patient, plus nothing more. The brightest minds of our school even to date take that same mass plus the rare, strange and peculiar, plus an approximate regulated dose. But neither of those express the true totality. The accurate prescriber *must* have the true totality, which may even consist of but two essentials, that rare, strange and peculiar distinguishing mark of the drug, plus the exact amount of drug potential; or in addition to those only such other essentials as are produced directly by that drug's primary pathogenetic action on the healthy human body, not only on one individual alone, but in all individuals, as no drug can remove a pathogenesis, drug or disease, that that drug cannot produce. The distinct totality that any single drug can produce is very small, limited and distinctly individual. It takes an extremely intelligent, accurate, and a very acute observer to find and prescribe *the* indicated remedy. Occasionally very accurate prescriptions are made, but very, very few with knowledge *a priori*.

There has been this lack of knowledge, on the part of all the masters, of the necessity of distinctly separating the true drug pathogenesis from the bulk of the symptoms brought about by the drug's action lighting up latent predispositions into activity and thereby producing an endless train of symptoms not related directly to the drug itself but to the individual alone. Were this not true every individual taking that particular drug

would give the exact same list of symptoms *in toto*, but experience proves that they do not. So you see how foolish it is to use those symptoms to attempt to find *the* similar remedy, or to enclose them in the symptom totality.

When the true symptom totality is removed by the similar remedy all the other symptoms brought about, or dependent on that drug's true pathogenesis will disappear, since the cause of their activity will have been removed.—A. PULFORD.

* * * * *

Much has been written about the status of homœopathy in our own country and throughout the world in general, but what good does mere writing and talking do if no action results?

At its annual convention in Cleveland this year the American Institute of Homœopathy devoted considerable time to the lack of unity and action among the homœopaths of this country, and many noble plans were proposed to rectify the existing lack of interest. In his 1931 annual address the President of the International Hahnemannian Association stressed the need of gathering together the scattered efforts of the many individual homœopathic practitioners and societies into one compact, harmonious whole—a gearing up of homœopathic power for the purpose of accomplishment. *The Mid-West Homœopathic News Journal* for July 1931 has a long editorial advocating the same, with definite suggestions. The homœopaths of Calcutta, India, have already taken action.

In the United States there are over 10,000 homœopathic physicians, between sixty and seventy general, sectional, state, county and local homœopathic societies, and six homœopathic medical journals. We believe that some plan of action could be worked out whereby the scattered, and often antagonistic, efforts of all could be united into a powerful instrument by means of which the standing of homœopathy could be vastly improved. We would suggest one large, central American Homœopathic Medical Association and one state society in each state and territory; the larger body to be controlled by delegates from the state organizations; the state associations to have an annual meeting in preparation for the annual all American meeting.

BUT—first several things must of necessity be done.

1. Intolerance, individual and collective, must be done away with. Intolerance is one great cause of failure in any line, homœopathic as well as any other.

2. The individual must practise homœopathy, low or high potency, it matters not, but he must practise homœopathy, and there is only one kind of homœopathy which is the homœopathy of Samuel Hahnemann. This does not include serum therapy, vaccine therapy, specifics, or any of the unhomœopathic methods of treating disease. The homœopathic society is for the real homœopath.

3. More individual effort must be made. Surely there are those among our homœopathic practitioners with intellectual and scientific ability approaching that of the great minds of the masters who have gone. If not homœopathy is already dying. Homœopathy was not completely worked out by Hahnemann. He thought out the principles. His followers added their bit. We must add ours also, and we fear this is not being done.

4. Politics and personal antagonism and destructive criticism must go by the board. They spell doom.

We suggest one delegate from each now existing society to work out some definite plan of action. The reason so many so-called homœopathic societies are failing is due to two things—they are not homœopathic and they accomplish no definite results. Action in accordance with the above suggestions may mean complete dissolution of many large societies, or a working over, a re-creation, into a better form. Why hesitate if it means the advancement of homœopathy in the United States? The rotten limbs must be chopped off the tree, even if they go to the root. A healthy root will grow and flower again. At the end of another year are we to hear the same old story—no progress. Unless creative action results all discussion, all effort, is in vain.—

E. B. L.

* * * * *

Real homœopathy has withstood every assault from without as well as within and has gained rather than lost. The advances of general science have added to, instead of taken from, its strength, while its advocacy by men incapable of grasping its essential meaning has not injured it as much as one might

suppose. We see misfits in every walk of life and our profession has its share. Its intrinsic merits have enabled homœopathy to do this in the face of a relentless and growing commercialism which is debasing and threatening the very foundations of medicine.

When we note what the fathers in homœopathy accomplished with but the scantest therapeutic equipment, as compared with that of today, we should be heartily ashamed of ourselves, especially of the way we have aped the old school to our own undoing. We have gained nothing by imitating a method wherein results bear no sort of relation whatever to the outlay involved, be it either in effort or money.

Upon reflection we must soon conclude that when the spirit is left out of our efforts or they are founded exclusively upon materialistic thinking, the fruit is bound to be dead sea apples. Just as long as we try to wring knowledge of acute life from test tubes, microscopes and cadavers, will we fail miserably to grasp the real genius of how life animates matter. Disintegrating substances no longer speak the language of life, the very thing we must learn if we wish to become healers of the sick.

When you can once perceive how life integrates concrete things and thereby pictures for you what she means, you will have taken the first step toward understanding her actions and you will quickly come to know how to aid her efforts toward stabilization. This is a concept of life acting and expressing itself as a unit. What disturbs one part affects the whole hence true readjustment moves from the whole to the particular, from the general to the specific, centrifugally.

Learn to contact life, not through artificially devised media, which must always lack the constructive impulse, but by taking in its whole movement and import, from the cradle to the grave; for each vital spark follows its own course and cannot be safely turned very far from it by your crudities. Only by meeting it on its own plane can it be beneficially influenced. This at once forces you into the realm of imponderables where action is measured in degrees of disharmony and the *simillimum* shows but the least dissonance.—C. M. BOGER.

The 10th annual session of the Post-Graduate School of the American Foundation for Homœopathy was held in Boston, Massachusetts from July sixth to August fifteenth. The school sessions were held at the School of Fine Arts on Beacon Street, facing the Charles River, and even during the unusual hot spell a cool breeze from the river made the hours comfortable. The principles of philosophy were covered by Dr. Charles Dixon, but all the lecturers stressed the underlying philosophy through their discussions. Dr. Ray Spalding of Dedham, Mass., gave a splendid, logical course on case taking, and worked out many cases with the students, showing the evaluation of symptoms, and the finding of the *simillimum* by the Kent method. Dr. Green lectured for two weeks on the Kent repertory, and familiarized the class with the finding of the rubrics. Dr. C. M. Boger clearly defined the meaning of the vital force, health, disease and the interpretation of symptoms. The Boger method of repertorizing, both by card and by Repertory, was demonstrated, in theory and actual practice. The Bœnninghausen system was clearly interpreted by Dr. Roberts and illustrative cases worked out by the class. The chronic miasms were presented for one week by Dr. Waffensmith. Materia medica, clinical therapeutics, diet, and the care of the remedies were discussed by Drs. Roberts, Stevens, Edwards, Underhill, Jr., and Sweasey Powers. Mr. G. H. Taefel gave one special lecture on homœopathic pharmacy and the preparation and care of the homœopathic potencies. Clinical work was supervised by the different lecturers at the Massachusetts Memorial Hospital Medical Out-Patient Clinic and at the Dover Street Medical Mission Clinic. A number of cases were followed long enough to show the practical value of the homœopathic treatment.

The school closed with a banquet, attended by twenty-four guests, professors and students, at the Hartwell Farms, an old historical farm house in Concord, Mass., built over two hundred and fifty years ago.—E. B. L.

You cannot depend upon lucky shots and guess work; everything depends on long study of each individual case.—J. T. KENT, M. D.

CARRIWITCHETS

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

11. How does a Hahnemannian homœopath treat poisoning cases such as poisoning by nitric acid, mercury, arsenic, etc., and how do the results of such treatment compare to the usual routine results?—J. N. HAZRA.

12. Would you kindly publish in the *Recorder* the different seasons and the different months in these seasons in the western hemisphere. Also will someone give the earth's declination in regard to the sun in each of these months. Is it possible to give remedial aggravations and ameliorations month by month? Such data would be of great value to those practising homœopathy in other parts of the world, especially to me in India.—J. N. HAZRA.

ANSWERS TO QUESTIONS IN THE JULY ISSUE

—Case of Miss G. W., severe headache with menses. Please refer to the July issue, page 535. On line 5 from the bottom please omit words "and lying".

—*Medorrhinum* MM when a person stays well nourished, grows large and rather gross, and has many complaints, think of *Medorrhinum* and other anti-sycotic remedies. Headache beginning near sunrise and ending at sunset; beating, thumping headache; sub-normal in general; secretiveness related to gonorrhœa in all stages leaves its shadow. The above symptoms form the basis for the prescription of *Med*.—J. W. KRICHBAUM.

—*Kali carb.* appears to have the most individual similars.—R. E. S. HAYES.

—I have cured two of these obstinate cases. The remedies have been the same in both cases. The case above differs in some particulars, yet the indications, pathologically and symptomatically considered, call for the same remedies. I believe that *Nat. sulph.* in the 200th and *Mag. sulph.* in the 6x, during the attack, would be the remedies and potencies.—M. NOVAK.

—The following rubrics were worked out by the Bœnning-

hausen method: Coldness in general, desires open air, troubles during menses, throbbing internally, nausea and vomiting, worse eating, worse at beginning of menses, better biting hard substance, worse during day, left ovary, better pressure, worse lying, worse noise, worse talking, worse crowds, < among strangers, worse singing, better standing, thyroid, swelling neck glands. Twenty rubrics. The following remedies appeared:

Nat. carb.—51—15 out of 20 rubrics.

Sepia—62—15 out of 20 rubrics.

Sil.—50—15 out of 20 rubrics.

Lyc.—50—14 out of 20 rubrics.

Phos.—53—14 out of 20 rubrics.

Nux vom.—58—13 out of 20 rubrics.

Puls.—57—13 out of 20 rubrics.

Sulph.—51—13 out of 20 rubrics.

Upon analyzing the case before the class and Dr. Lyle, and reference to the materia medica, leads me to choose *Silica* as the *simillimum*.—H. A. ROBERTS.

—Working this case through Kent's *Repertory* the following remedies stand highest, appearing in all or practically all rubrics:

Nux vom.

Phos.

Sil.

Bry.

Bell.

Lyc.

I gave this patient *Medorrhinum* 200 and she was considerably better during the next period, but the remedy did not hold. Further progress of the case will be reported later.—E. B. LYLE.

ANSWERS TO QUESTIONS IN THE AUGUST ISSUE

If the vital force of each human being is paced within certain limits and must remain within those limits, why is it so often necessary that a patient, instead of receiving a single constitutional remedy must have a series or succession of two, three or more?

—In many cases a patient is susceptible to a single remedy throughout his whole life, but there are many exceptions to this

rule, one of which is that the remedies to which he might be more susceptible have never been proved. Lippe, after the first proving of *Apis*, said that formerly he used *Hell.* and *Lyc.* for symptoms now covered by *Apis*. The *simillimum* is found much more rarely than the similar. Therefore we often edge on our cases to a cure.—C. M. BOGER.

—Because not every person's vital force is stable, and the prescriber not always infallible.—R. E. S. HAYES.

—There is probably for each individual some one underlying constitutional *simillimum*. Superimposed on this bedrock constitutional state are often several layers, planes or strata of disease and toxemia which more or less mask the fundamental features of the case. The first remedy often merely removes the uppermost layer of the complex. Only after several prescriptions may the underlying miasmatic disorder truly reveal itself. First remove all obstacles to recovery, untangle and simplify the patient's life, and the two or three preliminary remedies may not be required.—E. UNDERHILL, JR.

—This question should be interesting to us all. It is a question that has interested me greatly. I have studied the matter carefully in my homœopathic research. My conclusions are as follows:

First: The reason that we must give a set of constitutional remedies in series is because we have no proven remedy or remedies that properly cover the case. Therefore we must remove a part of the symptoms with the most apparently similar remedy at our command. In other words, what we are pleased to term—the *simillimum*. When this has gone as far as it will go we must repeat the operation, always avoiding such drugs as will arouse too much disturbance in the system. Just how any trinity can be perfectly similar to any given case has never been explained by the greatest advocates of that method. In truth, to me, alternation "has nothing on" that method, since I have seen so many complicated cases yield to the single remedy, irrespective of the number of miasms implicated, when that drug bore the characteristic mark and primary pathogenetic symptoms of the drug. But I have never seen it do it otherwise.

Second: When we must change the remedy often, or repeat it often, we have the wrong remedy and the sooner we retake the case the better for all concerned.

Third: The reason that it is so hard to make a second prescription in a case is due to the fact that we spoiled the case in the first place, and all too often changed the original primary pathogenesis from a known one to an unknown one.

Fourth: The only limitations to homœopathy, when its unfolding is fully completed, will be found to be: Old age, where action has completely ceased in a part and is no further reproducible; where a part has been destroyed beyond repair. In all other cases *the* indicated remedy will act, cure wherever cure is possible, palliate where remedies will not hold, and produce euthanasia wherever cure and palliation are impossible, far better and far safer than will the allœopathic physiological methods.

—A. PULFORD.

A patient, who all her life has been cold blooded, when taken ill becomes warm blooded. Which is to be considered in treating this case, the original constitutional general, cold blooded, or the new symptomatic general, warm blooded?

—The normal reaction, if decided, shows the psoric tendency of the constitution, for example, the *Mercurius* or *Psorinum* patient walks in hot weather with a shawl over his head and shoulders. When such a patient becomes ill, say with inflammatory rheumatism, the normal reaction passes away, changes, and we get a transient warm bloodedness, a manifestation of the acute symptoms. It is better to find a remedy covering the acute condition among the cold blooded remedies. This should clear up the whole case.—C. M. BOGER.

—Both are to be considered.—R. E. S. HAYES.

—The present condition is associated with warm bloodedness and if this is a strong and pronounced feature of the case a warm remedy must be selected. The case may or may not later swing back again to coldness.—E. UNDERHILL, JR.

CURRENT HOMŒOPATHIC PERIODICALS*

EL SOL DE MEISSEN

(In Spanish)

(Barcelona, Spain: June-July 1931), III, 429-460

Homœopathy in Mexico	
M. Mazari, M.D.	429
<i>Tuberculinum</i>	
P. Vazquez del Castillo, M.H.	433
The Results of Homœopathy After the Failure of Allœopathy: Clinical Cases: Whooping-Cough, Epilepsy	
J. Feliu y Feliu, M.D.	443
Homœopathy for the Dying (trans. by A. Vinyals, M.D.)	
P. Schmidt, M.D., Switzerland	447

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: June 1931), II, 193-240

The Miasms and the Remedies to Meet Them	
N. Ghatak, Calcutta	193
A Case of Abdominal Tuberculosis	
N. Ghatak, Calcutta	237
Surgery, Its Place in Homœopathy	
K. B. Sen, Calcutta	239

HOME AND HOMŒOPATHY

(Calcutta, India: Feb. 1931), VI, 285-331

Animal Poisons in Homœopathy	
B. Roy Choudhuri	285

THE HOMŒOPATHIC BULLETIN

(Calcutta, India: April 1931), III, 205-220

The Law of Cure	
G. Nath Mukherjee	210

THE HOMŒOPATHIC WORLD

(London, England: July 1931), LXVI, 169-196

A Note on <i>Digitalinum</i>	
R. F. Rabe, M.D.	178
Homœopathy in the Nursery	
M. Tyler, M.D.	179
Elasticity of the Cardiac Muscle (cont.)	
J. McLachlan, M.D.	184

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

HOMOPATEN

(In Norwegian)

(Bergen, Norway: Feb. 1931), III, 1-10

Formerly *Ars Curandi*

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York, N. Y.: July 1931), XXIV, 651-762

The Simile and Contrarium as a Problem of Biologic Medicine	
K. Kotschau, M.D.	651
Allergic Diseases	
C. Dudley Saul, M.D., Philadelphia	662
Physical Therapy in Private and Institutional Practice	
R. Kovacs, M.D., New York	683
The Destruction and Removal of Tissue by Electric Current	
R. P. Samworth, M.D., New York	694
The Constitutional Factor in Disease—IV	
L. J. Boyd, M.D., New York	698
Aneurysm	
L. Rosenberg, M.D., New York	718
The Pupil as a Diagnostic Aid	
B. Finesilver, M.D., New York	729
Lectures in Materia Medica: <i>Nux Vom.</i> (cont.), <i>Ignatia Amara</i> , <i>Gelsemium Sempervirens</i> , <i>Apocynum Cannabinum</i> , <i>Oleander</i> , <i>Vinca Minor</i> , <i>Spigelia Anthelmintica</i>	
W. A. Dewey, M.D.	730

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York, N. Y.: Aug. 1931), XXIV, 763-876

On Phasic Introductory and Release Effects of the Cocaine Group on Vessel Preparations and an Attempt at a General Appraisal of Phase Effects	
Eduard Rentz, Riga (trans. by L. J. Boyd, M.D.)	763

MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: June 1931), IV, 190-222

Diagnosis: Its Relation to the Totality of Symptoms	
G. Royal, M.D., Des Moines, Iowa	191
Burns with Chest Complications	
L. F. Roblee, M.D., Rockport, Ill.	196
When to Wait	
W. A. Boles, M.D., Knoxville, Tenn.	198
Agranulocytosis—A Rare Blood Disease: A Review of the Literature	
R. McLendy, M.D., Chicago, Ill.	199

An Address	203
A. R. Griffith, M.D.	
Scientific Gleanings of Homeopathic Interest	209
W. M. Davidson, M.D.	
A Note on Cancer: Studied from the Electrical Aspect	211
W. M. Davidson, M.D.	
Homeopathic Treatment of Gall-Stones and Gall-Bladder Infections	212
P. L. Benthack, M.D., Chadron, Neb.	
Procedures of Homeopathic Pharmacy Which Concern the Physician	213
U. J. Ehrhart, Chicago, Ill.	

MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: July 1931), IV, 224-256

A Study of <i>Echinacea Augustifolia</i>	225
G. Royal, M.D., Des Moines, Iowa	
Three Homeopathic Remedies That Have Given Consistent Results	229
E. C. Dunning, M.D., Detroit, Mich.	
<i>Vinca Minor</i> in Alopecia Areata	233
H. Farrington, M.D., Chicago, Ill.	
Podalic Version in Obstetrics	235
J. A. Johnson, M.D., Newton, Iowa	
A Few Notes on Pneumonia	238
A. P. Hedges, M.D., Chicago, Ill.	
The Care of the Nervous System Between the Ages of 35 and 45	242
G. Royal, M.D., Des Moines, Iowa	

PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Berkeley, Cal.: June 1931), XLII, 385-442

Homeopathy, Past, Present, and Future	386
A. S. Mattson, M.D., Sacramento, Cal.	
Vital Statistics (cont.)	400
E. Petrie Hoyle, M.D.	

PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Berkeley, Cal.: July 1931), XLII, 443-500

Acute Anterior Poliomyelitis	444
J. W. Ward, M.D., San Francisco, Cal.	
The Differential Diagnosis of Diabetes Mellitus	456
T. H. McGavack, M.D., San Francisco, Cal.	
Rectal Diseases in Pregnant Women	466
B. Loehr, M.D., San Jose, Cal.	
Intestinal Toxemia	475
C. H. Walter, M.D., Oakland, Cal.	
Diagnosis of Acute Abdominal Diseases Involving the Upper Abdomen	482
F. H. Cookingham, M.D., San Francisco, Cal.	
Otitis Media in Children	489
G. Mosby, M.D., Oakland, Cal.	

TABLE OF CONTENTS

OCTOBER, 1931

CASES THAT MIGHT HAVE BEEN SURGICAL

W. J. SWEASEY POWERS, M.D.	703
----------------------------	-----

SOME REMEDIES THAT SHOULD BE PROVED

GUY BECKLEY STEARNS, M.D.	722
---------------------------	-----

THE SYMPTOM TOTALITY

ALFRED PULFORD, M.D.	727
----------------------	-----

LIMITATIONS

J. B. GREGG CUSTIS, M.D.	735
--------------------------	-----

CASE REPORTS

F. N. HAZRA, M.D.	740
-------------------	-----

ADDITIONS TO KENT'S *REPERTORY*

C. M. BOGER, M.D.	743
-------------------	-----

COMPARATIVE DRUG SELECTION—*BELLADONNA*

H. B. F. JERVIS, VETERINARIAN	752
-------------------------------	-----

COMMUNICATIONS

755

POINTERS

756

BOOK REVIEWS

758

EDITORIAL

759

CARRIWITCHETS

765

CURRENT HOMŒOPATHIC PERIODICALS

772



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CASES THAT MIGHT HAVE BEEN SURGICAL*

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I present the following cases for their clinical interest, realizing that the question as to whether a case is surgical or not, like all of our clinical judgments, is a matter of individual opinion. From this point of view, one cannot claim that any particular case that has been relieved by therapy was not one for the surgeon. However, if responsible physicians have given the opinion and have advised a patient that the only recourse open to him for improvement in his condition is an operation, and the patient is made to believe that the only relief to be expected, is from an operation, we might call it a surgical case.

In these modern days, it takes considerable nerve and a deep conscientious belief in the correctness of his homœopathic logic for a practitioner who is filled with the desire to cure his patient, to follow the course that the old masters in homœopathic prescribing have proven is the correct and only one by which he may reach that goal. The old masters in prescribing, being ignorant of the modern claims of science as to the value and efficacy of serums, antitoxins and the value of foreign proteins as agents for exciting curative reactions, blithely and with a feeling of assurance, practised the subtleties of the Hahnemannian philosophy and were remarkably successful in curing their cases. Today an important task of the homœopathic prescriber is to guard himself against a too active therapy. One is too prone to resort to the simpler method of injecting anti-toxins, or serums, to the alternation or repetition of remedies, and now, thanks to the wonderful improvement in surgical technique, to the surgical operation. We should guard against this tendency

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to take the easier path and follow more assiduously the technique of the old masters in homœopathic prescribing, for it is in this technique that we have the true essence of the cure of sickness. We must persist in prescribing upon the general symptom picture in the developing of which too much care cannot be exercised by the prescriber. How often does it not come to pass that the deciding factor of a successful prescription has been a modality or modalities peculiar to, and characteristic of, the individual and it will be beyond the prescriber to explain this modality on the basis of our present knowledge of pathological changes. In reference to this point, allow me to quote Dr. Alexis Carrel from a recent article in *Science*, Vol. 73, No. 1890, March 20, 1931, entitled *The New Cytology*:

Although descriptions of the changes produced in cells and tissues by pathogenic factors fill many books, the mechanism and the significance of these changes remain practically unknown. This shortcoming must be attributed to the fact that cellular pathology, like histology, is based on an incomplete conception of the nature of tissues. The adaptation of the body to diseased conditions cannot be understood as long as cells are conceived to be mere structural units. However, by taking into consideration the physiological properties of tissues as manifested under the influence of bacterial and other chemical changes in the organic medium, the doctrine of Virchow could be rejuvenated and extended to the whole field of pathology. . . .

The new cytology is considering cells and tissues, not only as elements of the dead body, but as living beings which are themselves parts of organisms of a more complex order. With the help of the auxiliary sciences of physiology, it is progressively discovering the properties which make these cells and tissues the structural and functional units of a harmonious whole.

Perhaps here we have the dawning of a scientific explanation of the intriguing homœopathic "key note"—why certain characteristic and peculiar symptoms are developed by a remedy and why an individual will develop similar characteristic and peculiar symptoms.

CASE I

I hope the lengthy description of this case will not bore, but it is one, I think, of peculiar interest and I have tried to give a portrayal of the homœopathic thought that was devoted to its solution. The patient was a man 45 years of age, well developed and unmarried. He came to me on January 16, 1929. He was not very prolific with words and hence did not give me many details at his first visit. He was fearful that something was wrong with his lungs but wished to have the doctor say that his condition

was only one of indigestion. As a result, he carefully refrained from mentioning anything, outside of his cough, that might possibly relate to his lungs. He did lay great stress on his stomach symptoms and remarked that he thought his cough was due to the state of his stomach. A careful physical examination of his chest revealed normal vesicular breath sounds over both lungs and percussion did not reveal any noticeable disturbance. Heart was O. K.

Carbo vegetabilis 200, one dose was given on the following modalities: Large amount of gas from any food that he might eat. Distention was relieved by eructations and flatus. Upon eructating, he noticed a burning sensation in his œsophagus; this sensation extended into his mouth. He felt irritable and restless—but otherwise well and strong.

Five days later: The *Carbo vegetabilis* had the effect of ameliorating the stomach condition, decreasing the amount of gas and allowing the cough full expression with its accompanying modalities. The cough was now more pronounced, causing expectoration of a yellowish-white secretion and, as patient coughed, I now got a distinct fœtid odor from his breath. This made me think of a possible bronchiectasis, especially as the cough had now persisted for several weeks after his last cold. I again examined his lungs but did not find any definite signs of a pathological change and his testimony of general well being was so favorable that I was non-plussed.

On the modality of fœtid breath with each cough and only when he coughed, I gave him *Capsicum* 200, one dose.

The next day, he came with the testimony that, during the night, he had coughed up a large quantity of dark red sputum that "stunk to heaven". He had saved this secretion. I had him send it to the laboratory for examination. The laboratory report stated that the odor of the specimen was so disagreeable that no one could work in the room in which the container had been opened until a deodorant had been applied and all the windows opened. No tubercular bacilli were found, but the secretion abounded in various strains of other bacteria.

The next day another specimen was sent, having been collected in a sterile jar, and the following bacterial content was

noted: Tubercular bacilli absent. Other bacteria were extremely numerous. There were many forms of Gram positive and Gram negative cocci and bacilli, the only bacteria that grew on culture media were staphylococcus aureus and albus, pneumococcus, and streptococcus.

I now called Dr. Guy Beckley Stearns into consultation, explaining my uncertainty in regard to the lung examination, and asked him to make an examination of the chest. Upon percussion, he located an area of dullness about the size of a fifty-cent piece in the third intercostal space just to the left of the left border of the sternum. Whether the action of the *Capsicum*, in releasing the pent up secretion made this area apparent to percussion or whether the technique of Dr. Stearns was more refined than my own, one cannot definitely say, but I am inclined to believe the latter was true. Be that as it may, we have here an instance revealing the importance of modalities in prescribing; for I prescribed the *Capsicum* on modality alone and I think it was the correct prescription.

We had the patient undergo an x-ray examination with fluoroscope and stereoscopic photographs. This revealed an area of shadow in the left lung at the level corresponding to the third intercostal space.

At the x-ray examination, the patient was put through a sort of third degree examination and, for the first time, brought out the fact that about December 27, 1929, while playing in a swimming tank and laughing heartily, a companion suddenly forced the patient's head under the water and held it there for a time. During the immersion, he swallowed a quantity of water and it was very difficult for him to get his breath when released. He felt very ill after this experience and experienced a terrible nausea. He had to lie quiet for about one hour. After this experience, he developed his cough. This testimony in conjunction with the circumscribed darkened area on the film and the character of the secretion suggested a developing abscess in the left lung in the region of the hilus. The roentgenologist asked that another picture be taken in about fifteen days as then the tissue would have liquefied and a level would have been established and we

would have an idea as to where it would be best to open the chest for drainage.

The patient was now put to bed. The foot of the bed was raised about twelve inches and he was adjured to lie on his right side, changing only when it became tiresome and then only long enough to give relief to his muscles. He was allowed to go to the bathroom to defecate. He was put upon a diet rich in vitamins and salts.

As patient continued to cough up bloody streaked sputum and as the cough was induced by tickling in the larynx and behind the sternum, was aggravated by talking and laughing and by swallowing, as he was thirsty for cold drinks, and as he was intelligent and of a bright temperament, I prescribed *Phosphorus* 200, one dose on January 22nd. After the *Phosphorus*, the sputum changed to greenish-yellow in color and occasionally had a disagreeable odor. The patient felt generally well up to February 8th when, during the night, he had a severe coughing spell in which he brought up a small piece of tissue with considerable bloody secretion which had a very foetid odor and his general condition was unsatisfactory.

During the night of February 12th, patient coughed up considerable fresh blood. Appetite was good and he was thirsty. Gave *Phosphorus* 200, one dose. This held fairly well, but not as satisfactorily as one would wish, until February 17th when a very definite picture was presented. During the latter part of the night of February 16th, patient had a severe coughing spell, lasting continually for one and a half hours. The immediate cause of the cough was a tickling sensation in the throat and behind the sternum. For the first time he complained of a stabbing pain in the left chest upon coughing and upon deep inspiration, relieved after coughing ceased. Secretion contained much dark blood, was of a strong foetid color, and caused a burning sensation when it passed through his throat. He felt very restless in mind and body and could not lie still during the night. Mouth and lips were dry and he desired frequent drinks of cool water in small quantities. As I entered the room, I noticed a strong foetid odor and that the sputum cup contained considerable prune colored sputum which had the same foetid odor. This picture

corresponded so well with the one so strikingly described under *Arsenicum album* by Kent in his *Lectures on Homœopathic Materia Medica* that I prescribed *Arsenicum album* 30th in water, a teaspoonful every four hours.

That night and the next day there was a decided improvement in the general condition, but in the evening of February 20th, the sputum changed again to a prune color and had a very decided fœtid odor and the temperature rose to 102 degrees. I prescribed *Arsenicum album* 200th, one dose.

February 21st. Patient complained of the fact that his throat felt dry during the night, especially toward morning and that he had a pain in the left side of his throat when he swallowed empty. Food, hot or cold, did not bother him. He felt thirst for small quantities and felt generally restless. The whole body seemed to be in a dry heat. He complained of a light dull pain behind the sternum and that a tickling sensation in this region caused him to cough. The skin had a cachectic color. I read this picture as indicating a remedy aggravation.

February 22nd. Patient is much brighter and feels easier in every way, is cheerful and has a good appetite.

February 25th. During the night and today, patient has had frequent urge to stool. At two-thirty p. m., shortly after taking some nourishment, patient had a severe coughing spell during which he brought up much bloody secretion, having a strong fœtid odor. Shortly after the coughing attack was ended, he had a severe chill which began with the sensation as if a cool breeze struck his head and traveled down through his body to his feet. At the same time, his body felt warm to the nurse. Temperature, 102 degrees; pulse, 120, weak and thready. The increase in the amount of strongly odored sputum accompanied by the chilly reaction and the condition of the pulse caused me to prescribe *Arsenicum album* 1M, one dose.

February 26th. Patient's morale rather low. All food causes him to cough and he feels uncomfortable in the abdomen. Food eaten causes urge to stool at which he passes much gas and a little fluid. He has been very thirsty for small amounts, the mouth and throat are dry. All food causes urge to stool, but

warm soup is the most troublesome. Sputum has strong fœtid odor and is prune colored.

February 27th. Last evening about 9 p. m. after a coughing spell during which patient brought up much prune colored sputum with an extremely fœtid odor, the temperature was 104 degrees and the pulse rate 150, very irregular and thready. During the rest of the night, he had several coughing spells which were not so severe and the sputum was thicker. It took on a grayish color, and did not have so strong an odor. He had several urges to stool during the night and passed much gas and small quantities of a brownish fluid which came out with considerable force. This morning the patient looks refreshed and bright. He says that he feels much fresher than yesterday. Temperature 101 degrees, pulse rate 160, full and large excursion.

From this date on there was a continual general improvement. The patient slept well until after midnight after which time his sleep was disturbed by occasional coughing spells which varied in intensity. His thirst for small drinks continued. His bowels became regular, his appetite improved, and he felt so generally strong and well that, on March 14th, he was allowed to sit up in an adjoining room for one-half hour. Day by day as his improvement held, the time was increased. His sputum was occasionally prune colored at which time it burned his throat on passing and had a strong fœtid odor. His temperature ran from 98.3/5 to 101.2/5, and his pulse rate from 100 to 126. While the general condition showed a constant improvement, one had to realize that the source of his trouble had not been eradicated, so we followed a policy of watchful waiting.

March 24th. On Saturday, March 22nd, patient sat up only one-half hour instead of the two hours that he had been up the immediate previous days, because the atmosphere of the room felt chilly although his body felt comfortably warm. During Sunday he sneezed several times and during the night he coughed up a quantity of blood which had no odor and did not burn. Today there is a soreness in the mid-line of the larynx and the nose feels stuffed and secretes a thin fluid. He is thirsty for small amounts. A sensation of warmth spread through his body towards evening, a sensation that he had had constantly until

about March first, but has not had since then. I considered this picture an indication for a repetition of his remedy and gave him *Arsenicum album* 1M, one dose. Temperature 100.3/5, pulse 120, regular and fair excursion.

March 25th. Pulse 105, regular and not very strong excursion, temperature 99.2/5. Nose feels decidedly more free. Slept more and better last night than since the beginning of his illness. Feels generally better than yesterday.

March 26th. Coughed occasionally during the night due to constant tickling in the larynx and behind the sternum. During the coughing, he brought up a dark lump that had a foetid odor and he perspired freely on his thorax, more profusely on the left side. Occasional twinges of pain in left thorax which come at any time. When he takes a deep breath, he gets a foetid odor if he allows the breath to pass through his nostrils. Feels generally strong and has a good appetite. Spontaneous and formed stool.

March 31st. Temperature 98.3/5, pulse 100, regular and good excursion. During the night of Friday, March 28th, patient coughed up two small lumps of a dirty grayish material which had an extremely foetid odor and caused a burning sensation in his throat. After this had occurred, the nurse remarked that she could no longer get the foetid odor from his breath as before and that the subsequent secretion did not have the usual disagreeable odor.

From this point there was a gradual and constant improvement in the patient's condition. An x-ray examination of the chest on April 14th showed an area of scar tissue at the region of the left hilus, surrounded by normal lung tissue. The temperature remains constantly at 98.3/5. His quick recovery from now on was shown by the fact that from April 21st to May 15th he gained twelve pounds and 11 ounces in weight.

The subsequent course of this case is rather instructive. He had been earnestly warned against the danger of drinking alcohol to excess and also as to exposure to wet and chill. On June 27th, 1930, he was caught in a severe rainstorm during which he was drenched to the skin and was compelled to ride a long distance in his wet garments exposed to cool breezes. As a result of this exposure, there developed a severe coryza and bronchitis

with a consequent flare-up of the infection. Careful homœopathic prescribing did not prevent a relapse of his condition and an abscess developed in the lateral aspect of the base of the left lung. September 16, one dose of *Nitric acid* 200th was given and during the night, he coughed up a large quantity of stinking, bloody sputum. After he had cleared this matter from his lung, his temperature dropped from 103 degrees to 98.3/5 degrees and he felt a great relief. At this point, relatives intervened and he was put into the hands of an allœopath. After months of allœopathic treatment, the results were so unsatisfactory that the patient took matters into his own hands and returned to homœopathy in the person of a relative who recently returned to the United States. This attendant physician wrote to me as follows: "You will be interested to know that in spite of *China off.*, *Thuja*, *Phosphorus*, *Psorinum*, *Carbo vegetabilis* and *Silica*, I did not get very far with Mr. W. until I gave him *Pix liquida* 30th, which is doing wonders for him. I have every reason to believe that the remedy will cure him."

We have in this case a remarkable test of the two different forms of therapy. Here is a patient with a virile constitution affected with a severe infection who, under homœopathic treatment by which his native vitality, was carefully nursed, overcame that infection, while under the allœopathic treatment during which a sthenic form of therapy was used, the results, after four months of treatment, were so unsatisfactory that the patient went back to homœopathy and after a few weeks is now convalescing.

One other point should be emphasized from our experience in this case and that is the necessity of a prolonged convalescence in these severe infections during which the patient must be protected from the vicissitudes of life for a period of at least six months, so that the system can develop enough resistance to prevent the development of any bacteria that may remain in the tissues.

CASE II

On July 7th, 1930, Rudolph D., a well developed, sturdy man of fifty-five years of age, came to me for advice. On the day be-

fore, his dentist had pulled his two remaining teeth, veritable tusks, from his lower jaw. In doing so, there resulted a splintering of the jaw bone and the dentist said that he could not fasten upon the loose pieces of bone with his instruments and advised the patient to go to a surgeon and have him cut down upon and scrape the jaw bone. The patient asked my advice as to this. I told him to wait a few days and in the meantime I would give him some pills to take. I gave him *Silica* 12x in the form of one grain tablets and instructed him to take one tablet night and morning. The next day, he reported considerable less swelling in his jaw and a greater sense of comfort. On the third day, he reported to his dentist who, upon examining the jaw, was much surprised to find several chips of bone so near the surface of the wound that he could pick them out with his instruments and that the wound was well on the way to complete healing. By July 14th, the wound was entirely healed and the dentist was able to continue with the work of fitting the denture.

CASE III

Mrs. K., 37 years of age, married, with two children by two different husbands. In 1924, patient was told that she had a tumor on the uterus, but that it would not interfere with her becoming pregnant. A few months after this, she became pregnant and in due time, gave birth to a boy baby. Now she has been told by two different gynæcologists that she has a large tumor on the uterus. One surgeon said that she must be operated on at once, the other, that she should go to the country, rest up and get strong in preparation for an operation in six weeks or two months. She has asked me to install the building up process.

Patient complains of a drawing sensation "deep in" the lumbar region which comes during emotional excitement and during menstruation. Menstruation has become prolonged, formerly it lasted three to five days, but now it lasts eight days. The flow is a red fluid and "plentiful". Whenever she douches the vagina at any time, she notices blood clots in the rinse water. She notices blood after intercourse. On cleaning the anus after stool, she notices blood on the paper.

All winter she has felt weak, has been unable to lift the baby. She feels unrefreshed when she awakens in the morning. During menstruation, she feels a sense of heaviness on the vertex of the head. It is like a pressure from without, better by lying and in the open air, aggravated by standing and after eating. This headache can come between periods.

She cannot stand the least bit of noise, sudden noises startle her. Music irritates her. She enjoys music, as such, but now it makes her cry. She can feel the heart beating when sitting or lying, especially after emotional excitement. She does not feel her heart after walking or ascending.

She is fond of bread, but cannot eat it as it makes her head ache. Is fond of salt, likes salty food. Fond of sweets, but these affect her head. Is not thirsty. Appetite is good. Sleep is good, but she does not feel fresh when she awakens.

She likes fresh air and enjoys being out, but for the last few years she had desired a hot water bag at her feet in bed.

She has much gas in the abdomen which makes her feel distended. This is relieved by flatus which has an odor of rotten eggs; the stool has the same odor. There is a tendency to constipation and when not constipated, she has a feeling that the stool is insufficient.

Patient has had a tendency to depression and indefinite fears. Has crying spells, especially when alone, when writing, or when meditating over her life. She is very irritable, every little thing seems to irritate her. Weeps when she hears music but she enjoys the music, crying seems to relieve her.

I gave her *Natrum carbonica* 200th, one dose, chiefly on her mental symptoms, on her reaction to music, on the character of her stool, and on the general impression.

July 12th. Patient reported that bleeding from the vagina had ceased since the last menstruation which ended July 9th. The period was not so painful, she did not feel so weak during the period. The characteristics of the flow were as usual and had continued two days longer than customary. She feels mentally lighter, not so depressed. Headache was not so severe nor so persistent during menstruation. Does not notice heart so much.

Stool does not have the bad odor. She has better control over her mental faculties.

I gave her *Saccharum lactis* and did not see her again until July 8th, 1930, at which time she came to me on account of a digestive disturbance and a general nervous condition, brought about by family troubles. In her testimony, she said that her menstruation came every 28 days, lasted four to five days, and the flow, a red fluid with some clots, was profuse for first two days and then gradually subsided. One of the former surgeons, after a recent examination, had told her that there was no tumor on her uterus at present.

CASE IV

This case was brought to me on January 24, 1929. It is of interest from a psychological as well as a surgical point of view, therefore I hope you will pardon me if I go a little into his medical history before he was brought to me.

The patient was a boy four and a half years of age. His governess who accompanied him was a mother of two children, about 35 years of age, and had had considerable training in child psychology. She became dissatisfied with the mode of treatment followed by the family physician, an allœopath, and when he told her that the patient was a moron and that she would not be able to do anything with him, and she learned that there had been frequent changes of attendants and, also, that the patient had a bad reputation in the household for vicious behavior, she asked that a specialist be consulted. The mother called in a psychiatrist who told the governess that the patient was a moron and that there was nothing that could be done for him, and instructed her as to how she could rig up a strait-jacket for the purpose of restraining him when he got into one of his tantrums. She was not satisfied with this judgment and asked for further medical advice. The patient was brought to me.

The mother's testimony was that the patient had always been "frightfully" constipated, had never had a natural bowel movement from the first year of his life. His sleep was very restless, throws the covers off, cries in his sleep, and has wet the bed frequently. At these times he awakens in great fear, and

when they try to change his wet garments, he fights and screams and often two people are required to accomplish the act. During the day he has occasional tantrums in which he is very unruly and stubborn, kicks and scratches the attendant, and, when shut in his room, throws the contents in all directions. He wants always to be with someone during the day. He enjoys being read to and will be quiet at that time, otherwise he is in constant movement. Appetite is variable, sometimes he has no desire for food, at another he will have a craving for anything in the way of food. He craves sweets and rich foods which make him very sick. One cannot tell when he wants to go to stool as he never seems to have an urge. They use enemas, milk of magnesia and senna leaves in his food. For the last two weeks he has had herpes on his upper lip. He often complains of sores on the buccal mucous membranes and these are always accompanied by a rise in temperature. He always breathes through his mouth; his mouth is never closed. Adenoids were removed in 1928, but not the tonsils. Had measles in 1926. No other illnesses other than frequent digestive upsets. Patient is the youngest of five children.

Physical examination: Patient is well developed and fairly well nourished. Weight 43 pounds, 4 ounces. Holds his mouth open constantly. His speech is so indistinct that his governess must interpret. Tonsils enlarged, the left more than the right, and both are dark red in color. Heart and lungs O. K. Abdomen rather prominent, soft, and not sensitive. Testicles still in the canal. I find the patient easy to handle, very active mentally and very inquisitive. *Lycopodium* 200th, one dose, and advised a diet rich in vitamins and salts.

There was a very satisfactory general improvement under the influence of *Lycopodium* 200th and 1M at varying intervals. The psychical and moral attitude of the patient changed for the better quite remarkably. Restful nights became the rule. He attended kindergarten, where, though he was not an ideal pupil, he did get along. He became much more sociably inclined in the family circle. His food habits became more normal and he developed a daily spontaneous stool. Both tonsils have been normal in size and color since June, 1929.

This was the general picture on January 8th, 1930, about

one year later. On this date the report was: Patient felt generally well, weight 47 pounds, 4 ounces; bowels regular, sleep good, appetite good. A wart has developed on the dorsal surface of the right hand between the first and second metacarpal bones. I gave him *Thuja* 1M, one dose, because of the wart, as it was very troublesome to him and showed a tendency to spread.

April 7th, 1930. During the first week after receiving the *Thuja* 1M, patient succeeded in picking off the wart from the right hand which at present appears perfectly normal. Patient has been irritable and restless lately. On April 3rd, 4th and 5th, had an attack of tantrums. Governess has noticed recently that patient's speech is more indistinct. Sleep is good, but awakens early. Has complained of pain in the right ear recently. Appetite good. He is thirsty for cold water. Tongue has had a yellow coating in the morning when he awakens. Weight 48 pounds, 15 ounces. Tonsils are congested and have white flecks upon their surface. *Thuja* 1M, one dose.

May 14, 1930. General health is very good. Tonsils still show flecks in the posterior portion and these flecks are decidedly larger than before. Weight 48 pounds, 11 ounces. Having no constitutional modalities and hoping to prevent the continued spread of the tonsillar infection, prescribed, empirically, *Mercurius vivus* 200th, one dose.

May 21st. Has been very restless; appetite poor. White patches on tonsils persistent. *Sepia* 200th, one dose. This was prescribed on account of the mental picture and in the hope of bringing about a reaction.

May 28th. A few days ago patient had severe tantrums. Sleep is good, but he is irritable when awakened from sleep. There is a tendency to be obstinate. Appetite improved although he demands certain foods and then frequently refuses to eat them. Weighs 49 pounds, 5 ounces. Because of his mental modalities and his attitude toward his food, I gave him *Lycopodium* 200th, one dose.

June 5th. Last week I sent patient to a nose and throat specialist on account of the tonsils. He diagnosed an infection with a mycotic fungus. He advised against operation and suggested local application of 1/10 of 1 per cent solution of AgNO₃

(silver nitrate) which was carried out. The white flecking on the tonsils has become lessened in extent. General condition of patient shows improvement. Appetite still poor. *Sac. lac.*

June 19th. General condition continues good. Shows an inclination to be restless in his sleep, talks in his sleep. Weight 49 pounds, 10 ounces. *Lycopodium* 200th, one dose.

September 18th, 1930. Patient returned on September 14th from a sojourn with his family in the Adirondacks. The governess reports that he had a very good summer. She continued painting the tonsils with the silver nitrate solution but there were intervals when it was not necessary as the tonsils were free of the flecks and apparently normal. Since his return, he has been irritable and restless at night. He has a craving for sweets. Otherwise he is fairly well. Appetite good. Bowels regular. Weight 49 pounds, 10 ounces. I advised a 50 per cent solution of *Calendula* tincture to be applied as a local treatment to the tonsils instead of the silver nitrate solution. *Lycopodium* 200th, one dose.

September 26th. During the last week patient has been very irritable and naughty. He is very stubborn and obeys only on compulsion. Whines and refuses to eat at meals. Very thirsty. Stools green, watery, lienteric and have sour odor. On September 21st, tonsils became enlarged, left more than right, and were markedly relieved after *Calendula* was applied. Weight 49 pounds. *Chamomilla* 200th, one dose.

October 13th. Governess telephoned that he was much better after last visit until today when he began to complain of a sore throat which seemed to be aggravated by drinking fruit juices. He is very irritable. *Chamomilla* 200th, one dose.

October 17th. While the general condition seemed to improve, his throat did not. He has been hoarse since October 15th. This is worse in the morning when he awakens. Hacking cough during the night; short, individual coughs, not severe. Appetite poor. Says that food doesn't taste good. No thirst. There is a bloody scab at the juncture of the mucosa and the skin on the left nostril of which he complains. Warm drinks cause pain in his throat and he complains of pain in the left side

of his throat when he swallows. *Lachesis* 200th in water, one teaspoonful every two hours for three doses.

October 21st. Has been improving since last visit. Appetite improved, bowels regular. Doesn't cough so much; has had very restful nights. Does not complain of warm drinks. Weight 48 pounds, 13 ounces. *Sac. lac.*

Patient was sent to the same throat specialist and he advised that the left tonsil seemed now to be permeated by the mycotic infection and, as the right tonsil was also involved, he advised an operation. I now sent him to a Hahnemannian homœopath and asked him for suggestions as to treatment. He advised as there were no constitutional modalities to prescribe upon and as the left tonsil seemed to be permeated by the infection and the right tonsil seriously involved, that in his opinion the only thing to do was to take them out. I thereupon advised the mother that she should have the child operated upon. She agreed but said that she wanted the operation performed by a surgeon in Cleveland, Ohio, and that she would not be able to take the patient there until the first week in December. I agreed to try to prevent a further spread of the trouble until that time and, at the same time, I explained the dangers involved.

November 4th. For last three days, patient has been having a temperature of 100 degrees during the middle of the day. Is very irritable and naughty. He tries to drink the bath water after bathing, eats face cream, and has been found eating food taken from the garbage can. Weight 50 pounds. He likes to play with his urine. He has been found hiding under his bed with toys that had been filled with urine. His irritability has taken the form of wilful teasing and obstinacy. Tonsils remain about the same. An interesting thing about this case was that he had days and nights when he seemed perfectly well, very mild mannered, good appetite, and slept well. Suddenly the picture would change and he would have restless nights, perverted appetite, and irritable, stubborn behavior. With it all, as you have seen, a gradual gain in weight. Because of the perversion in the appetite along with the irritable and perverse temperament, I prescribed *Nitric acid* 200th, one dose.

November 20th. Generally very much better. Temperament

is more equitable. Sleeping very well. Appetite is good and normal. Bowels are regular. Weight 50 pounds, 1 ounce. *Sac. lac.*

There has been a continual improvement in the patient's general condition, especially noticeable was the improvement in his mental attitude. The tonsils are normal in size but continue to show white flecks which are much smaller and appear shriveled.

January 29th. Patient has been generally very well. For the last few days, he has been psychically disturbed, due to the knowledge that his parents intend shortly to take a trip to California. Both tonsils are free of white flecks and are normal in size. Weight 51 pounds, 6 ounces. *Sac. lac.*

February 12th. Patient appears generally well. The governess reports that the patient continues to show a marked improvement. His naughtiness is more deliberate mischief. There have been tantrums, but he was not violent and rarely attempted to kick or strike as formerly. Since February 11th, patient's throat seems to irritate him. Examination shows a white fleck upon the left tonsil; right tonsil is free; neither tonsil is enlarged. Weight 52 pounds, 1 ounce. *Nitric acid* 200th, one dose.

February 20th. Patient was not so well after the last visit. On February 18th, he had difficulty in swallowing and coughed frequently in order to clear his throat. His nights have been wakeful and restless. He has had no rise of temperature. Appetite fairly good. Bowels regular. On February 19th, the governess noticed that the left tonsil was slightly enlarged and that the white patch was more pronounced. This morning, February 20th, there seemed less irritation in the throat, the white patch was smaller, and the tonsil less congested and less swollen and this was accompanied by an improvement in patient's general condition. Weight 52 pounds, 12 ounces. *Sac. lac.*

February 27th. From this date up to the present there has been a constant and general improvement in the patient's condition. Tonsils are both clean and normal in size. Physically the boy is developing into a fine manly little fellow and the psychical development is really remarkable. I have seen him every two weeks up to the present time and I have not been

able to observe anything that does not confirm my belief that the tonsils are free of the infection. Every visit shows a steady development in his psychical attitude and his moral character is blossoming out in such a way that his teachers all express surprise, and he is winning a place in his family's affection which is beautiful to see.

I want to say in regard to this case that, while I believe homœopathy was the basic agent of any success we have had in its solution, we must realize the important part that the psychical therapy and careful physical hygiene played in bringing about a satisfactory issue, for the governess was a very intelligent person and co-operated with me most whole-heartedly and with a keen interest that entailed considerable self-sacrifice on her part.

NEW YORK, N. Y.

DISCUSSION

DR. C. M. BOGER: I can't be expected to criticize Dr. Powers' paper, because it is eminently satisfactory in every way. I can only prove two cases, which illustrate what may be done, what sometimes is futile, and what sometimes is better.

I partly described the first case at the meeting last year. The sequel is most interesting. This man came to me with an ulceration in the angle of the left eye, a true lupus. I went over his case. It had been sore for a long time, for several years. Crusts were flowing from it regularly and reforming, and they had lately become painful. I told him I would go over his case if he would give me time enough, so he came to stay with me an hour. We talked the thing over, and I took the complete history as far as I could get it at that time. I prescribed *Calcarea carb.* xx. That was about the first of April last year, maybe a little earlier. He came to the office in about three weeks with the ulceration thoroughly healed over, with a clean cicatrix over it, and he was pleased. Then he had some business in the Northwest, and while there his friends persuaded him to go to a big sanitarium near there and have this thing examined. They said the only thing to do was to burn the area out. I don't remember whether it was x-rayed. But there was a severe burn, and it came back and began to do badly. He was very much alarmed and came to me. I told him I would promise nothing but would see what I could do. I gave him another dose of *Calcarea carb.* It again healed up. It did not heal up quite as well as before, but the healing was complete. A few weeks after it healed up, he had an abscess of the right index finger, which opened up very nicely and discharged much more profusely than I thought it should. A few weeks after that, he sent for me one evening to come to the house. He said he believed he had a boil on the nates. I examined him and found beginning an enormous perineal rectal abscess. The next day I incised that abscess, and it just ran rivers of pus. You know the odor of those abscesses is horrible. I thought things would be all right as soon as I had the abscess cleaned out. I kept him on fruit juices. In about a week he said, "Doctor, I have a pain right here." I examined him and found

an irritated and inflamed gall bladder. His temperature was running up all the time. The next day I called in our chief surgeon and told him it was time to do something. He took the patient to the hospital and found the gall bladder and the bile ducts in very bad condition and suppurating, serum oozing through the gall bladder preparatory for rupture.

We walled it off carefully with gauze and took two small stones out of the gall bladder. The man is well on the road to recovery. He had a few difficulties, which did not amount to much, a few minor things, in the surgical operation. Then to my consternation, I discovered that as a boy he had had a succession of boils on his back, for years. He should have had *Hepar sulph.* in the beginning. That illustrates what a position you are in sometimes in some places. I think the major part of his troubles were brought on by himself, having that thing burned. I was lucky in getting through the case the way I did. He stood a first-class chance of being dead in a few hours, when I took him to that operation.

The next case happened within the last four months. A man came to me from about seventy-five miles away. He said he had been through the hands of three or four doctors. Here is the history of the case: The man was a lumber contractor. He cut down the forest and turned it into lumber. He stays out in the woods nearly all the time. He was suddenly taken with a great weakness, vomiting, loss of appetite, and a number of other symptoms, looseness of the bowels and tarry stools. I said, "Before we do another thing, I am going to send you to an x-ray man. I believe you have a duodenal ulcer and how all these men failed to discover that, I can't understand." Sure enough the report came back in a few hours from the x-ray man that it was a large duodenal ulcer. I regulated his diet and went through the symptoms very carefully. Without the notes from this case at hand, I can't give you all of them, but it turned out to be *Ptelea trifoliata*. I gave him one dose of MM potency on his tongue there and sent him home, and requested to see him every two weeks. The day before I came away he said, "Doctor, I have never had a pain since you prescribed that medicine." Instead of being anæmic and pale and colorless, his color is as good as anyone's. He said that out in camp ten days ago his hand was hurt, and he showed the scar across his hand. The doctor told him it would take six months to get that hand back, but it healed right up in ten days. He said, "I still stick to your diet, but I am perfectly well." I asked him to have another picture taken that day. He said, "I can't do it today, but will do it as soon as you return." I regard that as one of the most satisfactory cases I ever prescribed for.

None but the careful observer can have any idea of the height to which the sensitiveness of the body to medicinal irritations is increased in a state of disease. It exceeds all belief when the disease has attained a great intensity. An insensible, prostrated, comatose typhous patient, unroused by any shaking, deaf to all calling, will be rapidly restored to consciousness by the smallest dose of *Opium*, were it a million times smaller than any mortal yet prescribed.—HAHNEMANN, 1805.

SOME REMEDIES THAT SHOULD BE PROVED*

GUY BECKLEY STEARNS, M. D.

It has long been my ambition to collect samples of all of the elements which are procurable and to begin systematically to prove them. The elements being available and the provings having been started might encourage the continuation of the provings through the next generation until they are completed.

The use of certain body-reflexes for selecting curative remedies has led to cures from remedies which have never been proved. Some of the cures have been striking enough to furnish a good lead to the general action of the drugs.

MAGNESIUM METALLICUM

Magnesium metallicum would be my first choice among the elements to be proved. A few years ago I reported a case of a congenital bleeder who was markedly benefited by this remedy. Although he is still a bleeder, he has never been as badly off as he was six years ago, when I gave him more than a year of treatment with *Magnesium metallicum* in different potencies. He had had multiple operations in the nose and was obliged to keep his nose plugged all the time and, in spite of this, had frequent attacks of bleeding which left him nearly exsanguinated. His father was a bleeder before him. For the purpose of proving I gave the 30th to a rather florid, thick-set middle-aged man who claimed to be perfectly well. That night, he telephoned me that he had had a violent attack of palpitation. I examined him and found his pulse more than a hundred and he was in a rather anxious state, with no pain or other symptoms. He had never had an experience of this sort before and there was no recurrence. He moved away soon and I lost sight of him, so the proving was never resumed. This suggests that *Magnesium metallicum* probably has a relation to the cardio-vascular system as well as to the blood.

STRONTIUM CARB.

This is another remedy which is probably frequently overlooked. It has a short proving and is occasionally mentioned in

*Read at the I. H. A., Bureau of Materia Medica, June 1931.

homœopathic literature. In two cases of arterio-sclerosis with high blood-pressure, it proved very useful. Chilliness was marked in both cases and is one of the striking symptoms of *Strontium carb.* Also fullness of the head, which is one of the characteristic symptoms, was in both cases. Chemically it is in the lime group and when fowl are deprived of lime and supplied with strontium, the strontium will take the place of lime in the egg-shell. Its relation to *Calc. carb.* as a chemical substitute may explain its effect in sclerotic conditions.

LAPIS ALBUS—Silico-Chloride of Calcium

The constituents of this remedy indicate its possible sphere of action. Clinically it has been useful in tumours, affections of the glands, goitre, etc.; it has even cured cancer.

An East Indian came to our clinic, suffering from iritis. Vision had gone completely from the left eye, which was greatly inflamed and clouded. Diagnosis was confirmed by an allœopathic oculist who was interested in homœopathy and anxious to observe the homœopathic treatment of the case. There was not the degree of pain usually observed in iritis and he appeared to be in a mental state of indifference. *Lapis albus* 200th was selected by means of the reflexes. The response was so striking that the oculist made a record of this case to place among the most remarkable that he had observed during that year. The adhesions of the iris were absorbed and function was fully restored.

Another case, a man of 65, had leucoplakia inside the left cheek for two or three years. He had shortness of breath, with distress in the left chest and could not lie on left side. There was a sensation of pressure and weight in the heart. Heart was normal in size, blood-pressure 120/90. Moderately sclerosed arteries. The heart symptoms improved within a few days and for the past three months, he has continued much better in that respect. Leucoplakia has improved somewhat.

These two cases illustrate the possibilities in this remedy and it certainly ought to be proved.

SYMPHYTUM

This remedy has proved curative in two cases of herpes zoster. The characterizing symptoms were the great severity of

pain without modalities indicative of other remedies. Clinically it has proved useful in fractures, after *Arnica* has taken care of the shock and the effects of trauma and *Ruta* has followed *Arnica* to clear up the periosteal injury. These three remedies, in the order mentioned, appear to fit the stages of repair as healing of the bone takes place. *Symphytum* cleared up the remnant of a long-standing trench-mouth infection, together with many chronic symptoms, it being the final remedy in a series which carried the patient backward through several aggravations that were characterized by symptoms of former conditions. The old symptoms recurred in the reverse order in which she had first had them.

Symphytum belongs in Group V of the Boyd classification, which was the group in which this patient belonged.

GUACO

A case of chronic sinusitis, cured by this remedy, was presented at the 1930 I. H. A. meeting and was published in the April, 1931, *Homœopathic Recorder*. This winter, during one of the epidemics of acute catarrhal conditions resembling influenza, *Guaco* came out in three cases where remedies were selected by means of the reflexes.

It appears to be related somewhat to *Causticum* in the laryngeal rawness which it causes; to *Bryonia* in muscular pain and painfulness of cough; to *Pulsatilla* in the yellow or yellow-green expectoration, with relief in open air. Chilliness, pains in the back and limbs and spasms of coughing are prominent symptoms.

Three of the four cases in which the reactions have indicated it, appear to belong to Group V of the Boyd classification of drugs. This group contains *Belladonna*, *Ferr. phos.*, *Lyc.*, *Nat. mur.*, *Phos.*, *Silica*, etc. The fourth case belongs to Group VI, which contains *Arsenic*, *Caust.*, etc.

The most striking case began with non-excoriating coryza, lachrymation, loss of appetite and irritability. Pain in the back and down the back of the leg, which was worse nights, better by eating. Restlessness with the pain. Next, cough with fever

and weakness. Very pronounced rawness of the throat. The cough was very painful and it came in frequent paroxysms and caused tearing in the trachea and upper chest. The pain was worse from breathing and even swallowing hurt. Pain in the back-muscles in the scapular region was pronounced. The pharynx was pink and the veins showed prominently. He was promptly relieved by *Guaco* 200.

As he got better, the mucus became bright yellow. He was better in the open air.

One of the other cases was similar, except that the symptoms were not as marked.

The third case had been cured of chronic sinusitis and tic douloureux by *Spigelia* three or four years previously. She had been taking cold for two or three months and passed great masses of yellow or green mucus, both posteriorly and anteriorly. Her vocal cords were weak. All symptoms better in the open air.

Guaco appears to have a marked affinity for the sinuses and also covers cases which have very marked characteristics which are not quite covered by the remedies ordinarily used. In the short description given in Clark's *Dictionary*, no effects were described that would indicate the remedy in the above cases.

ALETRIS FARINOSA

A research-worker in the Western Electric laboratories stepped back from his desk and found himself impaled through the ankle by a steel rod one-sixteenth inch in diameter. The rod was used for delicate measurements and was needle-pointed at both ends. It had rolled off a desk and one of its points had stuck into the floor, leaving the rod at an angle just right to impale the unlucky ankle.

He was sent to the infirmary and the ankle soaked in hot water and then he was sent home. The ankle began to pain and grew more and more excruciating. I saw him on his way home, when his suffering was intense. What to do? *Hypericum* or *Ledum*?

Utilizing the reflexes, all of the remedies that I have were

tested. *Aleteris farinosa* in 1M potency came out in the test and was given. He was told to repeat it every half-hour until relieved. He began to feel some relief after the third dose and by eleven o'clock at night, six hours later, was free from pain. The next day, a purplish spot appeared on the opposite side of the ankle, showing that the rod had nearly gone through the joint.

There is nothing in the meagre proving of *Aleteris* to indicate it as a remedy in such a condition.

NEW YORK CITY.

DISCUSSION

DR. B. C. WOODBURY: Dr. Hazra could recite a case in which *Lapis albus* 6X was used.

DR. J. N. HAZRA: In our clinic a man, seventy-six years old, complained of pain in the right shoulder. It had lasted three months and he was suffering very much. We tried several remedies without relief.

Later on a small swelling with infiltration appeared in the upper part of the sternum. It looked malignant on account of the hardness and that slow, sluggish process. There was also continued pain in the abdomen.

Lapis albus was prescribed. The next day when we saw the patient the swelling was growing larger. We waited, and the next time he came in with absolute relief. He had been losing weight before that, but after that *Lapis albus* all the pain was gone, the swelling was softer, and it was beginning to discharge. He gained weight, and he is now getting better every day. It looks like a carbuncle and we thought it might be a kind of sarcoma. Anyway he has been wonderfully relieved. He was in terrible agony; I couldn't stand it to see him suffer. This man had just one lump removed from his breast by surgical incision some time ago. It might have been that this was the reaction of the same symptom.

DR. C. L. OLDS: I think Dr. Stearns should be encouraged in his use of the reflexes. While they do not, of course, prove a remedy, they do give us some indications as to possibilities. I think it is very useful. There are certain remedies about which we know very little. We get the indications. We know very little about the possibilities of some of our remedies. As long as we live, as long as the human race goes on, there will be something new brought out all the time.

DR. C. C. WALTENBAUGH: I had a patient come into my office one day who had an injury to his eye. He worked in the shop, chiseling metal off, and a piece hit him and the water was running from his eye in a stream. His eye was bloodshot. I gave him *Arnica*. I thought that was all right and would fix it up nicely. In the evening he called up and said his eye wasn't any better, that the pain was intense and water was running out of it. I told him to come back again. He did, and I gave him *Symphytum*; I think it was 200th. In a couple of hours he had little pain, all the red matter and livery-looking condition had disappeared, and he could put his finger on his eye and push it. He said, "I am ready for another one now." *Arnica* never touched it, but *Symphytum* knocked it out in a hurry.

THE SYMPTOM TOTALITY

ALFRED PULFORD, M. D.

My editorial, under the above caption, brought from one, whom I consider competent to judge, the following: "How can we get the primary symptoms from the patient? Why not explain more definitely your distinction between the *simillimum*, and the similar remedy, and define more lucidly the primary pathogenetic symptoms? Why not give a few cases as illustrations of the difference?"

When Dr. D. T. Pulford and I issued our little *Monograph on Aconite* we thought we had made all that plain. But it seems that it went over, or stopped in, the heads of all, save four, of those who either received a copy of the *Monograph*, or who read the reprint in the *Recorder*. In spite of the fact that we offered to send a copy of that *Monograph*, that cost us ten cents, for the sum of five cents, merely enough to cover postage, that all might profit by it, but one doctor took enough interest in the matter to send for a copy. Of the few who took enough interest to write us, none seemed to sense the real reason for its issuance, its simplicity, or what it was all about.

Before I say more on the subject of symptom totality let us thoroughly understand each other. This article is not written in destructive criticism, nor to censure others for things undone or overlooked, nor to attempt to belittle anyone, but to bring out our weak points and show them up, both in ourselves, and in our work, that we may rectify our mistakes and profit thereby, and also to add to the sum total of medical knowledge, and thereby put homœopathy on a firmer foundation, upon a scientific plane, instead of continuing it, as the allœopaths are doing theirs, a bungling art. Every one of our earlier masters did the very best he could with the knowledge, means, and funds at his command. But instead of aiming at concerted, united effort, each seemed content to go his own way, with no unity of purpose. The main effort seemed to concentrate on not how accurate, but on how large a materia medica he could produce, or compile. Perhaps, under existing circumstances, that was the best thing

to do as it gave us more proven remedies than we might have had otherwise. But, symptoms were noted, collected, and piled in, irrespective of value or classification, whether primary, secondary, or merely parasitic. All were neatly jumbled up, chaotic and gnarled, with the unfortunate results that our extremely rich materia medica, instead of being an intelligent compilation with some degree of order and discrimination, became merely a dizzy maze with neither head nor tail, a dense forest to be approached and explored without guide or path, a snarl to be unraveled and disentangled each and every time we approach it to find a remedy. It is no wonder that those who have no curiosity, or are not enamored of our cause, find no interest in it; that the student finds it a nightmare and approaches it with a shudder, and with misgivings; and that none of us is ever sure that we have the right remedy. To the uninitiated this is bewildering in the extreme. He has nothing definite to guide him, nor to look for. Thus he is obliged to forsake that which should be, and truly is, an *exact* science, for the blundering method of allœopathy, or to report to symptom and keynote prescribing.

There is an accurate method of drug selection, and it is this method that every honest physician should and must strive for. For medicine, contrary to our common beliefs and admissions, *is an exact science* and *not* the bungling art that its espousers have always presented to the public. *It is by no means a hit and miss expedient.* "All the principles of homœopathy are logically, systematically and indissolubly bound together. There is nothing contradictory in any portion of it, and the attempt to separate one part from another would cause the whole edifice to crumble to the ground." "In seeking for progress in our science we should never forget that it is the imperative duty of each and every one of us to bear his portion of the burden." This recalls Hahnemann's "Any person having to do with an art whose end is the saving of human life, any neglect to make himself thoroughly master of the same becomes a crime."

In writing this and calling your attention to more accurate methods, I refer you to the letter of V. R. Murty on page 537 of the July 1931 issue of the *Recorder*, who has given additional proof. The greatest of all reasons that homœopathy is an *exact*

science is that it imperatively demands that each and every prescription shall bear the characteristic mark or stamp of the drug, which mark or stamp appears in the pathogenesis of every drug, in every disease, and in every individual, and which distinguishes that drug from every other drug (as Kent truly said, "The personal stamp is upon every disease and upon every proving."); and shall include the primary pathogenetic symptoms of the drug; and be accompanied by the exact amount of potential energy. This represents, in *final*, the *exact* symptom totality. Those will indicate the drug in all cases, independent of all other symptoms, whether considered by us important or otherwise. For it is on the primary action of the drug that all the rare, strange and peculiar symptoms are brought out. When the primary pathogenesis is removed, all the other symptoms, which are of necessity dependent thereon, must and will disappear. The primary pathogenetic symptoms of each drug are distinct in themselves, or in their combinations, from those of all other drugs. While all the other symptoms, important or otherwise, as we elect to evaluate them, may be equally important, and common, to many other drugs, which we will illustrate below.

In reply to our critic's query, "How can we get the primary symptoms from the patient?" let us first state that before we can boil an egg, we must first get the egg. Since we have never taken the pains to sift and classify and learn which are the primary pathogenetic symptoms of each drug, how are we to know just when we have found them? We are meeting and collecting them daily in our work, but as we are unacquainted with them we are just as frequently passing them by. There is but one way to collect and learn these *most important of all* symptoms, and that is, to prove each drug on at least 100 provers of equal sensitivity to that drug, and collect *all* the symptoms of, and from, each prover. The symptoms that are constant in every prover will be found to be those belonging to the true primary pathogenesis of the drug. The rest of the symptoms belong not to the drug but to the individual, and will vary with the individual latent predispositions aroused by the drug's primary action. That should explain more lucidly what I mean by the primary pathogenetic symptoms. It matters little whether these primary symp-

toms develop early or late, just so they are produced by the drug direct. We must never forget that a drug will *not* remove a pathogenesis •it will not create; if it did, allœopathy and not homœopathy would be scientific. Homœopathy would then be useless and superfluous. From long use, by accurate, acute, trained observers, many of these primary pathogenetic symptoms have been unconsciously discovered in the more thoroughly proven remedies, like *Aconite*, etc. But how many of us know even those? Very few, we fear. This is the very reason that I made the statement that no one to date is in a position to properly and understandingly teach *materia medica*.

Many, many times all of us have elicited the essential primary symptoms, together with the characteristic mark or stamp, of a drug, but not having a selected proving of that drug, or not being thoroughly acquainted with that drug even though it had been thoroughly proven, we have passed *the* similar remedy by for that, which in our ignorance of the true facts, we consider "the most carefully chosen remedy", the *simillimum*. And, when these "most carefully chosen remedies fail to act" we immediately start out to complicate matters by giving a non-indicated, deep acting remedy to "arouse a reaction". This is nothing less than a temporary expedient, not always born of intelligence. To continue this method and not attempt to find the proper remedy through continued proving is a short sighted idea on our part. It may help us to get by, but it hurts us in the end and is at the same time both criminal and an injustice and an injury to homœopathy, because we have bungled the job. No one to date can honestly lay claim to having made a perfectly accurate prescription with an undisputed knowledge beforehand of having done so. He feels in his own mind that he has done so, but he cannot possibly explain the exact reason why. To be able to explain, he must know exactly the characteristic mark or stamp of the drug used, the primary pathogenetic symptoms of that drug (for no drug will nor possibly can remove a pathogenesis the like of which it cannot artificially produce), and give the exact amount of potential required. He can be assured of the first two essentials, if he cares to, but time and experience have

not, as yet, been able to accurately define the third. But even that knowledge is not unattainable.

The above leads us to answer our critic's request to "give our explanation of our distinction between the *simillimum* and *the similar remedy*", or what I prefer to call "*the simillimum*", and to illustrate it with examples. These cases I have emasculated of the primary pathogenetic symptoms, and only the important symptoms as given by the patient retained. They embrace a case of gall-stone colic, a case of mastoiditis, a case of herpes, all allœopathically diagnosed, and a case of scarlet fever.

CASE I

Gall-stone colic. Anxiety; anger; excitability; fear; irritability; restlessness; dry mouth; eructations; nausea; bitter taste; great thirst; distended abdomen; cutting pains; frequent pulse; sweat without relief; scanty urine; internal pulsations; sensitiveness to pain; worse night, cold, open air, and lying.

Those symptoms are all covered in importance by *Aconite*, *Arsenic* and *Rhus*. Three physicians receiving that set of symptoms, and not seeing the patient, could easily each send in any one of those three drugs as the *simillimum* and feel in his own mind that he had the correct remedy for that particular case. On entering the room in that case I noticed the following: *Patient tossing about the bed in great agony, expression of great fear and anxiety, calling frequently for water and drinking freely, dry, hot skin, full, bounding pulse*, etc. Those few italicized symptoms immediately fixed the choice, and a single dose of *Aconite* 30x has held that case now over two years. For two years previous that woman had almost monthly recurring attacks under allœopathic treatment.

CASE II

Mastoiditis. Active, anxiety, fear, irritability; starts in sleep; vertigo; headache; photophobia; inner ear inflamed, pains, pulsates; face red, hot; throat and tonsils dry, pain, inflamed; extreme thirst; backache; fever; lassitude; pains in ear boring, stabbing; pulse full, hard; sensitive externally; affected parts swollen; worse night, every draft of air, lying on

painful side, motion, before and during sleep, touch, and uncovering.

Those are all prominent symptoms of *Belladonna*, *Hepar*, and *Mercurius*, any one of which could be considered the *simillimum* according to the individual prescriber's view. Yet they are useless in the selection of *the similar remedy*. As we entered the room in that case our first gaze met a scarlet patient with a dry hot skin that fairly burned my fingers, pupils dilated to the limit, carotids throbbing violently, sudden stabbing pains in ear, unable to lie on painful side on account of the pressure, and a "please don't jar the bed". That was the very picture that had preceded four delicate operations on the mastoid. A single dose of *Belladonna* 30x put the little patient to sleep in just 30 minutes. It is now over fourteen years and there has been no return.

CASE III

Moist herpes. Dullness, worse mental exertion, irritable restless, sad, vertigo; headache; dry mouth; white tongue; bitter taste; great thirst; constipation, stools hard; urine dark, cloudy, copious and offensive; restless sleep, wakes frequently; eruption herpetic, moist, burning; worse evening, night, draft of, and open air, bathing, cold, during and after eating, before sleep, and after waking. A beautiful *simillimum* could be found in that case for either *Sulphur*, *Lycopodium*, or *Calcarea*. Here is what we observed: *Extremely red lips* (strange how *Aconite* displays its hyperæmia in the cranium, *Belladonna* on the skin and mucous membranes, and *Sulphur* on the mucous connective tissue around the orifices of the body). On further investigation I found *offensive odors emanating from the body, aversion to bathing, and aggravation therefrom, burning palms and soles, especially nights, compelling putting feet out of bed to cool off soles, faint, hungry, gone feeling at stomach, especially worse at 11 a. m. (sun time), must eat a little of something, thirst increased, appetite diminished*, etc. *Sulphur* restored the patient promptly.

CASE IV

As a last example I will append a case of scarlet fever, whose emasculated symptoms repertorize down nicely to *Acon.*,

Bell., and *Sulph.*, and put the three primary heads over the body of those most important symptoms:

<i>Aconite</i>	<i>Belladonna</i>	<i>Sulphur</i>
Agonizing tossing about, extremely anxious and restless, great fear, especially of death, expression of anxiety and fear, extreme thirst, high fever, dry, hot skin, full, bounding pulse, etc.	Burning heat and redness, skin dry, heat almost burns fingers, throbbing of carotids, pupils large, eyes glistening, face flushed, scarlet red, etc.	Lips and other orifices of body extremely red, sore at times, faint, hungry, gone feeling at stomach worse 11 a. m. (sun time), must eat a little, body odors offensive, burning palms, soles, etc.

Anxiety, confusion of mind, delirium, dullness, excitability, fear, easily frightened, irritable, restless, sensitive, startled, weeps; vertigo; congestion to head; eyes dry, red and sensitive to light; face red, hot, expression anxious; mouth, tongue and throat dry, red and inflamed; restless sleep, anxious dreams; fever worse evening and night; skin red; pulse frequent, full, hard, small; extremely sensitive and to pain; generally worse evening and night, open air, cold, jar, motion, rising up, during sleep, and touch. *Sulphur* covered the case and gave an excellent account of itself.

You will note how the primary pathogenetic symptoms change the whole phase of the above case; how they change the character of the remedy; how few they are in number; how unimportant they make the otherwise important symptoms covering the body of the case; and how important it is that we properly sort and classify the symptoms in our materia medica.

The lack of knowledge of the characteristic mark or stamp of the drug, the *essential primary pathogenetic* symptoms of each drug, as well as what constitutes the real drug, will always make our priceless system appear a bungling art, rather than the *exact science* it really is. All that homœopathy needs to make it, and complete its claim to, an *exact science*, are proper prov-

ings, accurate and intelligent sorting and classifying of the results of these provings, and the exact amount of drug potential required in a given case. This would lighten the burden of the prescriber fully 75 per cent or more.

You will note that, from the cases cited above, the symptoms, though important and well marked, had no real place in indicating the drug, though excellent for repertorizing in order to find a *simillimum*. The symptoms as italicized were the only ones of real value, because they were the ones produced directly by the drug, hence the primary pathogenetic symptoms, whether they appeared early or late in the proving makes no difference. It takes those to complete the base of *the symptom totality*, from which, when the proper amount of potential was added, there could be no appeal.

I do not believe that even Hahnemann, himself, ever dreamed fully of what he had really rediscovered, its real value, perfection when its unfolding is fully completed; and its far reaching influences, when he found that he had rediscovered homœopathy. I fully know that we do not. Only our own ignorance of it represents its limitations. The only reason that homœopathy has not been more openly and extensively accepted is due to our ignorance of it, and because of this our bungling presentation of it, and due also to the lack of knowledge of what constitutes the drug proper. From this lack of knowledge we were unable to explain our remedies, why they acted, and why they all tasted, smelled and looked alike. Hahnemann left us the nucleus to the full construction of the medical prize of all ages. It is too bad, it is criminal that we have neither the desire, nor the ability to complete it.

With apologies to, and paraphrasing Hahnemann: When any man (or body of men) professes openly to the world that he practises, or is prepared to practise, an art, or a science, whose end is the saving of human life, any neglect on his part to perfect the same and make himself thoroughly master of the same becomes a crime, and puts him in a position of obtaining money under false pretense.

TOLEDO, OHIO.

LIMITATIONS*

J. B. GREGG CUSTIS, M. D.

It seems to me that the members of every society should now and then stop to consider the limits of the action of the particular thing in which they are especially interested. Obstetrics is a very definite place in which to do this, because we are dealing with conditions which have very definite limits.

In a discussion of the value of any method of treatment of disease there are two extremes of thought and a middle ground. There are those who, recognizing no limitations, try to bend all facts, even those which are of necessity directly opposite to their desires, to meet those desires. On the other hand there are those who would draw the limits so closely that their work is stultified and obstructed until they are driven to other methods, too often not only bad but even definitely harmful. There are certain limitations which, if we are to treat our patient with the idea of cure in the safest way, we must recognize, and which Hahnemann himself recognized.

Let us assume for the moment, although it is never true, that the limitations imposed by personal knowledge and skill are not. What remains then in the practice of obstetrics to limit the homœopathic method? In the practice of obstetrics there are two important factors to be considered, mother and child. To have normal labor it is necessary on the mother's part that the mechanics which cause the expulsion of the child be competent, and the passage through which the child must pass must be sufficient to allow the passenger to go through. On the part of the child it is necessary that it be not too large and that it be properly adapted to the passage.

Granting these premises, it seems to me there are some definite limitations to the power of homœopathy in obstetrics. In general all those maternal conditions which are not dependent on changes in the birth canal itself are best treated by the homœopathic remedy. That opens a large field, in fact the largest

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part of obstetrics, to the action of the homœopathic remedy. All those conditions of pregnancy leading up to the actual time of delivery are particularly susceptible and particularly affected by the action of the homœopathic remedy. All those conditions in labor which are due to abnormalities in the action of the mother's vital forces, all those conditions which are characterized by irregularities of the pains, by irregularities of the forces, all those conditions which are not directly dependent upon obstruction of some sort or other on the part of the mother are conditions which the homœopathic remedy will, in my opinion, handle better than any other matter; that is, on the mother's side.

Now, on the side of the child, on the other hand there is very little that is amenable to the action of the homœopathic remedy. The homœopathic remedy will not decrease the size of the child so it can go through. I do not believe that anybody can prove that you can actually change the position of the child by the action of the homœopathic remedy. I have seen presentations of the child's position having changed, but I have seen them change without any medication, so that we have trouble proving that medication has anything to do with it.

I do not believe there is any excuse for any woman having serious toxæmia or convulsions if she has a homœopathic doctor. There is just one thing in the homœopathic case under homœopathic care that causes convulsions and that is neglect. That neglect may be, and usually is, on the part of the woman. You tell your patient to come and see you every so often and you take a careful history. You regulate her diet and you say, "Come back every two or three weeks for careful checkup". She comes back after her legs are swollen two or three times their normal size, after she has begun to vomit and have headaches, and after her blood pressure has gone up to 160 or 170. Then you are in trouble, but if you get co-operation and you get proper care you should have no trouble in taking your patient up to the time of labor, and you should have no difficulties which are not due to the irregularities and the abnormalities of the mother's mechanism.

If you have a case of fibroid in the canal you can't expect the homœopathic remedy to take care of it. If you have a case

with a twisted pelvis or a generally contracted pelvis, so small there isn't room for the child to come through, you can't expect the homœopathic remedy to take care of it. If you have a child with hydrocephalus, with the head definitely larger than the inlet, you can't expect the homœopathic remedy to take that child through the canal. If you have a child which has come into the pelvis with the chin posterior you can't expect the homœopathic remedy to take that chin posterior through the pelvis, or to put back the prolapsed hand or arm that has come down alongside the head.

Practically what this means is that in obstetrics we must do that thing which is so often decried by some of the homœopaths: We must make a very careful diagnosis, and we must make a very careful diagnosis because we must know first where this case belongs. Is this a case which is amenable to the homœopathic remedy, or is this a case about which we must do something? It practically all goes back to the point of mechanical obstruction, and I think that that is the important thing. I don't believe we are justified in letting a patient go into labor without trying at least to know all there is to know about the condition of that person's pelvis, and all there is to know about the position and size and presentation of the child. If we do, we are not going to let our patient go into labor and stay there and work and work and finally have an exhausted patient, a seriously ill patient, before something is done for her. That is the point I want to bring out. It is necessary in obstetrics to make the diagnosis to determine under what head the case belongs.

WASHINGTON, D. C.

DISCUSSION

DR. E. UNDERHILL, JR.: I heartily agree with Dr. Custis that mechanical conditions, as a rule, will have to be handled by mechanical means, but, of course, we have all had the experience of expecting a very long, hard labor, of giving the indicated homœopathic remedy, and of having to hurry back in no time to find the baby delivered before you get there. I recall one experience when I was a student in my fourth year in the University of Pennsylvania. Dr. Barton Cooke Hirst was about to demonstrate a Cesarean section before the class. He was a very fine gentleman and a very good advertiser. He said, "Gentlemen, this operation has only been performed nine times in the United States, and in the six cases I have had," and so on. But in this particular instance while he was discussing the technique of the Cesarean section the nurse

came in and told him the baby had been delivered. So sometimes the unexpected happens. In that case the homœopathic remedy had not been given.

DR. W. W. WILSON: I remember well a paper that Dr. Hayes wrote on a *Chamomilla* case. She was one of these worrisome, fretful women, who are not satisfied to carry on. He told how he had given this patient *Chamomilla* and how well his case came through.

I think Dr. Custis covered so much territory and so truthfully there isn't much left to discuss.

I have heard older men say that when a woman has aborted two or three times remedies have been given, and a successful birth resulted. Such, however, might be the history in syphilitic cases, that the first case aborted early, the next one a little later, until finally comes the birth of the child, but that child is apt to die. I sometimes wonder if the constitutional remedy might not help in such cases.

DR. E. B. LYIE: May I ask Dr. Custis if in a long, drawn-out, complicated, painful, posterior position case he believes, or has had enough experience with the homœopathic remedy to believe that it works as well as the gas oxygen or some of the other anæsthetics might? Personally I don't believe it. I haven't had any experience with the homœopathic remedy in such cases but I don't believe it. The pain in that case is nature's way, and I don't believe the homœopathic remedy will lessen the pain or shorten the labor. It is a mechanical condition. I have very often been told that doctors don't have any posterior positions if they practice good homœopathy. I don't believe it.

DR. BENTHACK: I believe in the homœopathic remedies and I believe in good homœopaths. I tell my patients that a good homœopathist should be able to cure everything from a corn to a cancer. However, I have been practising for over thirty years, and I have never gone out on a call without taking my instruments with me, and my chloroform and ether. If it is to be a long, drawn-out case, I apply my instruments and I help my patient.

DR. J. B. GREGG CUSTIS: I don't want to decry homœopathic medicine for a minute in the cases of irregular forces, and those are the cases that hurt largely and those are the cases that homœopathic medicine can so brilliantly aid, but it is a different story when you have an improper adaptation between the child and the passage. That is another story. I remember I had a case last year that made a very great impression on me and taught me a lot. It was a girl about 19 years of age. She had been married three years. Her pelvic measurements were all three centimeters below normal. The baby apparently was in a perfectly normal position, but because of the size of the mother's pelvis I was afraid. I thought she was going to have trouble. She went into labor one morning about three o'clock. The baby was born about seven o'clock in the morning with no more assistance than forceps to lift the baby over the perineum. She had no medicine, but she had a perfect adaptation between the passage and the passenger. If it had been a posterior position it would have been a different story.

I think, Doctor Lyie, you are right. I don't believe the homœopathic remedy will carry a posterior case through as well as will the gas oxygen, or oxygen with ether and olive oil. I believe that as soon as the posterior occiput comes to the place in the pelvis where it is safe to do something with the forceps it should be done. You can bring that head down and you can do a Scanzonian rotation. You can save that woman much suffering, and you can save that baby a great deal of morbidity in itself by saving the pressure, and the necessity of a long, hard labor which may, after all, be unsatisfactory and unsuccessful. I have seen two or three cases where there was no necessity for anything, where the women went through with practically no pain, where every contraction seemed to do just what it should do but we don't

have that very often. In many of the other cases we can help with the medicine, but sometimes we fail.

I had a patient who went into labor with an apparently perfectly normal pelvis. The cervix dilated normally, but the child's head, which was as far as we could tell in a normal position, would not engage. That girl went from bad to worse. The remedy was apparently *Aconite*, and I gave her a dose of *Aconite*. That *Aconite* acted as though somebody had hit her on the head with a brick. She went to sleep immediately. She had no more pain, but she didn't deliver. Instead of her pulse going down where it ought to have been, it kept going up, and she had a little temperature. It was necessary to interfere and we had to do a version and extract that child. Eighteen months later that woman went to labor again and she did exactly the same thing. That time we did a Cesarean section, because the version had been terribly difficult, and although we had saved the child we were a little afraid to try it again. We thought it was easier for the mother to do the Cesarean section. I haven't been able to find out why this woman didn't have perfectly normal deliveries.

DR. UNDERHILL, JR.: How long did you wait until you interfered?

DR. J. B. GREGG CUSTIS: Until her pulse got up to around 120 and her temperature went to 99½. She was becoming more restless all the time and was not in very good shape. I thought it was dangerous to wait any longer.

CHAIRMAN GREEN: How about giving such a case a deep remedy of some kind, such as she might need for a constitutional, if you can find out what it is, and see whether or not it would help?

DR. J. B. GREGG CUSTIS: I think it was just because I didn't know enough to give the right medicine.

CHAIRMAN GREEN: A deep remedy might help that girl. Dr. Custis has had a very wide experience in obstetrics, being the physician in the Florence Christenden Home in Washington where they deal with numberless cases.

Strange as it may seem, breeding bacteria is a costly pastime for even a philosopher; naming them affords harmless occupation for bookmakers, and such breeding and christening is called "science". Now there is both science and the art of medicine; let the philosophers have their fill of science, but in God's name! let the sick have the art.—SAMUEL ARTHUR JONES, M. D., 1893.

These advances in pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug disease. These phenomena respectively, whether rudely apprehended or clearly and fully understood in all their relations and interdependencies, still bear the same relation to each other expressed by the law *similia similibus curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation.—CARROLL DUNHAM, M. D.

CASE REPORTS

F. N. HAZRA, M. D.

CASE I.

Mrs. X., aged about 46 years, had been suffering from sinking sensation for about the last six months. Had been to many local physicians—they seemed to have helped her temporarily—but she is getting worse gradually.

The physical examination is negative except for small nodosities of the finger joints and a systolic murmur at the apex of the heart which is worse on exertion.

She presented the following picture:

1. A tall, slender person, pale.
2. Nature very sensitive.
3. Moves continually, cannot sit still for a long time.
4. Perception acute, mind active.
5. Bleeding from genus from time to time.
6. Vertigo, seems everything unbalances her, feels as if the floor is kind of wavy and she cannot stand still, has to lie down.
7. Appetite is not good, and nothing seems to stay in stomach. Is afraid she has gastric ulcer.
8. Craves juicy refreshing drinks, wants ice cream.
9. A weak spell from time to time amounting to fainting. Cannot talk at such times, staring look with clenched teeth.
10. A weak, all-gone feeling all the time in the chest.
11. Constipated, has to take some kind of physic all the time.
12. Vomited, a blackish-red substance, not exactly coffee grounds. Had X-ray sometime ago that disclosed no definite diagnosis.
13. Lack of vital heat. Always wants to be in a warm room, says she catches cold on coming into open air.
14. Cough every day at night time, especially when she lies down on the left side.

On the strength of these symptoms *Phosphorus* 200 was given on January 18, 1931. She grew much worse the following two nights, could not sleep and the sinking feeling became too much for her to tolerate. She reported on the 19th, 20th and 21st

of the same month asking for some medicine to help her in some way. She could not live in that way very long. On general physical examination nothing untoward was seen except the systolic murmur of the heart. The symptoms were not changed except that they seemed too much aggravated. *Sac. lac.* was given for 3 days, asking her to report when the powders were finished. She came back to say that she had not felt so well for a very long time and *Sac. lac.* was repeated. She is still taking *Sac. lac.*, reporting improvement all the time.

CASE II.

Miss X., age about 25, complains of general weakness and corpulency. Says she has never been like this before and that she enjoyed good health while she was younger, about the age of 13 or 14. She does not remember any definite illness in her childhood.

History from her mother reveals: Late dentition in her childhood. Mouth breather. Fond of eggs. Aversion to meat. Injury to one knee and fracture of patella. Tendency to lung complaints in her childhood. Menses started at the age of 13 years. Usually profuse and long lasting, sometimes two periods in one month. Longing for fresh air.

Modalities: Always worse from cold air, wet weather, cold water and washing. Does not feel rested in the morning even after a full sleep. Feels better in a dry summer weather.

PHYSICAL EXAMINATIONS: Weight 210 pounds on November 10, 1930. Teeth, a few were filled. One tonsil enlarged. Heart negative. Lungs, upper third of right lung seemed little less mobile on respiration, and on auscultation there is a rather harsh bronchovesicular breathing. G. U. TRACT negative. G. I. TRACT, acidity seldom and very slightly. Bowels normal. Sleep normal.

She was given *Calc. carb.* 200 and 1M potencies respectively at the interval of four weeks. Instructions were given to follow a better diet, prohibiting the mixture of acid and starch.

She is now very bright, feels wonderfully better, weighs about 160 pounds.

CASE III.

Mr. Y., age about 50 years. Suffering from hoarseness, cough and slight temperature ranging up to about 100 degrees. He dreads the day. He seldom has any paroxysms of coughing at night. He sometimes vomits while attempting to clear the throat. Other symptoms were the following:

1. Sneezing.
2. Catarrhal inflammation of nose, mouth, pharynx and nasopharyngeal region.
3. One of the tonsils enlarged and injected.
4. Uvula slightly œdematous.
5. Profuse corrosive and burning lachrymation, while the nasal discharges were bland.
6. Hoarseness, eyes suffused, conjunctivæ inflamed.
7. Just below the right eye the skin of the cheek is reddened and angry looking.

MODALITY: Worse indoors and after exposure to south winds. *Euphrasia* 1M, one dose, and *Sac. lac.* tablets, one tablet every four hours, completely relieved him of his trouble next day and he was cured in three days' time.

The sagacity of the master led him to see clearly that the symptoms of the patient are the only *facts* of which we have *absolute knowledge* as concerns the patient; and the symptoms of the drug are the only facts that we *absolutely know* respecting it—and the relation in which they must be placed to neutralize each other, if it be found, must be such as to satisfy every sound hypothesis constructed on these facts. It must consequently harmonize with sound pathology. And many times this volume of talk will have been well bestowed, if it shall have convinced any thoughtful mind that first and most important stands the correspondence of symptoms according to their rank, and that to this same result all sound hypothesis must lead.—CARROLL DUNHAM, M. D., 1865.

ADDITIONS TO KENT'S *REPERTORY**

C. M. BOGER, M. D.

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554. *Loose*, as if intestines were: Cann. ind., Merc., Mez.
Lump in abdomen: Bor.
 liver: Arg. nit., Arn., Bar. carb., Brom., Croc.,
 Cupr., Cycl., Hep., Lach., Mag. carb.,
 Nat. carb., Nat. mur., Nat. sulph., Nux
 mosch., Op., Plb., Thuja., Verat.
 umbilicus: Acon., Anac., Bell., Kali bich., Kreos.,
 Nat. carb., Nux mosch., Ran. scel.,
 Sep., Verb.
555. *Pain* forenoon 11-12: Croc. hor.
556. air, every draft: Kali bich.
 alternating headache, with: Bry., Thuja.
 alternating, teeth, with: Agar.
 bend double, must: Calc. carb.
557. amel.: Mag. carb., Sep.
558. eating, after: Merc. cor.
 2 hours after: Brom.
 exertion, after: Cupr.
 ice cream, after: Bellis.
 inspiration, during: Bellis.
 lifting, from: Coloc., Kali nit., Sil.
 lying on abdomen, amel.: Ambr., Calc. carb., Kali
 phos., Puls.
 back: Ambr., Dios., Lach., Plb.
 side, right: Phos.
559. menses, appear, as if would: Carb. an.
560. pressure, amel.: Hyos., Sec. corn.
 of clothes, amel.: Fluor. ac., Nat. mur.
561. stool, after, amel.: Verat.
 tobacco, after: Brom.
 urination, during: Tilia.
 amel.: Merc.
 walking, while: Sep.

*Continued from September *Recorder*.

Page

- extending, anus, to: Merc.
 back, to: Nat. sulph., Sep.
 small of: Mag. mur.
562. chest, to: Alum., Coloc., Dios., Kali carb.,
 Nat. sulph., Sep.
 downward: Amm. carb., Zinc. sulph.
 genitals, to: Zinc.
 pelvis, to: Carbo veg., Coloc.
 penis, to: Lyc.
 rectum, to: Ars., Cann. ind., Dios., Guai.,
 Ign., Lyc., Meny., Spong.,
 Stront., Tarax.
 thigh, to: Alum., Apis, Bry., Cact., Calc.
 carb., Cimic., Cobalt., Lil.
 tig., Nux mosch., Plb., Podo.,
 Spig., Staph., Thuj., Vib.,
 Xanth.
 upward: Lach.
 urethra, forward in: Zinc.
563. hypochondria, right, coughing, on: Sep.
 lying on left side, agg.: Dios.
 painful side, agg.: Dios.,
 Phos.
 extending to back: Agar., Bism., Calc.
 carb., Cham., Dros.,
 Graph., Kali bich.,
 Laur., Lept., Puls.
 left: Arn., Lept., Myrica.
 chest: Alstonia, Asaf.,
 Bov., Calc. carb.,
 Euphb., Glon., Kali
 bich., Kali carb., Mag.
 carb., Nit. ac., Puls.,
 Ran. bulb.
 breathing, agg.: Berb.
 coughing, agg.: Sep., Valer.

Page

564. motion, rapid, amel.: Dios.
 standing, on: Phos.
 amel.: Hydras.
 stretching, amel.: Tarant.
 extending, shoulder, to; Crot. hor.,
 Kali bich., Nat. sulph.
565. hypogastrium, eating, agg.: Caust.
 extending, genitals, to: Nat. carb., Nux
 mosch., Phos.
 perineum, to: Ars., Bell.,
 Phos.
 spots, in: Ant. tart.
 extending, testicles, to: Mar. ver. (Teu-
 crium), Nat. mur., Sulph.
 upward: Aur., Carbo veg.
 urethra, to: Nat. carb.
567. inguinal region, ascending, on: Alum.
 menses, before: Calc. phos.
 stool, before: Agn., Kali nit.
 during: Bar. carb.
 extending, knee, to: Thuj.
568. testicle, to: Kreos., Ol. an.,
 Phys., Sulph.
569. liver, extending downward: Ptel.
 sides, right: Phos., Zinc.
 to left: Nux mosch.
 left: Calc. carb.
570. spleen, pressure of clothes, amel.: Chin. sulph., Ruta.
 umbilicus, extending, bladder, to: Brom.
 rectum, to: Brom.
571. region of, extending, rectum, to: Brom.
573. burning, liver: Myrica.
 burrowing, liver: Carbo an., Nat. mur., Sulph.
 inguinal region: Cimic.
576. bursting, liver: Calc. carb., Chlorof., Nat. sulph.
577. cramping, hypochondria: Hep., Nux vom.
 sides, right: Ign.

- Page
578. umbilicus: Arg. nit., Nat. sulph.
rising, on: Ham.
yawning, with: Calc. carb.
cutting, right: Kali phos.
urination, during: Til.
580. extending, genitals, to: Lyc.
581. sides, right: Colch., Rhus tox.
582. umbilicus: Verat. vir.
583. dragging, lying, agg.: Spig.
extending, rectum, to: Lyc.
inguinal region: Caust., Sulph. ac.
585. drawing, umbilicus: Ars., Calend., Ran. bulb.
forced through, as if: Bar. carb., Carb. an.
gnawing: Tel., Thuj.
grinding: Fluor. ac.
586. pressing, stone, as from: Puls.
589. shattering: Kreos.
sore, bruised: Bellis.
spots, in: Ant. tart.
590. stool, after: Ol. an.
hypochondria: Chin.
right: Sang.
592. stitching, extending, chest, to: Kali carb.
594. inguinal region, left: Sep.
596. sides, right, then left: Mag. mur.
spleen: Amm. carb., Grind., Tarax., Vib.
598. torn out or loose: Nat. mur.
twisting: Bry., Cina, Coloc., Nux mosch., Sabad.
umbilical region: *Coloc.*
599. *Perspiration*, hypochondriæ: Caust., Conv., Ign., Verat.
Pulsation: Act. sp., Berb., Cina, Cinnb., Cycl., Ferr. iod.,
Graph., Ran. bulb., Sep., Sulph.
sides: Sil. (1).
601. *Rumbling*, croaking in: Arg. nit., Nat. mur.
drinking, after: Kali phos.
menses, during: Kali phos.
stool, before: *Gamb.*
diarrhœic, before: *Gamb.*

- Page
602. urinating, agg.: Stram.
Sensitive skin: Stan.
Stiff: Lil. tig., Rhus tox.
Swashing in: Sulph. ac.
603. *Swelling*, liver: Podo., Sep.
spleen: Aran., Cean., Grind., Nat. mur., Sulph. ac.
603. *Tension*: *Apis.*
605. *Twitching*, inguinal region: Alum., Aur., Ign.
Ulcers, hypochondriæ: Ars., Nat. carb., Phos.
inguinal: Kali carb., Nat. mur.
Veins, distended: Calc. carb.
Weakness, stool, before: Verat. vir.
after: Stann.
hypogastrium: Amm. carb., Chion.
607. *Constipation*, alternating with diarrhœa: Cor. rub.
of the aged: Alum., Cycl.
babies: Caust., Verat.
soft stool, with: Ind., Med.
stool recedes: Med.
drinking, amel.: Caps., Mosch.
must remove stool mechanically: Aloe, Bry.,
Calc. carb., Con., Nat. mur., Plat.,
Sanic., Sel., *Sep.*, Sil., Sulph.
608. milk, amel.: Iod.
riding, agg.: Ign.
seashore, at: Aq. mar., Bry.
women, in: Sep.
Constriction, motion, agg.: Caust.
spasmodic: Sil.
610. *Diarrhœa*, night only: Chin.
air, currents of: Bry.
metorrhagia, with: Tanac.
children, of: Jal., Senna.
chronic: Ars., Calc. carb., Ferr., Phos.
612. eating, while: Rad. brom.
exanthemata, suppression of, from: Graph., Psor.

Page

- excitement, emotions, from: Acon., Ant. crud.,
Chin., Coloc., Ign., Op., Phos., Puls., Verat.
fever, with: Ars., Chin., Nux mosch., Phos., Puls.
613. food, acids, agg.: Lach.
aversion to, with: Ars., Chin., Nux mosch.,
Phos., Puls.
cold, agg.: Bry.
614. menses, during: Lach.
milk, after: Chin., Iod.
615. tuberculosis, during: Arg. nit., Ars., Chin., Ferr.
phos.
616. *Rectum*, distension: Agar., Merc., Staph., Sulph.
dragging: Plat., Sep.
dripping from, sensation: Ferr. iod., Sulph.
617. *Fissure*, perineum: Amm. carb.
Flatus, waking, on: Carbo sulph., Cund., Merc. i. of.
618. rumbling in rectum: Hep., Sep.
stool, after: Con.
urging to stool, passes flatus only: Caust. Mez.
Rectum, fulness: Lyc.
619. hæmorrhage: Kreos.
menses, suppressed: Acet. ac.
stool, after: Cact., Lob., Nit. ac., Sabin.
620. *Hæmorrhoids*, external: Hyper.
sitting, amel.: Ars., Calc. carb., Ign., Lach.
621. *Inactivity*: Meli.
Inflammation: Kali bich.
622. *Involuntary* stool, although solid: Aloe, Caust., Coloc.,
Hyos.
Itching, night: Mosch.
623. stool, after: Glechoma.
perineum, stool after: Tell.
Lump, sensation: Chin., Croc. hor., Gamb., Hell., Nat. carb.,
Phos., Plat., Sulph. ac., Thuja.
perineum: Arg. nit.
623. *Moisture*, acrid: Lach.
glutinous: Kali bich.

Page

- Nasal* symptoms, with: Calc. carb.
Open, sensation: Ail.
624. *Pain*, cough, from: Ign., Nit. ac.
lying, agg.: Chel., Ign., Ptel., Sep., Sulph.
riding, agg.: Hep.
sitting, long after, agg.: Calc. carb., Nit. ac., Ruta.
625. extending, genitals, to: Chin., Phyt., Sil., Zinc.
heels, to: Fago.
penis, to: Zinc.
thigh, to: Alum., Cann. ind., Gran., Plb.,
Rhus tox., Sabin.
urethra, to: Bry., Thuja.
626. burning, stool, after: Colch.
cutting: Ant. tart., Collin., Rhus tox., Sabad., Spig.,
Spong.
627. pressing, night: Ptel.
lying, while: Nux vom., Ptel.
628. stinging: Nit. ac.
631. *Paralysis*, sensation: Cocain, Rhodo.
Prolapsus: Arg. nit.
632. *Pulsation*: Sil.
Retraction: Nat. phos.
633. *Urging*, absent in company: Bry., Graph., Mag. mur., Op.
flatus, passing, amel.: Acon.
ineffectual, then involuntary stool: Agar., Arg. nit.
634. paroxysmal, painful, too: Kali carb., Plb., Sulph.
Weakness: Apis, Sulph.
636. *Stool*, brown, foam: Raph.
changeable: Æsc., Euony.
637. fatty, greasy, glistening: Aloe, Caps., Iris, Kalm., Lil.
tig., Lycops., Onos.,
Taran.
flaky: Lac. can.
flat: Arg. nit., Arn., Chel., Dig., Sep.
forcible: Bry.
frothy: Form.
granular: Mang., Podo., Zinc.

Page

- green: Lac. can.
 hard: Cupr., Kreos.
 paint, like: Ars.
 hard first, then fluid: Mag. carb.
 hot: Gamb., Rat.
639. mucus, covered with: Graph., Hydras., Tell.
 gray: Thuja.
640. lumpy: Cop.
 mushy, gray: Myrica.
 odor, eggs, like rotten: Ascl. tub., Graph., Phos.,
 (Podo.)
 musty: Cina.
 offensive, sticking to patient: Podo., Psor.,
 Sulph., Zinc. sulph.
641. purulent: Nit. ac.
 reddish: Sulph., Rhus tox.
 sand or gravel in: Cina, Hydras., Lyc., Rhus tox.,
 Urt. ur.
 slate colored: Bapt., Ferr. phos., Rad. brom.
642. stringy: Colch.
 tarry: Phys., Plat.
 thin, liquid, followed by hard: Plb.
644. yellow, bright: Nux mosch.
 orange: Æth., Chel., Dios., Gels., Ip., Kali
 bich., Nuphar., Phos.
645. **BLADDER.**
Cold sensation: Lach., Syzy.
Falls, forward, as if: Nux mosch.
646. *Heaviness*: Bell.
Hæmorrhoids: Cann. ind., Staph., Thuj.
Inflammation, chronic: Ars., Eup. pur., Sulph.
Itching, neck: Ign.
647. *Pain*, standing, agg.: Ferr. phos.
 extending, thighs: Fluor ac.
 urethra: Berb., Canth.
 aching, neck of: Ign.

Page.

648. bursting: Zinc.
649. sore: Lac. defl.
 spasmodic, extending to chest: Caul.
 back: Caul.
650. twitching: Op.
Pulsation: Epigea (neck).
651. *Retention*, spinal affections in: Phos.
Spasms of: Phos.
652. *Urging*, morning: Thuja.
654. menses, before: Aur. met.
655. to stool, with: Ferr.
 sitting, while: Clem.
 standing: Ferr. phos.
 amel.: Sep.
 sudden: Med.
 hasten, must: Kali carb., Lath.
 walking, while: Apis.
- Urination*, dribbling: Calc. carb.
658. acids, agg.: Sep.
 fruits, agg.: Sep.
 headache with: Jugl.
 pain, during: Spigelia.
659. involuntary, daytime: Apis.
 and night: Tril.
 night, morning, toward: Cina.
 eructations, on: Hydras.
660. lying, while: Kreos., Puls.
 sitting, while: Spig.
 vomiting, on: Ars.
661. spraying stream: Kreos.
 standing, can only pass urine while: Alum.
 empty bladder,
 while: Puls.

COMPARATIVE DRUG SELECTION—BELLADONNA

H. B. F. JERVIS, VETERINARIAN

This European plant was first proved by Hahnemann. In his *Materia Medica Pura* he speaks of the adverse criticism levelled at him for using the drug, even though at that time he advised its use in the thirtieth potency. Of the incident he says: "Those small-souled persons who cry out against its poisonous character must perforce let a number of persons die for want of *Belladonna*."

Dunham says "the action of *Belladonna* on the system is so general and so complex as almost to defy analysis. On the vital forces of animal life its action is pre-eminent, while on the organic substance it acts less profoundly."

Finlay Dun is not nearly so reticent as he was on the last remedy we discussed, and though, like all allœopathic writer., a great many of the fine points of the remedy are overlooked, yet he seems to have a glimmering of the usefulness of *Belladonna*. Under medicinal uses he has to say: "Stimulating the respiratory centre, abating excessive mucous secretion, combatting spasm of involuntary muscles, and soothing irritability, *Belladonna* and *Atropine* are serviceable in catarrh, pharyngitis, laryngitis, and bronchitis in all patients, and are used in the several forms of inhalation, spray, electuary, and hypodermic injection. In influenza in horses, they besides beneficially stimulate the weakened heart." Prof. Robertson prescribed *Belladonna* with small doses of *Aconite* in the acute stages of respiratory diseases in horses; but it is chiefly indicated in the secondary stages, when secretion is over-abundant, swallowing difficult, and the throat irritable. He also calls attention to its use in animals for spasmodic colic, irritation of the bladder, rectum, and uterus. In examinations of the eye atropine or homatropine is used for dilating the pupil, assisting in the detection of cataract, etc., etc. He, of course, dwells at length on a lot of experiments conducted upon various kinds of animals which are of no interest here, and I fail to see what good he personally derived from them.

Now as to its homœopathic use in veterinary practice:

Inflammation of the brain and its meninges.
Heat about the head; mad staggering gait.
Wild furious look. The animal plunges and kicks.
Foams at the mouth; attempts to bite. Delirium.
Eyes red, inflamed; especially the ball of the eyes, protruded from the socket.
Ulceration of the nostrils, nostrils dilated.
Mouth hot; mouth, throat and tongue bright scarlet.
Throat sore, ulcerated. Glands enlarged, tender to touch. Glands swollen, threaten to suppurate. Difficult deglutition.
Skin of body red. Blood vessels of the head and neck enlarged.
The spine is sensitive to touch.
Convulsive movements of the whole body.
Pulse quick, hurried; often hard and wiry; sometimes full and slow.
Evacuations hard, dry, small; pale in colour with urging.
Urine thick, dark coloured.

The traditional use of this remedy is narcotic, and applicable to some forms of pain and spasm; while it influences the nervous functions, its action is more than neurotic. As to the disturbance it sets up in the brain and spinal cord, there is excitement with perversion of function, followed or accompanied by hyperæmia, insomnia, delirium, even mania; hyperæsthesia always points to *Belladonna*.

The central motor derangement is of more varied character, lack of control of lower (hind) limbs, twitching, jerking and jactitation, as we see in chorea in dogs, tetanic spasms as if suffering from strychnine, chronic convulsions, simple restlessness, eclampsia, laryngismus, stridulus, epilepsy of recent origin. As to hydrophobia its efficacy is doubtful.

Mentally speaking in the case of animals, it is indicated in delirium, rage, such as are presented in connection with no other drug except *Hyocyamus* and *Stramonium*, therefore in the first rank of homœopathic remedies in cerebral disturbances. In arterial congestion of the brain it is an invaluable remedy, the only instance in which it is out-rivalled is in sunstroke, when *Glonoïn* takes its place, but does not of necessity supersede it.

Valuable in apoplexy, whether before or after extravasation has occurred.

Belladonna increases the action of the heart in force and frequency; has an important place in the treatment of primary fevers, suffices to control the general and local phenomena in affections of the throat in dogs, cats and other animals; the mucous membranes at first dry, then followed by secretion of mucus when the pulse falls; for ordinary acute sore throat is as complete a specific as medicine can present; especially indicated by pain on swallowing, bright redness of the affected parts. When the sub-mucous infiltration is great, *Belladonna* yields to *Apis*. When œdema is present *Apis* is more certainly indicated.

The bladder is powerfully affected; in simple irritation of that organ no drug is so valuable; also true in incontinence of urine in puppies, especially nocturnal.

Belladonna is of use in traumatic conditions of the eyes, i. e., iritis, retinal hyperæmia, catarrhal ophthalmia, etc., etc.

To sum up we may state that generally speaking this drug will be found suitable for inflammations of the conjunctiva, when the eyes look red, the eyelids swollen, and tears flow freely. In inflamed sore throat, with general febrile disturbance, pain and difficulty in swallowing, external tenderness and swelling *Belladonna* is alone sufficient to meet most cases. When the glands about the neck are swollen and painful, as in "strangles" in horses, it renders good service. Inflammatory swellings, such as "poll evil" in horses, require its use, perhaps not forgetting *Arnica* when resulting from injuries. Dry, irritating cough, presumably from throat irritation, is quickly relieved. In the cerebral excitement of "staggers" in horses, distemper in dogs, in enteritis, and in inflammatory skin diseases without discharge, it will often be found highly beneficial.

SANTA MONICA, CAL.

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

JAMES TYLER KENT, M. D.

COMMUNICATIONS*

Seoul, Chosen, Korea.
July 20, 1931.

To the Editor of the *Homœopathic Recorder*:

The Physics of High Dilutions by Dr. Stearns and the editorial by Dr. Roberts, in the June issue of the *Recorder*, have spurred me on to write something which I think ought to be said by somebody. Here you have it.

PHYSICS OF HIGH DILUTIONS

It is a fact that some hundreds of thousands of physicians of all nations, colors and languages, during the past 125 years, have written or spoken of their successful treatment of the sick by medicating with high potencies, having been guided to the remedy by Hahnemann's law of similar symptoms. Against these repeated statements there are only five actual possible factors to be considered:

1. These doctors are all liars.
2. They are all fools.
3. They are all honestly mistaken.
4. They are all crazy.
5. All, or part of them have spoken the truth.

Now we approach the lawyer's special knowledge of the true value of human evidence. If we divide the known number of statements, say one million, which is probably well within the mark by five, the proportion of true witnesses, neither liars, fools, insane nor crazy, would be 200,000, who could have no motive to undue falsification in relating their experiences.

The mode of approach, verification and final acceptance of truth in any given science is first, the statement of the supposed fact with the technique and results of experimental evidence, and the experimenter's conclusions. When the whole process is repeated under like conditions by many *competent* experimentors, with like results, the conclusions are accepted by science as verified law until they are proven false or insufficient in the light of later knowledge. Now, as stated above, if some 200,000 homœopaths since Hahnemann have verified the truth of homœopathy, it follows that the "honest seekers" and the "colleges which wish to deal only with what may be demonstrated by laboratory method" rather than with what has been tested by results, (including the old school), are refusing to accept a scientifically proven fact. Their laboratories, with their iota "of knowledge of nature's laws compared with what we shall one day know", cannot measure and weigh this many times proven action of medicine and the results of that action. Today what cannot be measured, weighed, dissected, or synthesized is "unscientific".

Now, why not accept and state the bald and naked truth, wholly sufficient and verified so often, as the action of medicine which is known and *possible* within the known laws of nature, but which cannot be metered by the crude "scientific" tools of today. Further, why not state another known truth, that the animal body is a finer and eminently more successful test tube than any tube of glass, and is beyond measurement by any of the "modern aids to diagnosis".

Life is short and our individual needs too many to waste time in convincing "honest seekers" whose stand in this matter is that of the mob. It requires courage and mental power, which these men have not, to secede from the well known path of the mob. Christ went about doing good and the mob crucified Him. Also there is an individual and professional dignity which is impaired by continually begging arrogant ignorance to accept truth as we know it.

I have followed Hahnemann's teachings for fifty-three years, and from many experiences in many countries, at sea, in woods, on mountains, and in mines, believe that I know something about these matters.—D. H. BRIEN.

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

POINTERS

The Editor requests all readers to send in contributions to this column. Many of our subscribers are enthusiastic over these suggestions, of inestimable value because they come from clinical experience with proof of their value in results obtained.

SYMPTOMATIC GLEANINGS CHARACTERISTIC OF

NEURASTHENIA

Fatigue; mentality impaired only after fatigue.
Recognizes the internal weakness as the cause of the symptoms; has real pains and functional disturbances, especially secretory.
Ameliorated by rest.

PSYCHASTHENIA

Uncertainties; altered sense of reality.
Phobias; fears effects of incapacity. Obsessions.
Inquietude; desire to go, to wander.
Recognizes that his incapacity is the effect of fears, that these intrusive ideas are false.
Ameliorated by activity; bears temporary stress well.

Suggestive to the homœopath . . . 70 per cent of the Mongolian deficient die before puberty usually with bronchitis, broncho-pneumonia or tuberculosis.

INCIPIENT HEBEPHRENIA

Intellectual inefficiency, concealed by conventional or automatic behaviour.
Indifference; lost ambition and interest; lessened reaction.
Mental work difficult, stumbling, hesitating.
The physical fatigue is in sudden spells without apparent cause.
Sudden impulses.
Negativism (mental).

HYSTERIA

Suggestivity; *suggestion*, both incites and relieves; suggestible to circumstances.
Simulations; semi-intentional or intentional trickery.

—R. E. S. HAYES.

When *Sulphur* improves the chronic patient a number of days then a disappointing reaction occurs, one of the *Mercuries* is often the remedy.—R. E. S. HAYES.

In epilepsy the remedy is not seen in the actual seizure (pathological symptom), but rather in what has preceded, perhaps long before.—R. W. SPALDING.

Digitalis has a feeling of slight confusion in the heart, worse in the morning; a painful sensation of weakness in the wrists and arms; a sensation as if the heart would stand still at each motion of the body; frightful stitches in the heart region coming on every fifteen minutes and lasting but a few seconds.—H. R. EDWARDS.

The queen bee is the most jealous thing in nature. *Apis* has jealousy to a marked degree, in women only.

Apis is in the highest rank for engorgement of cellular tissue, especially about the eyes.

Punctured wounds with intense stinging pains—*Apis*. (*Ledum*—punctured wounds with sensation of coldness in the wound—and *Ledum* antidotes *Apis*.)

Burning, stinging urticarias, appearing and disappearing suddenly—*Apis*.

Œdema to the point of gangrene with sloughing—*Apis*.

One-sided chorea with awkwardness of gait—*Apis*.

No matter how sick the *Apis* patient is, he always answers that he is "quite well".

The *Apis* paralysis often comes on after emotional stress, especially after bad news.

Apis has coma following scarlet fever during which the patient suddenly cries out or moans.

Apis sweat smells like musk.

Tomato sauce stool with burning and stinging on passing—*Apis*.—H. A. ROBERTS.

Popcorn diarrhœa in cholera is a leading symptom for *Cina*.
J. N. HAZRA.

Give *Cina* only on the wane of the moon.

Cina 30th will cure worms in puppies.

When there are papillæ on the tip of the tongue, the child has worms. *Cina* is the remedy.—H. R. EDWARDS.

BOOK REVIEWS.

Manual of Pharmacodynamics, by Richard Hughes, L. R. C. P. Ed., seventh edition; first Indian edition; published by C. Ringer and Company, Norton Building, Calcutta; 1111 pages, 18 shillings net. Also obtainable through Messrs. Leath and Ross of London.

This is a reprint of the sixth edition, published in 1893, revised as to type and index.

Dr. Richard Hughes was a lucid writer and produced a very readable book. However, he was one of those brilliant men who unfortunately followed the teaching of Hempel, who in 1851 borrowed from Hufeland the idea of pathological prescribing, prescribing almost solely for the disease and de-crying symptom similarity as a basis of treatment. Hughes was an apt and brilliant pupil of this teaching, and criticized Hahnemann very severely for his findings, and for incorporating symptoms that were removed after the administration of medicine, symptoms which had been present for some time and were removed after the remedy had been administered for other symptoms. In other words, clinical verifications on sick individuals were not to be countenanced as authentic knowledge for our materia medica. Objective symptoms were always to take the lead over subjective symptoms, and tissue changes over sensations.

In regard to dosage, Hughes maintained that no proving of the thirtieth potency should be accepted as a classical proving until every symptom of that proving had been verified, because of the attenuation. This attitude becomes very awkward to explain, in view of the fact that modern physicists have demonstrated that actual mineral particles can be detected by the spectro-scope when they are in a solution of one to four billion. On the other hand, Hughes throws out as worthless the provings of the Austrian Society.

The articles on the different remedies are very good, so far as they go; but we feel that if Dr. Hughes were living today he would be abreast of modern knowledge of physics, and would apply this knowledge to the knowl-edge of the materia medica. Even at the time of his writing he did not grasp the finer shadings in the pathogenesis of drugs.

There are many valuable books which are now out of print, and that sadly require reprinting for the benefit of those who wish to practise real homœopathy as taught by Hahnemann and the great masters following him. It is the aim of some of the forward-looking homeopathic groups in this country to reprint some of these choicest works which are not now available, such books as Hering's *Condensed Materia Medica*, and Hering's *Guiding Symptoms*, to mention but two of the many choice books which are now out of reach of all but a few.—H. A. R.

Every substance capable of producing abnormal changes in the human organism, whether morbidic or toxic in its character, exercises a specific action peculiar to itself, de-veloping a specific irritation, or inflammation, which may be very similar to, but never identical with any other inflammation.—
E. E. MARCY, M. D., 1851.

EDITORIAL

DIET, HEALTH, DISEASE AND HOMCEOPATHY

The question of diet is a most vital one, not only in the disease state, but also in the so-called healthy state. There is little question but that improper diet in the well person is the ground work on which many disease conditions are built, and that it increases the functional and pathological changes in the sick. Diet is one of the most important adjuvants for the pre-vention of disease in the healthy as well as for the improve-ment or cure of the sick. The metabolism of the human body is a fearful and wonderful thing—little understood, and with no im-provements on Nature's methods. Metabolism in health is won-derful—wonderful in its working, and wonderful in the abuse it will stand. Metabolism, disordered, is fearful—fearful in the far reaching effects with their serious functional and pathological changes. Therefore we contend that diet in health is, if anything, more important than diet in disease. How few of us make this an important point in our fight against disease!

In health the normal needs of the body—proteins, carbohy- drates, fats, salts, vitamins, fluids—can easily be balanced to the caloric needs of the body, in relation to age, activity, season, locality, inheritance and type of work. It would seem that this important subject should receive more stress in our medical training and study. There are many fine text books which may be consulted.

Diet in disease is divided into three classes:

1. In acute diseases.
2. In deficiency diseases.
3. In chronic diseases.

In acute diseases our main object is to simplify the diet and give sufficient fluid without reducing the caloric needs (often great in high fevers) so that it can be cared for by a deranged digestive system and bodily metabolism.

The deficiency diseases, such as rickets, scurvy, pellagra, beriberi, etc., are caused by lack of proper food elements, through ignorance or necessity. Such respond readily to the addition of the needed food elements, if the pathological changes have not

gone too far. The important point here is to recognize deficiency disease and treat it early, and to provide these necessary elements in every day diet and in food selection for a long period of time, as in Arctic exploring.

It is under chronic diseases that the most emphasis has been placed on this interesting diet study: Gastric and duodenal ulcer, diabetes, nephritis, colitis, cancer, pernicious anæmia, epilepsy, arthritis, etc. The diet in such cases must be a selective one, fitted to lay as little work as possible on tissues and organs damaged by pathological changes. No one, especially the homœopath, can doubt the efficiency of such types of dieting.

Then there is a different kind of chronic case—no pathological changes demonstrable—but a sick patient, sick in body, or mind, or both. Here brilliant results can often be obtained by diet alone. In this class we find the food sensitizations or allergies. What are these allergies? How do they act? We do not know, *but we do* know that we can cure them by removing offending articles from the diet or by building up a tolerance to such foods.

Last, and far from least, the homœopath is particularly interested in the particular food cravings, aversions, aggravations and ameliorations. Again, why? How? Do they indicate a deficiency, a sensitization, or what? We know they bear a close relation to the chronic homœopathic remedy. Failure to consider them may block the road to cure. Careful consideration may result in a brilliant cure with removal of such food idiosyncrasies.

This last subject merits thought and our readers are urged to offer suggestions for such a study. What questions have you, what cases, successful or unsuccessful, along this line? Let us hear what you have to say on this most important subject of diet in relation to homœopathy and the homœopathic remedy.—E. B. LYLE.

* * * * *

THE HIGHER POTENCIES

Dr. A. R. Morgan, in 1865 (*Homœopathic Recorder*, April 1931, p. 280), is reported as follows: "Many of our most eminent, profound and discreet physicians, close observers, in this and other countries, after long and critical deliberation have pro-

nounced in favor of the superiority of the higher attenuations. It should be remembered that these experiments were conducted by men whose convictions were decidedly on the side of the superiority of the lower potencies. The experiments were extended over a period of 10 years."

What a pity, it seems to us, that Hahnemann, Kent, Morgan and others did not and do not, even to this day, know the reason why! Had they only known they could have given a scientific, irrefutable reason to a world that has been, and still is, clouded in medical darkness as to what has really constituted the real drug since the early conception of medicine. All that experimentation could have been saved; all those derisive sneers at the homœopath's "delusionary" drugs met and vanquished with cold scientific facts, and the ignorance of those sneerers impaled to public gaze. All of this would have made homœopathy readily acceptable and desirable.

Drugs, like disease, are invisible, tasteless and odorless. And why not? Can one see, taste and smell energy? Every drug contains a fixed, unchangeable energy peculiarly its very own, whose place can never be replaced, substituted or changed by fusion, and which must be freed from its container or base to which it is bound before it can act. No matter how much we subdivide the container or base that energy is neither changed nor lost, in conformity to Nature's laws of conservation of energy.

Figure it out as we will, drugs proper are not material, even when prepared in colloidal form; the result and action depend on the energy contained and not on the container or base to which that energy is bound. Colloidal drugs are not potentized and are no more available than the lower potencies would be, so they are no improvement as far as homœopathy is concerned, although they may be an improvement over the allœopath's crude drug. The visibility, odor and taste of a drug are limited entirely to the container or base of that drug and not to the drug proper showing that they only act as labels for the drug. When properly indicated and properly applied, a dose of the cc of *Asafœtida*, *Quinine* or *Strychnine* will do the work without the odor, taste and smell of the container or base more effectively than the crude drug with them.

Medical science must go below the material if it wishes to gain true knowledge. The power of the drug depends entirely on its freedom from its container or base to which it is attached or bound. The stronger the energy to be bound the more dense the container or base must be. How are the bodily secretions going to act on crude, or even the lower potencies of *Silicia* to free its energy? It is true that we get some action from the lower potencies of these drugs due to some particles being sufficiently broken up to partially free some of the confined energy, but that action will only be fitful and incomplete, not deep and lasting as compared with the drastic action of the higher potencies when properly indicated and applied. Of this we have had ample proof. As we write this we have just had it amply demonstrated to us in a case from a single dose of the 1M. That is true in every case where the drug is truly indicated but improperly applied. Drugs are only poisonous in relation to the rapidity with which the bodily secretions can free their contained energy. The dog which can eat 37 grains of morphia, and the hedgehog that can consume enough prussic acid to "kill a regiment of soldiers" are no more powerfully built than man whose resistive powers would seem to be far below that of the aforesaid animals.

We have been so erroneously taught so long and so persistently by the pure materialists who persisted in remaining in a state of ignorance, and the public has been so thoroughly saturated with that material ignorance, that it is hard to convince either of their error, and thus we must go right on continually defeating our very best efforts by refusing to learn.

Let us not consider ourselves too learned to be in need of further instruction, for at that point we have arrived at the stage of stagnation and are well on the road to mental decay.—
A. PULFORD.

* * * * *

Recent findings by the United States Department of Agriculture, Bureau of Chemistry, have brought to light a very vital point regarding oranges as vitamine producers. For many years orange juice has been used as a producer of the essential vitamins in a concentrated form. This has been so well recognized that pediatricians have depended very largely upon orange juice

to supply the vitamine C for infants in large centers of population who are bottle fed.

Now it has been discovered that the fruit of those orange trees which have been sprayed with arsenate of lead differ chemically from the fruit of those trees which have not been sprayed; and that the fruit from sprayed trees lose a considerable amount of vitamine C, which has been such a valuable constituent of the juice. It has been demonstrated that besides this loss of vitamins, the arsenate of lead spray reduces the acidity of the juice and decreases the sucrose, with a corresponding increase in invert sugar. The assertion is made that the spraying with arsenate of lead does not involve any danger from poisoning, even when the trees are sprayed with this solution repeatedly; but it is a question, when the arsenate of lead has the power to change the character of the juice so markedly in the decrease of vitamine C and the other changes that may be detected, if it does not have a correspondingly detrimental effect from the arsenate itself, in proportions which may not be detected by the chemist but which to the homœopathist would at once be recognized as harmful.

Another thing that has been demonstrated by the Bureau of Chemistry is that the processing of oranges by the heat method to destroy the larvae of the Mediterranean fruit fly does not seem to effect in any way the quality of the sugars, citric acid or the vitamine C contents of the fruit.

That there is a possibility of detrimental effects upon the fruit from the spraying of arsenical preparations is recognized by several of the southern states, where they have passed laws prohibiting the use of such sprays on the orange crop.

In view of these findings it is essential that homœopathic physicians should watch constantly the use of pasteurized milk with bottle fed babies, to see that they are supplied with vitamine C in some form.—H. A. R.

* * * * *

Medical practise is a life of loneliness. A physician must work alone. He must meet individually his patients, and upon him alone must rest the responsibility of their proper treatment. He has comparatively little contact with his fellow practitioners.

Much of his time is spent in the quiet of his library in deep study, where the great minds of the past gave him the benefit of their experience; for this is where the greatest part of his post-graduate education must be sought and found. The life of a physician means hard, tedious labor, and oftentimes a consciousness of the lack of sympathy from and personal relationship with his confreres.

Therefore the physician must prize the contact with living personalities who hold high the same interests of the profession, the giving and receiving of knowledge and experience and methods of work which is so abundant when groups of men with a common thought come together in convention. This is the time of year when many conventions are scheduled, presenting carefully prepared programs that are of inestimable benefit to the individual physician, who through most of the year must work alone, but who now has the opportunity to renew some of his enthusiasms through contacts that give inspiration and direction for thought, through the spark of interest which lights the faces of the listeners and which brings forth valuable discussions on intricate problems.

For the next few weeks the homœopathic profession in the United States has the privilege of large sectional gatherings. The Mid-West Convention in Chicago, October 6, 7 and 8; the Eastern, celebrating their tenth anniversary at Trenton, New Jersey, November 4, 5 and 6; the Southern at Lexington, Kentucky, and in connection with the Southern, from November 19 to 22, the second meeting of the Pan-American Congress. This gathering of representatives of homœopathic associations from South America, Central America, Cuba, Mexico and Canada, meeting with the representatives of the various associations in the United States, should be a noteworthy event. All the conventions are very important, and much good may be expected from them.

We earnestly hope that every homœopathic physician will make a special effort to get the most obtainable from these contacts, and attend as many of these gatherings as he finds it within his power to do. Then he will return to his work refreshed and sustained in spirit, and his work will show the results of his added inspiration.—H. A. R.

CARRIWITCHETS

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

13. In the June issue of the *Recorder* mention is made of the "Electronic Method". Will you please explain what is meant by this method. What is the technique of this method?—E. A. BROWN.

14. The following case is presented by Dr. C. Gordon of Edinburgh, Scotland, for analysis and remedy selection.

CASE

M. H., hairdresser, age 22. Dysmenorrhœa very severe formerly. Some doctor prescribed anterior pituitary tablets for it. She took about 800 tablets in six months, and another 800 during the next three or four years. Result acromegaly.

Bones of head and face enlarged, and shoulders four inches wider than formerly.

Constant drowsiness, not ameliorated by sleep.

Attacks of exhaustion, must sleep.

Occasional migraine headaches.

Copious sweat. Skin pale and dirty-looking, more so when cold.

TIDY. MEMORY GONE. SENSITIVE.

Fear when alone in house but can conquer it.

ALTERNATELY CHEERFUL AND SAD.

Claustrophobia. Forgets words.

Very sensitive to *heat* and *COLD*.

Goes blue with cold.

Should this patient be treated on the totality of the symptoms or should the pituitary poisoning be antidoted prior to constitutional treatment, and if so, by what?—C. GORDON.

ANSWERS TO CARRIWITCHETS IN THE JULY ISSUE

Case of Miss G. W., severe headache with menses. Please refer to the July issue, page 535. On line 5 from bottom please omit the words "and lying":

—The following analysis of this case comes from Dr. Hari Shankar, Benares, India, and shows much study.

Six answers have been received, so far, discussing this case. The doctors seem to live up to that old saying "doctors disagree". It would seem that further study is necessary.—E. B. LYLE.

—This case is a good one for repertory study. Proceeding from Generals to Particulars, the symptoms for repertory analysis are taken as below. The order shown here has been sketched after due consideration to the value of each symptom for purpose of remedy selection.

MENTALS AND GENERALS

1. Dislikes large crowds and people crowding, read in the language of the *Repertory* as "Aversion to company", p. 12. For cross-reference, the rubric "Fear of people" on p. 46, as well as "Dread of men" on p. 65 may also be compared.
2. Very sensitive to noise, p. 79.
3. Sensitive to everything, p. 78.
4. Fears only getting up to sing in church, read in the *Repertory* as "Tears in a crowd", p. 43.
5. Sensitive to talking in groups of people, read in the *Repertory* as "Conversation <", p. 16.
6. Very conscientious, p. 16.
7. Very religious (not in abnormal sense), *filled with fine sense of service*, gave up chance for training for opera to do church work, p. 71. For cross-reference, the rubric "Sympathetic" on p. 86 should also be compared.
8. Loves air, read in the *Repertory* as "desire for air", p. 1343.
9. Cold-blooded (temperature subnormal), read in the *Repertory* as "Vital lack of heat", p. 1366.
10. Fond of sea-foods and fish, see "Desire for oysters", p. 485, and also "Desire for fish", on same page. We have assigned last place to this symptom, although it can be classified as a Physical General relating to the patient as a whole and consequently commanding a higher rank in the evaluation of

symptoms simply because rubrics containing but few drugs must always be viewed with suspicion as to their completeness. This rubric "Desire for fish" contains only three remedies. While, therefore, it may have a confirmatory value, it cannot be regarded as an absolute essential of the first rank in this case. It is a great drawback that our provings have not been pushed so far.

As the following Mentals or Generals, although sufficiently peculiar, individualistic and characteristic of the patient, are not found in the *Repertory*, we cannot work them out. Kent's, Boger's, Bœnninghausen's, Lippe's, etc., were consulted, but these symptoms could not be found, so we are forced to leave them out of consideration. It is for want of full and complete provings in all directions that these symptoms are not found in the *Repertory*.

11. Sensitive to colour.
12. Very tactful.
- *13. Loves rain.
- *14. > in rain (does best work in rain).
15. Craves spinach and greens.
16. Loves hot sun.
17. Loves summer.
18. > in summer.

Taking the symptoms 1 to 9 enumerated above, we find the following remedies running very high and appearing most often:

<i>Aur.</i>	17—9	<i>Ign.</i>	16—6
<i>Nat. mur.</i>	18—8	<i>Puls.</i>	16—8
<i>Sulph.</i>	17—8	<i>Lyc.</i>	18—8
<i>Bar. carb.</i>	17—8	<i>Sep.</i>	14—8
<i>Nux vom.</i>	19—8		

The numerator shows the numerical value of the remedies and the denominator, the number of symptoms covered by the remedy.

For further elimination, if we take the symptom 10, the above list can be narrowed down to only two, viz., *Lyc.* and

*These were two of the most marked, and therefore characteristic, Generals in this case.—ED.

Nat. mur. But this should not be encouraged. The above list contains only nine remedies and we can compare them in the *Materia Medica*. From a comparative study we can easily perceive that *Nat. mur.* agrees with the symptom-image of the patient and fits her on all fours. The particular symptoms of the head, and abdomen, with their respective modalities, are all covered by *Nat. mur.* Even if some of these Particulars were not covered, or were even contra-indicative, it will not matter, as the Particulars cannot rule out the Generals. The time modality of the headache, i. e., < from 3 a. m. to sundown is very nicely covered by *Nat. mur.* The symptom "Sweats less than normal" is included in the anamnesis as a general symptom. We do not consider it to be so, as this relates only to the excretory function of a particular organ, viz., the skin.* "Prefers hot food". We think this to be an unimportant symptom, as this may only be a habit symptom in a cold-blooded patient. It is not a distinct craving, but only a matter of preference.

"Never resentful or despondent, happy, good natured, wonderful disposition, talented singer, splendid manager." These symptoms have nothing morbid in them to constitute an abnormality. These are common things, and can be easily found in persons of average intelligence, and of ordinary social position in life. There is nothing peculiar, uncommon or bizarre about them to give them a real symptomatic value homœopathically.

The symptoms 13, 14, 16, 17 and 18, if read together, may be made to mean (which we admit is not commendable) < during winter, or cold. This we say simply for confirmation and not elimination. "Once had an abscessed tooth with severe neuralgic pain > cold." This was only an acute trouble and has no constitutional bearing.

Her mother also suffered from headache, similar to that of the present patient. This indicates that the trouble is a very deep-seated, miasmatic one and this patient has inherited a constitution susceptible to diseases quite akin to that of her mother. This has no bearing with the repertory analysis, or selection of medicine, except that the medicine selected should be a deep-acting, miasmatic (anti-psoric, etc.) remedy.

*This symptom is the result of endocrine insufficiency and therefore is a General, indicative of the patient as a whole.—ED.

Under the rubric "Conscientious", p. 16, symptom 6, we do not find *Nat. mur.* but *Nat. ars.* and *Nat. carb.* salts of the same sodium family are listed there. While writing on *Alumina*, Kent has thrown out a hint that when we have a good substantial proving of an oxide or a carbonate, and the mental symptoms are well brought out, we can use these, in a measure in a presumptive way, in prescribing another salt with the same base, which has a few mental symptoms in its proving. So here, if *Nat. carb.* has produced "Conscientiousness", we can use *Nat. mur.* in a presumptive way on the same analogy.

As the case has passed several hands, and a successful prescription will give us an influential convert, it gave me sufficient impetus to work in the manner shown above. While science and art have shown me *Nat. mur.* to be her *simillimum*, its homœopathicity will be established only after the medicine has been administered and its effects watched. As the patient is a very sensitive and chronic one, we must begin with 10M.

Note: All references are to the Kent's *Repertory*, 3rd edition.—HARI SHANKAR.

ANSWERS TO CARRIWITCHETS IN THE SEPTEMBER ISSUE

How does a Hahnemannian homœopath treat poisoning cases such as poisoning by nitric acid, mercury, arsenic, etc., and how do the results of such treatment compare to the usual routine results?

—Cases of acute poisoning by nitric acid, mercury, arsenic, etc., require prompt gastric lavage and the administration of the appropriate antidote.

Do everything possible to quickly get rid of the poison and to render any that may remain either insoluble or chemically inactive.

The potential homœopathic remedy will be in order after the emergency is over and will do much to bring the patient back to normalcy.

Patients who have never been well since a case of acute poisoning need homœopathic treatment, and the indicated remedy may quite likely bear an antidotal relation to the poison that

initiated the disorder, as for example *Natrum mur.* for cases of poisoning by silver nitrate, *Hepar*, *Kali iodatum* or *Nitric acid* for mercurial poisoning, etc.

Do not, however, attempt to search the repertory or peruse the materia medica for the *simillimum* while the patient's gastro-intestinal tract is attempting to digest a fatal dose of arsenic or other active poison.—E. UNDERHILL, JR.

Would you kindly publish in the Recorder the different seasons and the different months in these seasons in the western hemisphere? Also will someone give the earth's declination in regard to the sun in each of these months. Is it possible to give remedial aggravations and ameliorations month by month? Such data would be of great value to those practising homœopathy in other parts of the world, especially to me in India.

—The seasons of the year in the western hemisphere are spring, summer, autumn and winter. Roughly speaking, they begin about the twenty-first or twenty-second of the month, but this is not accurate due to the fact that the sun does not always enter the cardinal signs on the same date. Spring began this year with the sun entering Aries on March twenty-second, summer with the sun entering Cancer on June twenty-second; fall (autumn) begins with the sun in Libra on September twenty-fourth and winter will begin with the sun in Capricorn on December twenty-third.

For the remaining months of 1931 the sun's declination is 2.55 south on October 1; 14.13 south on November 1, and 21.42 south on December 1. These figures are as of noon at Greenwich and there is a motion of twenty-three minutes daily during October. For example, on October 1 the sun's declination is 2.55 south and on October 2 it is 3.18 south, an addition of twenty-three minutes. This declination decreases as the sun approaches the winter solstice, the daily motion in December being only eight minutes. For exact calculation it is advisable to have Raphael's *Almanac*, which is obtainable from W. Foulsham & Company, 10 Red Lion Court, Fleet Street, E. C. 4, London, England.

The following remedies are given by Doctor M. Duz, a

Hahnemannian homœopath and astrologer, in his book, *Astral Medicine and Therapeutics*. This can also be obtained through the above publisher.

SPRING: *Aconitum nap.*, *Ambra grisea*, *Antimonium tart.*, *Aurum fol.*, *Belladonna*, *Calcarea carb.*, *Carbo veg.*, *Dulcamara*, *Gelsemium*, *Lachesis*, *Lycopodium*, *Mercurius*, *Natrum mur.*, *Pulsatilla*, *Rhus tox.*, *Veratrum alb.*

SUMMER: *Antimonium crud.*, *Arsenicum*, *Aurum fol.*, *Belladonna*, *Bryonia*, *Carbo veg.*, *Gelsemium*, *Kali carb.*, *Lycopodium*, *Natrum carb.*, *Nux vomica*, *Pulsatilla*, *Rhododendron*, *Silicea*.

AUTUMN: *Aconitum nap.*, *Ammonium carb.*, *Antimonium tart.*, *Asarum europœum*, *Aurum fol.*, *Bryonia*, *Calcarea carb.*, *China*, *Colchicum*, *Colocynthis*, *Dulcamara*, *Hepar sulph.*, *Ignatia*, *Ipec.*, *Lachesis*, *Mercurius*, *Nux vom.*, *Petroleum*, *Rhododendron*, *Rhus tox.*, *Silicea*, *Stramonium*, *Veratrum alb.*, *Veratrum vir.*

WINTER: *Aconitum nap.*, *Alumina*, *Ammonium carb.*, *Arsenicum*, *Aurum fol.*, *Belladonna*, *Bryonia*, *Camphora*, *Calcarea carb.*, *Carbo veg.*, *Chamomilla*, *Cocculus*, *Colchicum*, *Dulcamara*, *Hepar sulph.*, *Hyoscyamus*, *Ipec.*, *Kali carb.*, *Mercurius*, *Moschus*, *Natrum mur.*, *Nitric acid*, *Nux moschata*, *Nux vomica*, *Petroleum*, *Phosphorus*, *Pulsatilla*, *Rhus tox.*, *Rhododendron*, *Sepia*, *Sulphur*, *Veratrum alb.*—MARIE K. HURST, Sec. to Dr. E. Underhill, Jr.

Those of our school who insist upon pathology as a basis of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than symptom coverers, in that they discover and aim to remove the cause of the disease—these colleagues are as false in their pathology, according to the highest old-school authorities, as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school.—CARROLL DUNHAM, M. D.

CURRENT HOMŒOPATHIC PERIODICALS*

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: July 1931), II, 241-288

Susceptibility Is the Soul of Homeopathy	
C. Roy, Calcutta	241
*"Treat the Patient Not the Disease"	
C. Roy, Calcutta	247
Presidential Address to the All Bengal Homœopathic Conference	
Sarat Chandra Ghose	252
Hahnemann's Three Rules	
I. G. Chatterjee, Burdwan	285

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Sept. 1931), LXVI, 641-720

The Care of the Heart in the Pneumonia Patient	
G. Harlan Wells, M. D., Philadelphia, Pa.	641
A General Consideration of Benign Mechanical Gastric Disorders	
F. J. T. Aitken, M. D., Philadelphia, Pa.	648
Treatment of Paresis	
J. A. Holland, M. D.	653
Roentgen Ray Therapy of Tumors of the Urinary Bladder	
W. C. Barker, M. D., Philadelphia, Pa.	655
Student Instruction in the Medical Out-Patient Department of Hahnemann Hospital, Philadelphia	
C. V. Vischer, M. D., Philadelphia, Pa.	661
Facts About the Kidneys: Their Bearing on Treatment	
C. Bartlett, M. D., Philadelphia, Pa.	673
*Dermatologic Toxemias of Pregnancy	
R. Bernstein, M. D., Philadelphia, Pa.	681
Infection of the Prostate and Seminal Vesicles	
W. C. Hunsicker, Jr., M. D., Philadelphia, Pa.	687
*Dermatologic Toxemias of Pregnancy: Dr. Bernstein mentions the following skin conditions of pregnancy with the homœopathic remedies suggested for their treatment:	
Angioneurotic œdema: <i>Apis, Antipyrin, Anac.</i>	
Dermatitis herpetiformis: See remedies under Impetigo herpetiformis.	
Erythema multiforme: <i>Agar., Arn., Copaiva, Rhus tox.</i>	
Erythema nodosum: <i>Arn., Bell., Kali brom., Sulph. ac.</i>	
Erythema scarlatinaforme: <i>Amm. carb., Bell., Hyos., Tereb.</i>	
Herpes simplex: <i>Acon., Apis, Bell., Bry., Canth., Croc. tig., Merc. viv., Ran. bulb., Rhus tox.</i>	
Herpes zoster: See Herpes simplex.	
Impetigo herpetiformis: <i>Ant. crud., Ars. alb., Calc. carb., Clem., Croc. tig., Graph., Hepar sulph., Kali bich., Merc. viv., Rhus tox., Viola t.</i>	
Pityriasis rosea: <i>Borax, Mez., Nat. ars.</i>	

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

Pruritus: *Acon., Agar., Cupr. met., Dolich., Fagopyrum, Zinc. met.*
 Purpura: *Arn., Chloral, Croc. hor., Kali iod., Lach., Merc., Tarant. cub.*
 Urticaria: *Agar., Anac., Antipyrin, Apis, Chloral, Fagopyrum, Urtica urens.*

THE HOMŒOPATHIC WORLD

(London, England: Aug. 1931), LXVI, 197-224

Selling Homeopathy	
R. Rabe, M. D., Copenhagen, Denmark	205
<i>Abroma Augusta</i> in Dysmenorrhœa	
N. Sinha, India	208
Homœopathic Herbs and How to Grow Them	
E. T. Ellis	208
Homeopathy in the Nursery (cont.)	
M. Tyler, M. D.	213

THE HOMŒOPATHIC WORLD

(London, England: Sept. 1931), LXVI, 225-252

The Annual Assembly of the International Homœopathic League	
G. Burford, M. D.	232

HOME AND HOMŒOPATHY

(Calcutta, India: April 1931), VI, 381-428

Pneumonia (cont.)	
N. M. Choudhuri	381

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York, N. Y.: Sept. 1931), XXIV, 877-988

On Phasic Introductory and Release Effects of the Cocaine Group on Vessel Preparations and an Attempt at a General Appraisal of Phase Effect (cont.)	
Eduard Rentz	877
Concerning Drug Effect and Natural Healing	
F. König, M. D., Lyss, Switzerland	917
Rudolf Arndt and the Biologic Basic Law	
Hugo Schulz, Greifswald, Germany	938
The Constitutional Factor in Disease—V	
L. J. Boyd, M. D., New York, N. Y.	962

MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: Aug. 1931), IV, 259-290

A Study of <i>Echinacea Angustifolia</i> G. Royal, M. D., Des Moines, Iowa.....	259
The Dry Treatment for Discharging Ears H. C. Parsons, M. D., Iowa City, Iowa.....	263
Relation of Kidney Disease to the Eye C. Mitchell, M. D., Chicago, Ill.....	265
What Heals? W. A. Guild, M. D., Chicago, Ill.....	267
Spinal Anæsthesia E. D. McClean, M. D., Des Moines, Iowa.....	269
Seasonable Remedies A. I. Ross, M. D., Whittier, Iowa.....	273
The Yardstick of the Homœopath I. N. Paul, M. D., Perry, Iowa.....	275
Interesting Gall-Bladder Cases L. M. Thompson, M. D., Chicago, Ill.....	279

MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: Sept. 1931), IV, 294-327

The Rediscovery of Psora E. Bach, M. D., London.....	295
Some Physical Therapy and Other Measures Serviceable in Our Specialty E. G. Linn, M. D., Des Moines, Iowa.....	301
<i>Bryonia Alba</i> H. C. Woods, M. D., Tama, Iowa.....	305
Peridental Atrophy W. D. Luxmore, D. D. S., Chicago, Ill.....	307
The Mechanism of Remedy Selection G. Royal, M. D., Des Moines, Iowa.....	313
*A Study of Antidotal, Inimical, Complementary and Supplementary Remedies G. Royal, M. D., Des Moines, Iowa.....	317
New, Rare and Forgotten Homœopathic Remedies U. J. Ehrhart, Chicago.....	321
Practical Things in Obstetrics M. M. Hotchkiss, M. D., Webster City, Iowa.....	322
A Study of Antidotal, Inimical, Complementary and Supplementary Remedies: This is an interesting article of great practical value. It is to be compared to Dr. R. Gibson Miller's <i>Relationship of Remedies</i> . To the subjects suggested in the title it adds the tissues and organs for which the remedies have an affinity and the type of change caused by the remedies in these tissues and organs. Because of its practicality the article is reprinted <i>in toto</i> .	

A STUDY OF ANTIDOTAL, INIMICAL, COMPLEMENTARY AND SUPPLEMENTARY REMEDIES*

GEORGE ROYAL, M. D.

In the May issue of the Journal, page 177, Dr. J. B. Wilkinson of Alliance, Ohio, after stating how difficult it is to select the indicated remedy, closes with a plea for help. The following is an attempt to answer that prayer.

ANTIDOTAL AND INIMICAL

Let us get together on the words *antidotal* and *inimical*. The former includes the latter. By antidotal let us understand both a *toxicological* action, which may save life, and an *obstructive* action, which may delay or prevent the expected, usual action of our homœopathic remedies, e. g., *Hepar* antidotes *Mercurius*, *Bryonia* retards and also prevents the usual action of *Aconite*.

By *inimical* let us understand such of our remedies as will delay or prevent the action of other of our remedies, but which cannot and do not save life from a fatal dose of poison.

COMPLEMENTARY AND SUPPLEMENTARY

Here, also, the first may include the second, e. g., *Euphrasia* may supplement *Allium cepa* in corneal ulcer, but *Mercurius* may be needed to complete the cure. *Lycopodium* I have often found, is needed to complete the healing of gastric ulcers, and *Arg. nit.* to be the complement of *Gels.* in certain neurotic conditions.

Experience has taught me that the nearer alike the symptoms of two remedies are the more likely are they to delay or prevent the action of each other. Let us also remember that the greater the similarity of symptoms of two remedies the more inimical are their actions, e. g., the action of *Bell.* and *Ferr. phos.* in initial fevers; also, that any two remedies may be similar in one group of two remedies but dissimilar in other groups, e. g., *Bell.* and *Ferr.* (22-c) in the thermic group are similar but in the blood group dissimilar.

*Reprinted from *Mid-West Homœopathic News Journal*, Sept. 1931, p. 317.

—*Bell.* for *plethoric* and *Ferr. phos.* for *anæmic* patients.

REFERENCE KEY TO TISSUES AFFECTED

1. Bladder	9. Kidneys	17. Pancreas
2. Blood	10. Joints	18. Serous membranes
3. Bone	11. Liver	19. Skin
4. Brain	12. Lungs	20. Stomach
5. Ear	13. Mucous membranes	21. Testicles
6. Eye	14. Muscles	22. Thermic center
7. Glands	15. Nerves	23. Uterus
8. Heart	16. Ovaries	

REFERENCE KEY TO DYSFUNCTION OR PATHOLOGY

The letters a, b, c, d, indicate *how* the tissue or organ is affected, viz.:

- a—Irritated (algia)
- b—Inflamed (itis)
- c—Functional change, e. g., vomiting
- d—Structural, e. g., atrophied, calcified, etc.

To illustrate: 22-c means that *Bell.* and *Ferr. phos.* are similar in their action on the thermic center group of the two remedies, but 2-c indicates that they are dissimilar in their action on the blood.

REMEDIES ANTIDOTAL, OR INIMICAL TO EACH OTHER

ACON. NAP.—*Bell.* (22-c), *Camph.* (22-c), *Dig.* (20-c), *Nux vom.* (20-c), *Bry.* (22-c).
 AGARICUS—*Camph.* (14-c), *Bell.* (14-c), *Coffea* (15-c).
 ALLIUM CEPA—*Arn.* (13-a), *Cham.* (15-a).
 ALOE—*Opium* (13-c), *Sulph.* (13-c).
 ALUMINA—*Ipec.* (20-c), *Cham.* (4-c).

AMMONIUM MUR.—Coffea (4 and 15-c), Nux vom. (4-c), Caust. (6-d).
 AMYL NIT.—Cactus (8-c), Strychnia (8-c).
 ANACARDIUM—Grind., Juglans, Coffea, Rhus tox. (19 and 15-c and d for each).
 ANTIMONIUM CRUDUM—Hepar (4, 13 and 19-c).
 ANTIMONIUM TART.—Puls. (12-c), Sepia (20-c).
 APIS MEL.—For bee sting, Apis 30th.
 APO MORPHIA—Tab. 3x (20-c), Ipec. 1x (20-c).
 ARGENTUM NIT.—Nat. mur. (4 and 3-c).
 ARNICA MON.—Champ. (14-c).
 ARSENICUM ALB.—Opium (1 to 22), Echi. ang., China, Phos., Allium cepa and Thuja (a to d including all).
 ARUM TRIP.—Acetic ac. (13-a and c), Puls. (13-a and c).
 AURUM—Bell. (6-a), China (2-d), Cupr. (8-c), Merc. (2-c and d).
 BAPTISIA—Echinacea aug. (2-c and d).
 BELLADONNA—Opium (4-c), Verat. vir. (22-c), Acon. (22-c), Coffea (4-c), Camph. (12 and 15-c).
 BERBERIS—Camph. (1-c and d), Bell. (1-c), Canth. (1-c).
 BISMUTHUM—Nux vom. (20-c).
 BROMIUM—Amm. carb. (12-c), Camph. (12-c), Nat. mur. (12-c).
 BRYONIA—Nux (20-b and c), Acon. (2-c), Cham. (4-a).
 CACTUS—Acon. (8-c), Camph. (8 and 12-c), China (8-c).
 CALC. CARB.—Camph. (14-c), Ipec. (20-c), Nit. ac. (20-c), Nux vom. (20-c).
 CAMPH.—Opium (8-c), Phos. (8 and 12-c), Sweet Spirits of Nitre (8 and 12-c).
 CANTHARIS—Acon. (22-c), Camph. (1-c), Puls. (1-c).
 CAPSICUM—Cina (4-1), Calad. (20-c).
 CARBO AN.—Ars. (22-c), Nux (20-c).
 CARBO VEG.—Sweet Spirits of Nitre (9-c), Ars. (22-c), Camph.
 CARBOLIC AC.—Vinegar (15-c), Salt (15-c), Iod. (19-c and d).
 CHAMOMILLA—Camph. (4-c), Nux (2-c), Puls. (4-c).
 CHELIDONIUM—Bry. (11-c), Podo. (14-c).
 CHININUM SULPH.—Natrum mur., Arn., Puls. (All, 1-22).
 CICUTA VIR.—Strych. sulph. (4 and 15-c).
 CINA—Allium cepa, Camph. (All).
 CLEMATIS—Bry., Camph. (All).
 COCA—Gelsemium.
 COCCULUS—Coffea (15-c), Nux (15-c).
 COFFEA—Nux (4-c), Tab. (4 and 15-c).
 COLCHICUM—Camph., Nux., Cocculus, Puls. (8 a-d).
 COLOCYNTHIS—Coffea, Cham., Stroph.
 CROTALUS HOR.—Alcohol, Lach., Echi. ang. (2-c and d).
 CROTON TIG.—Ant. tar. (19-c and d).
 CUPRUM—Bell. (14-c), Hepar (14 and 15-c), Camph.
 DIGITALIS—Camphor (8-c and d), Spig. (8 and 15-c), Morphia sulph. (8-c).
 DIOSCOREA—Coloc., Camph., Cham. (13 and 15 for each).
 EUPHRASIA—Allium cepa (6-b), Rhus tox.
 FERRUM MET.—Ars. (2-c), Hepar (22-c).
 GELSEMIUM—Acon. (22-c), Bell. (4-b and c), Eup. per. (22-d).
 GLONOINE—Acon., Cactus, Ars. (8 and 15-a, b, c and d).
 GRAPHITES—Ars. (19-c), Nux (20-c), Acon.

HAMAMELIS—Arnica (2-c and d).
 HELLEBORUS—Camph. (15-c), Cinch.
 HELODERMA—Alcohol, Lach. (2-c and d).
 HEPAR SULPH.—Bell., Cham. (4-c), Silica (19-c and d).
 HYDRASTIS—Sulph. (13-c and d).
 HYDROCYANIC ACID—Opium (4-c), Arn. (4 and 15), Carb., Camph. (4 and 13-c).
 HYOSCYAMUS—Bell. (4-c), Camphor (4-c).
 HYPERICUM—Cham., Arn. (3-c).
 IGNATIA—Nux, Cham., Gels., Puls., Cocculus (4, 13 and 20-a and c).
 IODIUM—Nat. mur., Hepar, Gratiola (7-c and d for each).
 IPECACUANHA—Tab., Ars., Cham. (4 and 20-c and d for each).
 IRIS—Nux, Kali bich. (4 and 6-c for each).
 KALI BICH.—Lach., Iris (6-c), Ars.
 KALI CARB.—Coffea (4-c), Camph.
 KALI IOD.—Hepar, Ars. iod. (7-c and d for each).
 KALMIA—Cratægus (8-c), Spigelia (15-c).
 KREOSOTUM—Nux, Sepia, Hydrastis, Thuja (2, 15 and 20-c for each).
 LACHESIS—Alcohol, Ars., Salt, all snake and insect poisons (2-c and d for each).
 LILIUM TIG.—Helonias.
 LOBELIA—Ipec., Ant. tar., Tab. (20-c for each).
 LYCOPODIUM—Caust., Puls., Camph., Nux (20-c).
 MAG. CARB.—Ars., Merc. (13 and 15-a, b, c and d).
 MAG. PHOS.—Morph., Bell., Gels., Lach. (4, 14 and 15-a, c and d).
 MERC. SOL.—Hepar, Aurum, Mezereum (19-a, c and d).
 MERC. COR.—Hepar, Aur., Mez. Use 7½ grams of Calc. sulph. to 7½ oz. boiled water. (2, 15 and 14-c and d).
 MEZEREUM—Kali iod., Merc. (2 and 19-a, b, c and d for each).
 MOSCHUS—Camph., Coffea (4 and 15-a and c).
 MURIATICUM AC.—Bryonia (2-c and d).
 NATRUM ARS.—Ars., Camph.
 NATRUM MUR.—Ars., Camph. (6 and 13-c).
 OPIUM—Atrop., Bell., Coffea, Hydrast., Nux, Ipec. (4 and 15-c for each).
 PETROLEUM—Nux (4-a and c), Cocculus (4-c).
 PHOS.—Bell. (4-c), Mez. (19-c), Nux (20-c).
 PHOS. AC.—Coffea (4-c), Nux (20-c), Picricum ac. (4-c).
 PHYTOLACCA—Bell., Milk, Mez., Salt.
 PLATINA—Puls. (4-c), Plumb. (4-c and 9-c).
 PLUMBUM—Plat. (9-c), Alum. (15 and 13-c).
 PODOPHYLLUM—Aloe, Sulph. (13-c for each).
 PYROGENIUM—Echi., Bact., Rhus, Ars., Lach. (2 and 22-c and d for each).
 RADIUM—Rhus ven. (2 and 19-c), Tellurium (19 and 1-c and d).
 RANUNCULUS BULB.—Bry. (10-c and d), Rhus tox. (10-c and d).
 RHODODENDRON—Dulcamara, Rhus, Natrum sulph. (2 and 10-c and d for each).
 RUTA GRAV.—Arg. nit., Merc., Phyt. (3-b and c).

SABADILLA—Puls., Lyc., Lach., Cerium (13-c for each).
 SABINA—Puls. (2 and 4-c).
 SANGUINARIA—Bell., Lach., Iris, Ferr. phos. (24 and 22-a and c).
 SARSAPARILLA—Bell. (1-c).
 SCUTELLARIA—Coffea, Cham. (4-a and c).
 SECALE—Opium, Camph. (2, 15 and 22-c and d for each).
 SELENIUM—China, Wine, Ign., Puls.
 SEPIA—Lach. (4-c), Puls. (4-c).
 SILICA—Merc., Hepar (3 and 22-c and d for each).
 SPIGELIA—Cact., Lach., Puls. (2 and 15-c and d for each).
 SPONGIA—Hepar, Iod., Bromium (13 and 14-c and d for each).
 STAN. IOD.—Tart. emet., Amm. carb. (12 and 13-c and d for each).
 STAPHISAGRIA—Ran. bulb.
 STRAMONIUM—Bell., Hyos., Nux, Tab. (4-a, b and c for each).
 STROPHANTHUS—Dig., Cratægus, Phos. ac. (8-c and d).
 STRYCHNINUM—Cicuta, Strych. ars., Eucalyptus (4 and 14-a and c for each).
 SULPH. AC.—Puls. (4 and 15-c for each).
 SYPHILINUM—Kali iod., Aur., Nit. ac., Alum. (2, 3 and 4-c and d for each).

TABACUM—Ars. (4-c), Lyc. (9-c), Phos. (12-c), Nux (20-c).
 TARANTULA—Lach. (2-c), and all animal poisons (2-c and d).
 TELLURIUM—All the metals (2-c), Sulph. (19-c), Tuberculinum (2 and 12-c and d).
 TEREBINTHINA—Phos., Canth., Lyc. (9-a, b, c and d for each).
 THUJA—Sabina, Merc., Puls. (4 and 19-a, b, c and d).
 THYROIDINUM—Thrill, Calcarea, Spong., Lycop., Thymus gland (7 and 15-b, c, d for each).
 TRILLIUM PEND.—Phos., Calc., Nit. ac., Sabina, Lach., Ham. (2 and 7-c, d for each).
 TUBERCULINUM—Phos., Staphisagria, Psorinum (all).

VALERIANA—Asaf., Zinc., Valer. (4 and 15-a, c).
 VERATRUM ALB.—Ars., Cupr. ars., Camph. (2, 4, 20 and 22-c).
 VERATRUM VIR.—Ferr. phos., Bell., Gels., Ars. (22-c).

ZINC. MET.—Nux, Cham., Agar., Plumb. (4 and all other tissue organs).
 ZINC. PHOS.—Strych. phos., Tart. emet., Ars. iod. (4, 8 and 12-b, c, d).

REMEDIES COMPLEMENTAL AND SUPPLEMENTAL TO EACH OTHER

ACETIC ACID—Apis (13-c).
 ACONITE NAP.—Bry., Phos., Amm. carb., Tart. emet. (12 and 22-b, c, d for each).
 ALLIUM CEPA—Phos., Puls., Gels., Euphr., Thuja (6 and 13-c for each).
 ALOE—Sulph., Allium sat., Kali bich., Lyc. (13-c for each).
 ALUMINA—Bry., Hepar, Podo. (11 and 13-c).
 AMMONIUM MUR.—Kali bich. (12-c).
 AMYL NIT.—Glon. (8 and 15-a), Cratægus (8-c, d).
 ANACARDIUM—Platina (15 and 20-c).
 ANTIMONIUM CRUD.—Sulph.
 ANTIMONIUM TART.—Amm. carb. (12-c), Ipec. (12-a and 20-c), Kali sulph. (13 and 20-c).
 APIS MEL.—Acet. ac., Nat. mur., Baryta carb. (4 and 13-c for each).
 APOMORPHIA—Verat. alb. (20-c).
 ARGENTUM NIT.—Gels. (4 and 15-c).

ARN. MON.—Acon., Calend., Ipec.
 ARS. ALB.—Carbo veg. (4 and 22-c), Rhus (19-c), Phos. (2-c, d), Thuja (19-c, d).
 ARUM TRIP.—Allium cepa (13-a, c), Ailanthus (13-c, d).
 AURUM MET.—Hepar, Kali iod., Act. ac. (2 and 13 for each).

BAPTISIA—Echi. ang. (2-c), Bry. (2-c), Mur. ac. (2 and 4-c and d).
 BELLADONNA—Calc. carb. (2-Piethoric).
 BENZOIC AC.—Colch., Copaiva.
 BERBERIS—Lyc. (1 and 9-c), Nux (1-c).
 BISMUTHUM—Antimonium (2 and 22-c), Ars., Kreosotum (1 and 23-c).
 BOVISTA—Rhus tox (19-c).
 BROMIUM—Dios., Kali bich.
 BRYONIA—Rhus (10 and 14-b, c and d).

CACTUS—Cratægus, Dig., Spig., Kalmia (8 and 15-a, b, c, d for each).
 CALC. CARB.—Bell., Lyc., Silica, Rhus.
 CALENDULA—Hepar (2 and 19-c and d).
 CAMPHORA—Canth. (1 and 15-c).
 CANTHARIS—Camp., Vesic. (1-c).
 CAPSICUM—Puls. (4-c), Cham. (4-c).
 CARBO ANIMALIS—Calcarea phos.
 CARBO VEG.—Drosera, Kali carb. (4 and 15-c).
 CAUSTICUM—Calc. (12-c), Phos., Petroselinum (12 and 13-c).
 CHAMOMILLA—Bell., Scut., Mag. phos. (4, 15 and 1-c for each).
 CHELIDONIUM—Bry., Lyc., Chionanthus, Podophyllum (11-c for each).
 CHINA—Ferrum phos. (2-c and d).
 COCCULUS—Symphoricarpus, Ign., Puls. (4 and 15-c for each).
 COFFEA—Aconite (4-c).
 CONIUM—Gels., Cocc., Granatum (4 and 15 for each).
 CRATÆGUS—Cact., Strophi., Stry., Phos. (8-c and d for each).

EUPHRASIA—Gels. (6-c), Ars. alb. (6-c and d).
 FERRUM PHOS.—China (2-d).
 FLUORIC AC.—Silica (3-d).

GELSEMIUM—Arg. nit. (4 and 15-c and d).
 GRAPHITES—Arg. nit. (4 and 15-c).

HAMAMELIS—Gallic ac., Calcarea fluorica (2-c and d for each).

IGNATIA—Nat. mur. (4 and 15-c).
 IODIUM—Badiaga, Lyc. (7-c and d for all).
 IPECACUANHA—Arn., Cupr. (15-c).

KALI BICH.—Brom., Ipec. (12 and 13-c and d).
 KALI CARB.—Carbo veg., Natr. mur., Nux.
 KALI PHOS.—Strych. phos., Zinc phos. (15, 14 and 8-c and d for each).
 KALMIA—Benzoic ac., Dig., Thyroidinum (7 and 8-c for each).
 KREOSOTUM—Ars. alb., Phos., Lach., Alcohol, Hepar, Lyc. (2-c and d for each).

LAPIS ALB.—Calc. fluor. (3-c and d).
 LIL. TIG.—Sepia, Lac. can. (23-c and d).
 LITH. CARB.—Merc., Rhus tox, Berb. (2 and 9-c and d).
 LYCOPODIUM—Chcl., Calc. carb., Graph., Iod. (7 and 11-c and d for each).

MAG. CARB.—Cham. (4 and 20-c).
 MAG. PHOS.—Coloc., Dros., Zinc phos., Kali phos. (4 and 15-c).
 MERC. SOL.—Badiago, Syph., Mez. (19-c and d).
 MYGALE—Kali brom., Agaricus (4 and 15-c for each).
 NAT. MUR.—Ign., Sepia, Apis.
 NATRUM SULPH.—Sepia, Esc., Thuja (19-c and d).
 NIT. AC.—Lac. can., Calad., Ars. alb. (2 and 18-c and d).
 NUX MOSCH.—Ign., Asaf., Lyc. (4 and 15-a, c and d for each).
 NUX VOM.—Lyc., Sepia, Bry., Hydras. (15 and 13-c and d).
 OPIUM—Cham., Coffea (4-a and c for each).
 PASSIFLORA—Actea rac. (4-a and c).
 PETROLEUM—Sepia, Hepar (13 and 19-c).
 PHOSPHORUS—Cauts., Cars. alb., Allium cepa, Lyc. (12 and 13-a, b, c and d).
 PHYTOLACCA—Bry. (7-a, b, c and d).
 PITUITARY GLAND—Mag. phos.
 PYROGENIUM—Echi. ang., Lach., Ars. alb. (2 and 22-c and d for each).
 RHEUM—Mag. carb., Bovista, Bry. (13 and 19-c).
 RHUS TOX.—Calc. fluor.
 SABINA—Thuja (23-c and d).
 SANG. NIT.—Tart. emet., Kali bich. (12 and 13-c and d for each).
 SARSAPARILLA—Merc., Sepia.
 SEPIA—Helon., Puls., (23-c for each).
 SILICA—Puls. (13-c), Thuja (19-c), Fluoric ac. (3-c).
 STANNUM—Puls.
 STRYCH. PHOS.—Mag. phos., Spig. (8-c and d).
 SULPH. AC.—Puls. (23-c).
 THUJA—Sabina, Silica, Nat. sulph., Ars. alb. (2 and 19-c and d).
 TRILL. PEND.—Phos., Calc. phos., Bry. (2 and 12-c and d for each).
 TUBERCULINUM—Calc. carb., China, Phos., Bry. (2 and 12-c and d for each).
 VERAT. ALB.—Apomorph. (4 and 20-c).
 ZINC. PHOS.—Phos., Strych. phos., Tart. emet. (28 and 14-c and d for each).
 DES MOINES, IOWA.

I have long been persuaded that a most important condition of success in the treatment of chronic disease consists in the practitioner taking such a view of the case as shall combine the various ailments of which a chronic patient may complain at different periods of time and in different organs, even though these periods and organs be remote from each other and apparently disconnected. In no other way, it has sometimes seemed to me, could the characteristic indications of the remedy for such a case be found.—CARROLL DUNHAM, M. D., 1866.

TABLE OF CONTENTS

NOVEMBER, 1931

LIFE AND THE VITAL FORCE	
CHARLES L. OLDS, M. D.	781
PHYTO-ANALYSIS AND HOMŒOPATHY	
G. MADAUS, M. D.	793
THE HOMŒOPATHIC TREATMENT OF METASTASES OF RHEUMATIC FEVER IN RELATION TO THE HEART	
H. A. ROBERTS, M. D.	800
WHAT IS A MENTAL SYMPTOM? WHAT IS MENTAL DISORDER?	
JULIA M. GREEN, M. D.	808
COMPARISON OF <i>TABACUM</i> AND <i>LOBELIA</i>	
GEORGE E. DIENST, M. D.	813
ECZEMA AND SOME OTHER CLINICAL CASES	
RAY W. SPALDING, M. D.	818
ADDITIONS TO KENT'S <i>REPERTORY</i>	
C. M. BOGER, M. D.	825
REMEDIES USEFUL BEFORE AND AFTER SURGICAL OPERATIONS	
BENJAMIN C. WOODBURY, M. D.	835
RELATIONS BETWEEN THE GEOGRAPHICAL OCCURRENCE OF SOURCE MATERIALS OF HOMŒOPATHIC REMEDIES AND THE OCCURRENCE OF THOSE DISEASED CONDITIONS WHICH ARE TO BE FOUGHT AGAINST BY THOSE REMEDIES	
MED.-R. TROTZ, M. D.	841
CARRIWITCHETS	844
POINTERS	848
EDITORIAL	850
CURRENT HOMŒOPATHIC PERIODICALS	856



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LIFE AND THE VITAL FORCE*

CHARLES L. OLDS, M. D.

In beginning the study of homœopathy it seems proper to preface that study with a consideration of the meaning of "life" and its determinations, for it is with the living human that we have to do; and it is to be our greatest endeavor to keep that life within its body as long as possible, and, in keeping it, to make it as unhampered in its activity as may be permitted.

As far back as history goes there seems to have been a recognition of an immaterial something that dwelt with the living but not with the dead. With some it was a spirit that came, and lingered, and departed; with others it was only a loss of something that they could not see or know.

But with the ancient Egyptians there seems to have been a knowledge of life and its activities of a most unique character. Life, itself, was the gift of the gods, and everywhere the different deities were represented, bearing in one or both hands Life's symbol, the "anch", a figure something like a cross with its upper projection replaced by an oval loop. But whether this typified the life of the soul only, or the life of both soul and body, is uncertain. However, it seems quite conclusive that they regarded the living body as containing not only the soul, "ba", which enveloped the spirit, "khu", but also an incorporeal vital something, "sekhem", which ended with the death of the body. This last is noteworthy as it recognizes a vivifying principle that was different from the immortal part or soul.

The Jews, the Persians and the Phœnicians seem to have had no idea of a vital principle other than the soul, but the Greeks who borrowed considerable of their civilization from the

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Egyptians, particularly in the matter of their divinities, taught the existence of the "psyche" or soul and the "pneuma" or spirit, but their relations to each other and to the living body were vaguely and differently expressed by various philosophers. Pythagoras taught that there was an animal soul and a world soul; Plato, that the soul was dual, the immortal part dwelling in the head, the mortal below the diaphragm; and Aristotle, that the soul is the vital principle.

During the Dark Ages no new thought regarding the soul and the life of the body was prominent, and it was not until the beginning of the 16th century that Paracelsus, called the father of modern medicine, brought out his theory of the vital force, which he called the *archaeus*. This *archaeus* was personal and present in all living bodies as the vivifying principle. It is not the body nor yet the soul, and yet it is spiritual.

Sylvius, Malpighi, Boerhaave, each had some idea of vital spirits distilled in the brain, and passing forth and vivifying the animal economy. But it was not until Swedenborg, the scientist, wrote his *Economy of the Animal Kingdom* that a strikingly new and rational theory of the vital principle was given to the world of science and philosophy.

Now, in mentioning the name of Swedenborg, or in setting forth any of his philosophy, I wish it to be distinctly understood that I am not *here* drawing upon his theology, much as I may personally indorse it. I speak of this in order that there may be a distinction made between the two, and that that prejudice that we all have in one way or another, may not exercise itself at this particular time. Therefore, whether you hold to Swedenborg's theology or not, his philosophy should be considered equally with that of his compeers. And particularly is this true in the present instance, as without that philosophy we are left in the dark as to a rational explanation of our own homœopathic law and principles.

Swedenborg's methods of study were different from those of most of his contemporaries. He preferred to take the facts of others and make use of them in forming his own conclusions. He was not primarily a laboratory man. Naming twenty dis-

tinguished anatomists of his time, from Eustachius to Verheyne, he says in n. 18 of the *Economy of the Animal Kingdom*:

Assisted by the studies and elaborate writings of these illustrious men, and fortified by their authority, I have resolved to commence and complete my design: that is to say, to open some part of those things which it is generally supposed that nature has involved in obscurity. Here and there I have taken the liberty to throw in the results of my own experience; but this only sparingly, for on deeply considering the matter, I deem it best to make use of the facts supplied by others. Indeed there are some that seem born for experimental observation, and endued with a sharper insight than others, as if they possessed naturally a finer acumen, such are Eustachius, Ruysch, Leeuwenhoek, Lanchisi, etc. There are others again who enjoy a natural faculty for contemplating facts already discovered, and eliciting their causes. Both are peculiar gifts and are seldom united in the same person. Besides I found when intently occupied in exploring the secrets of the human body, that as soon as I discovered anything that had not been observed before, I began (seduced probably by self-love) to grow blind to the most acute lucubrations and researches of others, and to originate the whole series of inductive arguments from my particular discovery alone; and consequently to be incapacitated to view and comprehend, as accurately as the subject required, the idea of universals in individuals, and of individuals in universals. Nay when I assayed to form principles from these discoveries, I thought that I could detect in various other phenomena much to confirm their truth, although in reality they were fairly susceptible of no construction of the kind. I therefore laid aside my instruments, and restraining my desire for making observations, determined rather to rely on the researches of others than to trust to my own.

This quotation has not been made because of its direct application to the subject under consideration, but rather as the declaration of a principle that guided Swedenborg in the tremendous task that he essayed, and aided him in becoming the foremost rational scientist and philosopher that the world has ever known. Would that we were able to emulate him!

Now, in order that Swedenborg's philosophy of life may be understood, it is necessary to know something of his doctrine of discrete degrees, for this enters into his explanation of all universal activities. Swedenborg taught that everything exists and has within it three discrete degrees: a soul degree, or the inmost; an intermediate degree; and an ultimate or outmost degree. These three degrees are so many distinct planes for activity. But it is to be noted that the higher degrees can and do act into the lower, and are their life, but that the lower cannot act into the higher; the lower can only react. As an example of discrete degrees we may take the soul, the vital force, and the material body; or the sun's aura, the ether, and the air; and in like manner Swedenborg speaks of the three degrees of the blood as the spirituous fluid, the animal spirit, and the red blood.

From a careful perusal of the treatise, *The Economy of the Animal Kingdom*, those on *The Blood* and on *The Fibre*, and somewhat from his theological works, I have gathered the following concepts of "Life" and "The Vital Force". "All Life is from God, and the soul is but a recipient of that life", therefore, "the soul is that in man which lives", consequently it is the only vital essence, and is man's very life.

But as the soul cannot descend without intermediates into the ultimate compositions and effects of its body, because the soul is in the highest degree, and cannot from the highest flow into the lowest and act upon it immediately—therefore it follows that next to the soul, in the order of forces and substances, is the spirituous fluid; next the purer blood, and next the red blood. The blood is the ultimate fluid which discharges the functions of the soul in the animal kingdom. Thus all these may be called formative substances and forces; that is to say, each in its own degree; while the one vital substance, which is the soul, presides and rules over all.

From this it is evident that the soul cannot act upon the body immediately, but only mediately, that is, through some other agency; and this it does through the agency of the blood, which Swedenborg calls the corporeal or bodily soul. But as the blood is three-fold, that is, compounded of the red blood, the purer blood and the purest blood, mediation is again necessary, for the soul cannot act immediately into the red blood. But it may so act through the medium of the animal spirit, which partakes of the essence of the soul and at the same time of the essence of the body. Hence the animal spirit, being composed of that which is spiritual and of that which is natural, may be said to be soul-like or spirit-like; it may also be called the principal substance of the body and its vital essence. This animal spirit, it is, that Swedenborg calls the vicegerant of the soul. But whether this vital principle that captains the corporeal part of man be called the animal spirit, the first substance of the body, the vital force, or the corporeal soul, it is perfectly plain that there is a vital something, differing from the soul proper, and unlike it, perishable, and ending with the life of the body.

Hahnemann called this vital principle the vital force, or the spirit-like dynamis, which seems to convey the same essential idea of corporeal vitality that Swedenborg evolved. Did Hahnemann know of Swedenborg's views regarding the animal spirit? He certainly could have known them, for he was a profound scholar of everything related to medicine. But he did not go

beyond the vital force. Perhaps he realized that all above that plane was unapproachable and beyond the sphere of medicine. It is interesting, however, that in point of time his *Organon of Medicine*, which contains much of his medical philosophy, was published just sixty years after that of the *Economy of the Animal Kingdom*. Let me read the 9th paragraph of the *Organon*. This paragraph is the basis of homœopathic philosophy.

In the healthy condition of man, the spirit-like vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

Here we have the trine of *the material body, the spirit-like dynamis*, and the reason-gifted mind or *rational spirit*, which three seem to form the requisites of man's being as far as medicine has relation to it. It is a recognition of the fact that man's material body does not live from itself, but from something higher than itself. Hahnemann believed in God and His Divine Providence, and throughout the *Organon* he acknowledges Him. The next paragraph of the *Organon* supplements the one that has just been read. "The material organism, without the vital force, is capable of no sensation, no function, no self preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease." These two paragraphs of the *Organon* cover the main features of Hahnemann's doctrine of the vital force in man when in a state of health. Nor are we concerned at this time as to its application to a state of disease; although it is obvious that if the vital force be established as the essential force in health, it logically must play a major part in disease; for health means unimpaired vitality, or unobstructed flow of the vital forces, while disease means obstruction and impairment.

The vital force of Hahnemann needs the clear philosophy of Swedenborg in its elaboration. Hahnemann was not very clear as to its antecedents. He seemed satisfied with the fact that it was and is. In his preface to the *Organon* he adds something to that which has already been quoted: It (the vital force) is "that requisite power innate in the human being, designed to

direct in the most perfect manner the operations of life while it is in health, equally present in all parts of the organism, in the fibres of sensibility as well as those of irritability, the unwearying spring of all the normal natural functions of the body—the maintenance of the life and health of the organism”. This declaration is a near approach to some of Swedenborg’s statements regarding the animal spirit. In n. 81 on *The Fibre*, we read: “The vital juice or animal spirit is conceived and brought forth in the cortical substances.” And in n. 86 of the same treatise, he says, speaking of that vital juice: “Hence also is derived the life of the blood, whence is the life of the whole body.”

Swedenborg, as far as I am aware, does not apply the exact term, vital force, to any particular entity, but he does speak of the activity of the soul as being the force of forces, and is not the life of the soul its activity. Therefore, the life of the soul is vital force on the spiritual plane. He also speaks of the spiritual fluid as being a formative substance and force; and that which is formative must be vital. But as that which is spiritual cannot act immediately into that which is material, but only by a mediatorial agency, such as the animal spirit, which is equally of the body and of the soul, therefore vital force may be predicated of that also. I quote from the treatise on *The Fibre*, n. 143: “As regards *life* and *sensation*—we shall be assured that it is from the marriage of the fluid with its fibre, according to their established relation to each other, that we move, and sensate, and live.”

And in n. 156:

As in the arteries resides strength, so in the fibres resides the force of forces and the life of the body. But that in the fibres resides an active force, or, in the simple fibres a force of forces.—For where there is no fibre, there is no active force and sensation.—In order for the existence of strength, there must be efficient forces of strength. Hence, if there be strength in the arteries, the fibre must be the efficient or producing force.

It therefore seems quite conclusive that the animal spirit and the vital force are one and the same; and further that the operation of the soul in living forms *is* the vital force.

Let me quote briefly from some of the statements of modern science regarding vital force.

Is there such a thing as vital force in the animal economy? And if so, what is its nature? Most modern text-books of biology

or physiology deny the existence of a vital force as distinct from energy or force in general. The late Dr. Stuart Close of New York had this to say:

Modern science, in its desire to get away from the theological idea which seems so repugnant to it, speaks no more of “God”, but only of a blind, un-intelligent, dead “Energy” or “Force”, the terms being used interchangeably. It denies the existence of a life-force because it cannot identify any force in the living organism which differs in any respect from chemical or electrical force. Constructively it denies the existence of life itself as an entity; that is, as an originating or controlling power or principle; and here is the head and front of its offending. It regards and speaks of life only as a state or condition—an effect for which no cause is assigned—or ignores it altogether.

Dr. William Schwartz of Houston, Texas, evidently a reader of Swedenborg, in a recent article states: “The vital force circulates through the nervous system, which is the circulatory system of vital government, just as the blood vessels convey digested food in the form of blood.”

Prof. Gustave Geley, a thinker bold enough to differ from accepted teachings, and logical enough to see that end, cause and effect are inseparable, in his book, *From the Unconscious to the Conscious*, says:

The body . . . can no longer be considered as playing the primordial and essential part that was assigned to it by classical psycho-physiology. The known facts of super-normal physiology seem to establish definitely that the diverse anatomical modalities of the organism are reducible to a unique representation—the primordial substance, which is not nervous, muscular, or osseous, etc., but is the substance pure and simple. This opens up a vast field, and the study of organic modality must be resumed on an altogether new basis. This organic substance is built up, developed, maintained, and repaired by the higher active principle the *vital dynamism* which conditions it. In our study of physiological individuality we have sufficiently demonstrated the reality of this vital dynamism considered as independent of the organic complex, and as an *organizing* and *directing principle*. The apparent manifestation of its organizing directive and reparatory powers, do not extend beyond the birth and death of the organization which it conditions.

By this, I understand, is meant that there is a vital corporeal principle, coming at birth and leaving at death, that organizes and directs the organic complex, known as the body, but is independent of it. This independence leaves a considerable hole to be filled. But perhaps he does not want it filled, such is the fashion.

Kleinschod, in his book, entitled *Inherent Law of Life*, says: “Vital Force is the natural principle of animate nature or life, and is synonymous with the essential activity of life or of animate nature, while force is the natural principle of lifeless nature,

or a lifeless natural structure." This apparently is an attempt to reconcile life and nature without going into the realm of first causes, or what is the same, into the origin of force or energy.

Prof. Virchow says: "We have in the living body two forces, the molecular forces and the stimulated and stimulating life-force, by the working together of which the elemental or cell-forces are formed, which in the general sense of the word are also called life-force."

Now we take up another phase of the subject.

It is well known that many substances have their aura or atmosphere, and give off certain emanations, but it is not generally recognized that this is true of all substances. It may be asked, what is an aura? And what possible relation can it have to the animal spirit or vital force? As to the first, an aura is all that sphere that flows forth from a substance and encompasses it. As to the second, I shall not answer it directly, but rather inferentially, by quoting several recent and interesting demonstrations that may, or may not, have a significant bearing upon this subject.

In the late 90s of the last century a certain Dr. Gates is reported to have made experiments upon which he based the following statements of fact:

That the emanation of the living body, or auras, differs according to the state of the mind, as well as to the condition of the physical health. That these emanations can be tested by the chemical reactions of some salts of selenium. That these reactions are characterized by various tints or colors, according to the nature of the mental impressions. That forty different "emotion products", as he calls them, have already been obtained.

Later, in 1911, the late Dr. Walter J. Kilner, an English physician and scientist, formerly connected with St. Thomas Hospital, London, published a work entitled *The Human Atmosphere*. In it he has shown that all humans have an atmosphere or aura; that this aura is three-fold, there being a part which he calls the Etheric Double, a second known as the Inner Aura, and a third as the Outer Aura; that these auræ may be distinctly seen and measured by means of certain chemical screens, treated with a dye known as dicyanin, and with proper lighting; that the Etheric Double is a dark band adjacent to, and following exactly the contour of the body, separating the latter from the cloud or true aura; that no noticeable changes were observed in

this aura due to a departure from health or other circumstance; that the Inner Aura is really the middle aura, being situated between the Etheric Double and the Outer Aura; that both the Inner Aura and the Outer Aura are variable as to size in health, but variable as to both size and *shape* in disease, and in certain physiological states, such as pregnancy; that the abnormal, asymmetrical shape or contour of these auræ in disease will return to a normal symmetry with the return of health; and this aura is visible only in the living.

Kilner states that the most likely theory of the Aura, is that "it consists of a force emanating from the body, which, like all forces, is invisible in itself, but which becomes perceptible by means of its action on the ether or atmosphere".

The next case is that of an Italian scientist named Giorgi who quite recently has published his experiments in photographing beer ferment, saliva and various like things. The exposures were made under selected conditions and often for months at a time. Giorgi concludes from these experiments that living material emanates an activity which will impress a photographic plate under conditions of filters of a definite nature.

Likewise, we have the experiments of Cremonese; of Reiter and Gabor; and of Gurwitch, all of which seem to confirm the earlier findings dealing with vital phenomena.

More recently, under the caption, *Onion Aura*, a despatch from Cleveland, noticed in the daily papers, seems to show that the work of Giorgi is being enlarged upon in the laboratory of Dr. G. W. Crile. I quote from this clipping:

A certain type of radiation from onions has always been easily detected, but scientists now can photograph a new type.—Exposures from the photographs require approximately 100 hours. On the negative the radiations make dark gray semicircular splotches. The clinic workers who displayed the photographs—also announced they had developed a way of measuring the quantity of radiation from the root by physical means.—The apparatus consists of a vacuum tube in which the onion is inserted. An electric current is passed through the tube which is connected to a radio amplifier and loud speaker. Results of a study of the mitogenetic radiation which is given off not only by onion roots, but by yeast, bacteria and embryonic tissue of animals as well, were shown at the convention.

The tissues, to give off radiation, must be living and growing, or, in scientific terms, going through the process of mitosis.

Now are these phenomena which I have just mentioned in any way related to the animal spirit of Swedenborg or the spirit-

like dynamis of Hahnemann? We might well call them spirit-like, but certainly they are not spiritual. Many emanations or auræ are perceptible by the senses, and therefore cannot be spiritual although the spiritual is within them. Everything has its aura, yet there are comparatively few of these auræ that man can sense; but animals, both wild and domestic, can divine more. A dog has been known to pick up the scent of a bear after 36 hours. Not much material there, but still some; probably less than man could detect with all of his instruments of precision. Was this emanation the life-force of the bear, or was it a vehicle for that force? I do not know. It is quite possible that the bear emanation and the human aura, as seen by Kilner, are very different manifestations. Yet it does seem quite probable that the life-force, flowing forth from every part of its body, might produce such a phenomenon. And it is to be noted that Kilner was always able to see an emanation from a living body, but never from a dead one. We certainly do not know all of the qualities that may be predicated of an aura, but it is safe to hazard that an aura bears a close resemblance to the substance from which it originated, and that it fully represents the state of that substance. But its activity is likely to be greater because of the freedom of its particles, and in some cases obviously more powerful, as instance the emanations from radium, which are said to be three times more powerful than the radium itself.

That all substances do have their auræ, atmospheres, or emanations, just as they have life and activity, has been shown; but why they are always present involves an explanation of the doctrine of "Influx". All things exist and subsist by reason of a continuous inflowing of life from its source, and at the same time by a continuous outflowing from its recipient. That which inflows must flow forth again, though perhaps in a modified form, or there would be stagnation, cessation of function, and finally death. Therefore a substance must constantly give forth something of that which goes into it and gives it life. In the animal economy an uninterrupted and unobstructed flow of the life giving forces, means health; an obstructed flow, disease, and finally death. Therefore these auræ can be nothing else than

the vital outflowing from the subject which received and made use of them; an efflux that life may continue to be received.

As a concluding word I wish to emphasize my firm belief that the esoteric principles in medicine can be understood only by a study based upon certain doctrines or laws contained in Swedenborg's philosophy. Among these are the *Doctrine of Series and Degrees*; the *Doctrine of Forms*; the *Doctrine of Influx*; and last, but not least, the *Law of Correspondences*. If every student, preparing himself for the study of medicine, had a living knowledge of these doctrines and laws, he would have a real basis for study and research, and many of the mysteries of the medical art would open their doors at his bidding.

PHILADELPHIA, PA.

DISCUSSION

DR. A. H. GRIMMER: Certainly, a paper of this magnitude should have large and careful discussion, because it speaks of the thing that is closest to our science. The vital force is the thing that we treat. It is the thing that is affected in sickness and in health. Dr. Olds has done a tremendous amount of research in preparing this paper, going back to the most ancient times, bringing the data down to the most modern scientific research of the day, and linking it together in an orderly way. This paper is really a paper on which to reflect. Great good will come when we can read it over carefully and reflect on it. It is almost beyond the realm of discussion, because we haven't had time to grasp it all. I want an opportunity to study further the things that Dr. Olds brought out so forcibly. Most of us have some faint conception of the vital force in life, but he brought into this realm other minds that have been leaders in this special line of thought for our consideration. I think we owe him a great debt of gratitude, and I, for one, want to thank him for bringing this paper to us.

DR. B. C. WOODRURY: When one studies the history of the Association I am sure he will find that we have had many, many papers written on the subject of the vital force in relation to sickness and health. It is one of the most profound subjects that has ever been propounded. It has been dealt with by some of the most philosophical minds of our school, and those papers are full of interest even today when we read them. I have sometimes thought it would make a very interesting philosophical volume to select just the papers which deal with dynamis, the life force, and publish them in a special volume. I say that because within the past few years there has been a renewed interest in vitalism. It is not the older vitalism of Paracelsus and Stahl and the older writers, but it is the vitalism of the modern school, headed by Professor Hans Dreisch.

Here is neo-vitalism. It is a very definite thing. He goes back to Aristotle and uses the term entelechy, which is, perhaps, a little more modern term than dynamis. He speaks, first of all, of the body as not a pure mechanism, and this entelechy in dealing with that animates the body and makes it a pure organism. Therefore, it must be identical, according to my feeling, with the dynamis of Hahnemann, and it is today expressed in more modern termi-

nology. When we try to clothe modern thought in old garments, it is like putting new wine into old bottles.

Of course, one very quickly has to avoid the dilemma of taking his philosophy separate from his theology, (I think Dr. Olds pointed that out) because theology logically always gets us into trouble. There have been a great many heated arguments in this Association on that very subject, but the vital force as a unity, as a simple substance, as Swedenborg uses the term and as Kent puts it in his philosophy, is something that is conceived of as formulative and having nothing in it except pure energy, if such a thing is conceivable. It is not spirit in the sense of the soul, and Hahnemann was careful to state that it is not spiritual, but it is spiritual life. "Virile" is the word he used and in the *Organon*, the last edition principally, he makes use of the term "principle" rather than force, and by the use of the word principle he leaps a chasm stumbled over by a great many and into which a great many have fallen.

I think papers of this kind have a great value, and, as Dr. Grimmer says, they require a close study before one can make any very specific statements about them. You may recall a paper that I gave two years ago at Montreal, entitled *Hahnemann and the New Vitalism*. It treated of the very subject that we have been touching on, a very complicated subject.

DR. D. T. PULFORD: This morning we were getting back to the first principle of the application of Jahr. I am inclined to agree with him when we remember Sir James Mackenzie said medicine was being pursued along the wrong lines, because the more we pursued it the more complicated it became, and if we were working correctly it would become more simple with our increased knowledge and increased greatness. We must remember one thing, that is, medicine is a natural science, and the papers today prove all these points that have been brought out.

DR. C. L. OLDS: The gentlemen have very kindly said it is a subject that must be read and studied. You can't talk about it extemporaneously. It is deep, as are almost all philosophical subjects. My one hope was to try to place this very secret esoteric subject on a basis of cause and effect, to give us a starting point, a definite starting point for our philosophy. That was the only thing I attempted.

In order to enable every prover to obtain an ideal perception of the character of the drug, and to combine any number of symptoms into a group, corresponding as nearly as possible to the totality of the phenomena of the natural disease, Hahnemann arranged his symptoms in a manner which made it possible to cure diseases according to the light of pure *a priori* experience. It is utterly inconceivable to my mind what physiology or pathology has to do or can do in the present sphere of our materia medica, considering that we are as yet unable to account for the simplest phenomena of disease, vertigo, fever, etc. I have constantly said that for the present we shall have to construct a theory for the selection and administration of our remedial agents independent of physiology and pathology; I have endeavored to construct such a theory.—C. HERING, M. D., 1847.

PHYTO-ANALYSIS AND HOMŒOPATHY

G. MADAUS, M. D.

The recently deceased Berlin physician, Dr. Zickel, was able to prove that a hormon also displays a specific effect in the plant. He manured some particularly valueless plants with animal hormones, and proved a characteristic changing of the sap of these plants. With the enormous quantities of human and animal excrements, as Ernest Fuhrmann describes so well in his books *Agave* and *Der Bienenmensch*, it is clear that the working up of the excrements is, for the plant, not only a question of satisfying the demand for oxygen, but the hormones and encyema found in the excrements are necessary for the life, for the building up, and for the growth, and have even become a deciding factor for the development of the plant. One can affirm that genetically an animal period influences hormonally, and also, with regard to the building up, the development of a plant period, and that the higher developed plant class contributes again to the further development of the animal class. So it has become a characteristic differentiation of the plants, making itself known, in that some plants seek the human dwelling places, while others avoid them, which means that plants which seek human beings, are dependent on their excrements, viz., *Aconitum*, *Conium*, *Bursa pastoris*, etc.

It is interesting that the influence of the human and animal excrements practises in the further working up of a bipolarization in the plant. This allows itself to be proved, particularly easily with regard to mushrooms. We see, for instance, on the cakes of the cow-dung in the meadows, two kinds of mushrooms growing, on the one side a mushroom, which condenses, or takes over the aromatically relishable parts, that is the Champignon, and on the other side a mushroom, which builds up and condenses the poisonous parts of the excrements, that is *Agaricus phalloides*. The tiniest pieces of this mushroom produce, when eaten by human beings, the appearance of intestinal poisoning, such as appears when a stool remains too long in the body. From this and certain other similar comparisons, it follows that the

poisonousness of a plant is at the same time a proof of the existence of that animal class, on the excrements of which this plant builds up, and the hormones, or the encyema of which it condenses to poison. On the excrements of the reptiles we see the developing of poisonous plants which are only poisonous for reptiles. In the bird era, we observe the appearance of plants, for instance, umbelliferous plants, the seeds of which are poisonous specifically for birds. These seeds are, however, less poisonous for animal classes, which have developed before, or later than this era. Even five caraway seeds are sufficient to kill a sparrow. Thus, the cabbage lettuce builds up on the excrements of rabbits and hares, because for these, the so-called "heart leaves" of the cabbage lettuce are very poisonous, whereas these leaves are not poisonous for human beings. We know that goats are absolutely insensitive to opium, or morphine; cows and horses, however, are again very sensitive to these. The papaverous plants, therefore, have only developed during the period of development of bovines, horses, and human beings. The poisons of the plants are, therefore, genetical condensations of the hormones, or intestinal excrements of certain classes of animals.

What signification has the physiological connection between animal and plant for the healing value for each other, and for the healing power for human beings? This question is especially interesting for us. It signifies, according to Fuhrmann, removal of constitutional anomalies in the instance of supplying of the lacking, or the diminishing of the surplus. When a human being completes entogenetically in the womb, the development from the embryo, within nine months, up to today's perfection, this is a shortened course of the development of mankind on the earth up from the primordial cell. Should a disturbance, or even only a restraint enter, thus the fish-nature, or the reptile nature is only incompletely, or too completely, developed in the foetus. The infant is then born with a so-called tendency which we designate from the physical standpoint as constitution, from the psychological standpoint as a characteristical tendency. The constitutional, or characteristical anomalies are signs of lacking or reversed preponderance of genetical periods in the ontogenesis. They

may, in all probability, be influenced by the application of plants with hormonal condensations of the various animal classes.

Whether it is possible to analyse the plant in this instance, is a question, the answer of which remains to be found in the future. The best method that we have at our disposal at the present time is the pathogenesis of the plants, that means the proof of the efficacy of the plants on healthy persons as practised in homœopathy.

For the explanation of the particular symptoms occurring with this, yet a further account is required.

The modification of the healing power, as found in the plants, is conditioned by various circumstances, viz., the growth in the sun causes the plant to produce a sap, e. g., *Cina*, *Colchicum*, *Dulcamara*, etc., which, administered to healthy people, produces sometimes a feeling of "improvement of the complaints by warmth". In case of heliopathic plants, e. g., *Daphne mezereum*, or *Agaricus*, we are able to state from tests with the sap of these plants that "the complaints are improved by coldness". In case of climbing or twining plants which have no support of their own, e. g., *Bryonia*, one finds sometimes by tests on healthy people the symptom "aggravation by movement", for the plant dies, if it is deprived forcibly of its support. On the other hand one finds with this plant the symptom "improvement by resting". Reversed, one finds with plants which creep by underground rhizomes, or overground shoots, e. g., *Rhus tox.*, the symptom "improvement by movement". When the plant grows on soil containing salt, it develops particularly strong healing powers, e. g., it develops in *Artemisia maritima*, on soil containing soda, the efficacious *Santonin*. When *Artemisia* is cultivated in soil containing no salt, it develops no *Santonin*. The plants, which endure bruising, or a break, or a contusion by a good gallic formation, for instance, the broad plantain, *Symphytum off.*, *Helianthus*, or *Arnica*, have a very good regeneration hormon which may be used with success also with internal therapy in cases of broken-bones, and contusions, but also externally for badly healing wounds, and abscesses on the skin. Plants growing in swamps strongly containing humic acid, have a particular power to work up the uric acid, e. g., *Ledum palustris*, *Kalmia latifolia*.*

**Kalmia angustifolia*. *Kalmia lat.* is the mountain laurel.—ED.

Everywhere the healing power of the plants may be explained by the growth, the nature of the ground, and the building up on animal excrements, etc. The root has, generally speaking, strong resemblance to the stomach and intestinal canal. It may be designated as an inverted intestine of the plant, it develops ferments which assist in digesting the earth, similar to what we find in the human intestine, for example the tubers of the roots of legumes filled with bacteria radicularis, or the symbiose of the mushrooms on the tips of the roots which are designated as mykorrhiza. If one wishes to test, for instance, the ferments of a root, one makes a root creep over a polished marble plate. One sees then along the path, that the marble plate is lightly corroded. In short, we have to contend with absolutely similar relations between the roots of plants and the animal intestine. The root stock develops various hormones of the intestinal gland, as do the liver and the pancreas. It also shows peristalsis. This continues in the overground plant in the form of a pulsation, as we know from the human pulse. We find in plants also nerves, a heart center, and much which is comparable with animal organs. Whoever is interested in this, should read the beautiful book *Pflanzenschrift** of the Indian Bosel.

The bark serves for the protection against the attacks of animals and insects. The greater the attacks, the more capable of resistance is the bark, and the better is its medical usefulness. Thus we apply china bark for malaria infection which attacks through the skin. One-third of the diameter of the China tree consists of bark. We apply the Ratanhia bark for chapped skin. A large overground development of the plant and a neglect of the underground parts shows strong relations to the skin, and the lungs, e. g., *Mallow*. The contents of the bundles of the vessels shows a relation to the blood circulation, e. g., *Camphor*. When the plant grows on stones or calcareous earth, the leaves, for instance, of the saxifraga variety secrete large quantities of carbonate of lime, e. g., 30 leaves of *Saxifraga aizoon* secrete more than 0.5 gr. of carbonate of lime. For the working up of the lime, and for the assimilation of the lime in the human body, the saps of this plant-class are especially qualified.

**Plant Autographs and Their Revelations.*

The flowers of the plants have relations to the head and the genital organs, i. e., the hypsophylls and the perigone leaves to the brain and to the skull. I call to mind the development of the poppy heads, and its effect on the brain, and the sepals, floral leaves, and stamina to the genital organs. The hypsophyll is, with some plants, of a very characteristic form. It wraps up the flower of *Arum tryphillum* with a neck-like lacing, by which the insects are retained. The power of resistance of the hypsophyll against the attacks of the resisting insects is an explanation of the efficacy of this plant against the affection of the neck-organs especially the larynx. The flower has sometimes a very energetic effect on the genital organs. One may think of the application of the flower of *Crocus sativus*, which has been misused for abortion. A tree which has been deprived of all its flowers is as ill as a woman practising abortion. A shrub with unfertile flowers, as is the case with snowball, (*Viburnum opulus*) has an inhibiting effect on the functions of the womb. With the powder made of the root of this shrub all labour pains can be brought to a standstill, it can be used to prevent a threatening abortion. Interesting is the efficacy of mushrooms growing exuberantly in flowers, which also display a strong efficacy on the genital organs, viz., the maize mildew prospering on the spadix of the Indian corn (*Ustilago maidis*) has a specific effect on the uterus, also the ergot (*Secale cornutum*) which ripens in the flower of the corn, i. e., the genital organs.

The phyto-analytical method gives a new interpretation to the pathogenesis of the plants, i. e., the picture of the symptoms as applied in homœopathy.

The approved, homœopathic main symptoms, especially the mental symptoms, may be explained by the growth, the building up, and the mode of life of the plants. When *Pulsatilla pratensis* allows the large flower heads to droop, the mental symptom "the hanging of the head" is no fantastical idea of a subdued signature theory, but is conditioned by the hormonal powers of the plant, which may be genetically established at a later time.

For this a greater co-operation between the botanist and the physician is essential. The physician must again become a

botanist, and must regain from studying the symbiosis of men and plants, the surety for the right application of the remedies.

I would like to mention, finally, still another claim, which arises for the practitioner from the application of the hormones of the plants. The hormones particular to the plants, not their poisons, as well as the vitamins bound up with the albumen of the plant, are immaterial, i. e., not to be isolated, but a condition of the albumen. This albumen of the plants is contained unchanged in the fresh sap, or pap of the plants, but it is precipitated by the addition of alcohol. The homœopathic prime tincture, which represents a mixture between the sap of the plant and alcohol, and from which all turbidities and precipitations have been filtered out, is not the ideal final form of administration. If the full effect of a plant is desired, one is obliged, as Hahnemann recommended in the 2nd edition of his *Chronic Diseases*, Volume III, pages 176 and 230, to proceed from the triturations of the fresh leaves. The tests of *Conium* and *Digitalis* were undertaken by Hahnemann with such fully effective triturations. Unfortunately the triturations from fresh plants did not continue. This was owing to Grunler, who declared in his first *Homœopathic Pharmacopœia* that one could discontinue the prescription of these triturations, as the production was too complicated.

Today this reason is no more standing the test. We must return to the best form of administration, i. e., the trituration of the fresh plant. In Germany the triturations are already being produced on mass production.

What is important in the production of these triturations, Hahnemann has pointed out on page 268, foot note 2, of his *Organon* (6th edition, page 242.) (this has been newly found, one hundred years later, by allœopathy, see Trendelenburg's *Prescription for Remedies*, 2nd edition), is that these powders are only "forever unperishable", that is durable, if they have been relieved of their superfluous moisture. These preparations are, therefore, according to the prescription of Hahnemann to be made as free from water as is, on the whole, technically possible.

This demand must be observed, when producing triturations

from fresh plants. Triturations from fresh plants are to be favoured in the prescription, when it is essential to have the efficacy of the hormones particular to this plant.

Summary: Phyto-analysis, the study of the building up, the growth, the mode of life of the plant, the test of the animal excrements condensed in the plants, and the test of the hormones of the plants, gives the scientific base of the pathogenesis, the symptom theory of homœopathy.

RADEBURG, DRESDEN, GERMANY.

Experience points to numerous cutaneous eruptions among the lower classes, all of which have to be considered as post-scabial diseases. Neumann says that in many cases we dare not think of removing chronic cutaneous eruptions, inasmuch as they are substitutes, imperfect it is true, for more important diseases. If they disappear at last of themselves, then, as Klein observes, dropsy or hectic fever is to be apprehended. The evil consequences of the artificial suppression of chronic cutaneous eruptions are proportionate to the extent, intensity, and duration of those eruptions, to the rapidity with which they had been suppressed, and to the greater or lesser want of stability of the internal health which was essentially depending upon the maintenance of the external eruption as a vicarious symptom of the internal disease. If herpes is removed from the skin, symptoms of nervous irritation make their appearance in the region of the stomach, an inclination to vomit after eating, pain along the course of the pneumogastric nerve. Those symptoms disappear when the herpes reappears on the skin. The partial or complete success in reproducing a chronic eruption upon the skin depends upon the interval which had elapsed between the present disease, which had perhaps resulted already in the formation of fungus medullaris or tubercles, and the original eruption. The longer that interval, the less can be expected of a reproduction of the eruption upon the skin.—FRANZ PUFFER, M. D., 1847.

THE HOMŒOPATHIC TREATMENT OF METASTASES
OF RHEUMATIC FEVER IN RELATION
TO THE HEART*

H. A. ROBERTS, M. D.

Last year I prepared a paper on acute rheumatic fever and its homœopathic treatment. I said then that it would be desirable to have a sequel to that paper in the homœopathic treatment of metastases of rheumatic fever in relation to the heart.

The frequency of this complication, as shown by the records of five large hospitals, under the salicylate treatment, has a percentage varying from thirty-three to fifty-eight. The frequency was noted in a large hospital where strict homœopathy was utilized, and the records showed 15.3%.

In a diseased condition showing such tremendous impairment of a vital organ like the heart, as does the metastasis of rheumatism, we need to give most careful observation and care. Especially do we feel that homœopathy lends itself as the only hope we have of avoiding these complications, and eradicating their damaging effects. Even though some impairment may be left, homœopathy will help these patients back into the way of becoming useful citizens.

Let us consider some of the remedies that will aid us very remarkably in the treatment of these serious conditions.

In *Abrotanum* we have a valuable remedy. The metastasis follows in the wake of a rheumatism associated with a great deal of gastric disturbance. The rheumatic condition is very apt to follow checked diarrhœa; and following the acute rheumatic condition, just before the metastasis shows itself, there is marked emaciation of the lower limbs.

The gastric disturbances are associated with a peculiar sensation as if the stomach were hanging or swimming in water. Then there is a sudden, sharp aching pain that starts in the back. There is also sharp pain across the chest and in the region of the heart. The pulse is weak and small. The pains are relieved by motion and are aggravated at night and in cool air.

In *Anacardium* we have a remedy having marked action on

*Read before the I. H. A., Bureau of Obstetrics and Pediatrics, June 1931.

the connective tissue of the different parts of the body; therefore we look for its usefulness in cases of damaged heart from rheumatic origin. Being a member of the great *Rhus* family, it is full of rheumatic disturbances. In general, in cases calling for this remedy, we look for pain with the characteristic sensation of a plug, and this time the symptom shows itself in the præcordial region. In general, too, we find relief after eating; and in these damaged heart conditions we find it equally true, that all conditions are very much relieved for two hours after eating.

The patient is markedly worse from walking, so that he wants to sit or lie down all the time. There is faintness on attempting to go up stairs. There are stitches in the præcordial region when breathing, in the effort of breathing or when attempting to walk. These stitching pains extend from the præcordial region to the small of the back. This is a peculiar double stitch in the cardiac region—one stitch is quickly followed by another, and then a long interval.

We find this remedy is particularly called for in conditions of rheumatic pericarditis rather than in endocarditis.

Among the remedies having a predilection toward pericardial involvement following acute rheumatic troubles, and more especially following the exanthematous diseases, is *Apis mellifica*.

It has attacks of marked dyspnœa; breathing heavy and difficult, even to gasping; markedly worse by lying on the left side. There is a peculiar sensation about the heart as if something would break away; a sudden acute pain just below the heart extending diagonally toward the right chest. The heart action is very violent; every heart beat shakes the body. There is sensitiveness to slight pressure about the chest.

There is a blowing sound at the diastole. This is one of the remedies having a marked mitral insufficiency. The systolic sounds are not well defined, but there is an increase in the diastolic pulmonary sounds.

With all these conditions locally there is the marked bruised soreness as if beaten throughout the whole body; the tendency to œdema of appendant parts; scarcity of urine; intense burn-

ing and sharp, piercing pains here and there throughout the body, that we always find as the marked characteristics of *Apis*.

The well-known action of *Apis* on serous membranes makes it particularly well suited in these cases of pericardium and endocardium involvement, as well as its inflammatory action on connective tissue.

In *Fagopyrum* we have a remedy of value, little thought of by the majority of prescribers, having a predilection for inflammatory rheumatism that leaves in its trail a damaged heart. This remedy is particularly applicable in conditions arising in pericarditis.

There is pain about the heart, relieved from lying on the back. The pain extends to the left shoulder and arm; or again it may extend throughout the whole chest. The pains may be bruised, heavy, dull aching, or sharp, and aggravated on inspiration. Sharp sticking pains in the left side, that come suddenly and go suddenly—a kind of "kink" in the side, not affected by respiration. The pains are aggravated by stooping, as in writing, and by sitting.

There is much throbbing of the arteries. These pulsations may be seen in the neck, the face and the lips, and may even be heard through the room. This is particularly so after retiring, when the patient will break out into a sour perspiration.

Fagopyrum has much oppression and palpitation. The pulse is irregular and intermittent. The oppression is made worse by pressure, even the pressure of the hand over the chest; yet the pain around the heart may be ameliorated by the support of the hand over the region of the heart.

These patients are usually worse from 3-6 p. m. and after retiring. They are worse from warmth and from motion, but there is relief from gentle motion.

In rheumatism that has superficial pains in the spring and summer, and very deep metastasis coming on in the winter or from exposure, where the heart has been damaged by repeated attacks, we find *Colchicum* of great benefit. We find the damaged condition affecting the pericardium, but having sympathetic extension to the endocardium.

The mental states of *Colchicum* manifest themselves in the

expression of intolerable suffering; and external impressions of light and noise, and especially the odor of food, are exceedingly distasteful and distressing to these patients.

There is dyspnoea, with irregular respiration, which is short and rapid. The pulse slows up irregularly, to come on again more rapidly, with a sensation about the heart as if it were being squeezed by a hand, like *Cactus*. There is much infusion into the pericardium, with an irritation of the endocardial membrane. There is a sense of pressure and anxiety in the præcordial region; fullness and oppression, as if the blood stagnated at night, when lying on the left side, compelling him to lie on the right.

The pains of *Colchicum* go from left to right. *Colchicum* has a special affinity for fibrous tissue, especially tendinous aponeuroses, which makes it especially applicable in chronic cases of valvular troubles.

In metastases of rheumatism where the heart is involved, and where *Arsenicum* is indicated, there is burning pain in the region of the heart, a great deal of dyspnoea and oppression, especially on lying down at night and about one o'clock a. m. With this dyspnoea the face is desperately pale and white, and there is a look of anxiety and oppression. The patient is covered with a cold, sticky sweat. The pulse is out of all proportion with the rapidity and feebleness. With the intense, tumultuous palpitation in these paroxysms syncope is often noted.

The most pronounced symptoms of the *Arsenicum* patient are the great restlessness, the burning pains, and the very marked prostration, all out of proportion to the apparent difficulty; the oppression from exertion, together with the palpitation and feebleness of the pulse.

Aurum, due to its destructive action on connective tissue, is one of the remedies that may be thought of in rheumatic endocarditis.

There is a peculiar mental nervousness always present with these conditions, an appearance as if the patient were in a hurry about everything. They do things in haste; they work in haste; even their motions are hurried. There is uneasiness and hurried desire for bodily and mental activity. He cannot do anything rapidly enough to satisfy himself. He is constantly impelled to be in motion, and mourns that he cannot move quickly enough.

There is great oppression of the heart, with weak pulse and great depression of spirits, blue lips and anxious expression of the face. The pulse is very rapid, soft and intermittent, and the heart flounders. There are large endocardial bruits. There are frequent attacks of anguish about the heart, with tremulous fearfulness; and a sensation as if the heart stopped at times. The patient complains of a heavy weight, which seems to rest on the sternum, and there is profuse perspiration. The symptoms are worse at night.

Cactus grandiflora has some symptoms that are very helpful in cases of the results of endocardial inflammation (in distinction from pericardial) where there is actual damage to the heart following rheumatic conditions.

The mental effects of *Cactus* are very marked. There is always depression; fear that they are not going to recover; a feeling that they are ready to die. They scream with pain when the heart is affected and show this great fear of death, which is as marked in these conditions as in *Aconite*. The pain is particularly at the apex of the heart. There is also constant pain in the heart, due to the binding down of the *chordæ tendineæ*.

In the chest there is great difficulty in breathing; a continued oppression and a sense of great weight on the chest, as though it were bound down with a hoop of iron, or an iron hand were grasping the heart. These patients can breathe much easier bolstered up.

The sensation of constriction extends all through the remedy—constriction of the muscles, and constriction of the muscles of the heart, a sensation as if they were bound down. There is palpitation and faintness, with cold perspiration on the face.

Kalmia latifolia is a very valuable remedy in certain types of complications arising from metastasis of rheumatic troubles to the heart. There are some peculiar sensations that usually accompany these metastases. There is the sensation of stiffness in the muscles around the eyes, and particularly in the eyelids. There is a peculiar feeling in the præcordial region as if every heart beat were strumming, and as if it would burst, extending from the sternum to the throat.

With these complications we almost always find a very slow pulse and frequently a nausea accompanying, as concomitants.

There is difficult and oppressed breathing, and a peculiar quick breath comes involuntarily, almost a stutter in the act of respiration. There are periods of great anguish about the heart, with dyspnoea and a feeling of excitement. The heart action is greatly affected by exertion.

Early in the metastasis we find the sudden shooting stabbing pains, extending to the left scapula; an expression of anxiousness to the countenance; sometimes a very weak rapid pulse, with difficult breathing.

In the chronic conditions there is great hypertrophy and valvular insufficiency attending these states. The patient must be propped up in bed; there is a livid hue to the countenance. The action of the heart is tumultuous and can be seen as well as felt. Usually these conditions are due to involvement of the endocardium with shortening of the *chordæ tendineæ*, producing stenosis of the mitral valves.

The power of *Iodin* to absorb serous and endocardial affections makes it a prominent remedy in conditions of the heart following rheumatism. The great characteristic of the remedy in rheumatic conditions is the pain without swelling in the different parts, where the pain suddenly leaves those parts and through metastasis attacks the heart.

There is a great deal of palpitation on the least exertion, and with the palpitation, inclination to faint; great præcordial anxiety, so much so that it compels the patient to change position frequently. There is constant pressive pain in the region of the heart, and a sensation as if the heart were being squeezed by an iron hand.

In the mental sphere, always bear in mind the great anxiety and fear that always run through the remedy.

In these conditions it is usually a mitral insufficiency due to the inflammation and thickening of the cords, and it is here that the action of *Iodin* will often serve in a very beneficial way. This is not a remedy that is very frequently used, but it is of inestimable value when it is indicated.

In hearts which show marked valvular murmurs, deathly pallor of the face and anguish; where the patient complains of suffocation and insists upon the bands about the neck being loosened, complaining of a sensation of constriction all through the chest; with sticking, stitching pains, we may well think of *Lachesis*.

These patients are much worse in the spring of the year, and after sleep. They will often have a surcharge of blood to the head when in a close room. These valvular conditions will be greatly helped and the patients be made fit to do their share in the work of the world by the proper administration of *Lachesis*.

In *Spigelia* we have a remedy that is very applicable in acute conditions of rheumatic fever, as well as in the metastasis after it has done serious damage to the heart.

In the acute manifestations there is marked dyspnoea, a shortness of breath when moving in bed, especially when raising the arms; frequent suffocative spells, with a distinct bruit in the valve sounds. There is the characteristic stitching pain, aggravated by the least movement, even the movement of breathing.

In the chronic conditions we find the stitching pains, which synchronize with the pulse; anxiety and oppression, in endocardial troubles. The violent action of the heart throb is noticeable even through the clothing of the patient. There is a peculiar purring sound which does not occur in relation to the pulse beat. Usually the sounds of the heart are blowing and heard at the systole.

The palpitation is very violent, often when bending forward. This palpitation comes in waves. There is a sensation of weight on the chest. Almost all the heart symptoms occur in the day time, when the sun is bright, and toward night the patient begins to feel easier.

A peculiar thing in these chronic *Spigelia* conditions is that they are almost always associated with constipation.

Many serious valvular troubles will greatly improve, and the patient will become a useful member of society, under the administration of *Spigelia*.

These are but a few of the more prominent remedies to be thought of. Other remedies that may be mentioned by name only in this paper, among the numerous remedies we may require, are such as the various members of the *Rhus* family, *Fluoric acid*, *Lycopodium*, *Sanguinaria* and *Spongia*. While these few remedies are those that I have found in my work to be the most frequently indicated in these conditions, I cannot but stress the fact that almost any remedy in our materia medica, *if it be indicated*, will serve you well. The great trouble in pointing out remedies for certain disease conditions is the tendency to confine ourselves to these remedies only, whereas the indications presenting themselves will call unmistakably for the remedy that will accomplish the most for these children; therefore let us keep our minds open to the possibilities of finding the *simillimum* for each individual case.

Many of these chronic conditions have been very greatly mitigated under our care, and these children have been able to go on in life with a freedom and buoyancy that is almost beyond our fondest expectations.

DERBY, CONN.

DISCUSSION

DR. R. E. S. HAYES: While the doctor was reading the symptoms of *Fagopyrum*, he was describing exactly a case of false angina.

The use of medicines in large quantities (as prescribed to-day) in due course will lead to further vitiation of the constitution. This is not an opinion; it is a solemn and serious fact which can be proved by any healthy man taking drugs in the doses recommended by the *British Pharmacopœia*, and watching the results. Take, for instance, the simple sodium bicarbonate, and see how long it is before you get an unpleasant indigestion. Sick men cannot test the facts because they attribute unpleasant drug symptoms to their disease, and not to the medicines they consume.—FRASER MACKENZIE, C. E. I.

WHAT IS A MENTAL SYMPTOM? WHAT IS MENTAL DISORDER?*

JULIA M. GREEN, M. D.

In homœopathy we are taught to observe carefully even the slightest deviation from normal in the mental sphere and to give these deviations high rank in studying a case to find its remedy.

We are told that the normal temperament of the patient is to be disregarded because expressions of this are not symptoms. It is only the changes in illness which are to be used. How can we be sure where normal ends and abnormal begins? Probably most of us do take into account the temperament of the individual. Surely slow, dull people need different remedies from quick, intellectual ones. Calm, optimistic patients are given medicines in another class from the irritable, restless desponding group. We ask, "Did you always feel this way?" "How was it before you were sick?" "Is your ability to concentrate, to remember, affected?" "How long and under what circumstances?" "Did you used to be so irritable?" "How long have you been tormented with these queer thoughts?" Supposing the patient answers "Always" to the last question. Are the queer thoughts symptoms then, to take a major place in the case?

The borderline between mental health and mental disease is difficult to estimate; it presents problems. For instance: Here is a miser who hoards not only money but all sorts of things, clothing, tools, bits of wood, tin, paper, nails and screws, bits of glass. These things occupy first importance in his life; they have grown up with him. Here is a man who has always been the victim of certain fears. Sometimes these can be conquered by psycho-analysis, sometimes they cannot. They seem always to have belonged to him. Here is the man who cannot mingle with other people without a hysterical complex which results in physical weakness, cold perspiration, even faintness and an irresistible impulse to run away.

Here is one who has no proper conception of relative values; he exalts minute detail to the exclusion of large important as-

pects of any situation. Here is another who dictates to his fellow men from narrow experience and not much culture. He feels sure of his ground and is puzzled by opposition or lack of interest on the part of his hearers.

Then there are the homosexual and other sexual idiosyncrasies which control the lives of their victims. Here comes hero-worship, tendency to deify humans, also the desolating tendency to control entirely the life and affections of another, a vamping kind of hold on a supposed friend.

We have many more forms of self-love to make this world unhappy. The man who hoards *things*, loves *things* more than people; a certain false pride in things holds him from development into higher realms. The large minded, large hearted scientist grows with his study of rocks, earth, trees, plants, insects, animals; but some turn away from their fellowmen and worship the lower strata of life in a different way but just as truly as did the savages of old.

Jealousy is only another name for numerous aspects of self love. There is the false pride which is personal vanity; also the social false pride which will not allow its victim to be seen doing many legitimate things which seem to him to belong to low social strata. These people often ignore moral obligations. There is the boastful person who magnifies his own accomplishments, his own family, his city, state, country, politics, religion, etc. Such are proud of their self-estimated virtues and ignorant of their real worth to the world. There is the "I am better than thou" spirit, the thing which is most devastating of all. There is the person engaged in any worthwhile pursuit who cares more for praise than he does for real accomplishment. There is the eternal prattler about his own petty affairs who considers his experiences peculiar and superlative. "Speaking of operations", etc. Mother-love can be almost entirely self-centered and not lead to love of all children; the same holds in conjugal love which may take the form of ownership. In fact, if self love in its myriad forms, could be removed from the earth, the millennium might appear on the horizon.

Are all these human characteristics mental symptoms? Are all these people mentally disordered? If so, then nobody is men-

*Read before the I. H. A., Bureau of Philosophy, June 1931.

tally healthy. Where then shall we draw the line between normal and abnormal?

In recent years attempts to accomplish mental health are very evident in study of hygiene, modern psychology, eugenics, environment, etc.

Homœopathy is making a fine reputation for itself when mental disorders are pronounced enough to be easily recognized. Among close observers, both within and without the profession, it is making more of a reputation by altering the disposition of the patient, obliterating exaggeration, sweetening fiery temper, opening eyes to the rights of the other fellow, sharpening dull wits and dull memory, increasing brotherly love and altruistic activity. The gentle unobtrusive working of the homœopathic remedy in these respects is not so easily seen, but this is homœopathic art at its best. The art lies in ability to sense what is wrong, overdeveloped, or underdeveloped, and select the remedy which will restore buoyant mental health. This means ability to discern what are mental symptoms, what is mental disorder, and to bring back mental balance as well as the absence of physical symptoms. It is one of the things most needed in this much perturbed, self-crazed world.

Let us say then, that one's mental characteristics, when unduly emphasized or greatly exaggerated become symptoms and constitute mental disorder. This view may not be shared by most homœopathic prescribers and I would like a frank discussion.

WASHINGTON, D. C.

DISCUSSION

DR. G. STEVENS: This speaks of the normal temperament, but there are chronic mental symptoms as well as acute ones. They must be taken into consideration always in any general study of the patient, perhaps not so much in the very acute case, but in the acute case the mental symptoms, such as fear, irritability, and so on, will probably be exaggerated, and they would come definitely in the field of study.

We can see two kinds of mental symptoms. One may be a reflection from some physical condition, as for example, *Chamomilla* temper in a teething child. Or we found them closely related to the disordered moral or spiritual state. Of that, the exaggerated forms of self love are special examples. We use the word "exaggerated" advisedly, for a certain amount of self love is normal, and lack of it would be absolutely abnormal. But when it becomes egotistical and selfish, it is abnormal and shows itself in many ways.

I remember a sermon I heard a good many years ago, by Bishop Weir, Bishop of New York, a Lenten sermon, in which he spoke of sin. He said,

WHAT IS A MENTAL SYMPTOM? WHAT IS MENTAL DISORDER? 811

"There are a great many different kinds of sin, but only one sin; that is selfishness." Undoubtedly selfishness is at the root of these wretched, nervous conditions, as jealousy, anger, pride, anxiety. They react definitely on the physical condition. They are very important as symptoms, either chronic or acute.

DR. A. H. CREMMER: I have enjoyed this magnificent paper. It attacks the very gist of our philosophy. Hahnemann stresses the mental state as being the most important for the selection of the curative remedy, and now modern research is just beginning to recognize the truth that Hahnemann discovered so long ago.

We need only cite some of the works that are being accomplished by the psychoanalysts and others along that same line. They are doing constructive work, there is no doubt about it. They are proving what Hahnemann so long ago gave us. Furthermore, the great physicists of the time are beginning to confirm these mighty Hahnemannian truths. Dr. Arthur Compton, of the Chicago University, has come to the place where he has stated, after a great deal of research, that after all every evolutionary process in nature itself is undoubtedly influenced by thought. Some superior thought or intelligence has influenced all evolutionary processes.

I think many of the mental states that are related to disease could be corrected in the child by the right kind of education. I think a great deal of selfishness could be broken down in this way. Much of the selfishness is brought on by so-called permission of self-expression. That is all right if it is accompanied with wise guidance, not permitting that self-expression to go to such a state they have no regard for the rights of others. We see many little anarchists these days who have absolutely no conception of the other fellow's rights or privileges. If we get the children and guide them in the right way to bring out the good that is in them, to teach them that they are here to perform duties and to help others, the doctrine of helpfulness will go a long way to overcome some of these disease tendencies.

The doctor mentions the sex irregularities. Indeed in a very large proportion, our chronic sicknesses have to do with various perversions of sex, and sex function. The child can also be helped in that way before he is too old. He can be educated along sex lines and taught the beautiful side of sex. It should be unfolded to him, showing its uses and its possibilities, and the result of its abuses. This would keep a great many from these perversions.

If we will do these things, and then give our remedies to their clear-cut indications, we can indeed almost revolutionize society.

DR. C. L. OLDS: I think we should differentiate between those mental conditions that are caused by a diseased vital force and those that are caused by something higher than that, that is, the soul. You can't do anything with homœopathic medicines in something that is actually spiritual. Our drugs are not spiritual. They are spiritlike. They do not reach into the realm above the vital force. The treatment for those conditions that are of the soul is not medicinal.

DR. P. L. BENTHACK: Let us clearly understand if it is actually a moral or wilful, sinful disorder before we use our homœopathic medicine. If we have a clean, noble person who in a shameful way uncovers himself or herself, we will know our homœopathic remedy is useful. I had a patient whom I knew to be a good, clean, moral person, but when delirious she always uncovered herself. Right away it came to me that I should give her *Hyoscyamus*, and I did, and it stopped the trouble. But there are some others who are physically healthy but do these things on account of sinful ways. If a man absolutely wants to embarrass society, our homœopathic medicine will not help.

DR. B. C. WOODBURY: I would like to call the attention of those who do not know of it to a book by Gallavardin on *The Homœopathic Treatment of At-*

coholism. This book also contains the homœopathic treatment of many of our psychical and mental delinquencies. It is a very remarkable and valuable book.

DR. C. M. BOGER: It seems to me you are mixing things up a little bit. The soul isn't sick; it never is, not in the ordinary sense of the word sickness. It is the physical body, through which the soul speaks that is sick. The best pianist in the world cannot play a piano if the notes are all disarranged, and if your vital force is out of order, the soul can't speak through the vital forces in an orderly way. We want to get this matter clear in our minds. There is a regular gradation—will (including the soul, mind and vital force) and the body. Keep that order in your mind and avoid all this confusion and avoid making a lot of mistakes. Now what the sick body may do to the mind is an entirely different question. What the sick body may do to the will is a different question also. But after all, it comes back to that fundamental fact that the soul is not sick. The soul never gets sick in the physical sense. It is the will which controls the whole situation, considering it from that point of view.

CHAIRMAN DIXON: Thank you, Dr. Boger, we have all had our problems in telling what was a mental symptom.

DR. JULIA M. GREEN: In closing I only wish to say that we have treated patients and had the family come back and say that that patient seems to be all made over new, mentally, physically, and spiritually, which shows that our homœopathic remedies have a wonderful power.

I am very glad to hear Dr. Boger's discussion. That one sentence clears up the whole question.

The principle of potentization is intimately connected with the fundamental of our science, *similia similibus curentur*, but it is not superior to it: the potentialized drug would be of little avail unless administered agreeably to the fundamental law, whereas the lowest potencies of the drug will frequently restore the patient's health . . . We know as yet too little of the inmost relation of our drugs to the vital laws which govern the functions of the animal economy, too little of the inmost nature of temperament, idiosyncrasies, too little of the thousand influences which are all the time modifying the play of the vital forces, to be exclusive in our adherence to one potency in preference to another. We are bound to believe in the principle of potentialization, because we know that the breaking up of the material body sets the dynamic and really curative agent free; but to divide homœopathic practitioners into low and high dilutionists is absurd; those who consent to be ranked among either class exclusively are not philosophical artists, and their opinions in matters referring to the healing art must necessarily be one-sided.—*Homœopathic Examiner*, 1847.

COMPARISON OF *TABACUM* AND *LOBELIA**

GEO. E. DIENST, M. D.

Read by A. H. GRIMMER, M. D.

TABACUM

Running all through the proving and effects of tobacco, is a group of general symptoms or states that give it its distinct mark of individuality.

Weakness, even to prostration and fainting; nausea, of a deathly kind, with pallor and cyanosis; cold, copious perspiration over the body; vertigo, with headache and disturbed vision. All these symptoms are worse in a close room and relieved in the fresh, open air and from cold applications. There is one exception, the ear symptoms are worse in the open air. Motion and exertion aggravate conditions, in fact, the weakness is too profound to even try to move. One exception here has been noted in a peculiar type of backache, which was worse lying and relieved walking. Clark in his *Dictionary* notes a cure reported by Dr. Boger with *Tabacum* cm. The symptoms come in paroxysms and are periodical. A peculiar and valuable therapeutic symptom is uncovering the abdomen, in abdominal troubles, relieves the nausea and vomiting especially in children.

Such, in brief, is an external aspect of this remarkable remedy. Clarke mentions its power to cause alternating states, such as the relaxation and weakness, and the convulsive and spasmodic conditions. Besides the profound, general weakness noted, it causes constriction and spasms of the throat, rectum, bladder and chest. The mind is gloomy and melancholic with inclination to weep. Anguish and inquietude, generally in the afternoon, relieved by weeping. Restlessness which prompts continual change of place, aversion to labor and conversion. Excessive vertigo; mental faculties much impaired; cannot read or study; sufferings from abuse of tobacco; difficult concentration of mind for any length of time on one subject. Feels as if some one were coming to arrest him, or to murder him; always with singing in ears. Suicidal tendencies, gloomy forebodings, inclined to hang head down, breath becomes short, appetite goes. Feels intoxi-

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cated, hands and feet tremble or there is over excitement and great liveliness, with songs, dancing and great loquacity. Abject cowardice, thinks he is going to die and is in extreme terror of death (from smoking too many cigars). Frequent laughter without cause, silly talk, cannot stop, loss of memory, attacks of silliness, cannot help talking foolishly, and memory goes, blames himself for things, idiotic, epileptic idiocy, cataleptic state, stupor, coma.

Clarke mentions its clinical application in an imposing list of diseases and conditions: Amaurosis, anæmia, angina pectoris, prolapsus of anus, apoplexy, asthma, backache, anæmia of brain, brain-fag, catalepsy, cholera, cholera infantum, color-blindness, constipation, diarrhœa, epilepsy, freckles, glands enlarged, heart intermittent, hernia, hiccough, idiocy, jerking of leg, cancer of lip, effects of masturbation, Meniere's disease, stricture of œsophagus, prostatorrhœa, pruritis, optic neuritis, pruritis of pregnancy, sickness of pregnancy, toothache of pregnancy, pyrosis, paralysis of rectum, stricture of rectum, seasickness, speech embarrassed, strambismus, tetanus, toothache, varicocele. This gives a brief picture of the leading symptoms and clinical uses of tobacco for human ills.

It is antidoted by *Ars.*, *Ipec.*, *Camph.*, *Acetic acid*, *Puls.*, *Plant.*, *Phos.*, *Sepia*, *Verat. alb.*, *Lyc.*, and *Malic acid* (sour apples).

LOBELIA INFLATA

Like *Tabacum*, this remedy has been used in a long list of complaints: Alcoholism, alopecia, angina pectoris, asthma, amenorrhœa, cardialgia, cough, cramp, deafness, debility, diarrhœa, dysmenorrhœa, dyspepsia, emphysema, faintness, gall-stones, gastralgia, hæmorrhoidal discharge, hay-asthma, morning-sickness of drunkards and of pregnancy, morphine habit, palpitation, pleurisy, psoriasis, rigid os, seborrhœa, pain in shoulders, effects of tea, stricture of urethra, serous discharge from vagina, vomiting of pregnancy, wens, whooping-cough.

It has the relaxation and weakness, the nausea and vertigo, and the cold, profuse sweats with pallor, found so strong in *Tabacum*, but in *Lobelia* these symptoms are generally accom-

panied by a peculiar tingling and sticking as of fine needles from within out over the body. The asthma and cardiac symptoms are stronger under *Lobelia*. There is more præcordial pain in *Lobelia*, and the sense of constriction at epigastrium, chest, heart and œsophagus, is stronger than in *Tabacum*. The power of profound relaxation, alternating with constrictions and convulsive tendencies is common to both.

The sensitiveness to touch is more marked under *Lobelia*, especially the pain in the sacrum associated with menstrual suppression. *Lobelia* acts curatively in many cases in which a history of some suppression is found. It has an action like *Silica* in expelling foreign particles from internal parts. It has produced the expulsion of a bone from the bronchi. There are more skin manifestations, that is, eruptive conditions, than in *Tabacum*. Psoriasis has been cured by *Lobelia*, and its symptoms and clinical use show a close relation to tuberculosis and syphilis.

A strange thing about these analogues, is that one, *Tabacum*, is antidoted by vinegar, and *Lobelia*, according to Cooper, acts stronger and more curatively with acetic acid.

Clarke observes that in chronic conditions the *Lobelia inflata acetate* acts best, and that in some acute conditions, where relaxation and elimination are desired, the uncombined *Lobelia* produces the best results.

The mental states are somewhat similar in both remedies. Under *Lobelia* we find mental inquietude, great depression and exhaustion, presentiment of death and dyspnœa, sobbing like a child, violent raving with flushing face, and palpitation every evening after an hour's sleep; lost his reason and became convulsed, it required several men to hold him, this continued till death; felt he was dying with distress at chest; felt he was dying but was unconcerned (*Tabacum* was in terror).

In the asthma of *Lobelia* there is a weak sensation at epigastrium, spreads upward into chest, also profuse salivation accompanies the asthma.

Lobelia is antidoted by *Ipec. Dig.* and *Tab.* are to be compared in heart affections.

A few red line symptoms will aid as a reminder of this remedy's power:

Vomiting aggravated by motion.

Sudden pallor with profuse sweat. With the asthma there is a weak sensation at the epigastrium spreading up into the chest.

Nausea with a lump sensation at stomach and copious salivation, also occurring in asthma.

Headaches, chronic, from suppressed discharges.

Inherited tuberculosis and syphilitic tendency of children. Cooper compares it in value with *Ars. iod.* and our foremost anti-psorics.

In the broncho-pneumonia of childhood, *Ip.*, *Ant. tart.*, and in imperfect recoveries from chest affections, especially where tuberculosis threatens, *Lobelia* may be valuable.

Faintness at the stomach is a grand characteristic of the remedy. Constant dyspnoea aggravated by the slightest exertion, and increased to an asthmatic paroxysm by even the shortest exposure to cold. Sensation of weakness and pressure at epigastrium, rising to heart. These constrictions may be found in the œsophagus and larynx also. Extreme sensitiveness and tenderness over the sacrum, cannot bear the touch of the bed clothes in menstrual troubles.

The nausea of *Lobelia* is continuous and accompanied by a constant flow of saliva. This indication is met in suppressed menstrual flow, in the morning sickness of pregnancy, and in the vomiting of drunkards.

With every uterine contraction violent dyspnoea which seems to neutralize the labor pains, rigid os, and perineum.

Urine has a deep red color and deposits a copious red sediment (Guernsey).

Lobelia expects death, feels it coming, yet is unconcerned.

Tabacum thinks he is going to die and is in dreadful terror of death.

With this brief study and comparison of these unique remedies, we hope to awaken interest and discussion that may add more wealth to the archives of our wondrous materia medica.

CHICAGO, ILL.

DISCUSSION

DR. D. T. PULFORD: It is probably quite obvious that we are a little better acquainted with *Tabacum* than with *Lobelia*. In my premedic days, it bore out very well through the modalities of the relief from open air and from acetic acid or apple. We used to open the window in the chapel, light a cigar and eat an apple. We never smoked except under those conditions. When we did that, we always remained well.

In my own experience, there is one modality which may be peculiar to me alone, but I notice it works, that is the amelioration from eating. If I smoke too many cigars or get sick from a pipe, I eat a little bit of something—it doesn't make any difference what it is—and I notice amelioration. The peculiar thing about it is that after the condition is ameliorated, the desire to smoke is likely to come back.

It is very difficult to add anything more on *Lobelia*. I remember reading about a woman who swallowed a piece of lamb bone. She was given *Lobelia*. I was wondering how much of that was due to expulsive power that resembled *Silica*, and how much to the nauseating effect.

DR. G. STEVENS: Several years ago, I had quite a remarkable bit of success with a case of seasickness. A French woman told me that she was very violently ill, always, in crossing the ocean, and she had to cross it twice every summer. Her description of it was the prettiest picture of tobacco poisoning that one could have. I remember especially her only relief was from the very cold open air, and *Tabacum* relieved her almost entirely. She could hardly believe it. The doctors who tried to treat her before could hardly believe that she could get so much relief from this.

DR. C. L. OLDS: I recall, a number of years ago, having a case of hay asthma, of which I now only recall two of the symptoms. One of them was this increased saliva dripping from the corners of the mouth, and with that a sensation of rope about the diaphragm. Probably there were a good many other symptoms. One dose of *Lobelia* stopped this asthma, and there was no more of it during the entire season.

DR. B. C. WOODBURY: What potency?

DR. C. L. OLDS: I do not remember. Probably it was 1M, or something of that sort.

DR. B. C. WOODBURY: I can testify to the antidotal effects of *Ipecac* in mild nicotine poisoning. I am not very much on smoking. I was practising for some theatricals one time and it was required that I smoke a pipe. I had never smoked a pipe very much, so I had to do some experimenting. I tried all the different kinds of tobacco I could find. The only one mild enough was Prince Albert. In experimenting with the stronger tobacco I found that a dose of *Ipecac* immediately relieved the nausea.

DR. P. L. BENTHACK: It is my experience that tobacco affects the heart more than any other part of the human body. When a man comes into my office and says he doesn't think anything is the matter with him but he is dizzy, I have found no other remedy as good as *Tabacum*, if he has been using much tobacco.

CHAIRMAN A. H. GRIMMER: What potency?

DR. P. L. BENTHACK: From the 30th up.

DR. C. L. OLDS: I can quite agree with the doctor. Formerly I used a great deal of tobacco. Occasionally I would get a very sharp pain in the region of the heart which almost took my breath away. I found by taking a dose of *Tabacum* 3M I would be free from that symptom for a number of months.

DR. D. T. PULFORD: There is one thing I would like to add. I notice that sometimes you experience a sense of empty well being from the effects of tobacco, after a good night's sleep and after the nausea has gone. The stomach feels quite hollow, but the general condition feels fine. It is a queer combination.

RAY W. SPALDING, M. D.

CASE I

Mrs. A. L., age 55, May 15, 1925. Climacteric at 52, periods before, dark, offensive. Since this time severe eczema of both hands, dry, scaly, with deep fissures in palms, hands double in thickness, unable to close for two years in spite of hospital treatment of eight months, ointments and light. There is burning, numbness, stinging, soreness on touch, with former itching worse during the daytime. She is aggravated in general from heat and summer weather, craves air, is depressed and melancholy. *Sulphur* 10M.

May 29. A little improvement. *Sac. lac.*

June 19. Decided improvement. Feels fine, herself. Some return of cracking in palms with itching worse at night. Several movements a day. *Sac. lac.*

July 20. The hands are healed, but now the trouble has returned, worse on rising, or water, cannot sleep with the itching, again depressed. *Sulphur* 50M.

Aug. 18. Improved, can close hands. *Sac. lac.*

Sept. 15. Slight return on one hand but feels well in general. *Sac. lac.*

Dec. 10. Reports herself cured.

No return to date.

CASE II

G. M., aged 22. Jan. 26, 1930. Eczema of two years' duration on back of hands, both wrists and fingers. Formerly oozing, now dry the year around, with intense burning, and at times itching. Only constitutional symptom obtained < heat in general. *Sulphur* 1M.

Feb. 9. Worse after remedy, with cracking of hands. Prominent today, with itching but less burning. *Sac. lac.*

Mar. 16. Left hand clear but right is worse. *Sac. lac.*

Apr. 27. Improved a week ago. Itching severe. *Sulphur* 10M.

June 10. Slight scaling. Physically better, he states. Has gained weight. No prescription.

*Read before the I. H. A., Bureau of Clinical Medicine, June 1931.

Oct. 19. Trouble has returned in last few days. *Sulphur* 50M.
Dec. 5. Feels fine.

Jan. 15, 1931. No trouble.

Mar. 15. Slight return of eczema base of right thumb. *Sac. lac.*

May 7. No eczema seen.

CASE III

H. W., age 18. Dry eczema of left armpit, sole of left foot, toes and right arm. Of three years' duration, following suppression of an eruption behind the ears. Burning and itching, < night.

Chilly type. Fear of thunder storms. Easily offended. She craves sweets and is averse to milk and fats. Feet and hands perspire easily. Menses two to three months late. Nosebleeds, profuse, bright.

May 16, 1930. *Sulphur* 200.

May 27. Armpit oozing, less itching. *Sac. lac.*

June 11. Left axilla raw looking, oozing, less epistaxis, some eczema on body. *Sac. lac.*

July 6. Armpit was better, but now worse. As arm improves feet are worse. *Sulphur* 1M.

Aug. 4. Armpit clear. Reports period in early June and late July. *Sac. lac.*

Sept. 28. Looking wonderfully well. Slight patch in left axilla, another under hair bob. *Sac. lac.*

Oct. 20. Large area of eczema back of head with offensive oozing. Disposition less agreeable. *Sulphur* 10M.

Nov. 13. Improving.

Dec. 10. Head nearly clear. Left armpit again slight patch. *Sac. lac.*

Apr. 28, 1931. Has been fine except for left arm which persists. Menses are better. *Sulphur* 50M.

June 1. Came in to say she was in fine condition for graduation.

CASE IV

V. S., age 21. Aug. 3, 1930. History of yearly and long protracted eczema since age three. She had been operated for cervi-

cal glands when one year old. Her present condition reveals the entire face, neck and scalp, and both arms, to the finger tips, entirely covered with an eczema exuding a thick yellowish discharge with resultant crusts. She cannot close her hands and is kept awake by the burning and itching. < hot sun, < hot water. She is warm blooded; could cry any moment from discouragement; is jealous; fearful of thunder storms, the dark or robbers; sensitive and enjoys sympathy. There is craving for sweets, aversion to vegetables, greens, milk and fats. Her periods are early, scanty, clotted, offensive. She dreams often; these dreams are foolish and repeating. *Sulphur* 200.

Aug. 10. A portion of the face and back of the hands has cleared. Numerous small boils are annoying. Her mother states that there was marked perspiration of the head as a baby, and frequent nosebleeds in the summer even last year. *Sac. lac.*

Aug. 23. Marked > following many boils, can close the hands, face is clear. *Sac. lac.*

Sept. 15. Hands have again broken out, with itching and cracking, but less oozing. *Sulphur* 200.

Sept. 28. Improved.

Oct. 18. Still clear. Will be married this month.

Nov. 16. Has gained five pounds. No eruption.

Jan. 4, 1931. Slight patch between the fingers. Boil on the right arm. *Sac. lac.*

Feb. 20. No sign of eczema, feels fine. No medicine.

Apr. 14. In last week eczema is appearing on one hand with oozing. *Sulph.* 1M.

June 2. Reports herself fine. Menses now normal.

These cases of eczema all had suppressive treatment, and this may have had a bearing on their working out to *Sulphur*. I am not seeking to emphasize this remedy to the exclusion of others in eczema. It was interesting to note how the 200th potency held over such a long period in the last case. At least two of these cases will probably need further treatment at a later interval.

CASE V

Epilepsy. H. H., age 25. March 4, 1925. History of frequent epileptic attacks since childhood. Regular school treatment until

now. He is excitable, < excitement, a great worrier, easily tearful, wants no sympathy, is nervous and hurried at his work, wants to go to bed on reaching home, but is often wakeful. He has frequent nosebleed for seven years. Feet perspire in the daytime, summer and winter. Face flushes on least excitement. Warm blooded. < oranges. Frequent cankers in mouth. Craves salt. Dizziness frequent. Not a well taken totality, but he was given *Natrum mur.* 1M.

May 16. No spells. Better in general.

Aug. 9, 1926. He is amazed to have gone so long without an attack. Nervous and hurried. *Natr. mur.* 1M.

Oct. 27. Very tired, no ambition, nervous and shaky, face flushes, fearful of spell. *Nat. mur.* 10M.

Mar. 14, 1927. Some return of nosebleed, cannot sleep, hurries his work, is irritable. *Nat. mur.* 50M.

Aug. 24. Had epileptic attack four days ago. Vomiting followed, which >.

One week later repeated *Natr. mur.* 50M.

Oct. 16. Jumps in sleep, easily offended, sensitive, consolation aggravated at first but now ameliorates. Strong in his likes and dislikes; noise or talking prevent concentration. He has become suspicious, and is fearful of a spell after eating a little at supper time. While symptoms have altered it was thought well to wait longer before giving a remedy.

Jan. 8, 1928. Encouraged and better in general. No remedy.

Mar. 1. Constipated badly. *Sac. lac.*

Sept. 3, 1928. Series of boils and carbuncles, much depressed, with hot flushes. *Calc. sulph.* 10M.

Dec. 21. Old feeling returned last night, but he was able to fight it off. He is tired, exhausted, jumps in his sleep, has cankers in his mouth, and pain in the region of the frontal sinus. He was now given *Sulphur* 1M.

May 12, 1929. Better in all ways. Declares he never felt better. No attacks since August, 1927.

Nov. 13, 1930. Reports condition still good.

Apr. 10, 1931. Feels fine. No fear of spells, and is enjoying life.

CASE VI

A case of asthma. M. O., age 56. June 26, 1929. Venereal history 30 years ago, followed by rheumatic fever. He then had asthma over a period of 18 years, but was relieved after an attack of pneumonia three years ago. The asthma has returned and is severe. He is nervous, fearful of suffocation. Open air, which he craves, relieves the attack. Hot drinks ameliorate. He is worse during humidity or in damp, rainy weather. Dread of suffocation in a crowd. Cannot walk or do any exertion. He is of the chilly type, irritable in nature, flies off the handle, is abusive and then over it. Rushes after his work. Fearful it is not done right, or soon enough. He looks for trouble. Craves sweets and fats. Grinds teeth at night and talks about work in his sleep. *Kali carb.* 10M gave relief.

Sept. 15. Similar attack. *Kali carb.* 10M again benefitted.

March 20, 1930. General improvement has ceased. *Kali carb.* 50M. An aggravation of asthma followed immediately, but after ten days of *Sac. lac.* this subsided. He now walks to work, has no great amount of worry, and his wife reports his disposition as exceptional.

There have been no further asthmatic attacks to date, but with his history I rather expect we have not seen the last of his troubles.

CASE VII

The following case is of a girl, age 15, in high school. She has reached such a nervous state she must be kept at home. She worries constantly over her studies although an honor pupil. Her eyes are wild and staring. She awakens at three in the morning and cannot sleep. She dislikes restraint, is impatient, critical and obstinate, easily hysterical, and fond of argument. She wants to be let alone and feels better at night. As a child she was sad and melancholy, talked to imaginary dolls and of attending her own funeral. She was a fat, heavy baby, walking late. Menses protracted, preceded by irritability and weeping. Dreams are crazy and mixed. She awakens unrefreshed. Sensitive to music. < hot rooms, if stuffy. Averse to meat. Chilly type. She received *Sepia* 10M on Oct. 1, 1930.

Nov. 18. Says she hates family at menstrual period. *Sac. lac.*

Dec. 22. Sensitive, easily tearful, self centered, feels she is nagged, annoyed by what others are saying or doing. *Sepia* 50M.

Feb. 21, 1931. A different child. She is taking interest in things and is happy. *Sac. lac.*

May 31, 1931. Improvement holds.

CASE VIII

The last case is L. D., a salesman, age 33, who despairs of recovery. He gives a history of nausea and vomiting for the past five years, worse in the last two. At present, Dec. 24, 1930, he has vomiting daily about two hours after eating. He has consulted specialists, had x-rays, been three times to prominent hospitals for observation, finally having an exploratory operation in May 1930, which was negative. He is taking narcotics to sleep and comes to homœopathy without much hope. He talks of suicide, if no help can be had, in order to relieve his family, but still loves life. He has lost 25 pounds. During the attack he is irritable. Some > hot drinks. Vomiting at first ameliorates then becomes bitter and aggravates. Sleep ameliorates.

He dislikes consolation or a crowd. He is fearful in severe storms. Craves acids. Must have tobacco. Is averse to cheese. Must have air. A hot stuffy room aggravates. Frequent nasal catarrh, thick, greenish-brown, with post pharyngeal dropping. Wet weather aggravates the catarrh. He had taken so many drugs that a dose of *Nux vom.* 200 was given.

Jan. 10, 1931, he was given *Natrum mur.* 10M. This held him without attacks until April 15, when nausea returned. He was then given *Natr. mur.* 50M. He has had no attacks to date, is able to attend to duties, and has a very wholesome respect for homœopathy.

EAST DEDHAM, MASS.

DISCUSSION

DR. C. A. DIXON: To me these case reports show careful perusal of Kent's *Repertory*, which is of course gratifying. The doctor has presented them in such a sketchy way that we have to read between the lines to get Kent in some places, yet I know his training and I can see from the symptoms that Kent has been his guide.

There is another thing that is gratifying about those reports. A man who

can restrain himself from repeating his remedy, as has been done in these cases, can often do wonderful things in those old chronics. It takes lots of training to do it. Most of us have to get gray hair before we learn to restrain ourselves, and some never do learn.

He mentions in one case "As a child, she talked to herself". This is so often an illumination that comes through a tangle of mistreated cases. I am sure that was the angle where *Natrum mur.* showed up.

I have only one further comment to make. *Be sure that you have your picture before you prescribe.* These old chronic cases which, as Dr. Spaulding says, come to you after suppressive treatment, give us much confusion unless we can wait. Waiting often means the difference between success and failure.

DR. B. C. WOODBURY: These cases of eczema treated with *Sulphur* called to my mind a case I had in a woman about forty years old, who had had chronic eczema for many years. Like some of those cases, rather than go about with the hands in that sticky condition, she wore gloves. I looked up her case and gave her *Graphites*. In one morning I think I gave her two doses. I have seen that woman since that time. on two or three occasions, the first was probably nearly ten years ago. She has never had a single return of the eczema. This is the most striking case of eczema cure I have ever seen.

Dr. Spaulding's way of treating chronic cases reminds me a great deal of Dr. Sloan's way of prescribing. Dr. Sloan is a great man on *Sulphur*. Certainly *Sulphur* in *Sulphur* cases will do the work. I think if we had more men coming along in the I. H. A. who had the methods of Dr. Spaulding, we would not be at a loss to fill our *Transactions* with valuable material.

These advances in pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug disease. These phenomena respectively, whether rudely apprehended or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other expressed by the law *similia similibus curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation.—CARROLL DUNHAM, M. D.

These characteristics are unquestionably the most important element in the choice of the most appropriate remedy; and nothing attests more surely and conclusively the skilful readiness of a homœopathic practitioner than the faculty of bringing to light, in his examination of the patient, those symptoms which, while they are of rare occurrence and belong to but few remedies—yet and for that very reason, furnish definite and unquestionable indications for the selection of one single drug.—BENNINGHAUSEN, 1866.

ADDITIONS TO KENT'S REPERTORY*

C. M. BOGER, M. D.

- Page.
662. KIDNEYS.
Formication: Brach., Med.
663. *Pain*: Solidago.
pressure, agg.: Canth., Ferr., Helo.
665. cutting: Apis, Bell., Helon., Ip., *Polyg.*, Tab.
sore: Merc. cor., Solidago.
667. PROSTATE GLAND.
Enlarged: Ferr. pic., Hydrang., Solidago.
senile: *Sabal*.
668. *Inflamed*: Polygonum sagitat.
Aching: *Sabal*.
669. URETHRA.
Crawling: *Puls*.
Discharge foetid: Agave, Pip. meth.
670. last drop: Agar., Kali iod., Petr.
gray: Bufo.
671. thin: Fluor. ac., Mez., Petr., Phos., Psor., Sabina,
Sep., Sulph., Terb.
hæmorrhage, urination, after: Dulc.
672. *Itching*: Agar., Vesp.
673. *Pain* down along: Lyc., Merc., Phos., Sulph.
backward along: Arg. nit., Berb., Cann., Canth., Caps.,
Fluor. ac., Merc. cor., Nux vom.,
Phos., Plan., Psor., Scil., Sumb.,
Thuj., Zinc.
meatus backward: Thuj.
674. burning, when semen is discharged: Taran.
676. extending, rectum, to: Rhus tox.
679. sensation as if a few drops passed: Aspar., Cedr.,
Petros., Sel., Sep., Vib.
drops flowing along: Thuj.
swelling: Arg. nit.

*Continued from the October Recorder.

Page.

683. URINE.

Color, greenish: Iris.

green as grass: Labur.

686. *Copious*, diarrhœa, with: Agar., Fluor. ac.drunk, more than is: Apis., Lac. can., *Lact. ac.*,
Lyc., Nat. carb., Sars.,
Sep., Zinc.

headache, after: Gels., Ign., Nux vom., Sang.

lying, agg.: Bell.

pains, during: Coloc., Phos., Vib.

Cuticle on: Aspar., Bor. ac., Coca, Cobaltum, Pic. ac., Puls.*Frothy*: Rhus tox., Syph.687. *Odor*, mousy: Bry.

offensive: Lac. can.

sickly: Zinc.

688. violets, like: Salol.

Sediment, adherent: Canth., Chim., Crot. tig., Kali mur.,
Rad. brom., Rumx.

689. brown: Epigea.

crusty: Agar., Calc. carb., Daph., Zinc.

gray: Berb., Merc. cor.

690. pink: Apis, Myrica, Phyt.

purulent: Eucal.

red: Bry.

pepper like: Iod., Pyrog.

rings: Aspar.

sand: Sep.

yellow: Lyc., Sep.

691. *Sugar*: Con., Mur. ac.

693. GENITALIA.

Coldness: Sabal.694. *Erections*, waking on: Puls.

696. stultified, by sudden laxness: Arg. nit.

697. *Eruptions*, spots on: Caust., Cinnb.698. *Handles*: Thuja.699. *Induration*, testes: Brom.700. *Itching*: Scroph.

Page.

701. scrotum: Scroph.

Pain, penis: Rhodo.

703. testes, thigh, to: Sep.

Aching: Syph.704. *Cramping*, penis: Hep.705. *Drawing*, spermatic cords: Calc. sulph., Caps.
left: Fluor. ac., Tub.706. *Sore*, bruised, mons veneris: Nux vom.

glans: Nux vom.

coition, after: Eug.

prepuce: Nux vom.

707. *Stitching*, penis, extending to anus: Thlaspi bursa pastoris.

glans: Cann. ind., Nat. carb., Sumb.

testes, right: Act. spic., Staph.

708. *Perspiration*, exertion, after: Sep.709. *Pulsation*, glans: Ham., Nat. mur., Prun., Ptel.*Retraction*, scrotum: Lyss.

testes: Sulph.

Seminal discharge, bloody: Lyc.

hot: Calc. carb.

710. emissions, stool, during: Ol. an.

712. *Swelling*: Zinc. (as if).717. *Enlarged uterus*: Merc. i. r.718. *Excoriation*, cervix: Alum., Arg. nit., Kali bich., Merc.
Heat: Hydr.719. *Heaviness*, uterus: Calc. phos.720. *Itching*: Hydr.

leucorrhœa, from: Med.

pregnancy, during: Calc. carb.

uterus: Bellis.

vagina: Apis, Thlaspi bur. past.

721. *Leucorrhœa*, acrid: Helon., Murx.

albuminous: Taran.

brown: Helon., Iod., Lac. can.

burning: Arg. nit.

children, in: Bar. carb., Calc. carb., Calc. phos.,
Carbo veg., Caul., Merc.

Page.
722.

exercise, agg.: Tong.
 gray: Kreos. (stains).
 hot: Bor.
 lumpy: Sil.
 menses, instead of: Bov., Senec.
 offensive: Cimic.
 fishbrine, like: Med., Thuja.
 urinous: Ol. an.
 pregnancy: Cimic.
 purulent: CALC. CARB., Kali bich., Puls.
 ropy: Taran.
 723. stool, after: Mag. mur.
 during: Mag. carb., Thuj., Zinc.
 urinating, before: Kreos.
 during: Amm. mur., Calc. phos.,
 Carbo veg., Con., Merc.,
 Nat. carb., Sil.
 after: Amm. mur., Mag. m., Sep.,
 Sil.

LOCHIA.

Cheese like: Bell.

Clots, mixed with: Ust.

724. Loose, as if: Hedeoma.

725. Menses, black: Mang., Thuja.

bright red and foul: Sang.

brown: Bapt., Thuja.

726.

gray: Thuja.

green: Pulex.

hot: Kali carb., Sabina, Sil.

727.

lying, cease when: Scil., Sil.

offensive, spoiled fish, like: Syph.

728.

strong: Stram.

protracted: Ham.

short, alternate days, on: Ovi. gal. pell.

729.

thick: Mang.

thin, clots, with: Ust.

thin, meat water, like: Stront.

Page.

urinating, only when: Magn. aust.

vicarious: Lach., Sec. corn.

weeks, every two: Calc. carb., Calc. phos., Sang.,
Tril.*Metorrhagia*, menses, between: Hydras.

730.

gushing: Cinnm.

731.

Numbness, uterus: Phys.*Pain*, agg. cough: Thlaspi bur. past.

732.

ovaries, left: Magnolia, Xanth.

bending double, amel.: Op.

lying, agg.: Ambr., Ferr., Murx.

on left side, amel.: Op.

menses, after: Apis, Bor., Cupr., Goss.,

Graph., Iod., Ust., Zinc.

733.

extending backward: Bell., Carb. ac., Lil. tig.

one to other: Coloc., Ust.

thighs, anterior: Nat. mur.

uterus, coughing, on: Thlaspi bur. past.

734.

extending epigastrium, into: Iris.

umbilicus, to: Nux vom.

735.

vagina, extending upward: Sil.

aching, uterus: Bell., Ferr., Lach., Senecio.

738.

cutting, uterus: Sulph.

gnawing, uterus: Thyroid.

739.

labor like, alternate with eye symptoms: Kreos.

741.

sore, ovaries: Thuja.

right: Murx., Psor., Sec. cor.

left: Atrop., Kali brom., Med., Ovi gal.

pell., Syph., Ust.

uterus: Bellis, Conval., Lappa, Merc., Til.

vagina: Cimic.

742.

stitching, ovaries: Apm.

left: Caps., Sep.

743.

Prolapsus, coition, agg.: Nat. carb.

744.

Sensitive: Ust.*Swollen*, ovaries: Lyc., Podo.

745.

Tingling, voluptuous: Petr.*Weakness*, sense of: Thlaspi bur. past.

Page

771. raising up, agg.: Calc. phos.
restlessness, with: Apis.
rocking, amel.: Sec.
sitting bent, amel.: Iber.
sleep, falling to, on: Bell., Carbo an., Gels., Kali carb., Merc. i. r.
standing: Merc. acet.
 amel.: Bapt., Sil., Spig.
sudden: Cupr.
772. throat, felt in: Amm. mur., Apis, Cann. ind.,
 Caust., Cocc., Lyc., Spong.
urinating, agg.: Chel., Cimic., Dulc.
walking, amel.: Carbo veg.
wet weather: Cupr.
776. *Snoring*: Merc. cor.
778. *Cough*, morning and evening: Acon., Alum., Ascl. tub., Bor.,
 Bov., Calc. carb., Carbo
 veg., Caust., Cina, Ferr.,
 Ign., Lyc., Merc., Nat.
 mur., Phos., Rhus tox.,
 Sep., Sil., Stram., Verat.
 alb.
783. *Choking*: Mez., Nux phos., Puls.
784. *Cold drinks*, amel.: Cina.
Constant: Ant. sul. aur., Kali carb., Sulph.
Convulsions, with: Lach.
790. *Expectoration*, amel.: Chin., Kali carb.
793. *Hard*: Hep., Phos. ac., Verb.
Hoarse: Dir.
800. *Paroxysmal*, consisting of long coughs: Alum., Dros., Rumex.
 three or four coughs: Verat. alb.
 two coughs: Bell.
803. *Short*: Asaf.
804. *Sleep*, after: Æth., Bell., Ip., Verat. alb.
805. *Spot* in larynx dry: Nat. mur.

Page

806. *Stomach*, seems to come from: Bar. carb., Cham., Con.,
 Ferr., Guai., Hep., Ign.,
 Kali bich., Kali mur.,
 Nat. mur., Nit. ac.,
 Phos., Phos. ac., Plat.,
 Sang.
808. *Larynx*, as if from: Coff.
Throatpit, from: Hep., Kali bich., Phos., Sep., Sulph.
809. *Violent*: Bad.
810. *Weather*, change of: Eriodictyon.
813. *Bloody*, hawking, on: Calc. carb.
814. *Burning*: Pothos.
Cool: Sin. alb.
815. *Floating*: Calc. carb.
Frothy: Iber.
Gelatinous: Hyper.
819. *Taste*, metallic: Plb.
820. *Thin*: Acon., Gels.
822. *Abscess*, axilla: Lyc.
824. *Atrophy*, of mammæ: Cham., Chin., Fago., Ferr., Onos., Sil.
Bar, across center: Kali bich.
Bleeding, nipples: Sil.
Cease, as if heart would: Vib.
Had ceased, as if: Arn.
Coated sensation: Bry.
Coldness: Kali carb.
825. heart region: Cic.
826. *Constriction*: Lappa.
 asthmatic: Cact., Cad. sulph., Kali chlor., Zinc.
827. waking, on: Carbo veg.
walking in open air: Mez., Sulph.
828. heart: Cench., Nat. nit.
 epistaxis, with: Verat. alb.
Cramp, vexation, agg.: Thuja.
829. *Distension*: Carbo veg.
Drumming heart sounds: Lob. purp.
Emaciation: Senec.
Emptiness: Cocc. (1).
830. heart region: Chrom. ox., Nux mosch.

Page

830. *Eruptions*, herpes, zona: Staph.
 831. axilla: Carb. an.
 832. *Falling down* in: Bry., Nux vom. Comp. Loose.
Floating, as if heart were: Bufo., Crot. casc.
Formication: Nux vom., Spig.
Fulness: Aur.
 833. heart: Ang.
Greasy, as if: Nux mosch.
Gurgling: Puls.
Hæmorrhage, exertion, after: Verat. alb.
 836. *Inflammation*, pleuro-pneumonia: Ran. bulb.
Itching: Bufo., Sil.
 837. axilla: Asar.
 mammæ: Sil.
Lumps, sensation: Amm. mur., Cast., Lil. tig., Nat. carb.,
 Nux mosch., Tarax., Zinc.
 sternum, under: Aur., Bell., Thlaspi bur.
 past., Chin., Gels.,
 Puls., Ran. scell., Sil.
Milk, bad: Æth., Sil.
 flowing sensation: Dict., Kreos.
 838. *Numbness*: Bufo., Carbon., Latr. mact., Physalia.
 840. *Oppression*, food, dry, agg.: Bov.
 palpitation, with: Grat.
 842. *Pain*, bending forward: Lac. vir.
 downward, going: Amm. carb.
 843. epistaxis, amel.: Brom., Carbo veg.
 eructation, amel.: Gels.
 herpes zoster, after: Zinc.
 inspiration, amel.: Thuja.
 lifting, agg.: Brom., Gamb., Kali carb., Nat. mur.,
 Zinc.
 micturition, amel.: Lil. tig.
 pressure of clothes, agg.: Ail., Lach.

PARKERSBURG, W. VA.

REMEDIES USEFUL BEFORE AND AFTER SURGICAL OPERATIONS*

BENJAMIN C. WOODBURY, M. D.

The consideration of the subject before us presupposes first of all the wisdom of surgery as an adjunct to medical treatment, and secondly its evaluation with respect to the individual case requiring surgical intervention.

First let us orient ourselves, as followers of Hahnemann, as to the proper relationship of surgery to homœopathy.

In Hahnemann's pre-homœopathic days, to use the phrase of Dr. Richard Haehl and the late Dr. William Boericke, we find him meeting with a good measure of success in the treatment of bone ulcers by a combination of curetting and the local use of alcohol as a cleanser and stimulant to granulation. This method he described as follows: "the diseased bone, I scrape clean and separate out the unhealthy portions, bandage it with alcohol and wait for the result". (For a more extended account of this treatment, *vide* Richard Haehl *Samuel Hahnemann: His Life and Work*, Supplement 198, Vol. II, p. 398).

Later in his life, writing in the *Organon*, Hahnemann states that external conditions are too often treated from the purely local standpoint, especially surgically, which procedure is, in his opinion, correct only in so far as the affected parts require mechanical aid (and he often speaks of these measures as an exemplification of the "mechanical art of surgery"). In section 186 of the *Organon*, he includes in these measures

the reduction of dislocations, by needles and bandages to bring together the lips of wounds, by mechanical pressure to stem the flow of blood from the open arteries; by the extraction of foreign bodies that have penetrated into living parts; by making an incision into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids; by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, etc. (Haehl's 6th Edition).

Hahnemann's method of treating bone ulcer was quite contrary to Hecker's method of using mixtures of medicines in bone cavities, the only ingredient of which that could possibly be curative according to Hahnemann being quicksilver.

*Read before the I. H. A., Bureau of Surgery, June 1931.

The various operations designated by Hahnemann as "being right in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure (note here Hahnemann's use of the word, external, in contrast to those 'obstacles in the way of recovery' mentioned in Section 3 of the *Organon*) which can only be secured by the agency of the vital force", would be included in modern surgery under such operations as, for example: the treatment of fractures and dislocations, the suturing of wounds, the control of hæmorrhage (by ligation, torsion, pressure and other means, such as the use of the electric cautery when nothing else availed); operation for the removal of bullets, or other foreign bodies (located by the use of the electro-magnet, the x-ray or other means); operations upon the various body viscera for the removal of "irritating substances", which might mean the removal of tumors, cysts, diseased organs such as the appendix, spleen, etc.; operations for the removal of gall-stones, renal or cystic stones; paracentesis for the removal of pleural, peritoneal, or joint fluids, etc.; the proper treatment of open or closed fractures, by incision, drainage, wiring or plating of unhealed fractures of the long bones, etc.; in fact, many and all of the unavoidable or inevitable operations of aseptic surgery. In this category may be found any one, if not all, of the cases about to be presented.

As a foreword to their citation, it may be well to recall the courageous and truly wise words of the late Dr. James B. Bell of Boston, who stated at one of the meetings of this Association that recourse to surgery in any instance was and should be put down as a frank acknowledgment that such a case was impossible of cure by the physician, either through medicine or any other means, save surgery alone.

CASE I—BRYONIA FOLLOWING OPERATION FOR GALL-STONES

The case given here could be carefully substantiated by records on file at the Newton Hospital. It is taken from the records of a former patient of the late Dr. Richard S. True, a woman past the climacteric, who had received chiefly *Lycopodium* for hepatic symptoms, and after receiving no permanent relief was operated on by Dr. Henry L. Houghton, and a large number of gall-stones removed. Following the operation the pa-

tient did well for a time, the wound healed uneventfully, but in spite of this the patient developed a moderate temperature, with pain under the shoulder blade, and x-ray plates showed a well-marked pleural effusion. *Bryonia* 1M was then administered by Dr. Houghton. Its action was prompt, the fluid disappeared and the patient made a good recovery. The indications, though not clear in this case, were the stitching pains, aggravation on motion, localization on the right side, late evening aggravation, thirst, dry mouth and coated tongue. The interesting feature of the case was the prompt alleviation of what was a very distressing and serious complication after a difficult and serious operation.

CASE II—AURUM METALLICUM AFTER GALL-STONE OPERATION

This case was satisfactory in respect to the comparative ease with which certain of the symptoms were accounted for by x-ray of the abdomen, which disclosed a large (single) stone. The patient had been melancholy for some time, had been treated by a great many different physicians without benefit, and when first seen was in the Forest Hills Hospital. On account of a very high blood pressure, the operation was approached very cautiously, a preliminary fast being observed for four or five days. Upon operation, which was skillfully done by Dr. A. J. Shadman, the gall-bladder was opened and the stone removed, without removal of the viscus itself. The patient made a good recovery, and for some time thereafter the depressed state was greatly lessened through the use of *Aurum met.* 1M, and some hope was ventured that she would ultimately recover. The blood pressure, however, continued high, in spite of careful diet and prescribing, and the patient passed out of my hands, only to die a year or two later from arteriosclerosis.

CASE III—SEPIA BEFORE GALL-BLADDER REMOVAL

I have previously reported this case in the *I. H. A. Transactions*. The patient had been under my care for some time, and after careful repertorizing, *Sepia* was found to be her remedy, and it was given in a series of potencies from the 30th to the 50M, with good effect. *Magnesia phos.* 6th and 12th decimal had also given relief for the acute symptoms. This case was examined by Dr. Shadman and a diagnosis of chronic abdominal adhesions was made. The question of gall-stones was left to be determined

at operation, as the symptoms had been so obscure. The patient had been x-rayed on two different occasions without determining the presence of stones. After the adhesions had been carefully taken care of, exploration of the right hypochondrium disclosed a gall-bladder enormously distended with stones. Though removed with difficulty, owing to the presence of many deep adhesions, the gall-bladder was extirpated and the patient put to bed. In the report of this case, mention has been made of the quick action of *Veratrum album* 1M for the collapse and after-effects of shock. The patient made a fine recovery.

CASE IV—X-RAY FOR AFTER-EFFECTS OF RADICAL BREAST OPERATION
FOR CANCER

This case is excerpted from the records of the Union Rescue Mission Medical Clinic, and has to do with a case of cancer of the right breast in a woman, whom we had previously treated at the Clinic for various troubles, including an injury occasioned by a fall, for which *Arnica* 1M was given. This relieved the soreness in the side to some extent, but later a well-defined bunch was made out in the breast, and with the sharp pains, history of injury, and other attending symptoms, *Conium* 1M was prescribed. Without acting upon our advice or awaiting the action of the remedy, the patient sought voluntary admission to the Massachusetts Memorial Hospitals, where she was operated upon for the removal of the breast, under the supposition of malignancy. After the operation the patient again applied for treatment at the Clinic. She was suffering with severe pain, and great swelling of the arm and surrounding parts. She was greatly discouraged, and despaired even of relief from the torturing pains. She was given then a single dose of *x-ray* in the 200th potency. The result has been so satisfactory that she has been greatly relieved of the pain, the swelling is now almost entirely dissipated, and we entertain hopes that these remedies, despite the ill-advised operation, (if this judgment be correct), may stay a result which too often is provided for by no known remedies, not excepting the well-tried prescriptions of homœopathy.

CASE V—LACHESIS AND BELLADONNA AFTER APPENDECTOMY

This is a case in which the careful selection of *Lachesis* 1M brought some relief to a young lady who had spent ten days in

a hospital near New York City, in the vain search for evidences of a duodenal ulcer, or other occult condition. She had been operated upon the year previously for appendicitis. The only venture I could make in this instance was that too often perhaps fallen back upon, namely—abdominal adhesions. The symptoms extended from left to right across the abdomen, from the left to the right hypochondrium, suggesting perhaps a gall-bladder reflex, but the sensitiveness was more definitely localized in the site formerly occupied by the appendix. After a relief of the symptoms for about one week, the pains shifted in direction from right to left, were very sharp and intermitting. There was slight fever, rapid pulse, redness of the face, and extreme sensitiveness and hyperæsthesia of the abdomen. *Belladonna* 1M was then given, and the patient was quickly relieved, and, so far as I can ascertain, there has been no return during the past nine or ten months.

CASE VI—BRYONIA IN APPENDICEAL ABSCESS

The case here given was that of a grand-aunt, in her eighty-second year, who became suddenly ill with severe abdominal pains, on the evening of March eighth, in the present year. She had had a good many similar attacks which had been diagnosed (and rightly) by Dr. Richard S. True, her former physician, as appendicitis. Up to this attack there had been tenderness and intense pain, but no deeper pathological reaction. She had previously (in my own experience) been relieved by *Bryonia*, usually in the 1M potency. The symptoms in this instance seemed to call for *Magnesia phosphorica*, which was given. No improvement followed this medicine, which, despite certain superficial symptoms, was not apparently the correct remedy. The pain continued, the tenderness was extreme, and the patient was apparently growing worse rapidly. Dr. H. E. Maynard saw her at this juncture, and gave as his opinion that we were dealing with an abscessed appendix. A blood count showing a marked leucocytosis confirmed the presence of pus, and there was a well-defined mass that could definitely be made out in the lower right quadrant of the abdomen. Dr. Maynard concurred in my feeling that the symptoms again called for *Bryonia*, which had previously relieved, and she was given the 1M in water. The

case progressed fairly well for about forty-eight hours, with relief of the pain and tenderness. Then appeared great weakness of the pulse, with much irregularity, and delirium and labored dreams. Dr. Maynard did not favor draining the abscess owing to the age of the patient, and the risk involved. In this her family concurred. The *Bryonia* was again given in water (it had been discontinued after the first twenty-four hours) and the mental phase soon passed. The patient continued to improve, with gradual subsidence of the major symptoms. After the *Bryonia* had done its work, there developed a great deal of weakness, coldness, and abdominal fermentation with peripheral cyanosis, especially of the left arm and hand. She then received a dose of *Carbo veg.* 1M, with marked improvement in the circulation. Things went on without interruption, till at the present time she is up and about the house, pain, swelling and soreness gone—in fact quite recovered.

CASE VII—BRYONIA AFTER ASPIRATION IN STREPTOCOCCIC PLEURISY

This case was a pleuritic effusion, occurring in a colored man about forty-five years of age, who was aspirated at the Massachusetts Memorial Hospitals by the surgical staff, after which the effusion showing a pure culture of streptococcus and he was turned over to the medical service, with a bad prognosis. Our interne at that time stated that cases showing this pathological data were practically doomed so far as any treatment was concerned. He was seen by me on a Sunday afternoon, and as it seemed in my judgment as much a matter of life as death, and the indications being clear, he was given *Bryonia* 1M. He showed much improvement under this remedy, which was repeated by Dr. Houghton in due time, and the patient made uninterrupted progress to recovery, with no other remedy.

In conclusion I may say that homœopathy is missing great opportunities in not publishing its proven results as established prior to treatment by modern methods of diagnostic precision. Comparatively small expenditure along this line would make possible the establishment of homœopathic prescribing upon a scientific basis that would be secure and unassailable.

BOSTON, MASS.

RELATIONS BETWEEN THE GEOGRAPHICAL OCCURRENCE OF SOURCE MATERIALS OF HOMŒOPATHIC REMEDIES AND THE OCCURRENCE OF THOSE DISEASED CONDITIONS WHICH ARE TO BE FOUGHT AGAINST BY THOSE REMEDIES*

MED.-R. TROTZ, M. D.

At first thought one is inclined to deny that there is any relation between the habitat of a plant, or the occurrence of a metal, and the diseases or symptom pictures which can be treated with the material in question. For example, Cinchona would seem to indicate that speculation along this line would be fruitless, but it is Cinchona which shows such relationships rather more clearly than many other curative materials, and that even in its classical use by the old school medicine. Of course the palliative effects—which homœopaths also use in connection with various materials—do not come into the question here, any more than we are concerned with the individual symptoms which are affected, perhaps, by a remedy which does not fit the whole case. No, here we are concerned only with those symptom complexes which form rounded out disease pictures, such as Cinchona shows in its use in alternating fever.

The forms of fever which can be cured with Cinchona occur principally in those regions to which Cinchona is native. Naturally these forms of fever also occur in other places, but principally they are endemic in those regions in which the climatic conditions are very similar to those of the natural habitat of Cinchona, even though the Cinchona tree does not occur. The more the climatic conditions of a region vary from those which are ideal for the Cinchona tree, the less likely is the occurrence of such fever conditions as are to be treated with Cinchona. This fact does not, however, exclude the possibility of occurrence of such fevers in any place in the world. It is also possible that a temporary condition of climate may arise which would be like that of the habitat of the Cinchona tree, and which is favorable

*Translated by P. W. Roberts from the *Leipziger Populäre Zeitschrift für Homœopathie*, Vol. 62, No. 17.

to the incidence of "Cinchona fever". This is also possible in districts where there are no Cinchona trees. Cases of "Cinchona fever" which occur in completely different climates are probably, without exception, imported, or recurrences of old conditions, which conditions themselves were most probably contracted under the fitting exterior conditions, for example, in the case of malaria.

We cannot here investigate thoroughly the question whether this train of thought is applicable to all symptom complexes of a remedy, for example, the chronic conditions of Cinchona and all homœopathic remedies in general. (The word which I translate as chronic condition I cannot find in any of my dictionaries—I translate it from context only, and I think it is probably correct.—P. W. R.) We can only state some examples which can be increased almost at wish.

1. *Cinchona* conditions. Usually a sequel of Cinchona fevers and their profuse, weakening sweat and occasional diarrhœas—that is to say—a sequel of the considerable losses of bodily juices. As a result one would expect that such conditions would occur mostly in the habitat of the Cinchona tree, and in our climate more seldom. Here one would expect that the number of *Ferrum*, *Calcium* and *Natrium mur.* conditions would be in excess. This is indeed the case in Vogtland (that part of Saxony which lies near the western border of Czechoslovakia) where the Cinchona condition is extremely rare. According to the theory, the Cinchona symptoms could occur more frequently in the district around Leipzig.

2. *Crotalus*. It is hardly necessary to talk about the homœopathicity in the case of yellow fever, the chief breeding places of this disease and the habitat of the snake.

3. *Camphor*. Chiefly known for its use in the first stage of cholera asiatica (great exhaustion, ice-cold body and collapse) and through its use as injection by the old school men in such condition. (A beautiful example of *homœopathia involuntaria*) The camphor tree grows in Persia, China, Japan and various other regions of Asia in which cholera is endemic. It is a question for the statisticians to decide how far cases in this country which call for the use of *Camphor* coincide with those seasons of

the year which bring forth climatic conditions similar to those of the countries which form the natural habitat of the Camphor tree.

4. *Cactus*. The chief use, in diseases of the heart which occur in connection with the abuse of tobacco, or which could follow this abuse, is in agreement with the Central American genealogy of the remedy on the one hand, and of tobacco on the other. This would seem to be a beautiful confirmation of the theory of coincidence in the occurrence of disease and the *similimum*.

5. *Cedron*. The punctual recurrence of the neuralgia of this remedy, which is observed after the occurrence of malaria, also points to its habitat in alternating fever regions.

These are sufficient examples for the present. It would certainly be no fruitless work for every homœopathic physician to go over the remedies most frequently used in the locality in which he practises, with an eye to the ancestry and original home of the pictures of disease which are treated with these remedies. (He means of course, to endeavor to establish a relationship between the remedies most used in a town and the diseases treated with this remedy. For example, *Bell.* in Shelton, Conn. Where does the remedy occur in nature? Does the disease occur mostly in that region, or in regions with a very similar climate?) It is possible that a broadly defined localization of the *genus epidemicus* might be made in this way. It is also imaginable that the endemic diseases of two places very close to one another, but with different climates, (with a mountain range between perhaps) would be found to differ widely (in the most frequently occurring diseases, in the remedies which are native to the different places).

I hope that this little essay may be an inspiration to investigation in this field.

PLAUSEN IN VOGTLAND, GERMANY.

Every epidemic disease has at least, and perhaps only, three vital conditions; if one of these be neutralized by the drug, the others cease of themselves.—C. HERING, M. D., 1847.

CARRIWITCHETS

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

15. Are there any suggestions for examining people for drunken driving? I try knee reflexes, response of eye pupils to light, pulse, and smell their breath. I realize it is not a perfect test but do not know of any better.—F. C. WOODRUFF.

16. The following appeared in the *Homœopathic World*. Can you offer any suggestions to our English friend?

"I wonder whether any of your readers could tell me what medicines cover the following. I have been unsuccessful in tracing them in either Clarke's *Dictionary of Materia Medica* or Kent's *Repertory*, though I should not like to assert that some of them might not be discoverable in those works after a still more exhaustive search."—A. C.

- a. Erosion of tonsils.
- b. Hard 'nodule' on vocal cords.
- c. Invariable formation of ulcer at point where cheek is bitten.
- d. Watery exudation from fossa navicularis, 'later becoming crusty, with distressing itching behind it.'
- e. Double joint of left thumb (persisting through three generations).
- f. Varicose veins of uterus 'like bunch of grapes.'
- g. Shoulders and neck covered with big patches of long hair which readily falls out.
- h. Head drawn towards breast with painful stiff neck over period of two years in case of girl of sixteen whose hair went white and has remained so.
- i. Great emaciation (in male) *without the most rudimentary muscular development, the skin behaving like elastic when pulled.*
- j. Attacks of deafness (right ear) after swimming.
- k. Sensation as of a drop of water falling into more water with a (plop), when lying on ear.
- l. Non-descent of testes in child at age of six. Has any reader tried *Thyroidinum* with success for this?

m. Sensation, when riding over any but the smoothest road, as of 'the nerves shaken up throughout the whole torso, particularly in the region of the stomach', the agitation being quite incommensurate with the trifling cause, and lasting a while after the cause had ceased to operate."

ANSWER TO QUESTIONS IN THE OCTOBER ISSUE

The following case is presented by Dr. C. Gordon of Edinburgh, Scotland, for analysis and remedy selection:

M. H., hairdresser, age 22. Dysmenorrhœa very severe formerly. Some doctor prescribed anterior pituitary tablets for it. She took about 800 tablets in six months, and another 800 during the next 3-4 years. Result agromegaly.

Bones of head and face enlarged, and shoulders four inches wider than formerly.

Constant drowsiness, not ameliorated by sleep.

Attacks of exhaustion, must sleep.

Occasional migraine headaches.

Copious sweat. Skin pale and dirty-looking, more so when cold.

TIDY. MEMORY GONE. SENSITIVE.

Fear when alone in house but can conquer it.

ALTERNATELY CHEERFUL AND SAD.

Claustrophobia. Forgets words.

Very sensitive to HEAT and COLD.

Goes blue with cold.

Should this patient be treated on the totality of the symptoms or should the pituitary poisoning be antidoted prior to constitutional treatment, and if so, by what?

—This case is a very interesting one, showing a thorough proving of pituitary substance carried to the extreme. One of the most difficult things to manage is the unbalancing of the system by glandular therapy, and bordering on this and associated with it are the effects of the sera and vaccines on the whole economy; so little do we know of the effects of one endocrine on the ratio of balance of the whole economy that it seems most unwise to ever resort to this system of therapy. However, it seems to have

been done most thoroughly in this case, and with most unpleasant results.

The best way to antidote the poison of this insidious organic substance is to treat the patient symptomatically, and that will antidote; this is the only method by which we can know that we are setting the house in order, and let Nature correct the difficulty in her own good way. In other words, the totality of the symptomatology in this condition must rule, and not the pathology.

I have worked this case out with Bœnninghausen, using the following rubrics:

Sleepiness caused by various things, page 243.

Intoxication with sleep, page 243.

Unrefreshed sleep, page 244.

Sweats easily, page 264.

Worse after becoming cold, page 276.

Fear when alone, page 271.

Worse vaults (claustrophobia), page 305.

Memory lost, page 22.

Alternating moods, page 17.

Swelling of bones, page 203.

The ranking remedies are *Phosphorus* 48 (14 of the 15 symptoms appearing); *Pulsatilla* 47 (13); *Lycopodium* 46 (13); *Conium* 46 (13).

Pulsatilla lacks the symptoms "fear of being alone" and the dirty skin, both of which seem to be very prominent.

I am inclined to think that *Conium* is the remedy, for although it lacks the claustrophobia and the dirty skin, it has a direct action on the glandular system which has had the effect of throwing the whole system out of gear. For this reason I feel that it may be much more applicable than the other remedies and cover the case better.—H. A. ROBERTS.

—I have worked out this case according to the Kent *Repertory* using the following rubrics:

Fear of being alone, page 43.

Alternating moods, page 67.

Weakness of memory, page 64.

Weakness of memory for words, page 64.

Worse becoming cold, page 1349.

Unrefreshing sleep, page 1254.

Overpowering sleep, page 1299.

Profuse perspiration, page 1299.

Swelling of bones, page 1405.

Pale skin, page 1206.

Remedies appearing in eight or more of these rubrics are listed in order of value below, the numerical value appearing first and the number of rubrics second:

Lycopodium 23-9, *Sulphur* 19-9, *Phosphorus* 18-9, *Baryta carb.* 17-8, *Belladonna* 17-8, *Sepia* 17-8, *Nux vom.* 16-8, *Natrum mur.* 15-9, *Conium* 14-9.—J. N. HAZRA.

The pathologists among us have objected to our materia medica, that many of our symptoms are purely individual, and ought to be critically expunged. Is not every symptom individual, strictly speaking? Does not every symptom result from the action of a drug upon an individual, and is not its character determined by the innate disposition of the individual? This appears from a merely superficial comparison of the symptoms of various drugs on the same prover. As early as 1830, when I observed, to my great astonishment, the similarity of the symptoms of various drugs which I proved upon myself, I tranquilized my mind by comparing the symptoms of one and the same drug observed by different provers, of whom I knew positively that they had proved the drug upon themselves. It is just as interesting to compare the symptoms of various drugs observed upon the same prover, as it is to compare the symptoms of one and the same drug observed on different provers. Such a comparison reveals the individual character of the drug much better than the fashionable and pretended scientific lists or registers of temperaments. Individual symptoms do not restrain the sphere of activity of the drug. All the symptoms are individual in so far as they reflect more or less completely the dynamic relation of the drug to the organism of the prover.—C. HERING, M. D., 1847.

Rheumatic fever from exposure to cold, whether it be dry or damp, *Hepar sulph.*, *Psorinum* and *Tuberculinum*.

Your *Rhus tox.* rheumatic fever patient needs to be done up in cotton batting and to lie between woolen sheets to prevent exposure, for the exposed part will be the next to be attacked.

Rheumatic fever with the pains quickly alternating from one side to the other, *Amm. mur.*, *Lac. can.*

Rheumatic fever only in the winter, well in the summer only to return in the fall, *Nux mosch.*

Metastasis of rheumatic fever to the heart, *Anac.*, *Apis*, *Aur.*, *Cact. grand.*, *Kalmia*, *Lac can.*—H. A. ROBERTS.

Sulphur is very dangerous for old people.—E. UNDERHILL, JR.

If your plump women patients complain of constipation, it may be well to find out if this condition is constitutional or induced by wearing garments which bind them closely about the lower abdomen and hips.—H. A. ROBERTS.

Bryonia symptoms arise most frequently in extremes in weather, either the extreme heat of summer or the cold of winter, and in either case the cause is sudden chilling—from hot rooms to the cold out-door air in winter or from plunging into cold water in summer.—E. UNDERHILL, JR.

The pains of *Colchicum* are not as severe in the summer attacks of rheumatic fever as they are in the winter attacks.

Changeable symptoms are seen all through the *Pulsatilla* patient.—H. A. ROBERTS.

Dulcamara, with its characteristic fall aggravation, is more often indicated in rural districts than in the large cities.—E. UNDERHILL, JR.

I notice this great difference between *Tabacum* and *Lobelia*. They both have a violent effect on the stomach, but with the *Lobelia* there is always a thoracic difficulty with nausea, while the *Tabacum* may have the nausea in a very severe form and yet no thoracic difficulty.—G. E. DIENST.

*In the distress after eating we must compare *Nux vomica* with *Abies nigra*, which has distress immediately after eating, and with *Kreosotum*, which has the symptom that three or four hours after eating the patient vomits.

*Reprinted from *The Journal of the A. I. H.*

Think of *Nux vomica* in asthma brought on by dyspepsia, alcohol, and other excesses.

The individuality of *Ignatia amara* lies

In its mental state and condition.

In the superficial character of its symptoms.

In their erratic character.

Think of *Ignatia* in dysmenorrhœa with menstrual colic or bearing down in the hypogastric region. Hysterical labor-like pains relieved by pressure. Dark flow. Suppression of menses from grief. Vaginismus. Pruritus of young girls. Suppressed menstruation with melancholy, indifference to things loved best, sits alone and weeps, imagines things, especially that she might go crazy, in all parts crawling sensation as if gone to sleep, as if there were no feeling in the epigastrium. The menses of *Ignatia* are black, generally too soon but always black. Purulent leucorrhœa with pruritus. Sharp irritating ovarian pain. The daughters of rheumatic fathers are liable to ovaralgia. The *Ignatia* menorrhagia is too early, too profuse, dark, clotted and offensive much like *Chamomilla*, but the character of the patient and pains are different; patient is cross and peevish.

Cocculus indicus has uterine spasms, dark flow; the backache differentiates. Weak, lame feeling in the small of the back as if paralyzed, limbs tremble, sensation of hollowness in cavities as in abdomen and chest.

Pulsatilla has menstrual colic, dark and delayed menses, changeable flow, the more severe the pains the more chilly the patients get.

Actea racemosa has pains which fly across the hypogastrium from side to side.

Magnesia muriatica has uterine spasms with induration of the uterus.

The fever of *Ignatia* is partial in all stages, the chill is not relieved by heat, and is accompanied by excessive thirst. The fever is unaccompanied by thirst. Heat external and internal shivering.

Nux vomica has no relief from covering or heat of stove.

Capsicum has relief from hot bottles, etc. Is aggravated by drink of water.

Lachesis longs for heat of fire but it does not relieve.—W. A. DEWEY.

EDITORIAL

VITAMINS, HOMŒOPATHY AND HEALTH

Hahnemann has instructed his followers to hunt for and remove all possible obstacles to the action of the homœopathic remedy. Many such obstacles can be found in the diet, and some of these have been suggested in an earlier editorial. Let us consider another possible obstruction to cure—the vitamins in the diet, or rather the lack of proper vitamins in the diet.

The essential elements of foods are proteins, carbohydrates, fats, salts, water and certain other unidentified substances called vitamins. These latter are absolutely essential if normal nutrition, growth, body tone, and resistance to infection are to be maintained. They were discovered not by their presence in the normal diet, with resultant normal metabolic processes, but by the deficiency diseases, such as scurvy, beri-beri, rickets, pellagra, etc., caused by their absence in the diet. This was recognized early in the eighteenth century and even at this early time in the history of the vitamins it was recognized, also, that the addition of fresh fruits and vegetables cured the abnormal conditions. It was not, however, until about 1897 that constructive research was begun on this important question.

What these important parts of the diet are is unknown to date. In all probability they are not "amins" and therefore the name vitamin is not correct, but for lack of a better name this still holds.

Six vitamins have been isolated, A, B, C, D, E and G. It is suspected that one or more of these may later be found to contain more than one substance.

The following table, prepared by Dr. William Weston of Columbia, S. C., and revised in 1931 by Dr. Harold Levine, also of Charlestown, S. C., indicates the accepted facts on the functions, results of deficiency or absence, and reliable sources—arranged as artificial, most potent, reliable and good. It tells the whole story in the handiest form we have seen. The functions and results of deficiency or absence will be given in this article. The sources and a bibliography in a later one.

VITAMIN A

Called the anti-ophthalmic, anti-infective vitamin.

Its functions in the body are:

Prevents infections, eyes and respiratory especially
Promotes growth and longevity
Maintains health and vigor
Promotes appetite and digestion
Essential for normal reproduction, lactation and rearing young
Maintains integrity of epithelial tissue.

Results of deficiency or absence are:

Lowered resistance to infections
Retardation of growth and development
Susceptibility to infections of the:
a. Glands at base of tongue (abscesses)
b. Sinuses (pus) and ears (otitis media)
c. Eyes (night blindness and xerophthalmia)
d. Tear glands (loss of power to produce tears)
e. Salivary and lymph glands, lungs, nose and skin
f. Kidney, ureter, bladder (calculi)
g. Alimentary canal

Diarrhœa

Physical weakness

Failure of appetite and digestion

Sterility due to failure of ovulation

Cornification of secreting epithelium.

VITAMIN B (B-1)

Called the anti-neuritic, anti-beriberi vitamin.

Its functions in the body are:

Promotes the appetite and digestion
Promotes growth by stimulating metabolic processes
Protects body from nerve disease (beriberi, polyneuritis)
Required in mother for normal reproduction and lactation
Promotes tonicity of digestive tract.

Results of deficiency or absence are:

Impairment or loss of appetite
Impairment of digestive processes (decreased motility of the stomach, atonic intestines, etc.)
Impaired growth of young in lactation period (due to deficiency in mother's milk)
Sterility due to cessation of oestrus cycle
Anhydremia
Loss of weight and vigor
Subnormal temperature
Fatigue
Beriberi or polyneuritis (nerve disease)
a. Loss of co-ordinating powers of muscles
b. Gradual paralysis of limbs
c. Alimentary disturbances (indigestion, constipation, colitis)
d. Emaciation

VITAMIN C

Called the anti-scorbutic vitamin.

Its functions in the body are:

Protects body from scurvy

Required for proper metabolism of the bones

Required for normal tooth formation and maintenance

Results of deficiency or absence are:

Scurvy

- a. Hæmorrhages (mucous membrane, skin, joints, limbs and bone marrow)
- b. Spongy and bleeding gums (ulcerations)
- c. Bleeding muscles and tissues
- d. Pains and swelling in joints and limbs
- e. Fragility of bones (spontaneous fractures)

Decalcification of bones

Decay of teeth

Loosening and shedding of teeth

Loss of weight

Fatigue

Loss of appetite

Sallow or pallid complexion

VITAMIN D

Called the anti-rachitic vitamin.

Its chief functions in the body are:

Regulates absorption and metabolism of the bone-forming elements—calcium and phosphorus

Regulates mineral metabolism of the bones and teeth

Required by pregnant mother to prevent rickets in the young

Results of deficiency or absence are:

Rickets (bone disease)

Deformities of the bones

- a. Soft and fragile bones
- b. Enlargement of wrists and elbows
- c. Enlargement of rib junctions (beading)
- d. Bulging forehead
- e. Softening of cranial bones
- f. Delayed closing of fontanelles
- g. Malformation of chest and pelvis
- h. Bowed legs

General muscular weakness and instability of nervous system

Faulty absorption, retention and disposition of the bone-forming elements—calcium and phosphorus—in the body

Low content of calcium and phosphorus in blood and bones

Defects in teeth (caries, poorly calcified teeth)

VITAMIN E

Called the anti-sterility vitamin.

Its functions in the body are:

Essential for normal reproductive function

- a. Required for normal germ cell maturation in male
- b. Required for normal placental function in female

Results of deficiency or absence are:

Failure in reproduction (sterility)

- a. Degeneration of germinal epithelium in male
- b. Failure in placental function in female

c. Disturbance in gestation (death and resorption of developing young).

VITAMIN G (B-2)

Called the anti-pellagic vitamin:

Its functions in the body are:

Prevents pellagra. (The most recent experimental work indicates that there are other factors besides vitamin G concerned in the prevention or cure of pellagra).

Results of deficiency or absence are:

Pellagra

- a. Alimentary disturbances
- b. Dermatitis
- c. Pigmentation and thickening of the skin
- d. Soreness and inflammation of tongue and mouth
- e. Diarrhœa
- f. Nervous and mental disturbances.

Vitamin D, the calcium regulator of the body, is found in very small quantities in its normal sources. It has been discovered that the exposure of certain inert substances, notably ergosterol, to the ultra violet rays, endows them with very potent anti-rachitic properties. The new Super-D is useful in that it is potent and small amounts only are necessary in the conditions associated with calcium deficiency.

In this age of white flour, polished rice, processed foods and pasteurized milk, there may occur a marked deficiency of any or all of these vitamins so necessary to growth, normal metabolism and good health. There is little loss of vitamins in canned goods canned by advanced, modern methods. The well balanced diet, so-called, may lack these essential factors. Many obscure conditions, well recognized by their results on the body and mind but difficult to determine exactly, may be due to such a deficiency. It is not difficult to suppose that the well-indicated homœopathic remedy may fail to give the expected results due to the basic underlying lack of these natural guardians of the bodily health, for the source deficiency is without the body and cannot be supplied either by the body or the remedy, thus it behooves the homœopathist to be well posted on the accurate, known data on this important subject.—E. B. L.

* * * * *

THE MID-WEST HOMŒOPATHIC INSTITUTE

Seeing in the program of the above organization two papers on important subjects by men who need no introduction, I betook myself to Chicago to attend the meeting. Also, I went out

of curiosity, as a sort of unofficial observer, to see if there would be anything about homœopathy other than the two papers aforesaid. The return trip was accompanied by a feeling of satisfaction and optimism.

As one member told me, some of the homœopathy represented in the meeting might not pass Hahnemannian inspection, but they were getting homœopathy talked about and were interesting many in it. That is a very good point in a sectional organization of that kind. As the high-pressure salesman would put it, they are making the people homœopathy-conscious. If people are dinged at long enough on one particular thing they are bound to want to know more about it.

There were papers and clinics. The papers gave many good points on philosophy and clinical phases. The clinics gave visible testimony of what homœopathy could do when properly applied. It was inspiring, too, to note that the chairmen cut short some speakers who arose to recite a long list of non-homœopathic procedures. Papers which smacked of things other than homœopathy did not go unchallenged.

Of no less interest than the papers and clinics were the reports of the various committees on what the society has and is endeavoring to accomplish. Boiled down to one statement, the most astounding and cheering part is this: As a whole, it is fighting for the right of the Hahnemannian to work unhampered. Here are some physicians who either use little homœopathy, or, who use it with all grades of ability, fighting for the freedom of those who use it exclusively. This took me off my feet most completely. A. I. H., *please take note!*

The old school political group tried to pass a bill through the Illinois legislature permitting any health officer to overrule any statement made by a private physician regarding any patient. Had this passed it would have gone hard with the homœopaths and other personæ non gratæ of the medico-politicians. Due to the efforts of this organization the bill was killed in committee.

They are fighting for the acceptance of homœopathic immunization against smallpox.

They are gathering statistical and other information on the superiority of homœopathic treatment for the use of those who desire it.

They are going ahead with research.

They are giving an extension course in homœopathy.

They are putting a preponderance of homœopathy in their programs by request of the majority of their members.

It was through the efforts of this body that the A. I. H. has been somewhat stirred from its lethargy to act for its membership and to start a renaissance of homœopathy. (This renaissance was prematurely announced by the A. I. H. several years ago.) Hence, the resolutions which appeared in a recent issue of the *Journal of the American Institute of Homœopathy*.

Two more interesting things were learned: One was, that the A. I. H. has been stirred from within by a virtual financial boycott of its members. This is a sad commentary on this oldest of American homœopathic organizations. For some time the Journal has looked like an equation of Einstein combined with a Greek treatise on Hindu philosophy. Members looking for help and enlightenment in homœopathic procedures became nauseated. Even though the Journal made the grade and entered the *Cumulative Medicus*, the incoming shekels took a toboggan. No journal is published primarily for the intellectual fireworks of its editors. It is published for the good and embellishment of its "poor, dumb readers". Now the A. I. H. is getting down on its knees with fervent prayers and cash discounts.

The other is that the eclectics are going to fight. They want the right to run their own profession and they are out after it. *Homœopaths, take note!*

The above covers the high spots. Homœopaths, take heart! If the sky above has looked black, thank these mid-westerners for puncturing a hole in it and letting in a little sunshine. It may not be bright enough to dazzle you now, but as the rising sun gradually delineates the bedpost, this, too, will be brighter and you may then arise and walk about without barking your shins on a lot of useless allœopathic furniture. Must we repeat after Horace Greeley, "Go west, young man"?—D. T. P.

CURRENT HOMŒOPATHIC PERIODICALS*

THE HAHNEMANNIAN GLEANINGS

(Calcutta, India: Sept. 1931), II, 337-384

Tuberculosis	
N. Ghatak, Calcutta	337

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Oct. 1931), LXVI, 721-800

Nineteenth Annual Report of the Allentown State Hospital	
H. I. Klopp, M. D., Allentown, Pa.	721
Diagnostic Inferences in Otolaryngology	
C. B. Hollis, M. D., Philadelphia, Pa.	737
Late Hæmorrhage from the Tonsil Fossæ and Post-Nasal Space Following Tonsillectomy and Adenectomy	
J. V. F. Clay, M. D., Philadelphia, Pa.	742
Arterial Hypertension: On Its Etiology and Pathology	
H. Russel Fisher, M. D., Philadelphia, Pa.	746
Treatment of Hypertension	
C. Bartlett, M. D., Philadelphia, Pa.	754
The Gonads—from an Endocrine Aspect	
A. Korndoerfer, M. D., Philadelphia, Pa.	760

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York, N. Y.: Oct. 1931), XXIV, 989-1098

Concerning the Biological Basis of Internal Medicine	
Wilhelm Ostwald, Germany	991
Concerning the Effects of Drugs and Poisons—Pharmacologic and Toxicologic Problems. The Colloid Doctrine and Homœopathy	
J. Traube, Berlin, Germany	1014
Homœopathy in Germany and America	
Karl Kotschau, M. D., Berlin, Germany	1031
Our Educational Duties and Plans from the Standpoint of the Laity	
A. W. Belting, M. D., Trenton, N. J.	1040
Methods of Capitalizing Our Homœopathic Institutions	
R. W. Plummer, M. D., Philadelphia, Pa.	1044
Common Metabolic Accidents to the Diabetic with Treatment	
D. R. Ferguson, M. D., Philadelphia, Pa.	1048
A Study of the Modern Trend in Infant Feeding	
C. C. Fischer, M. D., Philadelphia, Pa.	1056
The Treatment of Uncomplicated Diabetes Mellitus	
E. B. Junkermann, M. D., Columbus, Ohio	1060
Hypotension	
D. W. Kirby, M. D., Philadelphia, Pa.	1066

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

The Use of the Laboratory in Nephritis	
J. C. Wurtz, M. D., Pittsburgh, Pa.	1072
Goiter	
P. D. Grove, M. D., Cincinnati, Ohio	1078
Benefits of Periodic Health Examinations: Observations of 1,000 Children Over a Period of Eight Years	
L. Merrill Henikoff, M. D., Chicago, Ill.	1083

THE MID-WEST HOMŒOPATHIC NEWS JOURNAL

(Chicago, Ill.: Oct. 1931), IV, 330-362

* <i>Camphor Mono-Bromide</i>	
S. W. Lehman, M. D., Dixon, Ill.	331
The Surgical Treatment of Pelvic Infections in Women	
W. E. Alton, M. D., Ft. Dodge, Ia.	335
A Plea for Better Prescribing	
H. Harrington, M. D., Chicago, Ill.	341
The Dietetic Treatment of Enteritis in Children	
G. W. MacGregor, M. D., Chicago, Ill.	344
The Treatment of Influenza	
O. A. Olson, M. D., Rockford, Ill.	347
<i>Pro Bono Publico</i>	
E. Petrie Hoyle, M. D.	350
Why the Homœopathic Surgeon Gets the Best Results	
W. A. Guild, M. D., Chicago, Ill.	353
Homœopathy and Adjunctives in Pneumonia	
E. C. McMillan, M. D., Hudson, Ia.	355
The Genetic System in Medicine	
J. D. Witt, M. D., Aurora, Ill.	357
New, Rare and Forgotten Remedies	
U. J. Erhart, Chicago, Ill.	359

**Camphor Mono-Bromide*: The poisoning produces convulsions, muscular weakness, reduction of temperature, and decided decrease in the rate of respiration and pulse, causing also profound sleep or stupor. Forty-five grains caused tremblings, marked slowing of the pulse, and coma of six hours' duration.

Other symptoms from poisoning are dizziness, falling into a species of trance with the eyes open and perception centre not entirely subdued.

Could hear buzzing of conversation. Directions were completely turned, the points of compass exactly reversed. It causes a conflict between the perception centres and the sense of understanding.

Finally becomes prostrated in both body and mind. Has a sensation as though he would go insane, or into brain fever.

Our muscular impulses originate in the hemispheres of the brain. Both left and right hemispheres co-ordinate in this action. It is said that in right-handed people the impulses originate in the left hemisphere and are followed by the right. We are well aware of these two conditions as we have such symptoms in *Anacardium* and *Baptisia* in which duality is plainly in evidence. Each hemisphere is both motor and sensory. In this case the motor function seems to be disturbed more violently than the sensory, or the last is affected first. We have first weakness, then paralysis, and stupor.

The homœopathic application is clearly indicated through the pathology of the remedy. It will work in any potency from the 3x to the highest potencies. The action of the cerebellar hemispheres is slowed down. Their action is decreased. The tissues are too acid to function well. There is decreased

oxidation between the two hemispheres. Delusions of direction. There is throbbing and roaring in the left side of the head in the region of the left ear; dizziness; low blood pressure, and the heart pounds on either side. Fluids are being lost through the urine. Thirst. General coldness. Face pale. Hands and extremities cold. Cold, clammy sweat. Subnormal temperature. Tissues become dehydrated. There is probably disturbed co-ordination throughout the ganglionic nervous system, which accounts for certain organs going wrong. For instance: there will be an atrophy going on in the left ear and a hypertrophy in the right, showing lack of co-ordination of vegetation. In other conditions polarity is disturbed.

This remedy should equalize. Other remedies are *Anacardium*, *Baptisia*, and *Phosphoric acid*.

Nervous excitability is the guiding symptom. Nervous irritation of the dental nerves. Chorea. Nervous palpitation (*Thallium*). Ailments following over-mental exertion. Worry causing a drain on the vegetation of the cerebral hemispheres.

The use of this remedy will increase the nutrition through the establishment of vegetative co-ordination. Cholera infantum. Stools involuntary. Extremities cold. Emaciation. Uncontrollable vomiting. Chorea or epilepsy. Reflex from worms, or worm medicine. Increased heart action from reflex causes. Migraine from disturbed and decreased metabolism following worries, business embarrassment. Certain forms of aphasia. The patient begins to stumble while talking, mumbles his words; there is confusion in the apparatus of the brain. Enunciation is not plain. Drops a syllable or a word occasionally. The electric potentiality is disturbed. Electric sensations start from some of the disturbed plexuses of the sympathetic nervous system. Brain excited, cannot go to sleep. Wakes too early. Sensation as though something was going to happen. Aggravation full moon. Aggravation lying on the left side. Electro-vital potentiality suddenly changes place, causing a shock. Fingers lose their water, and become white and flat. Awakes suddenly. Cannot enunciate clearly. It seems to be a left-sided remedy.

To repeat again, it is a contractive pain at the base of the brain and occiput. Aggravated stooping. Aggravated lying. Hydrocephalic ailments. Aggravations after sunstroke. Cracking of joints. Singing, ringing and buzzing in the ears. Internal trembling. Clonic and tonic convulsions. Loses strength suddenly.

Given in brain fog, it is followed by most satisfying sensations. Any ailment emanating from decreased brain power. Awkwardness. Lethargy. Noises in the ears. Vertigo. Dim sight. Staggering and tottering on walking. Loss of consciousness . . . ; fainting. After recovery, one-sided lameness or blindness. Decreased function of perception centres. Pressure in the head, throbbing like the beats of a hammer in the cerebellum. Pressure in the left side of the occiput. Ailments from suppressed colds. It will start them to the surface very quickly. Ailments from maltreated influenza, especially when the great nerve centres have become depressed. Roaring on the left side of the head. Left arm rheumatic. Neck gets stiff. Aggravation on the left side. Left hand stiff and sore. Urine starts too soon. Brain centres affected by vaccination.

—This article gives us some valuable information on the combination of the two remedies, *Camphor* and *Bromium*. Dr. Lehman presupposes the action of the combination from their individual reactions. While this premise is partly true, yet the combination of the two salts has an individuality of its own. This remedy has not been thoroughly proven, to show its true sphere, but from clinical findings Dr. Lehman has placed it in a position where it can be used intelligently. Likewise Clarke's *Dictionary* gives a short resume of its characteristics.—ED.

TABLE OF CONTENTS

DECEMBER, 1931

REPORT OF THE CONGRESS OF THE INTERNATIONAL HOMŒOPATHIC LEAGUE	
A. E. AUSTIN, M. D.	859
TWO <i>LACHESIS</i> CASES	
CHARLES L. OLDS, M. D.	869
<i>CICHORIUM INTYBUS</i>	
EDWARD BACH, M. D.	875
ASTHMA AND ITS HOMŒOPATHIC TREATMENT	
EUGENE UNDERHILL, JR., M. D.	879
<i>ERIGERON CANADENSE</i> —A SHORT PROVING	
ROYAL E. S. HAYES, M. D.	885
ADDITIONS TO KENT'S <i>REPERTORY</i>	
C. M. BOGER, M. D.	887
A PLEA FOR THE CHILDREN	
JAMES W. OVERPECK, M. D.	893
LECTURES IN MATERIA MEDICA	
W. A. DEWEY, M. D.	898
THE MOTHER AND THE OFFSPRING	
C. A. DIXON, M. D.	910
CONCERNING THE <i>SIMILLIMUM</i> —ONE WAY	
F. GESIVTUS, M. D.	914
COMMUNICATIONS	921
BOOK REVIEWS	922
POINTERS	924
EDITORIAL	926
CARRIWITCHETS	931
CURRENT HOMŒOPATHIC PERIODICALS	934



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General Editor
Boston, Mass.

THE HOMŒOPATHIC RECORDER

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REPORT OF THE CONGRESS
OF THE INTERNATIONAL HOMŒOPATHIC LEAGUE
HELD AT GENEVA
UNDER THE PRESIDENCY OF DR. PIERRE SCHMIDT

A. E. AUSTIN, M. D.

The International Homœopathic League was held in the beautiful city of Geneva, from August 2nd to August 5th. Some 74 doctors were present, representing eleven countries, namely: Belgium, Brazil, England, France, Germany, Holland, Italy, Poland, Spain, Switzerland, and the United States of America. Some 57 guests and some doctors of the old school attended the meeting.

"La Résidence" was selected as the hotel for the delegates. They were welcomed there by Dr. and Mrs. Pierre Schmidt, Dr. Duprat, and Dr. and Mrs. Jaccard of Geneva. The delegates found this hotel most delightful. It is situated not far from "the Athénée", where the meetings were held.

"The Athénée", where the Society of Arts hold their sessions, added a luster and a charm to the meeting. The rostrum and the bust of Hahnemann placed in front were decorated daily with choice flowers by Mrs. Pierre Schmidt.

The first proceeding was the introduction of the delegates by the President, Dr. Pierre Schmidt: Belgium, Dr. Van den Berghe; Brazil, Dr. Nelson de Vasconcellos; England, Dr. Granville Hey; France, Dr. Le Tellier; Holland, Dr. Voorhoeve; Italy, Dr. Bonino; Poland, Dr. Buczynski; Spain, Dr. Hernandez; Switzerland, Dr. Duprat.

Members of the League who have all these years been accustomed to see Dr. and Mrs. Dandolo Mattoli regretted their absence, as they had done faithful work during those passing

years. Dr. Mattoli was President of the League at Rome last year. Proceedings of the last meeting in Rome were read by our able and faithful Secretary, Dr. Fergie Woods, of London, who has given thirteen years of arduous and excellent work to the organization. He deserves all the credit for his fine and efficient work so quietly accomplished.

The meetings were finely conducted by Dr. Pierre Schmidt, who, we all know, has the ability of organization. A word placed here and there with a smile saved and made smooth many a discussion.

The program, well executed and wrought out, gave pleasure to the delegates and guests from these many countries. Dr. Pierre Schmidt's opening address was so full of love and kindness that it made each member from the many countries feel at once at home, and prepared the way to honor Hahnemann, as Hahnemann should be honored. No words of mine can, in any way, measure the impressions I received from Dr. Pierre Schmidt's address. His thoughts and words were truly lovely, so free from malice, prejudice and preconceived ideas, so open, so full of warmth and kindness, that he seemed inspired with the spirit of the masters who have gone to their reward. Hark! I can almost hear them speak as, with the smile, he welcomes the delegates, asking them to gather and exchange thoughts with open minds that we may be like good seeds bringing forth rich harvest to the world through Hahnemann's laws and principles. The spirit of the Congress seemed like sweet music penetrating all hearts and minds, kindling a spirit of love and a desire to know more of the principles and laws of Hahnemann. With a smile, kind words, poise, tact and judgment Dr. Schmidt made us feel like initiates waiting for the higher degrees in Hahnemann's writings and words. He told a story of Dr. Kent coming into the light, thus resolving to give a trial to the higher dilutions by giving *Podophyllum* to a very sick baby. He pleaded with those sitting in his presence to be like Dr. Kent, who, with other master minds that we have known and loved and lost for a time, followed Samuel Hahnemann.

One of the topics, that he related, was how Hahnemann—80 years old—spoke to five hundred doctors in Paris. The Presi-

dent pleaded with everyone there to become better acquainted with Hahnemann's life and his books. We can never forget all they did for us and homœopathy. "To fulfill with dignity his mission, the homœopath must be fully convinced that there is no act in life which demands more conscience than the treatment of the life of the man put into danger through malady."

He ended saying: "If you meet with failure and unsuccess, always remember that: *'When we are dealing with a science which is concerned with the saving of life, it is a crime to neglect its study.'*"

Then reports were given by the vice-presidential delegates on homœopathic activity in Austria, Belgium, Brazil, England, France, Germany, Holland, Hungary, India, Mexico, Poland, Portugal, Russia, Spain, Sweden, Switzerland, United States and Yucatan.

The reserved session for Congressionists which was consecrated especially to the League, was opened by Dr. Burford (England) on the *EVOLUTION OF THE INTERNATIONAL HOMŒOPATHIC LEAGUE, ITS HISTORY AND ORGANIZATION*. All who know Dr. Burford know his rare ability, eloquence, and love for all things truly homœopathic. To those who may not have the pleasure of knowing him, let me state, that it was a graphic and able address such as he is so capable of rendering. To hear the senior of such an assembly giving practical and useful suggestions for the advancement of homœopathy was a delight.

Dr. Roy Upham (America) was unable to be present. A disappointment to all those who know him best, but his excellent thoughts and proposals were warmly presented by Dr. Burford.

Dr. Tuinzing (Holland) showed different membership cards, presented designs and valuable criticisms about the League.

The scientific session was opened by Dr. Duprat, of Geneva, on: *WHAT IS THE VALUE OF THE CRITICS AND THEIR CONDEMNATION FORMULATED AGAINST HOMŒOPATHY?* Dr. Duprat gave his best power and ability to keep Geneva's press informed and delivered an interesting paper. He has a very quick and logical mind and is an able polemic writer.

Owing to the absence of Dr. Belbèze, of Nevers, much to our

disappointment, his paper, *NOTION OF MIASMA*, could not be read.

Dr. Assmann, of Dresden, could unhappily not come. The title of his paper was: *NECESSITY OF PROCEEDING TO PRECISE DETERMINATION OF PATHOLOGICAL CASES, AS A CRITERIUM WHICH MUST SERVE AS A BASE FOR THIS DETERMINATION*.

Dr. Allendy, of Paris: *MORBID SUBSTITUTIONS AND HOMŒOPATHY* was the title of his paper. He has the reputation of much ability, clearness of thought whose conclusions are philosophical to a degree pleasing to the thinking audience. He exposed most courageously a question which is despised and neglected by the allœopaths, because of their failure to define it. A very learned discussion followed and where practical indications in metastasis were given, which permitted him to insist on the doctrinal importance of this question in the interpretation of the action of drugs.

Dr. Neatby's (London) paper was on *TROPICAL DISEASES*. He stands quite alone on this subject in our school and is known in all countries as a scholar and worker in assisting and upholding the work of medical missionaries. He has done excellent work in the League giving it his full support.

Dr. Aebly, of Zürich, gave his paper on: *THE HAHNEMANN'S LAW OF SIMILAR, ITS HISTORY AND CONFIRMATION THROUGH THE MODERN EXPERIMENTAL SCIENCE*, which was full of interest and inspiration, scholarly and helpful. He claims that he found the application of the homœopathic law amongst the writings of the Greeks. He made an outline about the actions and reactions of the remedies, comparing the Arndt-Schulz law, the curves of Kötschau and the law of Hahnemann, thus demonstrating the superiority of the latter.

Dr. Barishac (Paris): *CONTRIBUTION TO THE STUDY OF THE ACTION OF THE HOMŒOPATHIC REMEDY BY EXAMPLES TAKEN IN THE FIELDS OF CHEMISTRY AND OF HOMŒOPATHIC PHARMACOPŒIA*. Dr. Barishac is a man full of enthusiasm and interesting personality.

Dr. John Weir, of London, delivered the oration at the open-

ing assembly of the League in the following subject: *CONFIRMATION OF HAHNEMANN'S DOCTRINE IN THE TREATMENT OF DISEASES*. Dr. John Weir delivered before the audience, in a vivid manner, the doctrines of Samuel Hahnemann and how these laws had served him well during the passing years. He spoke of three men who have been an inspiration and a help to him: Hahnemann, Kent, Gibson Miller, of Glasgow, his dear friend, whom he so dearly loved, and of the splendid work and inspiration of Dr. Margaret Tyler. He hoped that all those who attended the Congress would ever strive to place homœopathy where it belongs. It was most homœopathic, forcible, logical, and held his audience, paving the way for those things which were to follow. His address will be retained in the memories of all his listeners as of the greatest value to the progress of true homœopathy. His honorary oration presented—we are pleased to say—before a very intellectual and appreciative audience, was an inspiration to us all and held us spellbound.

Dr. Borliachon (Nice): *WHAT SHOULD WE THINK ABOUT HOMŒOPATHY?* He gave us a general survey of homœopathy useful especially for propaganda and revealed to us that Gounod, the composer, and the celebrated writer, Victor Hugo, were treated by homœopathy.

Dr. Rabe (Berlin) brought the message that it would be impossible next year to have the meeting in Berlin, on account of internal troubles. The German physicians feel that they could not bear the expense at the present time but hoped at some future time that the League might be entertained and the Congress held there.

Dr. Brissaud (Nice): *WHY ARE THE SIMILARS CURING?* A theoretical exposure presented in a very literary way of an original hypothesis of the action of the homœopathic remedy. The discussions and criticisms were particularly interesting.

Dr. Burford, of London: *NEW WORLDS TO CONQUER IN HOMŒOPATHY*. This address was presented in a masterly manner. This scholarly paper was listened to with the keenest interest by all, and new lights were thrown on the surgical part that was and should be taken by the surgeon in many cases presenting themselves to him.

Dr. Le Tellier, of Paris: *A PROUESS OF FERRUM PHOSPHORICUM*. The cure of a case supposed given up and incurable by eminent allœopaths.

Dr. Fortier Bernoville (Paris): *HOMŒOPATHY IN CHILDREN'S DISEASES*. A quite scholarly presentation of the diseases of children.

* * * * *

Some members of the League, among them Rotarians, were invited by the President to the Hotel des Bergues at luncheon to meet the Rotarians of Geneva.

That same day sight-seeing auto cars took all to see the historic and interesting buildings of Geneva on a tour through the city. Geneva is not only a most interesting city, but an old one.

* * * * *

Dr. Lancelot and Dr. Duhamel (Paris) read a paper on: *HOMŒOPATHY AT THE PUBERTY AND AT THE MENOPAUSE*. I must respectfully state to those doctors that one cannot emphasize too strongly that the indicated remedy must be given irrespective of age or different periods of life.

Dr. Pahud, of Lausanne, did not read his paper on *PRACTICAL OBSERVATIONS ON THE VALUE OF HIGH DILUTIONS*. He was generous enough, much to the sorrow of all present, to give his time to other members of the League, that their papers might be read. He always has had a great desire for the finest things homœopathy can give and is searching for the best.

Dr. Rouy and Mr. Turenne (Paris): *HOW TO DETECT HOMŒOPATHIC REMEDIES*. New subjects full of interest, enough so, for further investigations, which were presented with fervor and conviction.

Dr. Madaus (Dresden): *PHYTO-ANALYSIS*, an interesting study presented by a German author whose work was ignored by French investigators and research workers on the same line.

Dr. Edrom's (Bordeaux) paper on *ALLŒOPATHY AND HOMŒOPATHY IN THEIR METHOD*, was very much criticised, revealing the homœopathic doctrine of Dr. Vannier, using

many alternating remedies. Let us hope his enthusiasm may lead him into the truth only found in homœopathic principles and laws.

Dr. Hernandez (Madrid): *PHASES OF MY HOMŒOPATHIC LIFE*. In a very energetic and forcible way he explained how he was led toward the road to true homœopathy. While attending the London Homœopathic Congress some years ago with Dr. Vinyals, he met his confrere from Portugal, who told him how much he was suffering from exophthalmic goitre. Dr. Hernandez proposed at once the leading remedy for this affection. Dr. Vinyals at once exclaimed with indignation: "How dare you propose any remedy when you know nothing about the symptoms of this gentleman, as homœopathy requires a full totality of symptoms to prescribe accurately." Being Castilian, you may understand how his pride was touched and in the right direction as it converted him completely to homœopathy.

Since that time he has published Kent's *Materia Medica* in Spanish and a *Repertory* of his own.

Dr. Nebel (Lausanne): *ON THE ISOPATHIC TREATMENT OF MALIGNANT AFFECTIONS*, explains, in interesting specimens and microphotographies with lantern slides, about cancer and its development. This was the crowning work of more than 20 years of his own original researches.

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For the entertainments, no word can adequately express the pleasure and great enjoyment given to us. We found the Councillor of the State to be most pleasing and able. He delighted his audience with words which were magnetic. He represented the state Council at the banquet given by the State and all who attended went away never to forget the evening. This was an event, as it was the first time in the history of Switzerland that such a high official had presided at a homœopathic banquet.

As Mr. Paderewski could not be present, he did the next best thing by sending two of his chosen pupils who are now studying with him at his spacious and beautiful villa at Morges. The whole world has been charmed by Paderewski's music, so we were charmed by the grace and loveliness of his music played by his talented pupils.

The next morning, the Congress departed for Ouchy-Lausanne leaving from the pier of Jardin Anglais arriving about noon at Lausanne, where a sumptuous luncheon was served in the spacious fine hotel "Beau Rivage". The grounds were beautiful and spacious and the magnificent trees added greatly to the landscape. All this could be seen from the dining room where a very generous luncheon was provided. In the name of the Swiss Homœopathic Society, we were received by Dr. Nebel and Mrs. Nebel.

Dr. John Weir, of England, Dr. Duprat, of Geneva, and others all added to our pleasure and entertainment by their words. We left after luncheon on the steamer, which had been chartered for the day, stopping at Evian, where all were invited to inspect the springs. This accomplished, an elaborated tea was served through the kind invitation of the Evian Water Co. Again looking across the lake one could see the Alps in the distance, the blue and sparkling water of Geneva added a background to this occasion never to be forgotten. We again boarded the spacious steamer which took us back to Geneva.

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Both going and coming papers were read on the steamer.

The paper of Dr. Gagliardi (Rome) on *THE REASONS FOR A HOMŒOPATHIC PRESCRIPTION* was substantial and prize worthy, logical from a homœopathic standpoint on every line. A very promising future has this young man, as he is fearless, knows the truth, and the truth has set him free, and thus he speaks in no uncertain words for true homœopathy.

Mr. Ferréol, of Geneva, is one of the most able veterinary doctors in Europe. He loves the law of Hahnemann and ever strives to practise pure homœopathy on the animals he is called to see. Fortunate are they who fall under his care. In his paper on *THE DETERMINATION OF HOMŒOPATHIC REMEDY IN THE VETERINARY ART* he gives a clear and real general survey on the difference between homœopathic treatment in the care of animals, comparing to the human, and brought great credit to his teacher, Dr. Pierre Schmidt.

Dr. Vinyals, of Barcelona, a lovely soul, working always with self forgotten, no sacrifice too much or great if he can

render service to the laws and doctrines of Hahnemann, whom he loves and honors. Realizing that there would be no spare time he very graciously distributed a printed pamphlet about the *HISTORY OF HOMŒOPATHY IN SPAIN* as it stands today.

Dr. Cooper, of London, spoke regarding his paper on the boat coming back from Lausanne, of *THE DANGER OF USING ALUMINUM IN COOKING*. His friends regretted that there was no more time but the President gave him all the time that possibly could be spared, calling the meeting to an end as the boat was approaching the landing. Discussed officers for the coming year were elected and business transactions finished.

The same evening a sumptuous and magnificent banquet was held in the Palais Eynard. It afforded everyone an opportunity to become better acquainted. There were speeches by the President, the Dean, Dr. Burford, and all the vice-presidents, representing many different countries. The writer spoke about the President as he had known him during these passing years as a most earnest and faithful worker, who, with great aid of his wife, has wrought splendid achievement for the advancement of homœopathy throughout Europe.

Dr. Pierre Schmidt and his wife received from the members of the Congress a very magnificent silver plate, on which was engraved the signatures of all the members attending the Congress. After the speeches, the members of the Congress, their ladies, and guests adjourned upon the terrace and on the spacious ground adjacent to the building, which is located in Jardin des Bastions, where they were treated to an exhibition of the athletic games used in Switzerland, such as wrestling, performances on horizontal bars and the most superb exhibition of flag tossing and waving that one could possibly imagine. Some of these gymnasts hold Olympic honors and records.

The Swiss dancing given by the men and women was unique and beautiful. The famous great Swiss horns, which are seldom seen today, brought forth great and lovely musical sounds which charmed all who heard them. The writer remembers so well hearing one of these Alpine horns calling down the herds of cattle and goats from many a mountain side to their

abiding places as the shades of evening gathered. One of the finest group of yodlers in Switzerland thrilled us, giving great joy and pleasure. A member of the Geneva Rotary Club took charge of this for Dr. Pierre Schmidt, who is also a Rotarian. It simply was marvellous and greatly appreciated by everyone.

Dr. and Mrs. Pierre Schmidt received the congratulations of everybody in their usual modest way, saying, "If you are pleased we are happy to have done it for the cause of homœopathy", and thus ended a lovely evening in the Geneva park of Switzerland, which no words can picture, as trees and shrubberies have come from all four corners of the world, and birds swaying on many a branch and the fragrance of flowers makes one imagine he might be in some oriental garden.

In closing, allow me to say I trust that this brief account of the most brilliant and pleasing Congress to all those who attended may inspire more Americans to attend the League meetings.

Dr. Pierre Schmidt and Mrs. Schmidt have demonstrated again their rare ability, as the meetings took place at the appointed hour, and there was not a false step from beginning to end.

Dr. Pierre Schmidt, all through the passing days of the early summer, tried to plan every detail in such a masterly way that nothing might be forgotten to give joy and entertainment. He was so clever that he never once forgot that all work and no play would make Jack a dull boy, so we were entertained by sweet music, tables full of choice things, boat ride views from one point of the Alps overlooking many of the white peaks that form great glaciers, great rivers of ice and snow which seemed like hallways coming from the immortal gods. Then he brought us back to listen to excellent papers, so full of thoughts, and between those papers Dr. Pierre Schmidt would tell us about the amazing things he had found among the old books, as he has one of the finest homœopathic libraries in the world.

May this meeting be like a great light, a burning torch, an inspiration to all the world to strive and work for better things which it seems today are not so readily found.

GENEVA, SWITZERLAND.

TWO *LACHESIS* CASES*

CHARLES L. OLDS, M. D.

Probably there is no more wonderful medicine in the materia medica than *Lachesis*, wonderful because its extensive provings and abundant clinical verifications have so revealed the snake nature in man that we are amazed at his sliminess and deadly venom, as expressed in symptom language. But the end of our knowledge of this reptilian marvel is not yet reached, nor will it be reached as long as there remain observers, keen to seize upon whatever is revealed by its influence in both health and disease, for there is no end to disease expression in man, whether it be a natural expression or an artificial one. *Lachesis* affects every substance of the human economy from the spirit-like rational mind to the most ultimate osseous tissue, and it is of this latter that I wish to make mention. Very little is said in the literature of our school on the action of *Lachesis* on bone tissue. *The Guiding Symptoms* illuminates the subject with one word, "sphacelus", which should have such a depressing effect upon the pathological prescriber, that he would perforce drop it from his catalogue of bone remedies. But perhaps I should not inveigh too strongly against pathological prescribing, for most of us are guilty at times. The point I wish to make is that in the cases that I am about to report *Lachesis* could not have been selected upon their pathology.

On June 10, 1915, at the little village of Marco, Florida, a man approached me and asked if I was a doctor. He said, "I show my leg to every doctor that I meet, hoping that someone will be able to help me". And thereupon he insisted upon showing me his "leg", which proved to be an enormously enlarged right thigh. I asked him to come to my home that afternoon, and told him I would then see what could be done for him.

CASE I

Mr. A. R., age 45. In 1905, when employed as a lineman, he touched a live wire, carrying 2,300 volts, and fell a distance of 35 feet. Following this he lost 100 pounds weight in eight days,

*Read at the I. H. A., Bureau of Clinical Medicine, June 1931.

and his whole skin became the color of mahogany. The skin gradually cleared to normal color in about one year. Three years later he had carbuncles on his arm and on the back of his neck. He had seven year itch when a boy, which was cured with sulphur ointment. A vesical calculus in 1910 was dissolved with internal medicine. Ever since being knocked from the pole by the high electric voltage, any watch that he wears goes crazy; it stops and starts, stops and starts. He says that he magnetizes it. Five years ago, while wading in the water he was struck by the stinger of a sting-ray on the right ankle. The stinger went to the bone, causing the "most awful pain", which, one month after the injury, went to the right elbow joint and then to the heart. Five days later the pain left the heart and located in the right knee and the right thigh began to swell. One year later an abscess formed on the anterior aspect of the middle third of this thigh. He was treated in the Penn. Hospital two years ago, where he was told that an amputation of the thigh was the only thing that would save his life. But he was otherwise minded. It was two legs, live or die. And so he roamed the country, doggedly hoping for a cure that would save his leg.

The thigh was enlarged to three times its normal size, and its anterior part showed a thinly skinned-over abscess about $2\frac{1}{2}$ inches in diameter. The parts about the abscess were hard and blue. The pain is a dull, dead aching, worse from use of the part, especially on starting to move. The whole front of the thigh is very sensitive to any pressure. The abscess forms about once a month, discharges a thin, bloody pus for three weeks, and then skins over. Among other symptoms were:

Aversion to onions, the odor nauseates.

Coffee puts him to sleep in two hours and he is sick for two days afterwards.

Dosed with calomel as a child, filled with it. Now a small dose will constipate.

Twitching, as from electricity, occasionally.

Very nervous, high strung.

Can't bear anything tight or even touching the throat.

Must have fresh air.

He was given *Sac. lac.* and asked to report again in three

days, while I considered. Here was a case that had gone the rounds, and had come to me with a paucity of symptoms. Could I find three legs for my stool? Yes, I could, even if one of them was a brick. And so three days later I gave him *Lachesis cm.*

I did not see the man again, as he had gone far up the Florida coast, but I had frequent reports by letter as follows:

July 10. "The abscess broke open and discharged bloody water, and has not healed in the usual time. Leg hurts more. I have broken out in festers. Soon after the last medicine I had 'wild hairs' in my eyes." Later I learned that the "wild hairs" meant trichiasis, a bending-in of the lashes so that they touched the eyeball.

Aug. 30. "A large piece of bone came from the abscess, which is now about to close. The abscess has remained open this time longer than for four years."

Oct. 14. "Fever. Leg sore to touch, but not much discharge."
Lachesis cm.

Dec. 5. "Leg worse for two weeks after the last remedy, but it did not open up as formerly. No pain at all now. Big appetite, can eat anything now. Also had the 'wild hairs' in eyes again after last medicine."

1916, Jan. 10. "I feel better than I have in years, and hope soon to be all right."

Feb. 28. "Am feeling all right. My leg does not bother me unless I strain it at hard work, and it is now the same size as the other." Pain in left arm at elbow.

After this date I had two letters at long intervals, assuring me that all was well.

Comment: Theoretically the second dose of *Lachesis* was a mistake, but practically it was not, as it confirmed the production of a valuable new symptom, "wild hairs in the eyes". Years later this same symptom was produced in a little girl who ate a bottle of a high potency of *Lachesis* (the 1M, I think). This should give the symptom a high rating in our repertories.

CASE II

Master E. H., age 15, weight 170 pounds, height about 5 feet 6 inches. This second case, like the first, was seen but once

as he lived several hundred miles distant from Philadelphia. I had, however, weekly reports from his mother.

June 27, 1930. He was scrawny as a baby. At eight years had whooping-cough and since recovering from this complaint has been very fleshy. Scarlet fever at five years. Five months later fell and dislocated the right shoulder and injured the left thigh. Two or three weeks later an abscess developed on the front of this thigh. This abscess was open for three years, when a piece of bone was discharged. Then the abscess healed over, and remained healed until last summer, that is, for a period of seven years. Last July had pain in left thigh again, and two weeks later an abscess formed and discharged large quantities of pus. At that time the thigh was opened in several places and lipto-iodine injected. This was followed by the discharge of numerous small pieces of bone from the openings. At this time there are four openings on the anterior part of the thigh, the lowest being just above the knee, and the highest about six inches above that. All are discharging a thin, watery, bloody substance. The tissue about these openings is hard and bluish, and the lower part of the thigh is enlarged, but not enormously so.

Very few symptoms could be elicited. I give them:

Dislikes any employment; hates his school. His aunt says he is irritable and malicious, and only contented when he is making trouble for others.

Better in open air; warm blooded.

Talks in sleep.

Aversion to fats. Tongue coated whitish.

Perspires easily, hands and feet especially.

He is lively and talkative, but I do not like his mistrustful looks.

Here, again, we have a paucity of guiding symptoms, but a study of *Lachesis* gives us confidence that it will help him. It was given in the 50M on July 7. One week later two pieces of bone were discharged.

July 26. "Three of the openings are not draining so much."

Aug. 16. "Small piece of bone came out at knee. His flesh is more solid, and he does not limp as badly."

Sept. 1. Another piece of bone has come out.

Sept. 18. Report of an aunt: "Has lost weight. Less discharge from leg. There is the most marked change in his disposition; it is now almost perfect, while before he was a perfect devil, taking much pride in annoying people. He is more ambitious, better natured, goes to school every day, and is making fine progress in his studies. He now agrees with his playmates."

Oct. 7. "The same as last time, only very happy, as he ranks first in his class at school."

Nov. 15. Another piece of bone came out this week. Thighs are now of the same size, except six inches above knee one inch larger. Walks without difficulty, and does not tire easily.

From this time on there was gradual improvement, with occasional small pieces of bone appearing.

On April 6, 1931, his mother wrote: "He is the picture of health and full of life."

Comment: The prescription of *Lachesis* was made almost entirely upon the mental symptoms, although the appearance of the lesion, and its location, are by no means weak indications for that remedy. It may be asked whether this is really a cure, inasmuch as there was a period of seven years between the two abscesses. I think that I may confidently answer that it is a cure, because of the changing of the mental state from disorder into order for the higher degrees of man rule the lower.

PHILADELPHIA, PA.

DISCUSSION

DR. A. H. CRIMMER: This is a wonderful paper, as you all know. The doctor has brought out a phase of *Lachesis* that probably has been more or less ignored by most of us—the effect on the bony tissues. We have all known of its relation to septic states and conditions, and it has scored many victories in such states. Even cancer has undoubtedly yielded to this remedy.

The clinical production of the "wild hair" symptom is a good point to remember. It is sometimes quite a troublesome thing, and many times a very difficult thing to get remedies for which the patient has no general constitutional state. Sometimes these little one-sided things are where our homœopaths score their greatest victories. It also proves the philosophic contention that many of these things are due to systemic causes, and if the family has a homœopathic prescriber, they have little use for the so-called specialists today.

I like the manner in which the doctor states the importance of the mental states. A man is cured undoubtedly, when his internals are put in order, is cured from within out, and from the more important to the least important structures in which these changes take place.

It also touches again on the field where we had that little controversy

yesterday afternoon, concerning the defectives. There would be fewer defectives for the state to take care of if pure homœopathic prescribing could be given to the children. There are few of those cases, unless they are extreme ones, that will not yield, if you get them early on the homœopathic remedy. *Lachesis* is one of the remedies that corresponds to such states, too. It covers the three miasms in its pathogenesis and in its cures.

Of course, you know *Lachesis* is a monument to Hering. Perhaps the next step in progress might be for some one of our men to compare the leading snake viruses with *Lachesis*. *Lachesis* must be the center around which the others revolve. A comparison with *Crotalus* and *Naja* and others showing the differences, will be a valuable work for someone to undertake. Dr. Kent very ably compares *Lachesis*, *Crotalus* and *Naja*, *Crotalus* being the more septic of the three, *Naja* corresponding more to the nervous phenomenon, and *Lachesis* occupying a middle ground between the two. I think that is very true.

DR. E. UNDERHILL, JR.: I have had two *Lachesis* cases in the past year and a half that were interesting. One was my father's case. On this case, I have had several doctors. First there was Dr. Thacher. At the present time, Dr. Stearns of New York and Dr. Lewis of Philadelphia are looking after him. Of course, I keep my eye on him, too. *Lachesis* was indicated when he first became ill on February 1, 1930. If it had not been for that remedy, I do not think he would be alive today.

He had one dose of 200th on the 13th of May. He was in a very precarious condition when I went in one evening, enormously distended with gas. He could not stand the slightest pressure of bed covers on the abdomen nor anything around his neck. As soon as I came into the room, he said, "Do something for me quick or I am done." It was just at the time Dr. Thacher was coming down with his last illness. Knowing *Lachesis* had been given, I hastily got my bag out of the car, which was outside, and gave him a powder of the 1M. What happened to that distention of the abdomen was remarkable. Inside of ten minutes his abdomen was as soft as it could be. There was not the slightest sign of gas. He didn't lose it through the bowels and he did not eructate any; what became of it neither he nor anyone else knows.

The second case was a woman who was a perfect picture of *Lachesis*. She had left-sided complaints and a terrible aversion to anything around her neck; she could not stand the slightest thing not even her beads; after sleeping there was aggravation, and so on. The history of the case was interesting. She had been all right until one day she was going out to do some shopping. She was out on the porch of her home, when she remembered she had forgotten something, and went back into the house leaving the front door open. She laid her pocketbook on the living room table, and went into the kitchen. As she was coming back, she saw a man's hand reaching for the pocketbook, and rushed in with all her might. He seized her by the throat and choked her so that she could not speak, and she fainted away. Her symptoms came on following the shock. She said that every now and then, especially when waking from sleep—and this was many months after the incident—she could still feel that man's hand around her throat. *Lachesis* took all the symptoms away and made a perfect cure of the case.

DR. C. M. BOGER: Some of our most valuable indications and remedies have come about almost accidentally.

Two men succeeded in catching an unusually large rattler and put him in a cage. They kept him in the room where they were. The snake was unusually angry and ferocious. At night both of those men had a burning sensation over the whole body. I have found that intense burning is a pretty good symptom for the pathogenesis of *Crotalus*.

CICHORIUM INTYBUS*

EDWARD BACH, M. D.

Cichorium—the egoist. These people desire to use others for their own purposes, they are possessive, the opposite of the loving self-sacrificing mother. They are loquacious, with rapid continuous talking, and weary others with their chatter. They are poor listeners, always bringing the conversation back to their own interests. They fuss and worry others over trivial things, they seem to desire to give others no peace, no rest. They are self-centered, hard natures, and full of their own affairs. Their very vivacity, at first perhaps entertaining and attractive, soon wearies those around.

They desire company and hate to be alone, in fact fear solitude, since they depend upon others for their supply of vitality. They obtain pity and attention through tales of self-pity, and through their maladies; they make much of their troubles, and will simulate illness if they find it brings to them care from others.

When unable to have their own way on important things, they are spiteful, revengeful, vindictive, and cruel. They are very persistent and scheming to obtain their own ends.

As relations or friends, they are demanding, and, although it is not always realized, they are a great drain of vitality.

They are often thin and pale, greasy skin, feel the cold. Chronic headache, indigestion, constipation, catarrh, colds and irritability are common ailments. Worry upsets them much, often causing abdominal discomfort or pain. Appetite large.

The remedy, in addition to relieving symptoms of this class of patients, stimulates sympathy with others, which is their lesson; hence turns their attention more from themselves, and so, out of sympathy for their victims, they cease their aggression and become of service to those previously devitalized.

The lesson is, through devotion to others, to become selfless.

As indicated above the *Cichorium* patient is possessive and dominant, desirous to control others. They will use any means in their power to attract attention to themselves, and to inter-

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fere with the happiness and freedom of others. They are often talkative, fussy, nagging, and may simulate or use illness to obtain sympathy.

CASE I—FEMALE, AGE 70.

HISTORY: Indigestion with pain over heart, attacks for some years, but worse of late. The cardiac pain and fluttering necessitating rest in bed for one or two weeks at a time.

CHARACTER: Patient for forty years has been a trial to her husband and family. Always worrying them over trifles, and never allowing them rest or peace. Always fussing over details, demanding attention, devoid of all affection, a cold, hard nature.

DOSAGE: August 30, 1930, two doses of the third potency. August 27, 1930, one dose of the third potency. September 3, 1930, two doses of the third potency for three days.

PROGRESS: Improvement began at once, and the trouble has entirely disappeared since the completion of the last doses in early September, over six months ago. Moreover, the character has markedly softened and developed a certain amount of gentleness and consideration for others.

CASE II—MALE, AGE 45.

HISTORY: Left-sided sciatica, with great wasting of the left leg, for two years. The patient has had to be off duty eight months during 1929, and five months during 1930. Always in pain, at times in bed for six weeks. Sleep and appetite very poor, patient wasted, color bad.

CHARACTER: A hard, thankless, domineering type, expecting his family to wait upon him, and using his malady to enforce attention.

DOSAGE: Year 1931.

January 16—Third potency, two doses for three days.

January 20—Third potency, two doses for three days.

January 26—Third potency, two doses for three days.

January 31—Third potency, two doses for three days.

February 9—Third potency, two doses for three days.

February 21—Third potency, two doses for three days.

March 5—Third potency, two doses for three days.

March 18—Third potency, two doses for three days.

PROGRESS: The patient has steadily improved, and there has been but little pain the last month. In spite of a severe winter, and his work being out of doors, he has not missed one day's work since treatment was begun. His color, appetite and sleeping are better and he has gained in weight.

CASE III—MALE, AGE 47.

HISTORY: Great irritability and nervous depression for some years. Difficulty to attend to business, and at home a great trial to his family. Wife feels unable to stand the strain any longer.

CHARACTER: Forceful, determined nature, insistent on having his own way, and caring little for others in his effort to obtain it.

DOSAGE: January 18, 1931, third potency, two doses for three days.

PROGRESS: Immediate improvement with loss of irritability and depression, which has been maintained without further doses for over two months.

CASE IV—FEMALE, AGE 38.

HISTORY: Catarrh and moderate deafness for one year. The difficulty of hearing is getting worse and interfering with her business capacity.

CHARACTER: A cold, hard, demanding nature, always attempting to over-persuade others to do her wishes.

DOSAGE: December 19 and 29, 1930, a third potency, two doses for three days. February 5, 1931, a third potency, two doses for three days.

PROGRESS: The first series of doses caused marked improvement in both the catarrh and deafness, and by the middle of February her condition was normal. The character is a little less dominant.

CASE V—FEMALE, AGE 58.

HISTORY: Chronic rheumatism of hands, wrists, feet and ankles for several years.

CHARACTER: A thin, puritanical type of woman who has

ruled her household with a rod of iron. Not a spark of affection or sympathy.

DOSAGE: October 23, 1930, a third potency, two doses for three days. February 28, 1931, a third potency, two doses for three days.

PROGRESS: Improvement began after the first doses and steadily continued for four months. Since the second series her physical condition has almost reached normal.

CASE VI—FEMALE, AGE 49.

HISTORY: Violent outbursts of temper for four years. Husband's health wrecked, contemplating separation.

CHARACTER: An intensely irritating, jealous, nervy woman who has made slaves of her whole family for years.

DOSAGE: September 16, 1930, a third potency, two doses for three days.

PROGRESS: The result was so good, and the improvement so well maintained, that it has not been necessary to repeat the dose (six months later). A letter of thanks was received from the patient recently.

A professed homœopathic physician ought to know that homœopathy requires the utmost minuteness of detail and individualization; and that symptoms apparently insignificant, and to the pathologist, utterly inexplicable, often decide the choice between two or more allied remedies—a choice which makes all the difference between a tedious and a rapid cure. But to carry this into actual every day practise requires hard work, patience, and an earnest—often very arduous—search into the repertories and materia medica, even in the presence of the patient. This is too laborious for some who are lazy; to *infra dig.* for others who desire to play the part of the fashionable physician, and, trading upon a previously acquired reputation, profess to their deluded dupes that they can “see their case at a glance”, allotting to the investigation of their condition a brief modicum of time, equivalent to about three minutes *per corpus vile*. The painstaking method has its reward, however.—E. W. BERRIDGE, M. D., 1879.

ASTHMA AND ITS HOMŒOPATHIC TREATMENT*

EUGENE UNDERHILL, JR., M. D.

My first experience with the homœopathic remedy in asthma came soon after my attention and interest had been drawn away from traditional medicine to the teachings of Hahnemann. My father-in-law had for many years been a sufferer from winter asthma. The attacks came rather periodically, were always worse at night and invariably aggravated by a cold change in the weather and by exposure to cold air. Over-eating would often bring on an attack. He had tried everything but without relief and the attacks were becoming more frequent and more severe. The first remedy I earnestly studied from a homœopathic standpoint was *Nux vomica*. Naturally a good many people began to look like *Nux*, my father-in-law among them. Fortunately for him he was a *Nux* case and I have never in my experience seen any better results from a remedy. Incidentally this was one of the first homœopathic prescriptions I made without consulting with or seeking advice from my friend and preceptor, the late Dr. George H. Thacher. This was in the winter of 1917-18. *Nux vomica* 200th was prescribed. The remedy produced almost magical effect. It stopped the attacks, sweetened up the disposition, made him active and better in every possible way. It was a clincher for me as far as homœopathy was concerned. Everything went sailing for one month when bang—one night he had the worst attack he had ever had in his life. Said he thought sure he was going to die. I promptly gave him *Nux vomica* 1000th. He never experienced even the slightest attack again for years and remained in all around good health.

In the winter of 1926-27 a severe attack of grippe put him to bed. He took home remedies for a couple of days and then sent for me. It was *Nux vomica* plain as day and I prescribed the 1000th potency. Improvement set in promptly but only held three days when he slipped out from under. I then gave the 10M and that pulled him through. Recovery was complete and not

*Read at the I. H. A., Bureau of Clinical Medicine, June 1931.

the slightest recurrence of asthma complicated or followed the influenzal attack.

No more trouble of any kind until January 1929—another very severe chest cold with influenzal symptoms and threatening pneumonia. This time it was *Phosphorus* and not *Nux*. One dose of *Phosphorus* 200th was all that was required. The reaction was prompt, complete and in all respects satisfactory.

Two months later, however, the asthmatic attacks returned, rather frequent but at first mild. I did nothing for a while as the patient's general condition appeared good. After about three weeks a very severe attack decided me to give *Nux vomica* 50M. No medicine of any kind has since been required.

I will leave the question open as to what relation there was, if any, between the exhibition of *Phosphorus* and the return of the asthma. The *Phosphorus* was certainly the *simillimum* for the particular acute attack but *Nux vomica* has been the constitutional *simillimum* first, last and all the time. This raises a few questions: Could the *Nux* have handled the acute condition in the presence of definite symptomatic indications for *Phosphorus*? Can the call for an acute remedy be satisfied by the exhibition of the chronic remedy? How much can an acute remedy upset a chronic case? To be sure an old symptom—the asthma—came back after *Phosphorus* but the return of old symptoms under certain conditions does not mean curative action. Discrimination is necessary when unlike causes produce similar phenomena such as the return of old symptoms.

The relation between sycosis, especially congenital sycosis, and asthma has been repeatedly stressed. There is also a relation between tuberculous conditions and asthma. Protein sensitivity, serum sensitivity, etc., are often observed in asthmatic sufferers. Hayfever, rose cold and various neuroses are more or less related to the asthmatic complex. The relation between asthma and urticaria, food rashes, eczema and psoriasis has been observed. Suppression of chronic skin eruptions has been followed by asthma. Conversely, under homœopathic treatment amelioration of asthma has been followed by skin eruptions especially eczema and urticarias. Asthma, therefore, seems especially related to conditions manifesting on or through the skin

and mucous membranes. Disturbances of the end organs of the peripheral nerves are in some way tied in with the asthmatic complex. A hyperæsthesia, a hyper-sensitivity, an idiosyncrasy, call it what you will, of the terminal nerve filaments, in the skin and mucous surfaces.

In my own experience the three remedies most often indicated in the asthma of children have been *Medorrhinum*, *Natrum sulph.* and *Silicea*, every one of them antisycotics of high rank. In asthma coming on in adult life many remedies have been called for, nor do I think any two or three stand out so prominently as in the case of children or what might be termed congenital asthma. The antisycotics and antipsorics always rank high but any remedy in the materia medica may be indicated. The best results are to be had by forgetting the asthma *per se* and prescribing for the patient. The asthmatic attack, however, may be legitimately considered as a general aggravation of the patient. Note well the rhythm or periodicity if any be present, the time of day or night the attacks usually come on, the immediate exciting factors, in short all the aggravations, ameliorations and other modalities associated with the paroxysm. Used in this way the attack itself may aid in the selection of the constitutional *simillimum*. Only that remedy which can correct the constitutional disorder can really cure the asthma. Anything short of this will at best only palliate for a time.

PHILADELPHIA, PA.

DISCUSSION

DR. H. A. ROBERTS: Dr. Underhill has presented in this paper some very searching questions which have to do very largely with the homœopathic physician's reactions and the groundwork of his philosophy.

He asks the question why, when this case was purely a *Nux* type, that the acute symptoms should suddenly appear as *Phosphorus* indications; and whether *Nux vomica* could have handled this case at this time with the definite symptoms of *Phosphorus*.

When definite and positive symptoms of a remedy are presented, it is the *simillimum* for the time being; chronic remedy or no chronic remedy will not do what the *simillimum* will. In fact, I am inclined to belittle the feeling that each patient has an unchangeable chronic remedy; and I feel that it leads us into all kinds of trouble; because there is, in the exfoliation of disease, and especially where acute diseases run across the line, and well up from the bottom of the miasmatic trouble, a remedy complementary to

the chronic remedy which is usually needed. I do not mean to suggest the frequent or unnecessary changing of remedies, but only when a remedy is definitely called for.

Then Dr. Underhill asks: "Can the call for an acute remedy be satisfied by the exhibition of the chronic remedy?" I fear that he has missed his point here, in that he has used the phrase "the chronic remedy" in contradistinction to the patient's chronic condition or manifestations. It is always well in using a remedy in acute conditions, to use a lower potency of a remedy complementary to the constitutional remedy, always insisting, of course, that the complementary remedy that is selected be selected solely on the basis of symptom similarity; then await the results at the close of the acute attack for the first indication that the patient is manifesting his chronic condition.

In this case *Phosphorus* is complementary to *Nux vomica*. Bønninghausen ranks the complementary relationship of these two remedies in the fourth and fifth relative values, which are the highest and the next to the highest in his evaluation.

Asthmatic symptoms, as Dr. Underhill says, manifest themselves frequently in sycotic patients. It is well to remember that congenital sycosis, where asthma is manifested in children, arises almost universally from the fact that the thymus gland is enlarged and does not retrograde in the normal manner. In these conditions of asthma of children he speaks of *Medorrhinum*, *Natrum sulph.* and *Silicea*. These indeed are antipsorics, but I would place in the forefront for this condition and for your consideration *Calcarea fluorica*, *Iodine*, *Natrum carb.*, *Natrum mur.*, *Natrum sulph.*, *Silicea*, *Spongia* and *Sulphur*. However, any remedy in the materia medica might be called for for these conditions; but these remedies have a direct action in reducing asthmatic conditions where the thymus glands are involved.

In the treating of asthma it is true that we find the whole gamut of sensitivity in the skin and mucous membrane that is often present and paramount in sycoses, many times associated with neuroses of the nose, skin, eczema and psoriasis, as Dr. Underhill says.

Therefore too great stress cannot be laid on the necessity for the greatest care in taking the case—more so than in almost any other manifestation of disease conditions—if we would be successful in its treatment. Especially the early history, as well as the present, the modalities—in fact, everything pertaining to the patient himself—must be considered and then the case carefully analyzed to get the generals as the skeleton on which to hang the particulars of each case, separately and individually.

DR. PLUMB BROWN: I resolved not to take part in any discussion this year, but asthma is close to my heart. My father had asthma from the time he was a young man until he was sixty-five, when he was taken. I have spent a great many hours working over him and trying to keep the life in him until the old family doctor got there, in the country. Dr. Underhill gives some valuable suggestions. I have had some very marked results, in chronic cases, with *Homarus*.

DR. W. W. WILSON: I remember a woman who came to me with a bad heart condition. Her son brought her to me one evening by automobile and succeeded in getting her into my house. I gave her a dose of *Mephitis*. She said she had never had anything in her life that worked the way that did.

Dr. Ironsides of Camden, New Jersey, when talking in one of our state society meetings, asked me if I had ever been hit by a skunk. He said he had been. He said, "I know all the symptomatology of *Mephitis*, with all the asthmas in the world, the paralysis of the whole respiratory tract practically. It is the most awful thing I ever experienced." He had been hit by a skunk.

DR. C. L. OLDS: Another remedy that has not been mentioned but which has had considerable success in asthmatic attacks is *Blatta orientalis*. I think we have very little proving of it, but it has been used in India with a good deal of success in asthmatic cases. I have tried it a few times and once or twice with very good success. I don't know any particular indication for it.

DR. C. M. BOGER: In treating a case of asthma, two factors need to be taken into consideration—the spasm and the character of the heart. We so frequently see certain factors that are productive of the attack, such as over-eating and various other things. I have seen very good results with morphine and adrenalin. They prescribe them for the attack, and you can get away with this treatment. One gets away with the morphine habit, and after a while the adrenalin does not act. The patient isn't cured. He gets another attack.

You have to remember a little about the quality of asthma. Asthma is a cardio-vascular spasm. It has that element in it, and some other things besides. That disease, of course, is not easily treated. The *simillimum* is not easily found. But in order to find the patient's constitutional remedy, it is my habit to go back over the whole life period of the patient from birth down to the present day. Dr. Roberts does not think so, but I have had a few experiences with it.

I do not want to find fault with Dr. Underhill's prescribing at all. There is only one thing I believe he didn't try in the constitutional remedy. He has a *Nux vomica* patient. Pneumonia came on and he did not give him *Nux vomica* but *Phosphorus*. If he had stepped up his remedy from where he stopped, up to 1005th, and then to 1010th, if necessary, he could have controlled that pneumonia. I would have tried the *Nux* first. I know patients do not die as quickly with homœopathic treatment as they would like to make you believe.

We should remember in pneumonia to find the remedy for the patient and not the disease. *Phosphorus* is high acting. Not every patient is a *Phosphorus* patient. Don't understand that I am criticizing his treatment. There still would have been time to give the *Phosphorus* if the *Nux* failed.

DR. E. UNDERHILL, JR.: May I ask a question here? Which would be the better to do, in the presence of *Phosphorus* symptoms, to give the *Nux* first and then give the *Phosphorus*, or to give the *Phosphorus* first and then the *Nux*?

DR. C. M. BOGER: I would give the *Nux* first, step your *Nux* up, as I said.

DR. E. UNDERHILL, JR.: In the presence of the *Phosphorus*?

DR. C. M. BOGER: That brings up the very point I did not mention. You may give a remedy and the patient may come back in two or three days with a totally different appearance. The unthinking homœopath jumps, like a hare before a rattlesnake, and gives a different remedy and spoils the whole case. That is where it pays to hang on to the original remedy, because those symptoms that come up in that short time, the *Phosphorus* symptoms, are simply an alternation of the original action.

DR. C. L. OLDS: Even after a long period?

DR. C. M. BOGER: That period is hard to determine sometimes. It requires close watching. But those symptoms are just alternations of our original *Nux* symptoms. If you let them subside, and if you are not too excited and in too big a hurry about the pneumonia, and repeat your *Nux*, you will be all right. Is that right, Dr. Hayes?

DR. R. E. S. HAYES: I believe so.

DR. H. A. ROBERTS: Especially the early history, and in fact everything pertaining to the patient himself, should be considered, and then the case carefully analyzed. I do not think that I said I would not go into the history of it. I have treated a great many cases with asthma. In fact, I think

if there is any one class of diseases that come to me from all over the country, it is asthma, because I have been particularly successful with them. I say again that if a remedy is indicated, that is the remedy, whether or not there has been a previous treatment of *Nux vomica* or *Sulphur*. I do not see why you should repeat the *Nux vomica* unless there are more indications for it.

DR. J. M. GREEN: A few weeks ago, I had a case of very severe asthma come to me. The patient had been taking adrenalin but the attacks continued. She wanted to know what homœopathy could do. I had a talk with her, and told her if we could get her off the adrenalin, we might be able to do something. She was willing to try and said if I would come to see her in the next attack, she would try to steer clear of taking the drug. She was a fine, healthy specimen of middle aged womanhood and had a fine character. In watching her in the next asthmatic attack she seemed to have more nervous symptoms than she had asthmatic symptoms. The more I watched her, the more it seemed to me she was either a drug woman or a hysterical, complex person, rather than a person who was suffering terribly from asthma. Finally she gave up and said she could not stand it any longer, she would have to do something else. So she took her adrenalin, and sent me word the next day, after she got over her attack and was sufficiently built up from it she would come back and try to take the homœopathic treatment. In the meantime, attacks came on, one after another, and she kept taking adrenalin, and sent for a doctor who gave her morphine, and the next thing we knew she was dead at ten o'clock one night from taking apparently an overdose of morphine. What a pity!

CHAIRMAN D. T. PULFORD: Before asking Dr. Underhill to close, I would like to mention some cases we had in Toledo. We had a factory there where they had a lot of dust from castor beans. As long as this dust was in the air, there were a good many cases of asthma. In one case, a peculiar thing happened. After the asthma there developed a desiccation of the skin, particularly of his hands. His wife would get a saucepan full of this dust-desiccated skin almost every morning, and after he was free from the dust, the asthma cleared up.

DR. B. C. WOODBURY: I did not have the good fortune to hear the paper, but I would like to give one point I discovered about asthma recently, a new remedy. It will be one of the remedies. It is not a specific. I suppose most of you have had asthmatic cases aggravated by the presence of animals, especially horses. I had recently a patient who could not go where a cat had been without having an attack of asthma. I treated him quite a while and got him so he would not have asthma unless he came in contact with a place where a cat had been. That opened up a new field. I went out and got three cats and cut some of the hair, and sent it to Ehrhart & Karl who potentized it up to the 10,000th potency. And we have a new remedy. He has had no more attacks of asthma since taking the remedy three months, and he has been where cats were. The remedy is *Felix capillaris*.

DR. E. UNDERHILL, JR.: Is that strictly a homœopathic prescription?

DR. B. C. WOODBURY: No, I think it only removes the susceptibility. The constitutional remedies will be needed to clear that case.

DR. E. UNDERHILL, JR.: In closing there are one or two points that I want to bring up. The question of pneumonia. I had very little experience with pneumonia in the old days, and I lost the cases right and left. Since I have been practising homœopathy I have lost only three cases since I began in 1917, and in a number of cases I was not able, for some reason or another, to be sure of the *simillimum* and let the cases drift along. I am not afraid of pneumonia patients now.

ERIGERON CANADENSE—A SHORT PROVING*

ROYAL E. S. HAYES, M. D.

The writer became interested in making a study of *Erigeron canadense* after observing its thorough constitutional work in a certain patient who was troubled with sensations of congestions in various places, sometimes followed by hæmorrhage. It was decided to make some provings, and several patients were given repeated doses of the 30th for a time. No definite effects were experienced. The time for the preparation for this bureau had then become so short that I gave the medicine to my sixteen year old son and also took it myself. The boy had taken the 30th every two hours for three days when he begged to be allowed to stop the medicine because of the condition of his lips and mouth, and after three days more he felt that he must have an antidote, though I did not give one.

The lips became very sore, as if chapped, burning, crusted brown, with a sticky serous substance under the scabs which oozed out on the surface, a very sticky, messy condition. So uncomfortable were they that he spent most of his time moistening them with cold water for relief. As the condition progressed a black line of crusts formed at juncture of the mucous membrane and skin, completely encircling the orifice and producing quite a bizarre appearance. A solid row of white puffy herpes on the skin of the upper lip stood guard over the rest. The lips were well swollen and cracked and bled in addition to the rest, very sore, and felt full, as if they would burst. They felt decidedly worse in the evening.

Other symptoms were:

Excessive tiredness, worse toward evening, relieved by activity, but the arms and lower extremities ached when exercising; so tired he wanted to retire early, a phenomena never known before. Also very tired in the morning before rising; dreading to rise.

Mind dull, sits as if in a daze; "without thoughts"; irritable.

*Read before the I. H. A., Bureau of Materia Medica, June 1931.

Sensation as of a lump in each nostril; as of something heavy lodged there; frequent snuffing, could not blow it out.

Appetite increased.

Much "rioting" of flatus in abdomen; causing pain in chest; pressing-aching from stomach up.

As the effects wore off an eruption appeared on the forehead and face, more distinct on the forehead; of color of the skin, appearing to the microscopic vision like vesicles but having no fluid content, forming thin translucent scales as it receded.

The writer took several doses of the 30th daily for three weeks. A few symptoms appeared that could not be otherwise accounted for:

Very dull feeling head in the morning; when getting awake in the morning sensation in head as of separate aches swimming about slowly in fluid, relieved after moving a little in the bed.

Draggy tiredness in the back and lower extremities, much worse after 8 p. m. (standard time).

A small hard pile appeared, not tender, slightly itching at times.

Urine scanty and very high colored.

Grotesque dreams, indistinctly remembered.

One peculiar symptom occurred twice only; twice after coming out from the usual morning cold shower the face and ears were intensely red, bright in color. There was no change in sensation whatever.

WATERBURY, CONN.

DISCUSSION

CHAIRMAN A. H. GRIMMER: You have heard this nice little paper that Dr. Hayes gave us. Is there any discussion, or are there any additions from observations that have been made by others? *Erigeron* is one of our remedies that should be proven. It is undoubtedly a valuable remedy.

DR. C. M. BOGER: That very red face coming out in cold water points to the signature. *Erigeron* is known as fire weed, you know. It has fiery urine, that is, bloody urine. Those things help you to remember and make the connection.

ADDITIONS TO KENT'S REPERTORY*

C. M. BOGER, M. D.

Page.

844. *Pain*, respiration, deep, amel.: Kali bich.
sitting up, amel.: Bry.
sneezing: Hydrast.
amel.: Seneg.
touched, when: Arg. nit., Nat. mur., Nux vom.
spine: Taran.
turning in bed: Kali bich., Kreos.
to left: Kali bich.
umbilicus, extending to: Agar., Bry., Mag. carb.
walking, while: Kali nit.
845. clavicle: Nat. mur.
throat, extending to muscles: Nat. mur.
846. menses, before: Kali mur., Tub.
navel, extending to: Agar.
neck, extending to: Mur. ac.
outward, extending: Cycl., Gels., Mez., *Ol. an.*
touch, agg.: Con., Sep.
- Sides*, right to left: Petr.
scapula: Ars., Guai., Phos., Sulph.
shoulder: Kreos., Lob., Phos., Phyt., Plb.
847. left to right: Calc. carb., Ign., Kali bich., Lil. tig.
scapula: Gels., Ill., Kali carb., Lil. tig., Lyc.
Mag. carb., Pix., Rhodo., Rhus
tox., Sil., Spig., Sulph., Sulph. ac.,
Ther.
shoulder: Nat. mur.
throat: Zin.
848. exertion, agg. (r): Am. mur., Calc. carb.
lower right (to axilla): Carbo an.
849. spot, in a: Anac.
sternum, extending to scapula: Phos.
throat: Zinc.
behind, extending to sides: Rumex., Sulph.

*Continued from the November Recorder.

Page.

850. *Pain*, heart: Crat.
 anus, wiping, on: Apis.
 arms, raising: Bry.
 chocolate, agg.: Raph.
 coughing, on: Agar., Mag. mur.
 emotions, agg.: Phos., Thuja.
 epistaxis, with: Ind.
 inspiration, agg.: Agar., Anac., Pib., Spig.
 lying on sides, agg.: Cench.
 right, agg.: Alum., Lach.
 pressure of hand, amel.: Bufo., Laur.
 stooping, on: Calc. carb., Nat. mur.
 walking, on: Kali iod.
 wandering: Dig.
 extending to left scapula: Agar, Amm. nit.,
 Ars., Glon., Kalm., Lach., Paeon., Rumex,
 Spig., Thuja.
 axilla: Kali nit., Lil. tig.
 left hand: Arn., Ars., Bar. carb.,
 Brom., Chin. sulph., Conv.,
 Curare, Glon., Ham., Hydrast.,
 Lach., Lil. tig., Magnol.,
 Med., Naja, Phos., Puls.
 ovary: Thyroid.
 back: Calc. carb., Kali iod.
 head: Med., Spig.
 upward: Thyroid.
851. *Aching*, mammæ: Bov., Lac. can.
852. heart: Adonis, Calc. carb., Naja.
Boring, side, left: Phos. ac.
Broken, as if ribs were: Kali bich., Sep.
Bursting, ensiform cartilage: Thuja.
 heart: Arg. nit., Chen.
Compression, heart: Amm. carb.
Crampy: Phos.
 air, open, agg.: Mez., Sulph.
855. *Cutting*: Arn.

Page.

856. heart: Calc. carb.
857. *Drawing*, extending downward: Amm. carb.
 heart: Agar., Nat. mur.
Gnawing, mammæ: Bufo.
 heart: Nat. mur.
861. *Sore*, coughing, on: Ant. sulph. aur.
 touch: Chel.
862. upper: Apis, Coc. c., Elaps., Sulph.
 mammæ: Sabal.
 menses, before: Cycl., Helon., Kali mur.
 ribs: Carbo veg., Chin.
 sternum: Thyroid.
 under: Anac.
 heart: Acon., Arn., Cann. ind., Cimic., Hæmatox.,
 Hyos., Kali bich., Laur., Lil. tig.,
 Lycops., Tab.
863. *Sprain*, as from a: Lyc.
Stitching: Gamb.
867. right: Act. spic.
 outward: Arg.
871. heart, arms, wiping, agg.: Apis.
 bending double: Anac.
873. *Tearing*, heart: Lach.
Twisting, heart: Seneg., Taran.
Palpitation: Anac.
 4-5 a. m.: Lyc.
874. waking patient: Nat. mur.
 heart, anxiety: Gels., Ign., Ox. ac.
 chill, after: Lil. tig.
875. eating, after: Bad.
 epistaxis, with: Cact.
 eructations, amel.: Mosch.
 exertion: Con.
 flatulence, with: Coca., Collin., Ham., Lycops.
 hands tremble with: Thyroid.
 lying on back: Thyroid.

- Page.
- right side: Brom., Lach.
amel.: Graph., Nat. mur., Sabad.
left side: Cinnb.
876. motion, amel.: Ferr., Gels., Puls.
slight causes, from: Anac.
877. thinking of it: Bad., Cact., Ign.
visible: *Puls.*
878. *Perspiration*: Thuja.
night: Kali carb., Sulph.
axillæ, cold: Lappa.
offensive: Con.
879. *Phthisis*, purulent: Dulc., Ferr., Kreos., Laur.
Pulsation: Coc. c.
here and there: Coc. c.
880. *Shaking*, during cough: Aur., Bell., Bry., Croc. hor., Gels.,
Kali nit., Lil. tig., Mez., Phos., Plb.
Shocks, heart beat, with: Nux vom.
881. *Swelling*, heart, as if: Ang., Bursa past., Lach., Sulph.
Trembling: Lappa.
882. *Turning over*: Lach.
Twitching, heart: Lil. tig.
Warmth, at heart: Ant. tart., Visc.
Water, sensation of, in: Bov., Bufo, Samb.
Weakness: Cocc. ind., Ign., Nat. mur., Seneg.
starting from: Seneg.
sun, in: Nat. mur.
883. heart, about: Kali bich., Lil. tig., Nat. mur.,
Sulph.
at: Amm. carb., Ant. crud., Ant. tart.,
Arn., Calc. carb., Carbo veg.,
Colch., Craet., Croc. hor., Graph.,
Hell., Kali carb., Kali ferrocy.,
Lach., Phos., Sang., Verat. alb.
menses, after: Amm. carb., Carb. an.
884. BACK.
Coldness: Sang.

885. night in bed: Calc. carb.
icy: Agar.
upward: Lil. tig.
886. up and down: Abies can., Bell., Caps.
cervical region: Con.
dorsal region: Plb.
scapulæ, between: Nat. mur.
lumbar region: Bapt., Psor.
spine: Arg. nit., Glon., Phys., Polyp., Sec.
- Constriction*, scapulæ: Kreos.
lumbar region: Mag. carb.
- Cracking*, cervical region: Alston, Zing.
887. swallowing, agg.: Thuja.
- Curvature*: Aur.
- Dislocation*, sensation last lumbar vertebra: Sarr.
- Elongated*, coccyx, as if: Xanth.
- Emaciation*: Senecio.
cervical: Senec., Verat. alb.
889. *Flowing* sensation, scapula (r.): Hep.
891. *Heaviness*: Saponin.
cervical region: Apis, Carbo sulph., Sabina.
weight on: Coloc., Nux vom.,
Tub.
dorsal, scapulæ, between: China, Gran.
lumbar region: Agar., Ant. tart., Croc. casc.,
Gran., Mang., Sabina,
Sep., Sulph.
sacral region: Aloe, Agar., Bry., Carbo veg.,
Coc. c., Pip. nig.
weight, as of a: Bar. carb.
892. *Injuries*, coccyx: Kali bich.
893. *Itching*, scapula, l.: Fluor ac., Grat., Ham.
coccyx: Amm. carb. Chel., Graph., Phos. ac., Plb.
- Lump*, sensation: Sars.
scapulæ, between: China, Lach., Lyc.,
Mag. sulph., Nux vom., Pall., Phyt.,
Plat., Prun. spin., Rhus tox.
lumbar region: Carbo veg., Equis.

Page.

- Numbness*: Bell., Phos., Pop. can.
cervical region: Bry.
lumbar region: Frax., Graph., Kali bich.,
Lappa.
894. *Pain*, 4 a. m.: Ang. ver., Staph.
air, draft, every: Sumb.
895. bending forward, agg.: Sep.
coition, after: Cobaltum.
crossing legs, agg.: Rhus tox.
eructation, agg.: Zinc.
exertion, from: Berb., Cann. ind., Caust., Ferr.,
Kali carb., Lyc., Phos. ac., Sec.,
Sep., Verat. alb.
896. flatus, amel.: Canth., Kali carb., Nicc., Phos.
left to right: Bell.
lifting, from: Sulph.
lying, while: Dulc., Kali carb., Mang., Samb.
abdomen, on: Bellis.
back, on, amel.: Casc.
hard, on something, amel.: Mag. mur., Sanic.
897. mouth, opening, agg.: Strych.
move, compels to: Ox. ac.
pressure, agg.: Ars., Cimic., Sil., Ther.
amel.: Meli., Phos., Psor., Sabad., Zinc.
raising arms, on: Nat. mur.
898. standing, while: Dios., Kali mur., Nat. mur., Phys.
amel.: Calc. carb., Thuja.
stool, after, amel.: Verat. alb.
straighten up, amel.: Agar., Fluor. ac., Nat. mur.

PARKERSBURG, WEST VA.

A drug has no symptoms inherent in its substance; it merely determines the character of the symptoms evoked in the person of the prover.—C. HERING, M. D., 1847.

A PLEA FOR THE CHILDREN*

JAMES W. OVERPECK, M. D.

In an article given in this bureau last year and published in the September number of the *Recorder*, p. 674, (*Report of Four Clinical Cases*) we gave a report of four cases in which we endeavored to point out a few of the many handicaps with which children may, and do, enter this earthly existence. At the same time we spoke of the desirability, and we should say, the necessity for beginning at the very earliest opportunity, to determine whether or not there be any deficiency of make-up, mental or physical, that may need careful attention. After being interested in this subject for almost a half century, and studying it more particularly for the last decade, we are thoroughly convinced that very much can be done by the proper care and study and the proper application of dynamic medicine, toward the making of healthier, better and more intelligent people. We believe that healthy and intelligent people are better and more useful people.

We promised last year to write again of the one most interesting case, in which we gave the name Lois Jean, so that if anyone cares to refer to the article it can be found in the September Journal.

Here was a child 14 months of age, apparently fairly well developed excepting that the muscles of the arms and neck were soft and without tone. She had no control of these muscles, the head lopping toward whichever direction the body was inclined, and the fingers would not close over any object placed in the hand. Body was well formed and she only lacked the light of intelligence in the face, to be a beautiful child. It was discovered that the child could neither see nor hear, although the eyes and ears appeared to be perfect. And it was only after careful study of the growth and development of the foetal brain, that the cause was found to be retarded development of the nerve fibers which should carry the picture from the retina to the receiving center, and sound vibrations to the proper center. The

*Read before the I. H. A., Bureau of Pediatrics and Obstetrics, June 1931.

same condition existed in the nerves controlling the muscles of the upper body.

Time will not permit us to go into detail farther, but we will say that a diagnosis of idiot, Mongolian idiot, a hopeless case, was made by several doctors, one of them claiming special preparation for taking charge of an institution for treatment of cases of this kind. According to this opinion this unfortunate was destined to merely exist through this earthly life without having any knowledge of having lived. We like to think of this life as the first grade of that great and marvelous scheme in which there is ever growth in knowledge and all of its attributes, always approaching but never reaching the infinite.

Looking at the matter from this standpoint, what an unfortunate handicap do we see in this case.

Briefly we will say that under the remedy *Calcarea carb.*, after six or seven weeks, the child had gained control of the muscles so that the head was held erect and there was some control of the hands and arms. A little later when she had completed her sixteenth month, we exchanged the remedy for *Baryta carb.* with the object of trying to awaken the intellect; and in a few weeks we have the child developing very much like a normal child, born about the time she was sixteen months old. After the end of the fourth month she was able to handle small toys or a doll, and would hold one of these high up turning it about and looking at it very earnestly, as if studying each part. The improvement continued at about the same rate, the child recognizing those caring for her, and every one concerned was very much pleased with the progress made.

But now, at a time when things were as favorable as one could wish, through the influence of some friends (?), the case was taken to a specialist in another city. A specimen of spinal fluid was examined, and they were told there was no real disease present, and that it was an easy case. At this time we must remember that the mental awakening was in evidence.

They were asked to return the child after four weeks, the remedy given being thyroid compound tablets. This we believe was a mistake, as was the diagnosis also. The almost perfect

physical development, body, bones, teeth and all, did not indicate a thyroid insufficiency, in our opinion.

However, the child was not returned to the specialist, and after ten weeks a letter was received telling that the little one had "gone way back", and requesting that we take back, not only this case, but a second child, born thirteen months after Lois Jean. The second was afflicted somewhat similarly but not so badly.

The two began to improve at once, but poor Lois Jean not so much as her sister. But unfortunately for all, after a few months, trouble came into the family. The husband proved to be a very irresponsible man, to say the least. After having been arrested and fined in Detroit for some misdemeanor, he was brought into court in our city for non-support of his family. As a result of this the two children were taken to some kind of an institution in the state of Michigan. What may be in store for them cannot be told.

One more item must be mentioned before leaving this history. Imagine our horror on being told that while this trouble was taking place, a third child was born. Well, we will only say that this case was put into our hands during its first month, and we are going to try to do something for her that is worth while.

So far we probably have consumed more time than we should have taken, in disposing of this case; yet we must write more if it is only to show that we recognize the fact that we have a title at the head of this paper.

There is a very commendable movement in our country that is beginning to function in the interest of child welfare; and while we recognize the fact that there are individuals in our profession, more capable than the author of this paper, who are doing much in this line of work, yet, judging by what we see and do not see in our journals, and by what we hear and do not hear, in our meetings, one must conclude that much of this very important field is lying fallow and uncultivated.

A strong body and a vigorous intellect are just as essential in the making of good, progressive and law-abiding men and women, as is a firm foundation in the building of a fine and

comfortable home. And heaven knows that the crying need of the world right now is *good honest citizenship*.

I think it is true that every good homœopathist has the reputation of being "a good children's doctor", and this is rightly so, as he has the medical equipment and the knowledge to back it up.

And while this is true, we have wondered why it is, that, judging from what we see and what we do not see, in our journals, and what we hear, and what we do not hear, in our meetings, we get the impression that there is not sufficient attention being given to this very important work. It is important for two very good reasons; first for the inestimable benefit of the children. And as a result of this favorable start in life there will follow a sturdier and more useful degeneration. Then we can see that their children will be benefitted, and so it is cumulative. And if we do our part, the growth will be enhanced.

The second important reason is that it will make for the advancement of homœopathy. And this I think we all believe to be a very important matter. "Cure the children and you have the parents."

And now before closing let us suggest—yes, let an old man urge—that you go back to your work and think—think a lot—upon this subject. Study the little helpless infants that come into your care. Question the parents closely, that you may find, or may not find, a chance for an unfavorable inheritance. Watch the tonsils early, and if disease appears, stay with the case until the tonsils are saved. They belong to the child. Look for enlarged lymphatics and for the cause and cure it. In fact try to discover everything that is unfavorable.

Establish clinics in favorable locations and as many as possible of you make specialists of yourselves. Tell the people of the great possibilities for help in these cases, that is to be found in dynamic medicine properly applied. Let each individual do what he can, and do not lose sight of the fact that co-operative work is very desirable and effective, also.

HAMILTON, OHIO.

DISCUSSION

SECRETARY H. A. ROBERTS: Mr. Chairman, Dr. Overpeck is doing a remarkable work in the bringing up of these defective children to a self-supporting position. It bears out what Dr. Dixon has just been talking about as well. The American Foundation for Homeopathy is anxious to be able to take care of miasmatic children who are suffering very much from underdevelopment mentally and physically. If you know of anyone who has many millions, who wants to make a name for himself as well as to help humanity, he can relieve the states of a large burden, and at the same time produce and put in position a self-sustaining citizenship.

DR. E. UNDERHILL, JR.: I know of no class of cases which are, as a rule, more satisfactorily prescribed for, or cases where you can do more for humanity, than in cases of children. I have often thought if I were to specialize in any one branch of medicine, I would specialize in pediatrics. Children's lives have not become so entangled as have adults. You do not have much pathology to deal with as a rule, and you have a glorious opportunity not only to benefit the child but generations to come.

DR. J. W. OVERPECK: I think I said in the paper that I presented last year that we should get these children early, before the miasms that are in the system ravish the system and take away the resisting power. Children seem to be more normal the first few months.

The sole conditions for the specific action of morbid and medicinal atoms are, in some instances, though not always, a certain predisposition on the part of the organism, and in all instances, the actual contact of the disturbing cause, with the tissues to be impressed.

Nor is this law confined to animal structures, but it applies to vegetable, and even inorganic substances. A vegetable substance in a state of decay, if placed in contact with other sound vegetables of its kind, speedily communicates its peculiar action to the parts with which it is in contact, and in a short time the whole mass becomes involved.—E. E. MARCY, M. D., 1851.

A retarded restitution of an impetiginous eruption upon the skin does not entirely remove the disturbance which the suppression of that eruption had caused in the organism. But the mere temporary alleviation of suffering which is realized by the partial reproduction of the original cutaneous eruption, is sufficient to show the co-relation existing between the internal malady and the vicarious symptom upon the skin.—FRANZ PUFER, M. D., 1847.

LECTURES IN MATERIA MEDICA

W. A. DEWEY, M. D.

Editorial Note: Dr. Dewey's *Lectures in Materia Medica* have been made available for publication during the past year through the courtesy of Dr. Garth Boericke of Philadelphia. A part has been published in the *Journal of the American Institute of Homœopathy* as follows:

August 1930. The Ranunculaceæ, including *Aconitum napellus*, *Staphisagria*, *Actea spicata*, *Hydrastis*, *Helleborus niger* and *Clematis erecta*.

September 1930. The Ranunculaceæ, continued, including *Ranunculus bulbosus*, *Ranunculus sceleratus*, *Pulsatilla* and *Cimicifuga*. The Solanaceæ, including *Belladonna*.

November 1930. The Solanaceæ, continued, including *Belladonna* (continued) and *Hyoscyamus*.

December 1930. The Solanaceæ, continued, including *Stramonium*, *Dulcamara*, *Tabacum*, *Capsicum annum*. The Apocynaceæ, including *Nux vomica* and *Strychnia*.

February 1931. The Apocynaceæ, continued, including *Nux vomica* (continued).

July 1931. The Apocynaceæ, continued, including *Nux vomica* (continued), *Ignatia*, *Gelsemium*, *Apocynum cannabinum*, *Oleander*, *Vinca minor* and *Spigelia*. *Curare* and *Alstonia scholaris* were omitted and will be printed in a later issue of the *Recorder*.

Through the courtesy of Dr. Linn J. Boyd, Editor-in-Chief of the *Journal of the A. I. H.*, the larger part of the Dewey notes, as yet unpublished, have been obtained for publication in the *Recorder*. This series will run over many months. It is hoped that eventually we may be able to publish the whole series complete in book form for these lectures, with their rather full comparisons are of great practical value.—E. B. L.

THE CUCURBITACEÆ FAMILY

BRYONIA ALBA, COLOCYNTHIS, ELATERIUM, MOMORDICA BALSAM

The principal drugs of this family are *Bryonia* and *Colocynthis*. We also have two or three others, for instance, *Elaterium* and *Momordica balsam*.

We have several edible substances from the same family, watermelon, squash, muskmelon and cucumber.

Drugs of this family act prominently on the alimentary tract and the first one which we shall consider is one of the principal, oldest and best proved remedies of our materia medica. It is the

BRYONIA ALBA

The *Bryonia* grows in Europe along hedge-rows and fences. It is the white Bryony or wild hops. There is a variety which grows in England called the *Bryonia dioica* whose action is ap-

parently the same as the *alba*. Our tincture is prepared from the fresh root and vine.

Bryonia was proved by Hahnemann and his pupils. One of the few clinical cases left us by Hahnemann was a cure by *Bryonia*. He remarks that the symptoms it excites in the healthy correspond to many affections of daily occurrence and that hence its healing power must be of wide range. And so it is. It is one of our great polychrests. It was also proved by the Austrian society and Allen records some 2,000 symptoms attributed to the drug. In Austria the peasants take the root, excavate it and, filling the cavity with wine or beer, take it as a purgative.

GENERAL ACTION. The action of *Bryonia* is clearly defined and interesting. We infer from its symptoms that it acts especially on the serous membranes and the viscera they enclose, especially the pleura and lungs, then the peritoneum, and, as here the liver is enfolded, we find this organ also affected by *Bryonia*. Again, the arachnoid membrane, also a serous membrane enfolding the brain, is affected by *Bryonia*. *Bryonia* sets up an inflammation in these serous membranes, not like *Aconite*, with a fever of sharp, well pronounced synochal character, but more sub-acute, a fever of rather a low type, one that comes on after *Aconite*, when the inflammation has gone on to the stage of serous exudation. This is, then, the place for *Bryonia*. Have you to treat a case of pleurisy or pericarditis or peritonitis? Has the inflammation localized itself in these parts? Is there exudation? *Bryonia* is your remedy. It will remove the still existing local inflammation and absorb the serous effusion. Again the synovial membranes are inflamed and the muscular fibre irritated, this gives a close picture of true articular and muscular rheumatism. *Bryonia* is one of our mainstays in the treatment of serous inflammations, in diseases of the lungs, liver and alimentary tract, and above all in the treatment of fevers.

GRAND CHARACTERISTICS

1. Apathy, all pervading apathy, ranging from languor to torpor. There is great disinclination to make any effort.

2. Sharp, stitching pains. You will find these in the head, face, teeth, throat, liver, abdomen and extremities, but especially in the chest.

3. Relief of all conditions by rest, and aggravation by motion. The patient cannot sit up, it makes him sick and faint. He finds relief by lying on the painful side. Why? It prevents motion of the parts, it rests the parts, and he prefers to be quiet and not move about because every part of his body is painful to pressure and motion. This great characteristic of *Bryonia* you will find in children. They show it by their dislike to be carried or raised up, it hurts them.

4. Relief of all conditions, except the headaches, by external warmth. There are some eye symptoms which are also not relieved by warmth but this general relief is a characteristic of the remedy.

5. The seat of any distress or irritation is very apt to grow sore and tender to the touch.

6. Dryness of the mucous membranes. The patient complains of dry mouth, dry throat, dry cough, no secretion, scant secretion of gastric juice, a comparative dryness. The same condition is found in the intestines, hence, dry stools difficult to expel.

ENVIRONMENT. *Bryonia* is more suitable to robust than to weak persons, such as are accustomed to rich living with rich blood, firm and resisting flesh. The fleshy fibre, in other words, the solid element prevails over the adipose in constitutions especially adapted to *Bryonia*. Dark complexioned. All circumstances that excite the circulation will produce phenomena similar to those of *Bryonia*, such as vexation, anger, excessive exertions, (diseases of muscles and joints), changes in weather, complaint when warm weather sets in after cold days. Likewise, whatever occasions an obstruction of a venous character, a sedentary mode of life (plethora). These exciting elements invite the best action of *Bryonia*. Given these, you will find its symptoms acting mostly upon the right side, here they are the most violent, and here their first effect occurs. Symptoms are generally worse by motion, in the evening at twilight, about 3 a. m., and after rising from bed. Most of the complaints in-

crease in cold air. They are all better from quiet, lying on the painful side and being generally passive. There is faintness on rising from bed, worse in the forenoon and while walking, so that he drags himself about with weakness in the knees and legs on ascending stairs.

GENERAL ANALYSIS OF BRYONIA

MENTAL. The *Bryonia* patient is usually of an irritable temper, everything puts him out of humor. Remember that it acts best in dark haired bilious subjects. This moroseness is like that of *Nux*, only in *Nux* the patient is ugly most of the time, while *Bryonia* is good natured except when disturbed.

HEAD. The *Bryonia* headache is chiefly gastric, rarely neuralgic. It is characterized by vertigo worse rising, heaviness, pressure and soreness. Headaches are often occipital, going from the forehead back to the occiput. Headache commences in the morning when first opening the eyes. The headaches are all aggravated by any motion, even of the eye balls, and by exertion. Rheumatic headaches such as would result from bathing head after perspiring. In such cases opening the eyelids increases the pain. There is drawing in the bones toward the zygoma and tearing pains down the face, temples, neck and arms. Headache from ironing. The ache is also characterized as "splitting," and it is somewhat ameliorated by pressure but not by heat. After the headache has lasted for a time the scalp becomes sensitive to touch. As a rule light and noise do not aggravate as in *Belladonna*.

Gelsemium also has a headache with soreness of the eyes on moving them.

Spigelia has pains darting from behind forward through the left eyeball.

Silicea has pain coming up from the nape of the neck through the occiput over vertex and so down on the forehead.

Carbo veg. has dull, heavy pain extending through the base of the brain from the occiput to the supra-orbital region.

Remember that all the symptoms of the head are worse from motion and exertion.

Natrum mur. has a headache as from little hammers, worse moving head and eyes.

Petroleum has a throbbing occipital headache.

Juglans cathartica has an occipital headache with sharp pains.

On the external head *Bryonia* develops an oily, greasy perspiration making the hair oily, sometimes it has a sour smell from over activity of the sebaceous glands.

EYES. *Bryonia* may be thought of in rheumatism of the eyes with violent pains shooting through the eyeball into the back of the head or up toward the vertex, worse by moving the eyes. It may be found useful in the disease known as glaucoma. There is increased tension of the eyeballs, lachrymation and photophobia. Eyeballs sore.

NOSE. Many of the provers experienced bleeding from the nose, worse mornings, nosebleed after suppression of the menses. The remedy is useful in vicarious menstruation taking on this form.

MOUTH and TEETH. The lips are often dry and cracked and the patient moistens them frequently. The toothache of *Bryonia* is of gastric origin or of rheumatic origin and comes from cold. It may occur in sound teeth, the whole of the tooth aches. When we presume that the nerves or dentine in the tooth are inflamed, pressure of the hand, or resting the head firmly against a pillow, may relieve. Cold applications relieve momentarily.

Coffea. Toothache in children from indiscretions in diet, candy or from constitutional causes relieved by cold water.

Merc. sol. Toothaches traceable to inflammation of dentine.

Kreosote. Neuralgia of the face with burning pains, worse from motion, in nervous, irritable people whose teeth decay rapidly.

In aphthous sore mouth of children when the mouth is dry and the child cannot nurse until it is moistened, *Bryonia* may be the remedy.

GASTRIC SYMPTOMS. We have seen that the headache is generally associated with gastric symptoms. What are they? Remember the dryness of the mucous membranes, dry mouth, scanty secretion of gastric juice, hence food lies heavy and un-

digested. There is in consequence a pressure as of a stone in the stomach, the epigastric region is painful to touch and pressure. Bitter taste in the mouth. This and dryness create an intense thirst, large quantities of cold water are craved.

This pressure in the stomach is more frequent in women. It is caused by irregularity of diet or indigestible food and is present whether the stomach is full or empty. It goes off with eructations. Waterbrash, acidity, heartburn and vomiting of sour and acrid mucus may be present.

It is an extremely valuable remedy for catarrhal inflammation of the stomach with thirst, white coated tongue, nausea and vomiting worse from warm drinks which are vomited, and a feeling of a hard lump which makes the stomach sore.

Sometimes you will have patients who have taken much Mercury. The attacks are frequently preceded by great hunger and are apparently caused by over-eating. In all gastric derangements there is usually great sensitiveness of epigastrium to touch and vomiting of food.

STOOLS. Constipation usually accompanies the gastric symptoms. The fæces are dry, as if burnt, hard and large. Children frequently require *Bryonia* when the stools are large, hard and cause pain in passing. The liver is affected, congested, with pain in right shoulder, giddiness, yellow skin and eyes, bitter taste, tensive, burning pain in the region of the liver and stitches on pressure, with coughing on deep inspiration. The liver seems swollen, sensitive and sore to touch. *Bryonia* diminishes the action of the intestines, *Nux* does not, *Nux* rather increases it but at the same time renders it inharmonious and spasmodic, a hindrance therefore to evacuation. Hence *Nux* has frequent, ineffectual desire for stool, the action of the intestine being irregular and spasmodic. *Bryonia* has no desire for stool, which is just like *Veratrum*.

Besides the constipation, *Bryonia* also produces a diarrhœa, preceded by colic, especially at night or early morning, on moving about. In summer or dry, hot weather diarrhœas. Diarrhœa from vegetable food, stewed fruit, cold drinks, or from sudden changes in temperature from being overheated. Diarrhœa from suppressed eruptions.

It is a frequently indicated remedy in cases of typhlitis, appendicitis, peritonitis and gastro-enteritis which are characterized by extreme soreness, thirst, fever, coated tongue and sharp, stitching pains. Jaundice from duodenal catarrh, caused by anger, calls for *Bryonia*. Although the patient is hot he complains of feeling chilly.

Chelidonium, you remember, has sharp pains in the region of the liver, shooting in all directions, under the scapula, etc., but it has a diarrhœa of clay colored stools and this decides between it and *Bryonia*.

It is a useful remedy for the so-called bilious attacks. It has also stitches in the spleen.

URINE. The urine is dark, almost brown-red without any deposit.

FEMALE. Suppression of menses with the characteristic gastric derangements, or with periodical discharge of blood elsewhere, nose, throat, etc. It is an important remedy in pelvic peritonitis with the sharp, stitching pains. The menstrual suppression may be accompanied with the splitting headache so characteristic of the remedy. This may also occur with suppressed lochia, when the head seems to burst. Inflammation of the breasts. They are hard, tender, hot and have sharp, stitching pains in them. Patient wants to lie absolutely quiet. It is our sheet anchor in milk fever when there is chilliness, fever, headache, coated tongue, aching in the limbs and tender breasts.

RESPIRATORY. *Bryonia* is indicated in nasal catarrh when the discharge from the nose is thick and yellow. Here, you see, it is not a beginning remedy but comes in rather late. It is also useful when the catarrh is suppressed and you have maddening headache at the root of the nose, at every step it seems as though a knife had gone through the head. *Bryonia* affects chiefly the trachea and it is useful in tracheitis when the inflammation does not extend lower than the first division of the bronchi. The cough has little expectoration, it is dry, continuous, irritating, violent, often causing retching and pains in the walls of the chest. There is heat, soreness and pain behind the sternum. The patient often presses on sternum to support the chest during the cough. Hoarseness, tough mucus, loosened only after

frequent hacking. The patient coughs until the seat of the irritation becomes sore. Sometimes the cough seems to come from the pit of the stomach, worse coming into a warm room from the cold air. The patient coughs until that spot becomes sore, even to pressure. When the cough comes on the patient must sit up.

In pneumonia, proper croupous pneumonia, *Bryonia* is often indicated after *Aconite*, *Veratrum viride* or *Ferrum phos*. The fever still continues but the disease has become localized, as seen by the oppression, anxiety, and pulmonary oppression, referable to the chest. You have a fibrinous exudation in the air cells to which *Bryonia* corresponds. The general symptoms already given will indicate it more particularly. Stitching pains, because the pleura is involved, worse from the slightest motion, deep inspiration, coughing or moving. Lies perfectly still in consequence. The expectoration is especially scanty and sometimes it is absent, or it may even be the scanty rust-colored expectoration so characteristic of the disease. It is always indicated after *Aconite*, the fever continues but the skin is not so hot, the face is not so red, and the patient is not so restless as when *Aconite* was indicated. *Aconite* pictures an expression of pulmonary oppression.

Iodine is one of the first drugs in the list for pneumonia. It has high fever, restlessness and a tendency to a rapid extension of the hepatization. It seems to limit the spread of the hepatization.

Bryonia has great affinity for the chest and its organs, especially for the intercostal muscles and pleuræ. Pleurodynia, stitch in the side, pleurisy with shooting, stitching pains. Hydrothorax in consequence of the pleurisy. Here you will have symptoms of tightness of breathing, pressure, and the physical signs. *Bryonia* produces the most terrible shortness of breath, worse from the least movement.

In stitching pains remember *Ranunculus bulbosus*, which has sharp pains following the course of the intercostal nerves, but not especially aggravated by a deep breath.

Phosphorus either follows *Bryonia* in pneumonia or is the remedy from the start, when the sharp pleuritic pains are ab-

sent, in tall spare built subjects. A typhoid condition may be present, tongue dry, dark-brown, great pain and oppression of chest. Cough with bloody difficult expectoration. Severe asthenic cases.

Senega is adapted to sluggish cases which do not get over a cold, sore spots in the chest remain after a cold, hoarseness, cough ends in a sneeze, much mucus in the chest. Useful in irritative, shaking cough of old people.

Chelidonium resembles *Bryonia* in its action upon the liver and in pneumonia. It is preferable when the patient is a blonde and of a placid temperament. Right-sided pneumonia with involvement of the liver. There is a pain at the lower angle of the right scapula running into the chest, jaundice, and much mucous expectoration. *Bryonia* has scanty expectoration.

Asclepias tuberosa is useful in very heavy colds with loose, violent cough and sharp, stitching pains in the chest. The cough is looser than the *Bryonia* cough and the patient is more generally "broken up" with the cold.

Kali carb. has stitching, worse by rest, lying on the affected side, and around 3 a. m.

FEVERS. The fever of *Bryonia* is not marked by the violence, acuteness and general storm of *Aconite*, nor by the decompensation and the great debility of the acids. It is neither synochal nor so markedly asthenic in character but lies between the two and is dependent upon local affections, the state of stomach, liver, chest, etc. Inflammations of the brain, stomach, respiratory organs, cellulitis, etc., where the fever depends upon the local lesions, are met by *Bryonia*. When the general storm which at first swept the system has localized itself somewhere, then *Bryonia* comes to your aid.

The *Bryonia* fever is especially suitable to two great types, the rheumatic and the typhoid. The fever is marked by gastro-hepatic complications, such as the coated tongue, the foul and bitter taste, nausea, vomiting, soreness, tension and stitches in the hypochondria, together with dizziness, faintness on sitting up and the splitting headache through the temples and in the occiput, weakness, fatigue from the least exertion and inclination to absolute rest and quiet. Pains are worse on moving the

affected parts. The pulse is tense, hard and frequent. Cold and chilliness predominate. If it is a case of typhoid fever you will have more dizziness, nosebleed at 3 a. m., dreams of the business of the day, delirium—thinks he is away from home and wants to run away. The provers of *Bryonia* complained much of general and internal oppression of the brain, indicating affections of a serious character. The giddiness, the suspension of the thinking faculty, the confusion, the vanishing thoughts, the dull pains point to just such involvement of the sensorium. Beginning blood deterioration and blood poisonings, such as are usual in organic diseases, in typhoid, in milk fever congestions, in pyæmia and in other nervous conditions due to the absorption of irritating matter into the blood offer a great field for the action of *Bryonia*. The fever of *Bryonia* resembles that of *Baptisia* and *Eupatorium*, but *Baptisia* has more a besotted look, fetor more marked, more evidence of disorganization of the blood, sordes, putrid ulceration, prostration, feel himself in pieces, while *Eupatorium* has more marked bone pains, intense aching in limbs as if bones were broken. The *Eupatorium* sweat is scanty or wanting, that of *Bryonia* profuse.

As the disease advances *Bryonia* may still be indicated, provided there is not diarrhœa, but when this occurs *Bryonia* will probably give place to some other drug. In addition to these symptoms the patient becomes exceedingly irritable and loses strength very rapidly, is hasty in his manner, speaks hastily, eats and drinks as if he were in a hurry and has also a nervous quaking.

In the rheumatic fever *Bryonia* follows *Aconite*. Remember the stitching, tearing pains, the affected parts soon become red, a shiny redness, swollen and sore, worse from the slightest motion. Effusion into synovial sacs follows with great tension and exquisite sensitiveness to touch. Affected parts are hot, tense and swollen. *Bryonia* is especially indicated when the synovial membranes of the joints are the seat of the inflammation rather than the tendons, fascia and ligaments around them. There is more local swelling and less general fever and the pains worse morning and evening are relieved by warmth.

BACK AND EXTREMITIES. Besides the above uses in rheuma-

tic fever it is useful in cases of rheumatic pain in particular muscles after cold drafts, when there is tensive, painful stiffness. Lumbago or muscular rheumatism in the large muscles of the back, the quiet type, with great aggravation on moving.

Rhus. Lumbago with stiff strained feeling. The patient is aggravated on first rising or moving off, obtains relief from continued motion and is worse from damp or cold weather. Strains, over-exertion of the back. *Rhus* attacks the fibrous tissues of the sheaths of the muscles while *Bryonia* attacks the muscular tissue itself.

Rhododendron. Lumbago worse before a storm, immediate and continued relief from motion.

Colchicum. Dark red swellings, tearing pains as if in the periosteum, superficial in summer, deeper in winter. The *Colchicum* patient is weak and has general vital atony. Hence it is particularly suited to the debilitated. The stomach is generally affected, nausea, cannot bear the smell of food.

Bryonia is rarely yet sometimes indicated in gout.

Ledum. This remedy has a rheumatic or gouty inflammation of the great toe joint with scanty effusion, hardening into nodosities. In hot swelling of the hip and shoulder *Ledum* is to be preferred to *Bryonia*.

SKIN. The *Bryonia* skin is yellow, we would expect that from its action on the hepatic system, its biliousness, its jaundiced look and mood. Itching may accompany. It is pale and swollen as in dropsy. It is hot and painful to the touch. Again, it has nodules and vesicles, bullæ which open and leave a raw surface exuding an ichorous fluid. Erysipelatous inflammation especially of the joints. Slow development of rash in eruptive fevers or sudden receding of rash with difficult respiration or inflammatory affections of the chest. For instance, suppose you have a case of measles, here it is indicated when the rash is tardy in making its appearance, with the hard, severe cough, or the rash runs an irregular or balky course or disappears and cerebral symptoms develop. The child becomes drowsy, the face is pale, twitching. Any motion causes the child to scream with pain. In such cases *Bryonia* is the remedy. It may also be indicated in scarlet fever which does not run a smooth course but

is interspersed with miliary rash, the rash comes out imperfectly and chest symptoms develop.

Cuprum is the remedy when the eruptions are suppressed and the symptoms are violent with spasms, etc.

Remember, then, the general characteristics that will easily distinguish *Bryonia* from other remedies. The irritability of the patient, the vertigo from raising the head, the pressive headache, the dry, parched lips, mouth, etc., the excessive thirst, the bitter taste, the feeling of a stone in the stomach, the sensitive epigastrium, the large, dry, hard stools, the stitching pains, the dry cough as if coming from the stomach, the rheumatic pains and swellings worse by motion and touch, the dropsical effusions into serous and synovial membranes.

It is complementary to *Alumina* which is similar in gastric and abdominal symptoms, constipation, throbbing headache, dry cough with stitches in the chest and dryness of mucous surfaces. *Alumina* often follows in constipation. With *Alumina* there is neither desire nor ability to pass the stool. Even a soft stool requires much straining. *Alumina* is worse from potatoes. The constipation of *Veratrum* is similar to that of *Bryonia*.

Rhus and *Bryonia* follow each other well but they are antidotal if given together.

The value of our remedies cannot be measured by pathological anatomy. Natural and drug diseases are two entirely different conditions; the laws of one have no power in the other, nor can they have any, because those conditions are not only different from, but totally opposed to one another.

It is for this reason that even as early as 1834 I told my pupils in Allentown: In studying a disease, think that all remedies may help in the case; in studying a remedy, think that it may help in every disease. This proposition, which I think comes from Fechner or Helbig, has been made a cornerstone by me. Disease does not mean a single case. I know very well that there is such a thing as classification of diseases; but pathological anatomy does not reveal the boundaries of diseases; it exhibits extreme points, but points are no lines.—C. HERING, M. D., 1847.

THE MOTHER AND THE OFFSPRING*

C. A. DIXON, M. D.

What a wonderful field of endeavour the homœopathic physician has who is actively engaged in obstetrics. None other has the opportunity to do so much for the child to be as the doctor who has charge of the mother during the period of gestation.

The three miasms are all cumulative from generation to generation, and it is easy to see that a nervous, hysterical mother is very apt to beget a nervous baby, but if the father is also nervous or is carrying around the effects of a suppressed gonorrhœa or syphilis, it is a foregone conclusion that the baby, under these circumstances, will have an heritage that supplies the background for a multitude of diseases all too often, such as hydrocephalus, idiocy, feeble-mindedness, blindness, etc.

These conditions are on the increase to an alarming extent, and are directly traceable to two big causes, suppressive medicine and improper marriages. If you are skeptical about gonorrhœa being a factor, just watch the transformation that takes place under the properly selected antisycotic remedy in a selected case of pelvic inflammation in the female, or a rheumatic fever in the male who has been treated by the "injection" method for a gonorrhœa of perhaps twenty years previous. If you think that the treatment given the syphilitic by the boards of health and civic health clinics are not suppressive, acquaint yourselves with the constant stream of paretics that is crowding our insane hospitals.

There is an overcrowding of all state institutions, all over the country, but especially in Ohio. Last year, after an analysis of conditions had been arrived at, the legislature was asked to provide a fund of forty-three million dollars for a building program covering expansion for the next five years, and an increase of nine million dollars a year for maintenance.

In our state there are some fifteen thousand feeble-minded cases on the waiting list because there is no room for them in the hospitals. It costs the taxpayers four hundred and eighty-six dollars a year plus sixty dollars for clothes for each case

*Read before the I. H. A., Bureau of Pediatrics and Obstetrics, June 1931.

where there is no support from the relatives. Our own Summit County is paying three thousand six hundred and sixteen dollars a year for the keeping of the feeble-minded children of one family. This man and woman should not have been allowed to marry, but they did. They should not have been allowed to have children, but they did. My reaction to this conclusion is, that if some supervision is not brought about to prevent these misfit marriages, and if suppressive medical measures are not abrogated, the state must furnish protection from the degenerates, the feeble-minded, and the insane, who are the natural consequences of such criminal negligence.

Forty-one states have passed laws to sterilize the unfit, but I am sorry to say that this measure has been defeated in Ohio. Careful selection is found necessary to improve or even maintain the strain in all stock breeding and in horticulture. Breeding proceeds under well defined laws of selectivity, and results are sure and certain. Breeders are well aware that carelessness in selection will soon show deterioration in offspring.

Carelessness in selectivity is the reason for the crowded conditions in all our penal, and other, institutions. Suppressive medication does not and cannot meet the requirements satisfactorily. Pure homœopathy is the only real cure for a situation that is world wide and steadily progressing to a place where it is arousing an interest that will bring many theories to the front. The government is now launching the National Institute of Health; let us see to it that homœopathy has a chance to demonstrate its true worth.

AKRON, OHIO.

DISCUSSION

DR. D. T. PULFORD: I want to thank Dr. Dixon for his paper. As a taxpayer of Ohio I agree with him from the standpoint of taxes, but I am inclined to disagree with him in allowing the state to arbitrarily say who shall or shall not be sterilized, for this reason: We have watched a good many of these political reforms going through, not only watched some directly but have read the histories of others. No matter how careful you are, you will have corrupt Boards of Health who will use such a law for ulterior motives. These same health boards will prescribe the wrong treatment of venereal diseases. I should hate to have such a board dictate to me as to whom I should marry, or what kind of treatment I should have.

DR. E. UNDERHILL, JR.: This universe appears to be governed by law and order and not by chance as far as I can make out, and if a child coming into life is, you might say, a candidate to be an idiot, it ought to be privileged to be one. It ought also to be the privilege of the parents to go

through that necessary training, perhaps, and experience of having an idiotic child. The danger of medically interfering by law, I think, is the same as obtains in an incurable case. It would undoubtedly be abused as time goes on. As Dr. Pulford pointed out, corruption would creep in almost inevitably. There are plenty of criminal cases.

I had one case just recently. It was the first child, and the labor was normal. I didn't take care of the mother in delivery, but I have taken care of the child since until very recently. Breast fed. Everything went along all right until about six months of age. Then the mother failed to bring the child in and I failed to have her bring it in. Anyway, one day when I happened to be out of the city the child took a convulsion, and when they were unable to reach me they called the nearest doctor. They were convulsions such as children often have from teething. I found out later that when the father was a baby he had had 40 or 50 convulsions during teething time and he is still alive.

When the doctor was called he said, "What you must do is take this child to a specialist. Whom have you been doctoring with?" "Oh," they said, "a homœopathist."

"Nobody but a baby specialist ought to handle that case." They took it seriously, and they took the baby to a baby specialist on Walnut street, and the baby specialist said, "The only place for a baby like that is in a hospital." So they took the baby to a hospital, and when they got out there it happened to be that the Schick test, toxin-antitoxin ritual was on. So they gave it the toxin-antitoxin immunization, and being a little puzzled by the reaction they did a lumbar puncture. The baby died, all in the name of science. So you may have a perfect child or you may have an idiotic child on your hands from modern treatment. Personally I think a state law to sterilize criminals and defectives is a dangerous ground on which to tread.

DR. B. C. WOODBURY: I can't help feeling that Dr. Underhill is right. I know there is a distinct trend in the world today toward the legalization of defectives and criminals but I think that as long as we have sociological conditions that breed these things it is up to us to take care of them. I don't care if we have to spend all of the money in the treasury. It isn't a question of taking away the right of such people to propagate, but civilization must be protected against itself. They are the offspring of ourselves. Those things which we foster and breed I feel we must take care of properly. Merely to eradicate them is like plucking worms off a tree. If you don't get at the conditions that make the worms how are you going to eradicate them merely by cutting off the limb of the tree? By and by your limbs will all be gone, and that will be the end; so I feel that it is a dangerous procedure.

DR. W. W. WILSON: Two years ago, as President of the International Hahnemannian Association, I brought up the question of birth control. Dr. Underhill, Dr. Olds and Dr. Henry Becker were appointed a committee on President's address. I made one great mistake in not insisting that one of the women members of our Association be put on that committee. Dr. Olds, Dr. Becker and Dr. Underhill came forward and said that this Association is for the promulgation of homœopathy and for nothing else; therefore, you couldn't make any advance in science other than homœopathy.

Dr. Olds has read a paper here today that may possibly touch on homœopathy, but it was an awfully long-winded paper, and every one has confessed it was over his head. But that is beside the question. I don't agree with Dr. Woodbury. I do believe in birth control. I think every physician should have the privilege of teaching his patient birth control if necessary. Furthermore, every one of us is a member of the Association, and if any man would in any way over-step his privilege we certainly ought to bounce him out of the practice of medicine, out of our society, and out of everything else. I think in that way we have control over the situation. I certainly believe in birth control.

Dr. Dixon cites a case, a family in his own community. We have a large population of Italians. Necessarily most of them are Catholic. We know the attitude of the Pope on this question. It has been advertised broadcast. Dr. Dixon talks about some thousands of dollars spent taking care of this one family. We have to employ hundreds of teachers in our public schools just to take care of defectives, and for nothing else. We have schools and schools in Montclair, New Jersey, for nothing but defectives. Then we see the accounts in the newspapers of the holdups. Who are they? They are certainly not effectives; they are certainly defectives. I certainly take the attitude that we should have legalized privileges in these matters, and if any of our members over-step the bounds we ought to see to it that they are ejected.

DR. UNDERHILL, JR.: I think Dr. Wilson has perhaps confused sterilization with birth control.

DR. W. W. WILSON: No, I haven't. There is a great deal of difference between the two, doctor.

DR. E. UNDERHILL, JR.: There is a great distinction between the two. Sterilization is a very dangerous procedure for the state to adopt.

DR. W. W. WILSON: The state doesn't adopt it. The state gives the doctor the privilege of doing that. Yes, indeed, that is what I am talking about.

DR. E. UNDERHILL, JR.: We now have all the privileges we need.

DR. W. W. WILSON: Can you teach a woman birth control legally in the state of Pennsylvania? I don't believe you can. I know you can't in New Jersey.

DR. E. UNDERHILL, JR.: I think it is perfectly all right for a doctor to have the privilege of counseling his patients along contraceptive methods, but I don't think sterilization is a very safe practice.

DR. B. C. WOODBURY: In order that my friend, Dr. Underhill, may, perhaps, not be unjustly situated in this matter, I will say that I was the third member on that committee and not Dr. Underhill.

DR. W. W. WILSON: I am very happy that Holland legalizes birth control. The sooner we do it here the better off we will be.

DR. E. UNDERHILL, JR.: I don't think we should go into the subject of birth control at all in a meeting of this kind. I think we might as well face facts. I think birth control is practiced by 99.44 per cent. of all couples some time or other. Whether or not the physician should suggest devices along that line remains with the individual man, and I don't think it is anybody else's business.

DR. C. A. DIXON: All this discussion does my heart good. Some of you seem to think that I am standing here advocating sterilization. Bless your dear hearts, I am advocating homœopathy. It is the only real cure. It is the only thing that is big enough to cover this situation. Dr. Underhill and Dr. Woodbury think that people should be allowed to marry and to propagate idiots, that it is a God-given right and people should be permitted to do it. I don't believe that, and I don't believe that anyone who has been in contact with the work, social workers or court workers, for five years, will back you up in your belief. That opinion is held only by those people who haven't given this deep thought, and that is the reason I put this paper up to you.

The time has come when we must do some deep thinking. I say in my paper that the state should be made to take care of these people. They are not doing it and they are not going to do it. We are in a depression, and they are cutting taxes in Ohio everywhere they can. They lopped off \$3,500,000 on the upkeep of our state institutions this year. Remember my statistics. Fifteen thousand cases of feeble-minded children have been adjudicated, but there is no place to take care of them. I have talked a lot about dollars and cents. I hope you don't think I am taking a mercenary view of this situation, but I must hit the taxpayer and his pocketbook before he will pay any attention.

CONCERNING THE *SIMILLIMUM*—ONE WAY?*

F. GESIVIUS, M. D.

GENTLEMEN: The things which I bring to your consideration in the following remarks are partly such as one does not willingly speak of. In spite of this, I venture to do so because, owing to this very reluctance to speak of such things, the ignorance concerning them is very great. Due to my own ignorance in these matters, I can only hope to inaugurate an interest in the subject. I do not pretend to express an opinion either pro or con.

In order to discover the similar, we study:

The organ. Relationships.

Accompanying symptoms.

Course of the same, according to the time and sequence of their appearance.

Constitution.

Having determined upon the remedy most similar according to the foregoing points, it remains for us to study the potency of the remedy. How important a role, in seeking the correct potency, does the dynamic conception of Hahnemann in conjunction with the modern, although scarcely better expressed, potential energy play?

I related, during the discussion concerning the *Treatment of Skin Diseases with High Potencies* that I treat most of them, including psoriasis, with high potencies; however, that I have treated with most successful results, particularly psoriasis of the most stubborn character, complicated with joint affections, with very low potencies of *Calcarea phosphoricum* and *Sulphur thiothionicum*¹, a preparation that has been dissolved with most intense care. Fever reaction up to 40 degrees Celsius. I have treated the most severe cases of asthma for many years with low potencies even of *Tartarus*² unsuccessfully, the 30th potency

*Read before the Congress of Berlin Homeopathic Physicians.

Translated by Dr. W. J. Sweasey Powers. Reprinted from *Deutsche Zeitschrift für Homöopathie*, May 1931, Vol. X, No. 5, p. 124.

¹A substance not known in this country.—W. J. S. P.

²*Tartarus emeticus*.—W. J. S. P.

helped. *Gelsemium* in the low potencies failed in *Gelsemium* headaches when *Gelsemium* 30th was effective.

As I related at the time, for many years I gave *Drosera* in the 3rd potency in cases of whooping-cough, with slight results, while later the 30th potency, with appropriate time of waiting, acted with certainty. *China*, 3rd potency, failed in gallstones when the 30th potency of the same remedy helped the patient. In regard to repeating: *Lachesis* 30th every day failed. Single doses every five days were successful with the same patient.

Therefore repetition also belongs to the similar. A 36 year old woman with hypomenorrhagia (see page 17, XIV); heart attacks, headaches, giddiness, cannot be alone, must be continually on the street; her mother or sister appears in her dreams, at one time small, at another time large; dreams that she has quarrels with her physician; restless, trembling; attacks of very marked blushing of face and upper part of body. In the course of the treatment, the attacks became less frequent then I administered *Stramonium* 30x which corresponded to the symptom picture. For three days following the administration of *Stramonium* 30x severe attacks occurred. *Stramonium* 200x effected a cure. If I continue to refer in my discourse to the much slandered Kent, I fully realize the danger of my undertaking, but I refer you to the remarks with which I began.

The *simillimum*, the curative force, is not necessarily expressed in the remedy as such. *Aconite* 200th can cure where *Aconite* 30th fails. If *Aconite* tincture cures and indeed permanently, it is the *simillimum*. (In one case, to be sure, with a very labile heart, I saw a severe attack of weakness develop from *Aconite* 3x.—ED.) *Arsenicum* 200th disappointed in a clear-cut *Arsenic* case, *Arsenicum* 10M cured at once. The remedy was *Arsenicum*, but the *simillimum* was *Arsenicum* 10M.

Neither the name of the disease, nor the name by which the remedy is known, is the decisive element in affecting a cure. The correct potency and the rate of its repetition are often the decisive factors. A high potency with infrequent repetition should be employed at once, the improper low potency blurs the disease picture.

The prescription is a questionable one if the sickness disappears only upon frequent repetition. *Sulphur* 6th improved a *Sulphur* case remarkably, but not permanently. The patient disappeared, but returned in three years uncured. Kent had, as he said, acquired a deeper conception into the nature of a homœopathic cure in the meantime. *Nux vomica* 2m improved for some weeks. But the same burning on the vertex and on the soles continued; the same empty feeling at eleven o'clock in the morning; the same itching; the same general malaise. One dose of *Sulphur* 55m cured in two months, three doses in all cured definitely (Kent).

Thus a glimpse into a remarkable mode of thought. I feel impelled to present it to you. It is, for me, an unexplored land. However, one finds among these men exceptional experts in therapy and authors of most instructive writings. They are very rare in Germany and for this reason our ignorance of the subject is great and therefore opposition to high potencies is not reasonable.

Gentlemen! It is really ridiculous for me to bore you any longer with these details; because, as I have already said, I do not understand them myself. My excursion into the region of the high potencies is very limited and I do not understand anything about the highest potencies, but I think it is desirable, just because none of you, in all probability, understand them any better than I do, that you should hear what Kent has to say concerning them. To be sure, in order to form a proper judgment of them, it is necessary for one to have suitable preparations (präparate). So far as I know, no one in Germany has done any practical work in this direction. Let us listen to one who objects on principle:

That a genuine high potency, that is the power, similar to psychical affects, derived from the material substance and dynamized by means of a specified pharmaco-technique, made in a certain sense "soulful", that such a substance can make a healthy human have a remedy sickness has never been demonstrated at any time. For this reason we flatly refuse to recognize any "remedy proving with high potencies." (Dr. Wapler in *Rundschreiben*)

In the mass of literature, as you know, only Hughes takes a similar stand. He has simply regarded as non-existent any provings with a potency higher than the 12x. His *Encyclopædia of Drug Pathogenesis* is, in consequence, one sided. I cannot re-

sist from quoting Kent in regard to this, under the title *A Reply to Dr. Hughes Kent* reports a case which he treated for light rheumatic pains. In the morning he had given *Bryonia* 1m, at ten o'clock in the evening he was urgently called. The patient received him with the following words: "Doctor, the first dose of your medicine caused me to have pains in the side of the head and in the temples; each dose made it worse until I could not stand it any longer. When I turn the head forward, the pain is there when I turn it to the other side, it is there".

Pulsatilla and *Phosphoricum acidum* were the only remedies that Kent knew for headache on the side on which one lies. Was that *Bryonia* or was it a new disease picture? The *Bryonia* was stopped, the pain disappeared along with all traces of the rheumatism. Kent has given this remedy for such a headache when the general symptom picture called more for *Bryonia* than for *Pulsatilla* or *Phosphoricum acidum* and has found this symptom verified. Dr. Hughes would refuse it because it originated from a high potency. After a long dissertation concerning the inferiority of Hughes' book, he closes: "As a toxicology it has its value, but as a pathogenesis it is a travesty".

I give these quotations from Kent chiefly for the purpose of orientation without making any comments.

Kent discusses the question of the *simillimum* in relation to the potency further in an article, *Graduated Series*. He recognizes in them one of the most important points in the treatment of chronic diseases. Even after the most painstaking selection of a remedy, its good effects will, at times, cease; another remedy will be prescribed without effect, another potency of the original remedy induces continued improvement. Many physicians always give a low potency, others always the 30th, others the 200th, others always very high potencies. One potency is not sufficient for chronic diseases. In the use of the highest potencies, the rate of increase in the potency when changing the potency is of more decisive importance than it is when using low potencies. Kent does not believe in a suggestive effect of his remedies because patients speak of the effect of the higher potency, after the aggravation due to the previous potency, as the same remedy.

Formerly he raised the potency in the following gradations:

200, 300, 500, 800, but 1M worked best. After he came into possession of the Fincke potencies, he found that the jump from 45M to CM acted more energetically than the intermediate potencies. With more experience, he found the sensitive patients, women and children, with chronic illnesses, must begin with the 30th or 200th rather than higher. He finally decided upon the steps 30th, 200th, 1M, 10M, 50M, CM, DM, MM.

I present an uncomplicated case taken from his interesting collection which he treated punctiliously with one remedy, increasing the potency when it was necessary. A woman, 31 years of age, with hæmorrhage from the uterus, January 19, 1890. Copious bleeding of light red fluid blood mixed with large clots. Hæmorrhage on her marriage day as was usual with every emotional excitement. When she has colds, she has sore throat with sensation of swelling of tongue; cause cold, wet feet. Mornings a sour taste, sour belching; constipation for days, enlargement and sensitiveness of glands in the neck when she takes cold or has gastric inflammation. Tickling in larynx and throat. Sad, weeps, sweats profusely and easily. Short, resounding cough.

Calc. carb 13M; March 13, *Calc. carb.* 13M; April 22, *Calc. carb.* CM; June 29, *Calc. carb.* CM and cured.

We see the *Calcarea carbonica* symptoms were, at all events, present!

Now another case: Rheumatism in the muscles and joints. Rheumatic complaints, sticking, sense of soreness compelling him to change his position every few minutes. *Rhus tox.* 1M. Aggravation. Ankles feel sore as after a sprain. Patient says: "I am continually changing my position and with every change I get relief but soon the bed feels like iron. It is not an inner unrest that drives me, but the apparent hardness of the bed." *Rhus tox.* was a false choice on account of inaccurate testimony. *Arnica* must be the correct remedy because of the feeling of soreness as if sprained and of the fact that the feeling of soreness is made worse by the hardness of the bed. *Arnica* 1M. Cure after three days; *Sulphur* 6M completed the cure. Discharged at the end of eight days. The *Arnica* symptoms were certainly striking!

Another case: Headache every week, a periodical, conges-

tive headache every seven days. Every remedy listed in the materia medica under the symptom "weekly headache" was ineffective. When Kent examined more carefully, he found the pain came every Saturday evening and night. The accompanying symptoms were misleading. Upon the question as to what he ate on Saturday that he was not accustomed to eating: "Large quantities of roast beef at midday." Therefore not a periodical headache, but a roast beef headache. *Staphisagria* cured.

In a small handbook that I have at hand, I find headache, ravenous hunger, and complaints after indulging in meats are under *Staphisagria*. A beautiful choice of a remedy!

Then it also states that rales in the chest is to be found under *Kali sulph.* Rales after bronchial catarrh, pneumonia with or without cough and without other particularizing indications received *Kali sulph.* 200th one dose. Several cases.

A case of stomach trouble treated with *Kalis*. A man, 36 years of age, has had stomach trouble for last eight months. Has undergone treatment by specialists for ulcer of the duodenum without relief.

February 2, 1902. In the morning, has nausea with no desire for breakfast. Feels weak in morning before breakfast, sometimes before the midday meal. Stomach: Sensation of sinking before breakfast (*Kali bich.*) Not thirsty. Has a sore sensation deep behind the sternum, aggravated by any exertion (*Kali bich.*). Soreness in the posterior neck muscles. When he hawks, has a sensation like a band being drawn inside of the trachea. Patient is chilly, better when resting. Last summer was constipated. Sweating of feet; chilly at night upon going to bed. Sensitive to drafts. Takes cold easily; nose and throat affections. Scurf on the scalp. *Kali bichromicum* 10M.

February 16. Improvement. Sternum somewhat sore. Sense of constriction in larynx. *Placebo*.

February 30. Continued improvement. Sensation as if a band extended from back of neck downwards to right side of breast. *Placebo*.

December 14. General improvement in breast and sternum. When he awakens in the morning, his nose and throat are affected. Soreness when swallows. *Kali bichromicum* 10M.

January 25 to March 3, 1913. *Kali bichromicum* 50M. Improvement continuous. Patient entirely cured. Grateful to homœopathy. The symptoms agree!

I have chosen from a great number of cases only these few simple ones. As for myself, I have always received great benefit by the study of such an article in spite of the potencies which is not always the case.

Here one learns homœopathy. With the above, I wish to justify this leap into the infinite concerning which I cannot make a judgment!

BERLIN, GERMANY.

The great question is: How can we know what remedy will cut off those vital diseases? I answer, by the characteristic symptoms of the drug. If this road be sufficient to arrive at the goal, why should we engage the dangerous, circuitous, tedious and uncertain road pointed out by pathological anatomy? Are not all organic transformations extremely individual? Would we ever succeed in constructing a list of changes of structure which would somewhat correspond to those contained in the books on pathology? Are not our provings, as instituted by Hahnemann and his disciples, a safer, surer, shorter way to discover all the true characteristic symptoms of drugs?—C. HERING, M. D., 1847.

We have not yet got far enough to blot out a portion of our materia medica. We have yet to try and collect many remedies, to consider and to weigh a good many things before we can feel authorized to reject any of our symptoms with well-founded reasons. The study of one single polychrest is worth more than the wild, unprincipled eliminating of ten thousand symptoms from the materia medica; one single page filled with practical observations is more important than sheets full of ravings about mucous membrane and ganglia, cerebral and spinal nerves.—C. HERING, M. D., 1847.

COMMUNICATIONS*

New York City, Sept. 27, 1931.

DEAR EDITOR:

I have been requested to send you this translation* as it shows how the appreciation of the value of true Hahnemannian homœopathy is beginning to find a foothold in the homœopathic circles of Germany.

Dr. F. Gesivius, the author of the article, is one of the best known homœopaths of Berlin, Germany. He has always been a most careful prescriber, using all of the modern technique of the physiological and chemical laboratories to assist him. Knowing this, one can appreciate his trepidation in presenting such a paper, and he expresses it in his words, "The things which I bring to your consideration in the following remarks are partly such as one does not willingly speak of."

We read his article with a deep appreciation as to how the subject, so dear to a Hahnemannian's heart, is being promulgated to wider circles of usefulness when he says: "In spite of this (i. e., reluctance to speak of high potencies—Translator), I venture to do so, because, owing to this very reluctance to speak of such things the ignorance concerning them is very great. Due to my own ignorance in these matters, I can only hope to inaugurate an interest in the subject."

Let us hope that this interest will spread and that our German brethren will devote their scientific minds to the further development of the true Hahnemannian therapy. It is a good omen that the true Hahnemannian philosophy should have returned to its original home. May it prosper and develop into a completely perfect therapy for the welfare of mankind.—W. J. SWEASEY POWERS.

*See page 914 of this issue.

Klay, Liberia, Africa, October 7, 1931.

To the Editor of *The Homœopathic Recorder*:

In *The Homœopathic Recorder* for the month of August there occurred an article from the pen of Dr. A. Pulford supporting high potencies. I want to add my everlasting AMEN to the quick and permanent action of high potencies.

May I say, however, by way of introduction, that I am an American citizen of African blood, and am of the class of 1911, Hering Medical College, Chicago. Drs. J. T. Kent and H. C. Allen were my instructors.

When I entered Hering in October 1907 I had spent four years and five months previously in independent mission work in the jungles of Liberia, Africa. I arrived at Hering College with quinine in my pocket, taking it daily. The first lecture I received from Dr. H. C. Allen was on *Puls. nig.* As he outlined *Puls.* he simply drew a picture of my condition.

I went to his office that afternoon and told him just how he had painted my picture, and how I was taking quinine daily. He pointed his finger at me and said, "It will never cure you, Jones." Then he put a high potency of *Puls.* on my tongue and from that day until this, 24 years, I have not had another grain of quinine. Do high potencies work?

I cured my cases so fast with high potencies, until I saw I was not getting any money. So I had B. & T. send me some *low potencies* hoping to get something for my work.

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

I have a patient now who had chronic anæmia, and had been the rounds of the hospitals and the old school men and got worse. On taking her case I found that a sun-stroke seemed to be the beginning of her troubles and *Glonoine* stood ahead. I gave *Glonoine* 200; the patient improved but very slowly. I sent to Dr. J. H. Clark in London and he sent *Glon.* 1000. I gave it and the patient improved beautifully and is now teaching day school.

Another case, of a man 63 years of age, with chronic diarrhœa. For twenty years he had only been able to sleep three hours at a time; had to get up for stool. On inquiring I found that when his teeth began to decay *the crowns decayed first. Mercurius* stood out. I gave *Merc.* 1M. In 90 days he was sleeping seven hours at a time and had gained nine pounds.

A severe case of pneumonia *Bryonia* 75M wiped out, to the surprise of the patient.

To my mind, one who says high potencies won't work has not tried them, or does not know homœopathy.—H. H. JONES.

BOOK REVIEWS.

The Modern Therapeutics of Internal Diseases, an Introduction to Medical Practise, by A. P. Cawadias, O. B. E., M. D., M. R. C. P.; published by William Wood and Company, New York; 147 pages, price \$3.75 net.

This is a work by an eminent man of the ordinary school of medicine. Dr. Cawadias is a man of high standing in France, having been chief of the Therapeutic Clinic of the Faculty of Medicine of the University of Paris, and also formerly senior physician and lecturer for internal diseases at the Evangelismos Hospital, Athens.

This book is teeming with homœopathic philosophy, dealing with a modern exposition of the fundamental principles as handed down to us by Hahnemann. It is a marked refutation of the nihilistic attitude in medicine. To quote:

"Scepticism regarding treatment can no longer be considered a sign of high critical intelligence but of deep medical ignorance. Those who do not study remedies, who do not apply treatment, who do not believe in treatment, are not real physicians, because medicine is no longer a meditation on death but an active healing art."

"No two individuals are alike, but every individual has a special personality, a special psycho-physical constitution, determined by the interplay of hereditary tendencies and the factors of disease."

Dr. Cawadias lays great stress upon the diagnosis of disease and classes these diagnoses into syndromes.

"No organ, no tissue, no cell, no molecule, is independent of the activities of the others, but the life of each one of these elements is merged into the life of the whole. The unit of human life cannot be the organ, the tissue, the cell, the molecule, the atom, but the whole organism, the whole man."

The book is a marvel of philosophy based on the precepts of Hahnemann's *Organon*.

One stands astounded at the frequency of these "wonderful discoveries" of the great leaders in the ordinary school of medicine, when they are really putting forth the precepts and principles that were enunciated so ably by Hahnemann; yet they never give credit to that source of teaching. It is

doubtless true that they have reached these conclusions independently of Hahnemann's teaching; for since we so clearly demonstrate every day in our work that which Hahnemann taught concerning basic principles, laws of Nature, it is inconceivable that others have not caught the gleam of the same truths, but nowhere have these principles been put forth so clearly, so consistently as in the works of Hahnemann and his followers.

When it comes to treatment, the author becomes strangely mixed:

"The law of diagnosis demands that therapeutic agents be applied on the basis of a complete, deep and continuous diagnosis of the person. We do not treat an individual patient with one therapeutic method, but with a constellation of therapeutic factors."

We can almost excuse him for his reference to the homœopathic method of therapeutic application because of so many choice things in the book. His claim that the homœopathic method is based on an incomplete diagnosis is rather amusing, since there is no system of medicine which has so consistently and persistently demanded consideration of the whole individual as the homœopathic school. We might expect that he would attack the application of certain drugs in infinitesimal doses; but his principal criticism is directed against what he maintains is the dogmatic attitude in the homœopathic procedure, and of the homœopathic viewpoint.

In consideration of what has gone before in Dr. Cawadias's book this seems a most peculiar deduction, for certainly Dr. Cawadias has come so close to the homœopathic position in principle that his very criticism of the homœopathic position as dogmatic calls to mind the Scriptural comment: "Eyes have they and see not."

It is true that the author gives some credit to the beneficial results of homœopathic medicine, but he attributes this to the sympathy that the homœopathic physician shows to his patient, and to their wholehearted endeavor to cure, which he believes is the explanation of much of the success of the best homœopaths. In other words, Dr. Cawadias would interpret the mental power of suggestion as the source of cure of the homœopathic profession. With the author's analytical mind, it is hard to see how he arrives at this conclusion.

The book has much value as being a possible bridge between the views of ordinary medicine and the homœopathic position, because one cannot thoughtfully read this book and honestly and candidly compare it with the homœopathic position without accepting the logic of the Hahnemannian teaching.—H. A. R.

Is it forgotten that the tracing of pathological alterations of structure to a remedy is very uncertain? There might be some certainty in this if men and animals could be dissected after they had been poisoned, in which case many things are found which are either useless or doubtful, inasmuch as we cannot know with certainty whether some of them had not existed previously. Compared to such uncertain phenomena, the subjective symptoms of an intelligent man are golden truths.—C. HERING, M. D., 1847.

POINTERS

COMPARISONS OF IGNATIA AMARA*

Nux vomica, though similar, differs in mental symptoms. Irritability is the *Nux* state; anger, urgency, violence predominate. More suitable for men. *Ignatia* is a woman's and children's remedy.

Phosphoric acid is allied in its mental symptoms. It follows in effects of grief, more for chronic effects, similar in excessive yawning, in pain in nape, head tends to incline backwards, and indifference.

Platina is useful in hysteria when emotions almost craze her or make her supercilious. *Platina* is very haughty and looks with disdain upon everyone. Menses are black and profuse.

Hyoscyamus has jealousy, also disappointed love, full of suspicion and obscene, throws off clothing, spasmodic affections. Fainting fits of hysterical women. Unconsciousness of mania.

Asafœtida has lump in œsophagus, gases, etc., which seem to press up against the chest. Reversed peristalsis, weakly patients, hypersensitive. Nervous ailments from suppressed discharges.

Ignatia is a short acting remedy and a very superficial one, and it corresponds mostly to nervous phenomena.

Zincum follows *Ignatia* well but it does not follow *Nux vomica*.—W. A. DEWEY.

Hypertrophy of the heart in young boys, from violent gymnastics, try *Bromine*.

Hypertrophy of the heart in young girls from calisthenics, try *Causticum*.

Hypertrophy of the heart in metastasis of gout or rheumatism to the heart, study *Kalmia* and *Sanguinaria*.

In cyanosis from patent foramen ovale, study *Lachesis*.

The following remedies are suggested as useful for "irritable heart":

When from influenza, *Iberis*.

From excessive tea or coffee drinking, *Agaricine*.

*Reprinted from the *Journal of the A. I. H.*

From excessive smoking, *Arsenicum*, *Kalmia*, *Phosphorus*, *Spigelia*.

From the effects of scarlet fever, *Lachesis*.

Lancinating pains about the heart: If from base to apex, at night, try *Syphilinum*; if from apex to base, try *Medorrhinum*; if from base to clavicle or shoulder, try *Spigelia*.

Constricting pains about the heart region, study *Cactus*, *Spigelia*, *Carbolic acid* and *Sulphur*.

In cases of "heart trouble" without special symptoms consider *Naja*.

For consciousness of the heart, the heart feels tired, try *Pyrogen*.—J. MCLACHLAN. Reprinted from the *Homœopathic World*.

Cimicifuga is a great woman's friend; it is as full of hysteria as *Ignatia* and as full of rheumatism as *Bryonia* or *Colchicum*. It is one of our most valued remedies in diseases of females. In retarded menstruation when there is oppressive, heavy headache, melancholy and palpitation, it will act well and is similar to *Pulsatilla* and *Senecio*. Dysmenorrhœa, especially in rheumatic cases, headache before menses, severe pain in the back during menses, down the thighs and through the hips from side to side, with labor-like pains, nervousness and weeping mood. Pains double the patient up almost throwing her into convulsions. Ovarian pains up the sides. Debility after and between menses.

The keynote of *Caulophyllum* is rheumatism of the small joints with uterine pains, while the rheumatism of *Cimicifuga* is in the fleshy part of the muscles.

Cimicifuga is aggravated or originates at the ages of puberty or during menstruation.

Cimicifuga has sharp lightning-like pains that may occur in any part of the body. It may be found useful in the violent pains of spinal sclerosis.

Thallium, one of the most poisonous metals known, causes neuralgic, spasmodic pains and is useful in the severe pains of syphilitic spinal sclerosis.—W. A. DEWEY.

EDITORIAL

THE MODERN MEDICAL PERIL

"Coming events cast their shadows before them." As we look back at what transpired in Iowa lately we homœopaths are excusable if we look back on those events with a shudder.

When a state so overrides its peaceable and peace loving citizens and calls out its militia to enforce the vagaries of any medical sect by the aid of the rifle, it is high time for us homœopaths to sit up and take notice. It is but one short step from the cattle to the child, especially the school child, another short step to the adult, and another short step to the homœopath, and the time to head off that serious calamity is—RIGHT NOW.

Dr. C. H. Johnson is reported to have stated in the journal of the Michigan State Medical Society, December, 1916: "After repeated tuberculin tests, each proving negative, he got a beautiful case of acute tuberculosis." You can always find anything you wish if you insist in putting it there. The tuberculin test for cattle is purely a political scheme, sponsored and perpetuated by politics. Politics will sponsor and perpetuate anything as long as it proves profitable, and "the public and the owner be damned."

Once compulsory enforcement of medicine under state militia is established for cattle it will be easy for it to get the rest of the way to us. All the wolf of fabled fame asked was to be allowed to get its nose into the crack of the slightly opened door, for it knew that the rest would be easy.

A word to the wise should be sufficient, but are we homœopaths wise? Is homœopathy, that has given to us so rich a legacy, in the end to be ashamed of us? If not, then let us wake up!—A. PULFORD.

* * * * *

There is a strong tendency on the part of those in authority to progress from one premise to another; the exercise of authority in one particular tends to show an opportunity to exercise it still further. The common practise of isolation, which is

eminently necessary under the State Boards of Health to control the ravages of epidemic diseases, has a tendency to engender in the minds of those empowered to such action the desire to exercise prophylactic medicine. Much of the difficulty in the homœopathic practise of medicine comes from the State Boards of Health, and here lies the crux of the whole matter. The rendering of specific immunity against contagious and infectious diseases is basically at variance with the principles of homœopathic medicine. While the ordinary school of medicine has tried to standardize all immunity on a physiological basis, and on the basis of injections and inoculations with sera and vaccines, the homœopathic physician still contends (as do some of those in the ordinary school of medicine) that there are very definite drawbacks to such procedure, and it is fundamentally opposed to the principles and philosophy of homœopathic practise. Immunity can only be rendered safely through the administration of the potentized remedy corresponding to the *virus epidemicus*.

There is a conflict between the two systems of medicine and there always will be so long as the two schools cannot meet on the basic and fundamental philosophy which underlies the art of healing. But the two schools have points of agreement as well as points of disagreement. All systems of medicine are being encroached upon by commercial agencies, which are striving in every possible way to enforce certain standards of immunization and preventive medicine. Almost every legislature in the country is importuned to enforce certain procedures; and bills are introduced into the state legislatures seeking to compel specified types of immunization, both for humans and for domestic animals.

Furthermore, many state legislatures have had bills introduced providing for state treatment of citizens, sponsored by commercial and industrial agencies. Some worthwhile suggestions should be made, some method be devised and definite steps taken, whereby there would be co-operation between all systems of medicine so that they might co-operate in defeating the attempt to bring to pass state medicine. This system of treating the sick has features that are exceedingly objectionable to

a great number of physicians of whatever school, and they might well join hands to oppose the enforcement of state regulated medicine. This we deem a civic duty on the part of all schools of medicine, not only for the sake of the profession as a whole, but that we give our assistance to protect the rising generations.

There is a tendency on the part of some individual citizens to attack the physician from all possible angles, and to fasten upon him responsibilities that would make the medical profession so irksome that it would be impossible to survive. In this connection the following article by E. L. Worth, M. D., taken from the October 1931 number of *Medical Economics*, is provocative of serious thought:

As we read the startling headlines which tell us of a volcanic eruption, we wonder, as many times before, why people consent to live on the sides of an active volcano.

Don't they know that sooner or later it will blow up: that they will lose their homes and all that they possess, even if they happen to escape with their lives? We decide that they must be very stupid, or at least thoughtless.

But are they any worse than the members of the medical profession today? Medical men are living in the midst of conditions which threaten to erupt and to engulf them.

Any one who reads thoughtfully must realize that the world in which we live is changing, if not advancing, with bewildering rapidity. Medical men as a class are involved in the ferment of society, but (again as a class) do not seem to see the portents—to read what the future has in store for them.

One of our ablest thinkers and writers asks the pertinent question: "Will medical men wake up?" To answer that would be prophecy, and prophets have little honor anywhere. But it is safe to predict that unless the doctors do wake up, they will find that they have become the servants of organized business. Their lives will be regulated by legislative enactments which will be originated by men who are not in sympathy with the ideals of the medical profession.

To return for a moment to the foolish peasants who live on the side of a volcano. Before the eruption occurs, there are warning rumbles and tremors. These mean nothing in themselves and are disregarded; but as a sign of danger, they are ominous.

Here is a tremor which recently agitated a certain state legislature—a bill which was introduced and which might have passed. Because it was defeated, the warning will probably be disregarded. But one who is thoughtful may look upon it as a portent of things to come. Three sections of the bill are enough to show its meaning:

Section 1. Each medical doctor, psychiatrist, psycho-analyst, or any other kind of doctor whose testimony would be accepted in a criminally-insane trial as authority for insanity shall report to the State Health Officer all cases of mental weakness diagnosed by him within one week after such case has been diagnosed.

Section 2. Any doctor failing to make such report shall be held responsible for the crime (italics ours) committed by his patient should such pa-

tient later become criminally insane; and should said doctor testify in court that to his knowledge and belief said criminal has been of unsound mind or insane for a period of time. In the event any doctor fails to make said report but does give said testimony in court he shall be punished by *not less than one year nor more than twenty-five years* confinement in the state penitentiary.

Section 3. When any case of unsound mind is reported to the State Health officer, it shall be his duty to instigate all necessary proceedings to have this person isolated from society until his or her mentality has been restored. Should said state official fail to perform this duty and should such person later become criminally insane and commit a crime, said official shall be held responsible for the crime and shall be punished by *not less than one year or more than five years* confinement in the state penitentiary.

But why worry about this bill, you say; it is only an isolated instance. Why should we leave our homes; that was only a little earthquake!

It is not an isolated instance. Here is the substance of a bill which was introduced in another legislature not long ago, and which also might have passed:

1. No doctor shall make any examination of a patient without explicit permission.

2. Before making any examination, the doctor shall inform the patient whether said examination will cause pain.

3. If, in examination, the doctor shall cause pain, without having previously so informed the patient, he shall pay to the patient as damages—certain exorbitant sums which were specified.

This bill also failed to pass: only another earth tremor, nothing to fear.

Medical men must wake up and realize what such things mean. The mere fact that such bills can be introduced, and can be seriously considered by a legislature, is a prophetic sign of things to follow.

A few who can propose such laws today, may become a majority in the future. If that statement is hard to believe, remember the history of the anti-liquor legislation, which seemed so impossible of enactment for many years, only to become the law of the land.

But, one may ask, who would practice medicine under such regulations? The answer is—all those would carry on who did not have independent income, and who could not afford to sacrifice their homes, their livelihood, and the welfare of their families.

How long must we wait for society to demand that those who propose to make our laws for us, shall first prove that they have cerebral equipment?

Legislative committees in our state associations are at present our only protection, and they would seem ineffective enough in the face of a major calamity like state medicine.

The practise of homœopathic medicine today faces a challenge greater than it has ever done before; but the challenge is not alone to the homœopathic school. The very basis of the practise of medicine is threatened as it has never been before.

It is necessary for us to make the most of our sectional societies, forgetting personal antagonisms, and band ourselves together to protect the practise of homœopathic medicine. In union there is strength; this is our urgent duty.—H. A. R.

It is not often that we find two homœopathic organizations side by side who produce such remarkably good Hahnemannian homœopathy at their semi-annual meetings as did the Connecticut Homœopathic Medical Society and the Massachusetts Homœopathic Medical Society. In October the Connecticut Society program showed an unusually large number of good homœopathic papers, strictly Hahnemannian in type. Probably the outstanding paper at this meeting was the paper on Poliomyelitis by Dr. Jeremiah T. Simonson, which was of great interest in general, and to the homœopathic physicians in particular, as giving a solution of the situation from the homœopathic viewpoint where the ordinary school of medicine admitted their defeat.

In the Massachusetts Society meeting, under the leadership of Dr. Benjamin C. Woodbury, a symposium was presented on pneumonia and influenza. This was ably conducted and showed the marked superiority of the homœopathic treatment over other methods, as was borne out by statistical reports from various hospitals. The paper by Dr. Plumb Brown dealing with five cases of pneumonia that were brought into the homœopathic hospital, practically moribund from various forms of treatment, all unhomœopathic, being promptly cured by the homœopathic remedy, was of particular significance.

It was interesting to note that of the number of physicians present at the Massachusetts Society meeting, eleven were members of the I. H. A.

Reports from the recent meeting of the Texas Homœopathic Society, in which some of our I. H. A. members are active, show a wonderfully good meeting, and that papers were Hahnemannian in type.

The several states which have flourishing homœopathic societies are centres which have the opportunity to disseminate homœopathy and there is increasing call for them to use their influence to give the best type of homœopathy. There is a demand of late for papers dealing with Hahnemannian homœopathy, and these state societies are arising to the occasion in a most satisfactory way.—H. A. R.

CARRIWITCHETS

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

17. Will some reader give the average temperatures of the seasons in zone?—J. N. HAZRA.

18. A farm worker comes into the office and shows a wound made by a manure fork. The skin and deep fascia have been divided and there is slight laceration of the superficial muscles. The patient is apparently healthy and has no symptoms apart from those due to the wound, which is obviously contaminated with manure. Now, beside any surgical treatment:

1. What lotion should one use for cleaning the wound?
2. What dressing should be applied to the wound?
3. What internal remedy should be given?—A. H. MARSHALL.

19. Here is a point in philosophy that needs some clarification: The symptoms are supposed to disappear from above downward, from within outward and in the reverse order of their coming. Now do the *last* symptoms go first or do the *chronic mental symptoms* go first? In other words are the last symptoms, say of a catarrh, first to go or are the old mental symptoms of poor memory the first to leave? Another example: Should the symptoms of hectic fever which are of *later* development go first or should the old but *inner* symptoms of painful menses or dysmenorrhœa go first?

Which is more important, the order or the direction of the symptoms?—M. D. BAIG.

ANSWER TO QUESTIONS IN DECEMBER 1928 ISSUE

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

—The following list is presented in answer to the above question:

Duncan, *Children Acid and Alkaline*.

Edwards, *Diseases of Children* (*Recorder*, January 15, 1929, p. 58).

Fischer, C. E., *Diseases of Children*, Chicago (1895)

Guernsey, H. N., *Traité d'obstétrique et des maladies spéciales aux femmes et aux enfants*, basé sur les principes et la pratique de l'Homœopathie.

Traduit par le Dr. F. Chauvet, sur la 3me éd. amér.

Paris, J. B. Baillière et Fils 1880.

Grand Vol. relié 664 p. (p. 461-645).

Guernsey, H. N., *The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders Peculiar to Women and Young Children*, H. J. Guernsey, illustrated.

3d ed. revised, 1883.

1004 p. (p. 750-1000).

Ed. Boericke, Philadelphia.

Hartmann, Fr., *Thérapeutique Homœopathique des Maladies des Enfants*.

Traduit de l'allemand par L. Simon fils.

1853, 668 pages.

Ed. Baillière, Paris.

Hartmann, F., *Diseases of Children and Their Homœopathic Treatment*.

Traduit par Ch. Hempel.

1853, 516 pages.

Radde, New York éd.

Jahr, G. H. G., *Du Traitement Homœopathique des Maladies des Femmes et des Jeunes Enfants*.

1856, 496 pages (p. 463-487).

Ed. Baillière, Paris.

Jahr, G. H. G., *The Homœopathic Treatment of the Diseases of Females and Infants at the Breast*.

Traduit par Hempel.

1856, 422 pages (p. 391-408).

Ed. W. Radde, New York.

Leadam, R., *Homœopathy as Applied to the Diseases of Females and the Most Important Diseases of Early Childhood*.

1851, 407 pages (p. 307-401).

Ed. Leath, London.

Nichol, Th., *Diseases of the Nares, Larynx and Trachea in Childhood*.

1885, 308 p.

Chatterton Publishing Co., New York.

Raue, G., *Diseases of Children*.

3me éd.

1922, 567 pages.

Ed. B. Tafel, Philadelphia.

Teste, A., *Traité Homœopathique des Maladies Aiguës et Chroniques des Enfants*.

2me édition.

1856, 414 pages.

Ed. Baillière, Paris.

Teste, A., *Diseases of Children*.

Traduction.

Tooker, R. N., *Diseases of Children*.

Ed. Gross & Delbridge 1895.

Underwood, B. J., *The Diseases of Childhood with Therapeutic Indications*.

1882, 216 pages.

Ed. Chatterton Pub. Co., New York.—PIERRE SCHMIDT.

Practitioners who stand with me upon common ground, and who have made it their study to point out both the common and the individual character of our symptoms, have necessarily receded more and more from those few symptoms which consist of organic transformations as the results of poisoning. Such symptoms were gradually found to be useless, and have fallen into disrepute.—C. HERING, M. D., 1847.

The cutaneous eruptions alone are sufficient to show the uselessness of those lines of demarcation. For years past I have ceased to consider the similarity of the cutaneous symptoms as of any consequence. How could a drug produce a herpetic eruption in a prover, if the herpes did not already exist in him? A remedy cures herpes, if it suits the whole organism, not otherwise.—C. HERING, M. D., 1847.

CURRENT HOMŒOPATHIC PERIODICALS*

BRITISH HOMŒOPATHIC JOURNAL

(London, England: Oct. 1931), XXI, 307-408

The Trend of Modern Surgery G. H. Stevenson, F. R. C. S.	307
The Teaching of "L'Homœopathie Francaise"—Part II Dr. Leon Vannier, Paris.	321
Pneumonia Statistics William L. Templeton, M. D., Ch. B.	354
The Present Position and Future of Homœopathy in Great Britain C. Granville Hey, M. B., C. M.	368

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Nov. 1931), LXVI, 801-880

The Diagnosis and Treatment of Hyperthyroidism Frank B. Edmundson, M. D.	801
<i>Crotalus Horridus</i> M. M. Fleagle, M. D.	808
<i>Cupressus Lawson.</i> R. M. Raymer, M. D.	811
Remedies in Acute Respiratory Infections (Excluding Pneumonia) H. J. McLaren, M. D.	812
Useful Remedies in Our Recent Influenzas L. S. Fullerton, M. D.	816
<i>Kali Phosphoricum</i> T. L. Blackledge, M. D.	817
Address to Student Body of Hahnemannian Medical College Joseph V. F. Clay, M. D., F. A. C. S.	822
Some Cardiac Tragedies Arthur F. Thompson, M. D.	832
Tests for Vision Malingering Sherman Livingston Haseltine, M. D.	842
Some Aspects of Tuberculosis and Its Modern Treatment W. H. Fairbanks, M. D.	847
Some Homœopathic Remedies Useful in the Treatment of Ear Conditions William C. Ivins, M. D.	859

HOME AND HOMŒOPATHY

(Calcutta, India: May 1931), VI, 429-470

The All-Bengal and Assam Homœopathic Conference in Calcutta	429
Address of Welcome S. N. Roy, M. A.	433
Organization of Homœopathy and Its Improvement N. M. Choudhuri, M. D.	439
The Intellectual Remedies (repr.) Elizabeth Wright Hubbard, M. D., Boston.	448

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

Danger Signals of Middle Age Sir Wm. Arbuthnot Lane, Bart., C. B., M. B., F. R. C. S.	453
Study of Materia Medica and the Art of Correct Prescribing H. P. Maity, M. B.	456
Restoring the Festive Tissues Harold Dearden	466

THE HOMŒOPATHIC BULLETIN

(Calcutta, India: Sept. 1931), IV, 65-92

Prophylaxis of Cholera (repr.) M. L. Sirkar, M. D.	89
Therapeutics of Labor T. K. Roy, M. D., C. H.	75
Verified Symptoms from My Record Book D. N. Chatterji.	75

THE HOMŒOPATHIC WORLD

(London, England: Oct. 1931), LXVI, 253-280

*Hints About Hearts The late John McLachlan, M. D., F. R. C. S.	258
Phyto-Analysis and Homœopathy Dr. G. Madaus, Dresden, Germany	264
The Clinical Uses of <i>Digitalis</i> (repr.) A. Pulford, M. D., Toledo, Ohio.	272
A Proving of Grape Fruit J. Ellis Barker	273
Do Our Remedies Need Repeating? Fergie Woods, M. D.	274
*Hints About Hearts: This article gives valuable diagnostic symptoms in heart conditions which are helpful in selecting the <i>simillimum</i> . His suggestions for remedies are here given: Hypertrophy of heart, in young boys from violent gymnastics, <i>Bromine</i> ; in young girls from calisthenics, <i>Causticum</i> ; metastasis of rheumatism to the heart, <i>Kalmia</i> or <i>Sanguinaria</i> . Irritable heart: From influenza, <i>Iberis</i> ; from excessive tea or coffee drinking, <i>Agaricine</i> ; from excessive smoking, <i>Ars.</i> , <i>Kalm.</i> , <i>Phos.</i> , <i>Spig.</i> ; effects of scarlet fever, <i>Lachesis</i> . Lancinating pains about heart: from base to apex, at night, <i>Syph.</i> ; from apex to base, <i>Medorr.</i> ; from base to clavicle or shoulder, <i>Spig.</i> Constricting pains about heart region: <i>Cactus</i> , <i>Spig.</i> , <i>Carb. ac.</i> , <i>Sulph.</i> "Heart troubles" without special symptoms, <i>Naja</i> . Consciousness of a heart; it feels "tired", <i>Pyrogen</i> . Drugs that have produced complete or partial heart block: <i>Dig.</i> , <i>Aconitine</i> , <i>Physostigmine</i> , <i>Adrenalin</i> , <i>Muscarin</i> , <i>Yohimbin</i> , <i>Squill</i> , <i>Strophanthus</i> . <i>Digitalis</i> will produce auricular fibrillation.	

THE HOMŒOPATHIC WORLD

(London, England: Nov. 1931), LXVI, 281-310

The Foresight of Hahnemann Frank Bodman, M. B., Ch. B., M. R. C. S.	285
Hints About Hearts (concluded) The late John McLachlan, M. D., F. R. C. S.	291
Which Are the Twelve Most Useful Acute Remedies? H. Fergie Woods, M. D.	295

THE INDIAN HOMŒOPATHIC REVIEW

(Calcutta, India: July 1931), XL, 193-223

Homœopathy (cont.)	195
J. N. Majumdar, M. D.	195
Homœopathic Treatment in Certain Conditions of Blood Infection	203
J. N. Majumdar, Jr., B.Sc., M.B.	203
Indication for the Uses of Some Common Proprietary and Patent Medicines in the Treatment of Disease	206
K. D. Majumdar, M.B.	206
Some Women's Remedies	208
P. C. Majumdar	208

THE JOURNAL OF THE AMERICAN INSTITUTE
OF HOMŒOPATHY

(New York, N. Y.: Nov. 1931), XXIV, 1099-1218

The Relationship of the Pharmaco-Dynamic Effects of <i>Phosphorus</i> to Its Role in Body Metabolism	1105
Thomas H. McGavack, M. D.	1105
Some Considerations in the Use of Homœopathic Remedies	1120
T. H. Gridley, M. D.	1120
Endometrial Cysts	1123
Charles Eha, M. D.	1123
My Experience with Abdominal Pregnancy	1129
Warren C. Mercer, M. D.	1129
Operating Room Explosions	1132
Harold R. Griffith, M. D.	1132
Acute Intestinal Obstruction with Report of Cases	1138
J. A. Wm. Johnson, M. D.	1138
Transverse Abdominal Incisions	1143
A. R. Grant, M. D.	1143
The Creation of a New Vagina	1145
James C. Wood, M. D.	1145
The Homœopathic Side of Surgery	1148
W. A. Guild, M. D.	1148
Common Sense in Obstetrics	1150
John D. Kistler, M. D.	1150
Diagnosis of Pregnancy	1153
Alice Humphrey Hatch, M. D.	1153
Prenatal Care of the Mother	1156
Anna Johnston, M. D.	1156
What May Be Accomplished with Women with Small Measurements	1161
Warren C. Mercer, M. D.	1161
A Review on Intra-Nasal Obstruction in Childhood	1164
George J. Alexander, M. D.	1164
Interstitial Keratitis of Malignant Syphilis, Treated with Mercuric Chlorid Lethally, 7.7 Grains to 100 Pounds, Antidoted in Six Hours with Calcium Sulphid, Grain for Grain	1173
J. H. Wilms, M. D.	1173
Subluxation of the Lens Followed by Intra-Capsular Extraction	1177
William M. Muncy, M. D.	1177
Obscure Focal Infection in Children	1183
J. V. W. Griswold, M. D.	1183
The Constitutional Factor in Disease—V	1186
L. J. Boyd, M. D.	1186

LE PROPAGATEUR de L'HOMŒOPATHIE

(In French)

(Lyon: Jan. 1931), VI, 1-30

Neurosis	
— d'Espiney, M. D., Lyon.....	1
Contemporary Dialogues (The Alloëpath and the Homœopath on Symptoms)	
R. Belbeze, M. D., Nevers.....	7
Thoughts of a Patient	
M. P.....	21
Materia Medica: <i>Sanguinaria Canadensis</i> , <i>Secale Cornutum</i>	
W. A. Dewey, M. D., San Francisco, Calif.....	26

LE PROPAGATEUR de L'HOMŒOPATHIE

(In French)

(Lyon: Feb. 1931), VI, 33-93

Historical Review and Characteristic Symptoms of <i>Arsenicum Iodatum</i>	
P. Schmidt, M. D., Geneva.....	33
Pharmacology and Pharmacoprosis of <i>Arsenicum Iodatum</i>	
Mme. P. Schmidt, Pharmacist, Geneva.....	52
Pathogenesis of <i>Arsenicum Iodatum</i>	
J.-A. Lathoud, M. D., Lyon.....	56
Comparisons of <i>Arsenicum Iodatum</i>	
H. Duprat, M. D., Geneva.....	66
Notes on <i>Arsenicum Iodatum</i>	
— Boudard, M. D., Marseilles.....	82
<i>Arsenicum Iodatum</i> in the Veterinary Art	
M. Ferreol, Veterinary, Geneva.....	91

LE PROPAGATEUR de L'HOMŒOPATHIE

(In French)

(Lyon: Mar. 1931), VI, 94-154

Antidotes and Complementaries; Parentage of Remedies	
A. Nebel, M. D., Lausanne.....	99
Thoughts on Antidotes, Complementaries, and Incompatibles	
H. Duprat, M. D., Geneva.....	109
Antidotes and Incompatibilities	
P. Daniel, M. D., Nice.....	116
Medicinal Relationships	
P. Schmidt, M. D., Geneva.....	120
A Typical Example of Official Therapy	
R. Belbeze, M. D., Nevers.....	148

TABLE OF CONTENTS

AUGUST, 1931

THE PRESIDENT'S MESSAGE	
PLUMB BROWN, M. D.	547
VITAL ENERGY	
C. M. BOGER, M. D.	555
SURGICAL REMEDIES	
IRVING L. FARR, M. D.	561
"THAT EUPHONIOUS TITLE—CASES"	
D. T. PULFORD, M. D.	567
EXPERIENCES WITH MEASLES	
MARGARET BURGESS WEBSTER, M. D.	572
SACCHARUM LACTIS	
W. W. YINGLING, M. D.	574
TELA ARANEA	
W. W. YINGLING, M. D.	575
THYROID SYCOSIS	
J. W. WAFFENSMITH, M. D., H. M.	577
THE BEST METHOD OF STUDYING HOMŒOPATHY	
RAY W. SPALDING, M. D.	579
ADDITIONS TO KENT'S <i>REPERTORY</i>	
C. M. BOGER, M. D.	582
THE CLINICAL USES OF <i>DIGITALIS</i>	
A. PULFORD, M. D.	592
A PARTIAL PROVING OF <i>OCIMUM SANCTUM</i>	
V. G. DIVANJI	595
THE CARE OF CHILDREN	
LOUISE ROSS, M. D.	596
THAT ELUSIVE SOMETHING IN SUCCESSFUL PRESCRIBING	
W. W. YOUNG, M. D.	599
DO THE HIGHER POTENCIES ACT?	
A. PULFORD, M. D.	609
POINTERS	614
EDITORIAL	616
CARRIWITCHETS	619
CURRENT HOMŒOPATHIC PERIODICALS	620

TABLE OF CONTENTS

SEPTEMBER, 1931

THE MANAGEMENT OF THE CHRONIC CASE AND THE REMOVAL OF OBSTACLES TO RECOVERY EUGENE UNDERHILL, JR., M.D.....	625
VERIFICATION OF PHOS. AC.....	636
THE SPIDER POISONS H. A. ROBERTS, M.D.....	637
HOMŒOPATHIC REMEDIES IN SURGICAL CONDITIONS AND INJURIES GUY BECKLEY STEARNS, M.D.....	648
ARNICA, BELLIS, RUTA, SYMPHYTUM JOHN HUTCHINSON, M.D.....	654
HOMŒOPATHY IN THE TREATMENT OF ANIMALS W. W. YOUNG, M.D.....	660
ADDITIONS TO KENT'S REPERTORY C. M. BOGER, M.D.....	663
FURTHER RESULTS IN THE HOMŒOPATHIC TREATMENT OF CANCER A. H. GRIMMER, M.D.....	674
RAMBLING THROUGH THE MATERIA MEDICA ANNIE C. WILSON.....	680
POINTERS	686
COMMUNICATIONS	688
IMPATIENS ROYLEI	688
EDITORIAL	689
CARRIWITCHETS	696
CURRENT HOMŒOPATHIC PERIODICALS	700

(+Bs)

678
(Bs (conclusion))

(CW - Bs)

TABLE OF CONTENTS

OCTOBER, 1931

CASES THAT MIGHT HAVE BEEN SURGICAL W. J. SWEASEY POWERS, M.D.....	703
SOME REMEDIES THAT SHOULD BE PROVED GUY BECKLEY STEARNS, M.D.....	722
THE SYMPTOM TOTALITY ALFRED PULFORD, M.D.....	727
LIMITATIONS J. B. GREGG CUSTIS, M.D.....	735
CASE REPORTS F. N. HAZRA, M.D.....	740
ADDITIONS TO KENT'S REPERTORY C. M. BOGER, M.D.....	743
COMPARATIVE DRUG SELECTION—BELLADONNA H. B. F. JERVIS, VETERINARIAN.....	752
COMMUNICATIONS	755
POINTERS	756
BOOK REVIEWS	758
EDITORIAL	759
CARRIWITCHETS	765
CURRENT HOMŒOPATHIC PERIODICALS.....	772

722
(Bs (conclusion))

TABLE OF CONTENTS

NOVEMBER, 1931

LIFE AND THE VITAL FORCE CHARLES L. OLDS, M. D.	781
PHYTO-ANALYSIS AND HOMŒOPATHY G. MADAUS, M. D.	793
THE HOMŒOPATHIC TREATMENT OF METASTASES OF RHEUMATIC FEVER IN RELATION TO THE HEART H. A. ROBERTS, M. D.	800
WHAT IS A MENTAL SYMPTOM? WHAT IS MENTAL DISORDER? JULIA M. GREEN, M. D.	808
COMPARISON OF <i>TABACUM</i> AND <i>LOBELIA</i> GEORGE E. DIENST, M. D.	813
ECZEMA AND SOME OTHER CLINICAL CASES RAY W. SPALDING, M. D.	818
ADDITIONS TO KENT'S <i>REPERTORY</i> C. M. BOGER, M. D.	825
REMEDIES USEFUL BEFORE AND AFTER SURGICAL OPERATIONS BENJAMIN C. WOODBURY, M. D.	835
RELATIONS BETWEEN THE GEOGRAPHICAL OCCURRENCE OF SOURCE MATERIALS OF HOMŒOPATHIC REMEDIES AND THE OCCURRENCE OF THOSE DISEASED CONDITIONS WHICH ARE TO BE FOUGHT AGAINST BY THOSE REMEDIES MED.-R. TROTZ, M. D.	841
CARRIWITCHETS	844
POINTERS	848
EDITORIAL	850
CURRENT HOMŒOPATHIC PERIODICALS	856

TABLE OF CONTENTS

DECEMBER, 1931

REPORT OF THE CONGRESS OF THE INTERNATIONAL HOMŒOPATHIC LEAGUE A. E. AUSTIN, M. D.	859
TWO <i>LACHESIS</i> CASES CHARLES L. OLDS, M. D.	869
<i>CICHORIUM INTYBUS</i> EDWARD BACH, M. D.	875
ASTHMA AND ITS HOMŒOPATHIC TREATMENT EUGENE UNDERHILL, JR., M. D.	879
<i>ERIGERON CANADENSE</i> —A SHORT PROVING ROYAL E. S. HAYES, M. D.	885
ADDITIONS TO KENT'S <i>REPERTORY</i> C. M. BOGER, M. D.	887
A PLEA FOR THE CHILDREN JAMES W. OVERPECK, M. D.	893
LECTURES IN MATERIA MEDICA W. A. DEWEY, M. D.	898
THE MOTHER AND THE OFFSPRING C. A. DIXON, M. D.	910
CONCERNING THE <i>SIMILLIMUM</i> —ONE WAY F. GESIVIVUS, M. D.	914
COMMUNICATIONS	921
BOOK REVIEWS	922
POINTERS	924
EDITORIAL	926
CARRIWITCHETS	931
CURRENT HOMŒOPATHIC PERIODICALS	934

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